Impressions from EuroPCR Course 2017

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EuroPCR, the world-leading course in interventional cardiovascular, was held in Paris between May 16 and 19, 2017. As the capital city of France, Paris has been prominent city for more than 2,000 years. Frequently called the "City of Love," Paris remains one of the world's leading centers for various activities. Indeed, the mere mention of Paris brings to mind images of the city's famous landmarks, museums and cathedrals. However, due to the busy course program, I have nothing to share regarding sightseeing activities in this fine city, with the exception of the brisk 15-minute walk from my hotel to the Palais des Congrès.

Over 150 participants and 11 faculty members from Turkey undertook this course alongside me. With respect to the scientific program, there were many stimulating discussions and interesting topics. As a faculty member, I can attest that everything was meticulously planned and ran smoothly. The tone of the preparatory meetings held prior to the live case sessions was calm and productive. However, I sensed a subtle tension in the air. The cases in the peripheral sessions were routine cases that are encountered on a daily basis, which is, of course, appropriate in targeting the audience's educational needs. Despite this approachable atmosphere, as panelists, we were instructed to communicate with the chairperson in order to raise an issue or broaden the discussion. We were not allowed to raise questions directly to the operators, leaving me feeling a bit restricted in voicing my opinions. Another difficult point was receiving the questions through electronic devices, which set up a barrier with the audience. The old-fashioned way—a person standing up and raising his/her opinion/question directly through the microphone—presents, I am aware, certain risks involved with live cases. However, more challenging cases and more liberal behavior granted to the audience and panelists would have attracted more interest in the peripheral sessions. Having said that, I must admit that every peripheral live case session ended as planned, with very high success rates, which may be the result of these carefully implemented rules. Even so, a bit more freedom would do no harm.

As I am interested in coronary chronic total occlusion (CTO) procedures, the results of the randomized Euro CTO trial presented by Professor G. Werner drew my attention (Fig. 1). Randomized data in the field of coronary CTO intervention have been scarce, and conclusive evidence to inform clinical practice still seems to be lacking. Recently, the EXPLORE randomized trial (1) indicated no difference in the effects of CTO intervention vs. medical therapy alone on LV function. The DECISION-CTO trial (ACC 2017), the largest randomized clinical trial, also failed to demonstrate any significant difference in the primary composite endpoint (mortality by any cause, non-fatal myocardial infarction and any revascularization) at three years. On the other hand, the Euro CTO trial randomized 396 patients to either CTO intervention (n=259) or optimal medical therapy (OMT) (n=137). Patients with CTO intervention had better quality of life, characterized by less frequent angina and improved physical activity and assessed by the standardized Seattle Angina Questionnaire. Notably, revascularization was successful in 86.3% of patients, and the rate of cross-over to CTO intervention in the OMT group was 7.3%.

Percutaneous interventional treatment of stroke appears to be the next frontier of interest for interventional cardiologists. In the acute stroke session chaired by Professor Ö. Göktekin and L.N. Hopkins Horst Sievert presented the latest results of several randomized trials (MR CLEAN, REVASC, PISTE, ESCAPE, EXTEND I-A, SWIFT-PRIME, THRACE, THERAPY) and a meta-analysis (2) of these trials, which robustly supports the mechanical treatment of acute stroke (Fig. 2).

In a peripheral live case transmission from Clinique Pasteur, Toulouse, Professor Ramazan Akdemir and I were assigned as panelists along with leading peripheral intervention lists Professor Thomas Zeller and Professor Roberto Ferraresi, who both chaired the session. During the transmission, we objected to the implantation of a stent into a short distal superficial femoral artery lesion. The operator, Dr. Antoine Sauget, responded that drug-eluting balloons are not reimbursed in France. This revelation was, of course, thought-provoking since this operation was taking place in a leading country and at the hands of a leading operator in peripheral interventions (Fig. 3).

A meta-analysis (3) of four randomized trials (EVAR-1, DREAM, OVER, ACE) provided the best evidence for the early survival advantage offered by endovascular abdominal aneurysm repair (EVAR) over open repair. In accordance with this evidence, the

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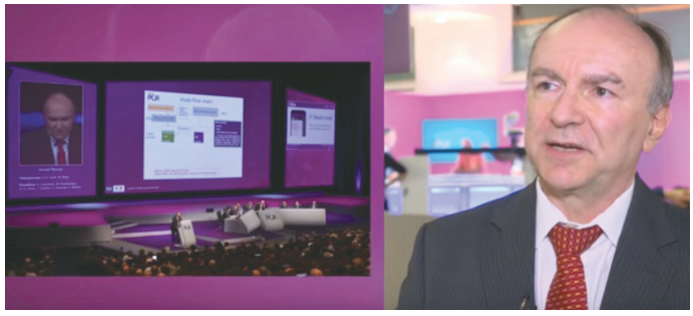

Figure 1. Professor Werner briefly summarized the EuroCTO trial in a live interview

Figure 2. Professor Göktekin, along with Professor L.N. Hopkins, explained how interventional cardiologists can respond to acute stroke

Figure 3. The discussion after the presentation of the live case is shown. From left to right: Drs Roberto Ferraresi, Thomas Zeller, Antonino Nicosia, Sevket Gorgulu and Ramazan Akdemir

panel voted for EVAR when Chairperson Professor Alberto Cremonesi asked whether surgery would better suit the live case. As in the many other PCR sessions he was assigned, the co-chairperson Dr. Ertan Vuruşkan made many contributions to this live case that involved fully percutaneous abdominal aortic aneurysm treatment. PCR Course Director Cremonesi seemed to be at ease in these sessions, having a versatile faculty such as Vuruşkan (Fig. 4).

Having contributed to the scientific community through numerous highly valued manuscripts, Professor Cihangir Kaymaz presented his latest single-center experience with catheter-directed thrombolytic treatments in moderate-to-high risk pulmonary embolism patients, in a session comprising selected EuroPCR 2017 abstract submissions.

On the third day of the PCR Congress, the Turkish Society of Cardiology conducted a scientific session in collaboration with the Pakistan Society of Interventional Cardiology. The session was titled "Pakistan and Turkey share their most educational cases: A coronary challenging case discussion." Chaired by Professor Ramazan Akdemir, the speakers were Professor Enver Atalar and Professor Talat Keleş.

Professor Bilal Boztosun had two assignments as a panelist in different sessions comprising selected EuroPCR 2017 clinical case submissions: "Challenging aortoiliac endovascular interventions" and "Endovascular strategies for femoropopliteal lesions." In another clinical case submission session, Professor Harun Kılıç presented his case titled "Endovascular treatment of deep venous thrombosis with AngioJet and balloon dilatations." Last, Dr Sadık Açıkel presented two interesting coronary cases, titled "Unseen part of the iceberg before obesity surgery: Multivessel coronary artery disease" and "Do we need coronary thrombus classification for bifurcation lesions?"

Overall, the course was successful in terms of generating new insights. I hope the scientific contributions from Turkey will continue to increase over the years.

References

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