Journal

The Official Daily Newspaper of the Congress

SOLACI SBHCI 2013

IN PARTNERSHIP WITH TCT

SAO PAULO • BRAZIL • JULY 24-26, 2013

July•24•2013 - Wednesday

WEATHER Rainy, day and night. Min: **5°C** Max: **15°C** • **Source:** Climatempo

SOLACI and SBHCI present the most important Interventional Cardiology Congress of Latin America

Event receives professors from different parts of the world and offers Live Cases from six renowned hospitals

The Latin American Society of Interventional Cardiology (SOLACI) and the Brazilian Society of Hemodynamics and Interventional Cardiology (SBHCI) present a three-day joint Congress in partnership with TCT, starting today, in São Paulo, Brazil.

On the account of the high level professionals it will gather together and the avant-garde topics it will bring up, the event is already considered one of the most important of Latin America in its area.

More than 1,500 attendees are awaited at Transamerica Expo Center, and they will have access to a modern and well prepared congress, with complete infrastructure and possibilities to expand their knowledge and personal contacts.

Live cases will be presented from six leading cardiovascular transmissions centers in São Paulo, the United States and Spain. More than 20 speakers come from countries as the United States, Spain, Canada, Germany, England, Netherlands, Japan, and Israel. From Latin American and Brazil, there will be more than 100 lecturers.

TAVI, Coronary Intervention, Cutting-edge Technologies in Interventional Cardiology, LM and MVD PCI, Drug Eluting Stents, a FFR and IFR Minicourse, and New Techniques and Technologies for Congenital and Structural Heart Defects are among the subjects to be covered. SBHCI will offer its Training and Certification Program in TAVI.

The Nursing Congress, also jointly planned, will present themes as protocol, quality, safety, technology, data register, and clinical research.

In this issue, read a comprehensive interview with professionals that have guided the Congress organization, Drs. José Armando Mangione, president of the congress; Oscar Mendiz, president of SOLACI; Marcelo Queiroga, president of SBHCI; and Gustavo Sacramento, president of the Nursing Congress.

• **Pages 8 to 11**

SERVICES AND INFRASTRUCTURE

- ✓ Keep informed on the available services and basic requirements of the congress to assure you have calm and advantageous days!
- ✓ Registration is mandatory for everyone, but speakers.
- ✓ Keep your personal badge with you at a visible location.
- ✓ Internet access is available at Cyber cafe from sponsor inside the exhibit area.
- ✓ All speakers must head to the media desk, next to the speakers room, to transfer their file presentations.
- ✓ Posters will be exhibited all days in the exhibition area. Assistants will be available to help with their fixation. At the end of the event, posters not removed by the authors will be discarded.
- ✓ There is regular shuttle transportation before and after the event from and to the official hotels - Transamerica São Paulo, Blue Tree Verbo Divino, Tryp Nações Unidas, and Transamerica Executive.
- ✓ Simultaneous translation is available in all rooms (Portuguese – Spanish – English).

The importance of education

SOLACI and SBHCI invest on campaigns and educational programs to raise awareness of the riskiness of heart disease and the threat of heart attack to the general republic and physicians as well. Their intention is to show the importance of preventing future problems with an early diagnosis, beyond helping cardiologists to keep themselves updated.

• **Page 3**

A view from the Masters

Lecturing in the congress, Drs. Augusto Pichard and Eberhard Grube talk about their views of techniques employed today and where they might go next.

• **Pages 4 and 5**

July·**24**·2013 - Wednesday

SCHEDULE

Be there!

During this three-day congress, many special sessions and events will take place. Get your agenda organized to make sure you attend some important appointments and increase chances to update your knowledge, meet colleagues, and exchange information!

TODAY, July 24

8:30 - 9:00 AM, Cacau Room - Opening Conference: TAVI Global Results, with Augusto Pichard (USA). Moderators: José Armando Mangione (Brazil), Marcelo Antônio Cartaxo Queiroga Lopes (Brazil), and Oscar Mendiz (Argentina).

9:00 - 10:00 AM, Cacau Room - TAVI Panel: "Roda Viva" with Augusto Pichard (USA). Moderators: José Armando Mangione (Brazil), Marcelo Antônio Cartaxo Queiroga Lopes (Brazil), and Oscar Mendiz (Argentina). Panelists: Antônio Dager (Colombia), Daniel Berrocal (Argentina), Eberhard Grube (Germany), Fábio Sândoli de Brito Jr. (Brazil), José Eduardo Moraes Rego Sousa (Brazil), Marco Antônio Perin (Brazil), Pedro Alves Lemos Neto (Brazil), and Rogério Eduardo Gomes Sarmento-Leite (Brazil).

7:30 PM, Teatro Alpha - Cocktail and Opening Ceremony: A cocktail party with the opening ceremony followed by a musical show by Toquinho & Band with Anna Setton as a special guest. Badge will be requested to allow entrance. Shuttle will be available to go (departing from Transamerica Expo from 5:30 to 7:30 PM, and from official hotels from 6:30 to 7:30 PM) and return (to official hotels from 9:30 to 10:30 PM).

Tomorrow, July 25

6:30 PM, Cacau Room - SBHCI General Assembly: The Brazilian Society of Hemodynamics and Interventional Cardiology (SBHCI) invites its Members with statutory rights to decide on important internal issues, including the Election of the President of the 2014 SBHCI Brazilian Congress to be held in Porto Alegre, RS.

Friday, July 26

4:00 - 6:00 PM, Cacau Room - Best Case and Abstract Award Session.

All days

Exhibition area - Abstract Poster Presentation: Posters from the medical area approved for presentation in the Congress will be exhibited. The abstract selection committee will analyze and select the best abstracts for awards during the event. Visitation by the selection committee will take place on July 24 and 26, from 4:00 to 4:30 PM.

12:15 - 2 PM, all rooms - Satellite Symposium: symposia sponsored by important companies from the sector.

LIVE CASES

Cases from leading cardiovascular units

This year, the 2013 SOLACI SBHCI Congress will feature national and international transmissions of live cases from some leading cardiovascular units. In addition to the traditional national live case transmissions performed in referral hospitals and training centers in the city of São Paulo, there will be transmissions from centers in the United States and Spain. Learn a little more about each one of these centers and get scheduled to attend the sessions; they represent great opportunity to have training from some of the best professionals and hospitals of the world.

Instituto Dante Pazzanese de Cardiologia (São Paulo)

This Institute of Cardiology was created by law at the Department of Public Health and Social Assistance with its first headquarters on São Paulo's most important boulevard, Avenida Paulista. At that time, Dr. Dante Pazzanese was the appointed General Director, while Dr. Leovegildo Mendonça de Barros held the station of Technical Director. Since then, it has become an important resource and reference in the diagnosis and treatment of heart disease in the country.

Instituto do Coração - INCOR (São Paulo)

The Instituto do Coração public hospital is one of advanced complexity, as part of the Clinical Hospital (University Hospital, Faculty of Medicine, University of São Paulo) specializing in cardiology, pulmonology and cardiac and thoracic surgery. It remains the benchmark service – disease prevention to treatment – known as a valuable center of research and learning.

Hospital Beneficência Portuguesa (São Paulo)

Considered one of the greatest in the most advanced private hospital complexes in Latin America, Hospital Beneficência Portuguesa was founded in 1859 with the purpose of providing health care for all their patients with equal measure of quality and accountability. Currently, the hospital has 6,500 employees and 1,500 physicians on its staff, in a 143 square meter facility. That includes 1,165 beds and 35 operating rooms. The hospital performs annually 34,000 total surgeries, 8,000 of which are heart surgeries.

Instituto Cardiovascular / Hospital Clinico (San Carlos, Spain)

This leading institute Cardiovascular Care unit was formed in 1998, within the Cardiovascular Institute (ICV). Today, the hospital concentrates its services in Cardiology, Cardiopulmonary Exploration and Vascular Cardiology, and contemplates the area of crucial vascular cardiology care of Intensive Medicine and Vascular Cardiology Prevention.

Nationwide Children's Hospital (Columbus, Ohio)

In the United States, this hospital is known as a leading pediatric care facility well ranked in cardiology, cardiopulmonary rehabilitation and cardiothoracic surgery. The hospital intends to advocate for the rights of children around the world and therefore is specialized in every pediatric expertise that a child needs.

Columbia University Medical Center (New York)

Columbia University Medical Center (CUMC) is a global leader in scientific research, health and medical education, and patient care. CUMC plays a leading role in global health issues, in particular, capacity building.

EDUCATION

Fighting heart disease begins with education

Across the globe, more than 17 million people die every year from heart attack – in Brazil alone, 80,000 people. That accounts for a startling average death rate of one person tragically dying every five minutes.

Aiming to combat this statistics, SBHCI is pushing two national campaigns to counter heart attacks and other diseases. *Coração Alerta* (*Heart in Alert*) is an important initiative geared towards spreading information to the population through the workplace, schools and universities. In the eyes of SBHCI, bringing the realities of heart disease and the threat of heart attack to the general republic is both a responsibility and an obligation. With this campaign, the society expects to decrease heart attack deaths in Brazil in 50%, which would represent 100,000 lives saved by 2014.

SBHCI campaign exhibited in the last year's congress

SBHCI also promotes the *Jovens Corações* (*Young Hearts*) campaign, which was created to reveal a new treatment for severe aortic stenosis, a common disease in the elderly patients.

The bio prosthesis for TAVI is a technique approved by AMB (Brazilian Medical Association) and recognized by CFM (Federal Council of Medicine) and known to successfully help patients that are either inoperable or who present high-risk for conventional surgical aortic valve replacement. Thirty three percent of patients over the age of 75 do not have the necessary health condition for surgery and there are 150,000 people over 75 in Brazil that suffer from severe aortic stenosis. *Jovens Corações*' goals are to demonstrate that the number of patients with the disease is on the rise while also having a team of doctors from InCor and SBHCI administering classes in enhance doctor specialization of doctors performing this procedure.

SOLACI is also a key player in the educational front with its campaign *ProEducar*. This program is designed to continue the education of all its members who have the desire to refine and enhance their skill set in the highly-specialized field of Interventional Cardiology.

The educational program presently build around three pillars of data that its members receive monthly by email such as, an educational bulletin in both Spanish and Portuguese, virtual conferences, and web-based case discussions.

INTERVIEWS

International guests on procedures, treatments, and tendencies

SOLACI SBHCI Congress 2013 is already considered by many one of the most important events in the Interventional Cardiology area. For this edition, more than 100 experts from Latin America and beyond 20 international guests will share their knowledge with expected 1,500 attendees, providing the most recent advancements of interventional cardiology field with avant-garde lectures. In these pages, learn details of the specific content prepared to be presented in the Congress via some of the most renowned professionals, their views of techniques employed today and where they might go next.

Eberhard Grube, MD

Chief of the Department of Cardiology and Angiology at the Heart Center Siegburg in Germany

What is the best way to stratify brain injury after TAVI? And how can we prevent the cerebral injury?

There is no real means to separate a group of higher risk or lower risk for embolization into the brain, unfortunately. Therefore, we have to differentiate: a problem of stroke is to be divided into one part, that is procedure, and one part that comes beyond the procedure, which might be called later stroke or late stroke. We have not been able to totally prevent stroke, but very pony understand the reason for late stroke, even for procedure stroke.

The problem is that, in order to prevent stroke, we have to be careful with patient selection and, of course, with the protection of the brain during the procedure. If we look at the procedure stroke and the stroke beyond the procedure, there are two different things. Later stroke or post procedure stroke might be caused by atrial fibrillation, lack of adequate anticoagulation, restricts of vascular system, which actually might not be directly related to the TAVI procedure. However, since stroke is such a catastrophic event, I believe that at least for the procedure stroke, until we know better to differentiate patients at high risk from low risk, it is better to protect the brain with what we call protection devices, and there are three of them – two approved and one is probably to be approved shortly. The protection devices try to either capture the debris in the carotids before they enter the brain circulation. This device is called Claret and it is also being used presently in Brazil. The other is a deflector in which there is a little neck that covers the aortic arch and the debris that is being loosened during the procedure will be deflected into the peripheral circulation, the one that is prominent is called Edwards/Embrella, and the third one is called Keystone, which is also a deflector.

One of the Claret users come from Rotterdam, N*icolas Van Mieghem*, that published a beautiful paper, and found in 70% of the patients debris in the baskets which consisted of all kind of materials like thrombus (red thrombus, chronic thrombus), calcification (of the valve, of the arch) and foreigner material like plastic. So, this has been under investigation. What we have seen out and about, but since Claret is the only device that captures debris, only with Claret you can prove what's been found and loosened up during the procedure.

Apart from those protection devices, there are of course other ways of easing the procedure, doing fewer steps particularly, for example, predilatation, use of wires and post-dilatation. So we have to be as careful as possible with our material, and then we have to do fewer steps and, as you probably know, we are favoring, for example, in many cases a implant of the CoreValve self extending system without pre-dilatation.

So, there are various steps for protecting the brain during the procedure and the later strokes, probably we have to look into the antiplatelet therapy, the cardiac rhythm documentation and anticoagulation.

Regarding aortic regurgitation following TAVI, how can we anticipate its occurrence?

Regarding aortic regurgitation post implant or paravalvar leak (PVL), the most important step doing the recent technology is to recognize its importance. We know today that we should not leave the patient with moderate or, much less, severe aortic regurgitation after implant. That has changed a lot during recent months and years, because in the beginning we did not fully appreciate the value and the importance of PVL. Today, we know PVL is a risk factor for mortality and morbidity. Therefore, never leave a patient alone with more than one plus aortic insufficiency.

There are certain predictions for aortic insufficiency. The most important one is positioning of the valve, second is calcification in the aortic annulus, and the third, patient annulus and precision mismatch.

Calcification we are not able to prevent because that is what we find in a given patient. We will not be able to totally eliminate the calcifications. The second part, we in fact can influence in the positioning of the valve. We have to make sure that both, Sapien and CoreValve, and others valves, are being positioned exactly where they should be, not too high and not too deep. If we do that, then we can eliminate many, many patients with aortic regurgitation and, for the present generation of valves, it's probably experience and the correct measurement and sizing of the valve sizes. The future generations are addressing this problem by designing changes for just adding a certain skirt or certain plastic around the lower part and securing the valve and angling the valve, and filling the space between the valve and the aortic annulus. So, they're all new generation valves, Sadra valves, new Sapien 3, new CoreValve, Symetis, Direct Flow, all these valves, in the recent studies, have shown minimum or non aortic regurgitation. So that's a huge step forward.

The other very important situation is that we size the annulus correctly. That was also done insufficiently and incorrectly previously simply using eco. We know today that at least tridimensional eco well done and CT-angio are probably the gold standard for measuring the endless size and the right size of the prosthesis. We have identified the problem, and I believe with future generation's valves and measuring the annulus of the patient, will improve tremendously the rate and degree of aortic regurgitation after the implant.

What are the positive and negative points of self-expanding and balloon-expanding prosthesis?

I believe both valves have been implanted in more than 80,000 patients with the rate of 50-50. So, we cannot really say that one valve is better

than the other. The clinical results of both valves are almost identical with the same complication rate. That is the positive side. So, now, we can do the selection of what we feel personal choice, selecting one over the other.

As I've said before, number one is personal experience. If you are trained with a balloon extendable valve, in my view, you should follow this project as much as possible because you gain experience in positioning, sizing, and dealing with this.

A prosthesis is much more complicated than the stent and you cannot say with pure experience "I do very well with both". I think it's important that you gain experience with one valve and then switch to the other one. However, we have to say, probably in a broad sense, that the Sapien is mostly likely, a little bit more predictable, whereas the CoreValve is a little bit more forgiving. The CoreValve, for the deployment, in part reposition the valve. With the Sapien you have just one shot and that has to be right. Once the balloon extendable valve is positioned and blown up, there is no way to remove it or give it a second try. It is one shot only.

As far as aortic insufficiency is concerned, there is a notion that you might find a little bit less with balloon extendable that rather has not been proved by randomized or patient matched trials. Basically, they both have the same problem as far as aortic insufficiency, stroke and vascular complications are concerned. The only difference is the pacemaker rate, which is in the one-digit number in the Sapien, and which is in the two-digit number in CoreValve. I think this is the truth in general. And, of course, there are certain things that you can do probably better with CoreValve, and that you can do better with Sapien. As an example, you will not be able to get into the mitral position with the Sapien, or so, sometimes you already have prothesis in the mitral valve, and if you want to implant in the aortic space, it´s probably better to take a smaller valve than a larger valve. On the other hand, if you look at the valve-in-valve procedure, then you probably can say that it's better to use a CoreValve over Sapien given its smaller diameters and the remaining gredient post implant is lower than compared to the Sapien. Also, if you take the ostium of the coronaries, you'll probably have fewer problems with the CoreValve as compared with the Sapien. With Sapien, you have to be very careful not to pinch the ostium of the coronaries. With CoreValve, you almost never have occlusion due to the self-expanding nature of the valve.

So, basically, you can say it is for the most part personal experience and personal preference with some conditions that favor the self-expansion or the balloon extendable and vice-versa.

In the near future, what are the improvements we can expect to make TAVI technically safer? When can we expect to expand its indications?

We have to lower the weight of complications, which are basically stroke, vascular, pacemaker, and PDL. With new generation valves, we move into the lower French sheath size, which is to say we lower it from 18 to 16, 14 or some, even, 12 French sheath. So this will tremendously improve the penetration of the valves in risky populations, and also lower the complication rate of the vascular check, lower French size of the valve, of delivery catheters and the sheath.

The second is we'll be probably be able to understand a little bit better the weight of pacemaker; hopefully, with the self-expanding or hybrid approach to settle the pacemaker with the low one-digit number in the Sapien, which is going not to change, and the self-extending ones, we will see what the outcome is, but we will expect the rate around 12 to 50 percent, even with the new generation. This is something that will not change with other generations.

The other complication, stroke, also will probably not be influenced by the future generation of devices, so that is something that is independent of devices. But PVL will definitely be addressed by the new generation, by either design, changing or modifications, as I mentioned before, and Direct Flow, Sadra, Symetis, Sapien 3 and new Corevalve, all those new generation valves will have impact on PVL, meaning this will leave the patient with, no or at the most minimum aortic regurgitation. So, that's a huge step forward into the right direction.

The extended use of indications, of course, comes with the lower size of the sheath, for example other access routes that we already have, extending indications. We will see moving into the field of aortic regurgitations, it has larger sizes. In the larger valve types, like the large 31 CoreValve, or the new concept of the Edwards system with docking a valve in the stent will address the other patients with pure aortic insufficiency, a very excellent extension of indications which is presumably being tested and under clinic investigation.

The next one is bypassed valves; at present, they favor the use of the self-extending CoreValves because of the supra annular insertion of the valve. Bypassed valves can be done with Edwards, but presently favor the CoreValve approach. The other one is the valve in-valve in degenerated surgical valves, can be today very securely treated by the implant of either CoreValve or Sapien. At present, as I said before, due to supra annular insertion of the valve prosthesis, the remaining ingredient of the CoreValve is better than the Edwards approach. So, that favors CoreValve.

That is the most important indication extension for the future and I think we will see new valve types, we'll be doing either including the lower or intermediate risk population, apart from the present studies of SURTAVI and PARTNER II, and there are the who in Europe, where the devices are proofed with the probably move with better results. We will probably move into intermediate risk population, even before the results of SURTAVI and a PARTNER II to be complete and understood.

Augusto Pichard, MD

Specialized in Invasive Cardiology and board certified in Internal Medicine, Cardiology and Interventional Cardiology. He joined MedStar Washington Hospital Center in 1983 as director of the Cardiac Catheterization Lab. He is also a professor of Medicine at The George Washington University Medical Center

What has been the most striking change since you started doing TAVI? How has this impacted your results?

Two major changes have occurred in the 6 years of TAVI experience at the MedStar Washington Hospital Center:

a) Patient selection: We have learned to select the patient that will have the most benefit at a reasonable risk, and high likelihood of clinical and hemodynamic improvement. At the same time we have learnt which patients are not going to benefit from this procedure, and now exclude them.

b) Access route selection: We have learned to totally avoid vascular complications by predicting which patients are at high risk for it, then avoiding such vascular access and switching to transapical or transaortic. Vascular complications have high mortality. Detailed analysis of angio and CT imaging has made this possible.

You have been training physicians all over the world. How do you evaluate the learning process? How does it affect the prognosis?

The most satisfying component of training others is to teach an "experienced team" that functions in a collaborative, efficient and safe mode. This includes cardiologists, heart surgeons, echo team, anesthesia, cath lab nurses and technicians, imaging specialists, etc. Such a team performs very well and those patients benefit most from the TAVI procedure done by them.

How do you see the future of TAVI? What's the next barrier to be overcome?

TAVI is new technology that proved its efficacy, safety and indication. Major advances in device characteristics will make it much safer and effective, with fewer problems (vascular access issues, paravalvular leak, sizing issues, etc). Analysis of the large world randomized trials and registries allow us now to better understand indications, benefits, complications and contraindications to the procedure.

ONDE A MAIORIA VÊ PROBLEMAS COMPLEXOS, A MALLINCKRODT ENXERGA SOLUÇÕES ÚNICAS.

A nova e independente Mallinckrodt Pharmaceuticals combina mais de 145 anos de experiência com o foco necessário para resolver desafios complexos e atuais do segmento farmacêutico. Seja na produção de medicamentos para dor ou no desenvolvimento de tecnologias de última geração para o diagnóstico por imagem, estamos trabalhando para tornar produtos complexos mais simples, mais seguros e melhores para os pacientes.

Mallinckrodt do Brasil LTDA
Rua Gomes de Carvalho, 1.069 - 16º Andar - Vila Olímpia - São Paulo - SP
CEP 04547 - 004 Tel. / Fax: +55.11.2394.6500 - DDG 0800.17.8017
www.mallinckrodt.com | atendimento.mkpg@mallinckrodt.com

VISITE NOSSO ESTANDE DURANTE O CONGRESSO SOLACI / SBHCI 2013 E CONHEÇA MAIS SOBRE NOSSOS PRODUTOS E SOLUÇÕES.

Inauguramos uma nova fase em nossa trajetória. Conheça mais sobre a Mallinckrodt e seu portfólio através do site: www.mallinckrodt.com

Optiray®
(Ioversol)

Angiomat Illumena™

Ready-Box™

Mallinckrodt Pharmaceuticals

Optiray® Registro MS: 113980030. Uso profissional/Entidades Especializadas. Bulas e outras informações disponíveis neste congresso, no estande da Mallinckrodt.

VRA+Comunicação

BRZ_VRA+_JULHO/2013_1

INTERVIEWS

Information from the source

The SOLACI SBHCI Congress 2013 was jointly prepared by both of the entities, along with several professors, lecturers, doctors, and nurses from different countries and with different cultures. This huge and challenger task, which demands organization, focus, and team work, was guided by these four professionals, who presently lead the societies and/or the congress itself. Here you'll have the opportunity to know more about the preparation for the event, what you can expect to see, learn, and live, and how that process was conducted by each one of them.

Dr. Oscar Mendiz

SOLACI, president (2011-2013)

Chief of Interventional Cardiology, Member of the Board (Board of Directors) at the University Hospital Favaloro Foundation, associate director of TCT, Fellow ACC, SCAI

What are the main SOLACI activities today and how do you evaluate them?

SOLACI had and still has, as main activity, the Annual Congress co-organized with the local society of the host country and, now, in partnership with TCT. However, in recent years, the importance and activity of other programs have increased, such as Regional Conferences, which are slightly smaller events in countries that do not receive the annual congress and are distributed by regions. We develop PROEDUCAR Program, including the Educational Bulletin; Virtual Conferences and Online Cases, which are sent monthly. This program is within the framework of SOLACI online content to which we have devoted considerable time in my tenure with the intention of improving them and bring them to more people. Here we can highlight the 12,000 monthly consultations to our renewed web site (www.solaci.org), the 2,000 hits per month to the smartphones applications (SOLACI inMotion) and sending a weekly newsletter, which usually is read by 4,000 readers out of 18,000 receivers.

We have also recently added, in cooperation with SBHCI, the online publication of the *Revista Brasileira de Cardiologia Invasiva* in its Spanish version. Adding a plus to this total, there are our joint sessions in the main events as ACC-TCT-EuroPCR and soon in others. We constantly try to diversify and offer more activities for our members.

How was the SOLACI preparation for this year congress?

It was as always a lot of work and effort, but with great joy to get together each year, to share as a scientific event of this level, in which we also found great friends from all over the continent and our guests from outside of Latin America.

What are your expectations with the scientific content to be presented? Could you highlight some themes?

I think it will be a great event where we can share our experiences, especially in new frontiers such as transcatheter aortic valve implantation, renal artery denervation, new stents and, I would not miss, the extra cardiac symposium.

Will there be political or associative activities or meetings?

Strengthen the bonds, which in fact has been very evident in recent years between SBHCI and SOLACI, so that the efforts of the authorities of the societies reach all members, that sometimes the efforts of the sponsors is reflected in our cooperation to lower expenses and impact communication greater. But not all ends there; our strategic partnership with TCT must grow in various aspects and we are doing so for the benefit of all. This should not end in a congress, but besides all the interaction and cooperation that we are formalizing and strengthening with old allies, like EuroPCR now has a completely revamped management structure, the American College of Cardiology, Cleveland Clinic, Society for Cardiac Angiography and Interventions, ICI meeting of Israel, the Inter American Society of Cardiology and the Council of India Interventions (NIC).

To this we must add our ties with mainland companies, not only interventionists, but also cardiology societies.

What is the importance of the partnership with SBHCI?

SBHCI, after SOLACI, is the society with more members of the continent, and I think the interaction and cooperation between both societies is mandatory, is well above our names and exceeds any language barrier. This cooperation has always existed and, as in any relationship where humans intervene, usually has ups and downs, and I think that today we are in one of the highest points, and will surely be even better.

In that sense, I want to thank Dr. Marcelo Queiroga and all SBHCI Directorship, and its permanent staff, especially Norma, first for her friendship and, then for the support, understanding and cooperation for SOLACI and I, especially during my two years in office.

What are the benefits of holding the congress in Sao Paulo?

Sao Paulo Pablo is now a landmark in Latin America and the world regarding cardiovascular interventionism, and is a luxury that the city will also be part of SOLACI "house". The profile of the members and directors of SOLACI who works here is extremely high, as that of their centers and this is an opportunity not to be wasted.

Would you like to add any information?

To thank all participants and assistants, and all those who work selflessly absolutely for societies to fulfill their role of developing, and promoting cardiovascular interventionism in our region.

Finally, I take the opportunity to thank the Advisory SOLACI Council, who gave the opportunity to lead this wonderful society after I had worked there for about 10 years and, especially, the countless number of people who helped me and give my apologies to anyone who I may have been uncomfortable with because of my decisions.

Dr. José Armando Mangione

2013 Congress, president

Associate Professor at the University of São Paulo, Director of the Interventional Cardiology Arie Beneficiência Portuguesa Hospital of São Paulo, Member of the Advisory Board of SBHCI, and former president of SBHCI twice (92-94 and 94-96)

How was this year's congress prepared? How long did it take and how many professionals were involved?

It began with more than 1 year and a half in advance because we had to book a convention center with capacity to receive more than 3,000 participants including physicians, nurses, technical staff of companies involved and, still, offer enough space for industry to display their products at the booths.

We started to select the names of invited national and international speakers, who would be part of the scientific program, and forward the calls, since the agenda of many of them is quite busy.

In the organization of the whole event were involved more than 30 professional, among SBHCI employees, scientific committee, organizing committee, and contracted companies.

The congress will be SBHCI's and SOLACI's together. What changes in its format and presentation mode because of this partnership?

The joint performance of SBHCI Congress with SOLACI's gives a wide coverage of the event internationally. Thus, we will have the participation of world renowned medical organizations such as the American College of Cardiology, the Cleveland Clinic, Columbia University, and the European Association of Percutaneous Coronary Intervention.

The format will change, as the transmission of live cases not only of national centers (INCOR, Dante Pazzanese, and Hospital Beneficiência Portuguesa), but also international centers, such as the Hospital Clinico San Carlos, Madrid, the Columbia University Medical Center and the Nationwide Children's Hospital. These procedures will show the latest technologies available for percutaneous intervention in adults and children.

There will be symposia during the Congress with renowned experts from these sites as well as from several other important interventional cardiology centers worldwide. Currently, we can say that this Congress is one of the most important events of Interventional Cardiology worldwide.

How many professors and attendees are expected?

20 international guests (teachers) are expected, working outside Latin America. The total participants of the scientific program will be more than 100 physicians. We hope to achieve 1,500 physicians registered in the Congress this year.

What are your expectations with the scientific content to be presented? Could you highlight some themes?

The scientific content will be greatly comprehensive with high relevance topics, as the use of absorbable stents in the treatment of coronary artery disease, the transcatheter treatment of aortic and mitral valve disease, the use of renal denervation to control resistant hypertension, the left atrial appendage occlusion and various technologies used for the treatment of various congenital heart diseases.

Will there be political and associative activities during the congress?

During the Congress, the SBHCI annual general meeting is held, in which the topics of interest of our community are discussed, and this time it will be released the winning candidates for the next administration of the entity.

What are the benefits of holding the congress in São Paulo?

São Paulo is a very attractive city because it offers adequate structure for the event as well as provides excellent recreational opportunities, such as malls, restaurants, cinemas, theaters and several shows; it really attracts the presence of colleagues from several Brazilian states and Latin American countries.

Dr. Marcelo Queiroga

SBHCI, president

Director of the Department of Interventional Cardiology, Hospital Unimed João Pessoa (Cardiocenter), Coordinator of Cardiology, Hospital Unimed João Pessoa, and Advisor CRM-PB

What are the main activities of SBHCI today and how do you evaluate them?

SBHCI acts in three main fronts: Associativism, professional certification and continuing medical education. In this sense, we have obtained glad tidings results; in the associative sphere we have committed to incorporating new technologies into the health system, highlighting the tanscatheter aortic valve implantation (TAVI). Upon assuming the presidency in 2012 this important procedure was considered experimental; today, with the work of all, we have TAVI validated by CFM and included in CBHPM. Further, we developed, along with SBC and AMB, a certification program in TAVI. We are strongly acting to include this technique in the list of health policies (SUS, the Brazilian NHS, and Health Insurance).

In the field of professional certification, we have got: the expansion of training interventional cardiologist for two years in the Medical Residency, and the recognition of pediatric cardiology as a requirement for obtaining the Certificate of Performance Area in Hemodynamics and Interventional Cardiology. This last action solved an old problem of pediatricians who were prevented from having the certificate of performance area. Finally, we performed very successfully in 2012 our Congress in Salvador and now we have the SOLACI Congress, which will undoubtedly be the biggest and most important event of our specialty in Latin America, organized jointly with SOLACI and in partnership with TCT.

How was SBHCI Congress preparation this year?

SBHCI already has a consolidated structure to hold such events. It is noteworthy that to be a joint event, SOLACI and SBHCI, it was very important the harmonic ambience between the two societies and the tireless work of the organizing committee, led by Dr. José Armando Mangione (Congress President), and the scientific committee, with Dr. Rogério Sarmento-Leite. The city of São Paulo, home of the event, is the main center of Brazil and houses the most important training centers for interventional cardiology in the country, so it is an environment conducive to achieving a conclave of this size. Also, the joint effort in developing a scientific program of the highest level deserves emphasis.

What are your expectations with the scientific content to be presented? Could you highlight some themes?

As emphasized, the scientific program was prepared with care, in order to provide the attendees

the best fulfillment of the Congress. We highlight the didactic demonstrations live broadcast from important centers in Brazil and abroad, presenting the main achievements of the specialty - in the spotlight, the valve therapy by catheter, the bioresorbable vascular scaffolds (BVS). Also, the techniques of physiological injuries assessment will be focused (FFR) in addition to the latest advances in adjunctive pharmacological therapy of percutaneous coronary interventions.

Will there be political and associative activities during the congress?

An event that brings together more than a thousand specialists is already one of the most significant political activities, especially when health is the protagonist of the society concerns as a whole. Thus, it is always an opportunity for discussion of important issues for the specialty, such as the incorporation of new technologies used in the field. In Brazil, there is a lack of appetite to incorporate new medical procedures, like the drug-eluting stents not available in SUS yet, so we must act strongly to offer Brazilians these scientific advances through the health system. We have developed social clarification actions to inform Brazilians about these advances; the *Coração Alerta* (*Alert Heart*) Campaign addresses the need for access to ICP in the treatment of Acute Coronary Syndromes, and the *Jovens Corações* (*Young Hearts*) Campaign focuses on seniors' access to TAVI clarifying on aortic stenosis and therapy approaches.

What is the importance of the partnership with SOLACI?

Partnering with SOLACI is a proof of the Latin American interventional cardiology integration capability. This is very important because there is a very large identity between our countries, and it is essential to encourage the continental homogeneous scientific improvement, especially to stimulate continental scientific production and definitely insert our interventional cardiology on the world stage. Recently, we have agreed a Spanish version of the *Revista Brasileira de Cardiologia Invasiva* (*Brazilian Journal of Invasive Cardiology*, RBCI) with SOLACI, and it will be an excellent opportunity for original publications in Latin America. The process of multilateral integration is ongoing and it should be improved day by day; what we find today is a maturing stage of this process. The boards of SOLACI and SBHCI work harmoniously and that feeling is very widespread in the management of the societies, which work in harmony with this principle of collaboration. I am sure that the Latin American integration in interventional cardiology is no going back.

What are the benefits of holding the Congress in São Paulo?

São Paulo is the capital of the Brazilian interventional cardiology. It was in this city that the first original scientific publication of our specialty was produced. The interventional cardiology centers in the city were pioneers in major medical procedures in our area. In São Paulo more than 50% of new Brazilian interventional cardiologists are graduated. In addition, we have the most complete hotel infrastructure, convention centers and airports in the country, coupled with the significant number of interventional cardiologist residents in the city and state of São Paulo. Finally, we highlight that there are direct flights to São Paulo from the major cities of the world, which facilitates the movement of attendees and international guests. Under this scenario, the prospects for success of the Congress are unquestionable.

Dr. Gustavo Sacramento

2013 Nursing Congress, president

ICU and Hemodynamics nursing supervisor at Hospital TotalCor and Member of the Deliberative Board (São Paulo Region) of SBHCI Nursing Department

How as the preparation for the Nursing Congress this year?

Shortly after the 2012 SBHCI Congress, we began to research topics for the lectures. The biggest concern was to maintain the quality of previous years and updated themes. We performed our benchmarking with the SOLACI 2012, TCT 2012, and 2013 EuroPCR Congresses, and along with the commissions, we analyzed the most evident in importance evident in importance (or administrative assistance) topics, whether national or international. In this review we noted with fulfillment and pride, that the issues of Nursing has always accompanied the International events. I dare to say that, in over half of the congresses, they presented the same subjects. After analyzing the most prominent themes, we compiled and formulated them for Congress of this year.

When has it started being presented simultaneously to SOLACI Congress?

The first SBHCI Congress was held in 1976, in 1995 we had the first SBHCI and SOLACI joint Congress, and in 1996 we had the first Nursing event, which has been held annually since then. In 2003, we returned to meet with our friends SOLACI. And from this reunion, in every 3 or 4 years this partnership is renewed. This year, Nursing Congress becomes 17 years old.

As themes of this year's congress, you've listed: protocol, quality, safety, technology, data register, and clinical research. Could you provide more details on what will be presented?

Nowadays, the evidence, quality and safety-based medicine is increasingly being deployed and discussed. The patient's participation in the choice of treatment is increasingly being requested. And not only his participation, but the whole multidisciplinary team to help and undoubtedly reach a better prognosis. The quest for the best health can offer is constant and infinite, and the technology associated with databases and clinical research allows us to verify and analyze our results in institutional and large groups or centers. These data, indicators, not only can, but must be compared in order to understand our strengths and weaknesses. Talk or point weakness to be improved is always something controversial... After careful consideration, it can be a review of best practices or visit (benchmarking) to a service you may have an indicator model in this regard, to adapt and implement this improvement until the indicator reaches the target set. Unfortunately, it is not so simple as to summarize in a row. Thus, the choice for this approach was to explain and demonstrate the national data (CENIC Register) and International (NCDR) to understand, analyze and compare indicators being used in Latin America.

What message would you like to leave to the attendees? What they can expect in this year's congress?

I'd like to welcome everybody in another SBHCI and SOLACI meeting, and wish the Congress, São Paulo city, and I may receive them in a friendly and warm way. All programming was chosen so that we can reflect the current situation of the service and care that we have provided to long for our next step in search of the ideal nursing.

SOLACI SBHCI JOURNAL • **Editorial Coordination and interviews:** Drs. Jose Alvarez, Guilherme Attizzani, and Carlos Campos. **Support:** Norma Cabral. **News coverage, edition and revision:** Lilian Mallagoli (MTb. 30.443-SP). **News coverage:** Juliana Borba. **Desktop Publishing:** Marco Murta/Farol Editora. **Printing:** Hawaií Gráfica e Editora.

ENTERTAINMENT

Exploring the capital of world cuisine

São Paulo city is widely known as "the capital of world gastronomy". And it is not in vain. In 1988, the Brazilian Association of Gastronomy (ABRESI) was founded with the main goal of making it true. By that time, there were 43 countries gastronomically represented in São Paulo, and this rate has been increased to 51 now.

In 1995, with the city government support, it was established a Honor Committee of Nations, consisting of officials from 40 countries and 10 International Civil Entities linked to gastronomy and tourism, who worked on the survey of all cuisines represented in each of their capitals. Two years later, the Committee granted the "Food Capital of the World" title to the City of São Paulo. At the same time, the title was awarded to Paris, a "hors concours" category, and New York, Tokyo, Rome, Madrid, Lisbon, Mexico City, and Buenos Aires. Of all cities, São Paulo is the one that has the largest number of international cuisines represented.

Enjoy your staying by visiting some restaurants and treating yourself with some of their delights. Since São Paulo is a big city, we've selected some interesting and beautiful places, which serve differentiated and special meals, closer to Transamerica Expo Center – check out each one's distance.

- **Weinstube Restaurant (Club Transatlântico)**
  German cuisine; it also serves special soups during Winter.
  Address: Rua José Guerra, 130 – 3,8 km from Transamerica Expo Center
  Phone: (11) 2133-8600 / 2133-8697
  www.clubtransatlantico.com.br

- **Massa Fina**
  Pasta, pizzeria, and à la carte dishes.
  Address: Avenida João Carlos da Silva Borges, 897 – 3,6 km from Transamerica Expo Center
  Phone: (11) 5641-9799
  www.massafina.com.br

- **Charlô (Jockey Club)**
  Meat, poultry, fish, pasta, and risotto.
  Address: Avenida Lineu de Paula Machado, 1263 – 7,4 km from Transamerica Expo Center
  Phone: (11) 3032-4613
  www.charlo.com.br/joquey.html

- **Fogo de Chão**
  Brazilian barbecue.
  Address: Av. Santo Amaro, 6824 – 5,4 km from Transamerica Expo Center
  Phone: (11) 5524-0500
  www.fogodechao.com.br

- **Moinho de Pedra**
  Gourmet natural cuisine.
  Address: Rua Francisco de Moraes, 227 – 5,5 km from Transamerica Expo Center
  Phone: (11) 5181-0581
  www.moinhodepedrarestaurante.com.br

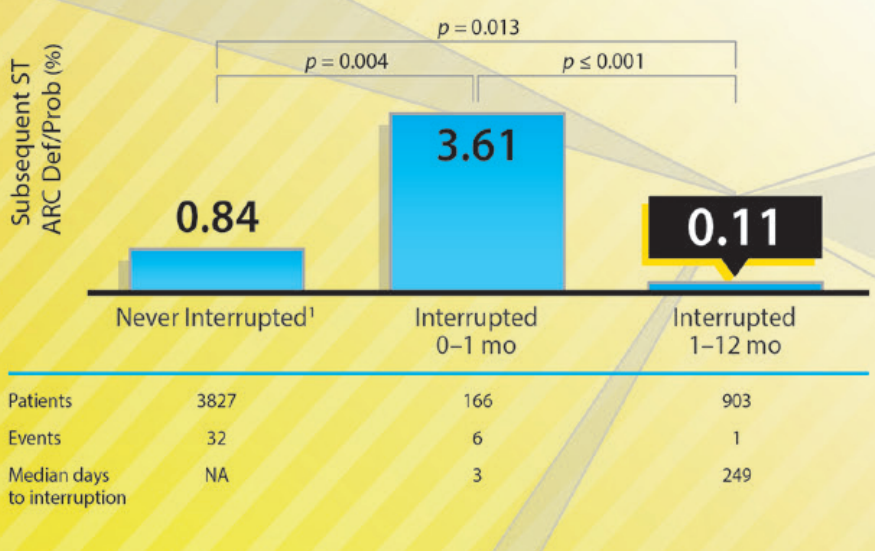
Medtronic

Resolute Integrity™

ZOTAROLIMUS-ELUTING CORONARY STENT SYSTEM

SIMPLIFY THE CHALLENGE OF UNPLANNED DAPT INTERRUPTION

Timing of DAPT Interruption and ST Through 1 Year



Patients	3827	166	903
Events	32	6	1
Median days to interruption	NA	3	249

- In the RESOLUTE Pooled DAPT analysis[2]:
  - Over 20% of patients interrupted DAPT at some point during the first year after implant
  - There was no increased risk for stent thrombosis with interruption of DAPT after one month with Resolute™ DES
  - This significant statement of finding has led to unique CE Mark labeling[3]
- Medtronic regards physicians as the ultimate DAPT decision-makers and supports current guidelines on this complex subject[4]

[1]Including patients with no DAPT interruption except for ST while on DAPT through 12 months.
[2]Post-hoc RESOLUTE DAPT analysis included RESOLUTE All Comers, RESOLUTE International, RESOLUTE US and RESOLUTE Japan. RESOLUTE FIM was not utilized due to a lack of DAPT information required in the study protocol. This analysis was not powered for stent thrombosis.
[3]DAPT language in updated CE Mark *IFU*: "One year data from the RESOLUTE Clinical Program indicates low stent thrombosis rates for those that interrupted or discontinued DAPT any time after one month. While physicians should adhere to current ESC or ACC/AHA/SCAI Guidelines for PCI, patients who interrupt or discontinue DAPT medication one month or more after stent implantation are considered at low risk and showed no increased risk for stent thrombosis."
[4]Minimum 6 months of DAPT by ESC guidelines and minimum 12 months of DAPT by ACC/AHA/SCAI guidelines.

Simplify the challenge at medtronicstents.com

Innovating for life.