




July 25, 2013 - Thursday

WEATHER  Sun with many clouds throughout the day. Rain anytime.  Min: 5°C  Max: 11°C • Source: Climatempo

A lively Opening Ceremony

Authorities and specialists in Cardiology and Intervention welcome SOLACI SBHCI Congress' attendees; session is followed by Toquinho's musical show

An atypical temperature embraced Sao Paulo city last night, even being winter: 8°C was the highest temperature, the lowest maximum one in the last 52 years. But inside Teatro Alfa the atmosphere was bright and up: Authorities and specialists in Cardiology and Intervention gathered together to present the 2013 SOLACI SBHCI Congress Opening Ceremony.

After a cocktail, ten people were invited to speak to a full audience, and they all thanked for the opportunity of participating in this session. They also remembered the importance of the event to physicians, the entities involved, and the development of interventional cardiology as a whole, especially in Latin America.

Were invited to the table: Jose Armando Mangione, president of the 2013 congress; Marcelo Antonio Queiroga Lopes, president of SBHCI; Oscar Mendiz, president of SOLACI; elected president of the Brazilian Society of Cardiology, Angelo Amato Vincenzo de Paola; scientific director of SBHCI, Rogério Sarmento-Leite; José Eduardo Moraes Rego de Sousa; first president of SBHCI and current Consultative Council representative of SBHCI; president of the Nursing Department of SBHCI, nurse Evanise Gomes; Florentino de Araújo Cardoso Filho, president of AMB (Brazilian Medical Association); Reynaldo Mapelli Junior, Health Department representative of the Sao Paulo State; and Antonio Sérgio Moreno, Health Department representative of Sao Paulo city.

"I am representing the Governor of Sao Paulo State, Geraldo Alckmin, who personally asked me to greet all



Photos on this page: Diego Garcia



A full room watched ten renowned professionals guide the Opening Ceremony; above the Brazilian MPB artist Toquinho, who closed the night

cardiologists and attendees of this event tonight. I am very impressed by the congress program. I think we are heading in the right direction, we need to know the points that we have to work on, so we can develop the health situation of our country and the congress is doing this job very well," said Mapelli. Bringing greetings from Sao Paulo city's Mayor, Fernando Haddad, Moreno empha-

sized: "To all physicians from the Cardiology Interventionist area, we'd like to say: keep working in a productive way because the Brazilian society needs your efforts against the mortality caused by the main diseases."

Reflecting the current political moment alive in Brazil, health policies were broadly brought up; representatives from different political sides defended their ideas

and ideologies, analyzing old and recent initiatives taken from several leaderships in the last few years. In one matter they all agreed: the huge need of improving health treatment and care offered in the country.

The Brazilian musician Toquinho closed the session, presenting his soft and very melodic MPB. What was initially a very cold night became a warm and lively meeting.

Orsiro: Performance como o Melhor da Categoria

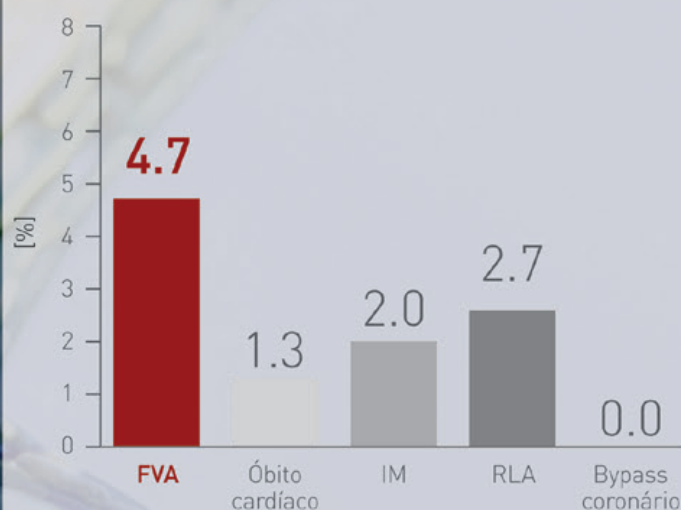
Estudo BIOFLOW-II (Não inferioridade vs. Xience Prime)¹

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BIOFLOW-III (Registro internacional aberto com mais de 1.300 pacientes)²



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1. Apresentação de resultados de estudos, Prof. Stephan Windecker, EuroPCR 2013
2. Apresentação de resumo de artigo, Prof. Johannes Walternberger, EuroPCR 2013

PRESIDENTS' MESSAGE

A global and unique congress

It was just the first day of the SOLACI SBHCI Congress 2013, but we can definitely say it was a wonderful start!

This year, we had 2,000 registered attendees from many countries. More than 200 lecturers are here to show us the best techniques and procedures, discuss developments, and help us understand the next steps in Interventional Cardiology. From outside Latin America,

there are 26 professors, and they contribute to make our congress differential, unique, and global!

Yesterday, we had a noble Opening Conference, beyond very interesting lectures and sessions during the whole day. Later, during the Opening Session, we could celebrate our achievements after having listened to the beautiful Toquinho's music! That was a great and

memorable time to socialize and interact with professionals from different parts of the world.


We still have a lot to go today and tomorrow, so keep your eyes on the Official Program, so that you won't lose any important event. We'd like to remind you to visit the Abstract Poster Presentation, at the Exhibition Area, with papers from important worldwide hospitals and clinics. During

lunch time, satellite symposia are a great opportunity to get updated on how technology is changing our daily practice.

We hope you are taking this opportunity to fully evolve your knowledge and career, and that after Friday you keep great memories from this congress, so carefully prepared for you! Thank you for your support and attendance!



Oscar Mendiz,
SOLACI, president



Marcelo Queiroga,
SBHCI, president



José Armando Mangione,
2013 Congress, president



Gustavo Sacramento,
2013 Nursing Congress, president

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 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.

TOMORROW, July 26

8:30 - 10:00 AM, Bambu Room - SBHCI Training and Certification Program in TAVI: Braille and

Medtronic simulators and Edwards equipments will be available for this training. Registrations onsite; just look for one of the sponsors' representatives.

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. Posters were prepared by professionals from some of the most important cardiac hospitals and services from the world: Hospital do Coração, Universidade Federal de São Paulo, Instituto de Cardiologia, Instituto Cardiovascular de Buenos Aires, Instituto do Coração do Hospital de Clínicas da Faculdade de Medicina da Universidade de São Paulo, Instituto Dante Pazzanese de Cardiologia, Universidade Federal do Rio Grande do Sul, Hospital Beneficência Portuguesa, Hospital Cardiológico Constantini, Hospital Samaritano de Campinas, Universidade Federal de São Paulo, RIBAC, Centro de Cardiopatias Congênitas e Estruturais do Paraná / Bern University Hospital - Suíça, Division of Cardiology, Careggi Hospital / Florence, Italy, Quebec Heart & Lung Institute, Canada, Hospital Vera Cruz, Hospital São Marcos, HCUVA, University Hospital of Sal-

amanca, Hospital Juarez de Mexico / Secretaria de Salubridad, Clínica El Ávila / Clínica Rescarven, SOVECI / Cardiovascular Research Center Caracas, Universidade Federal Fluminense, Hospital Británico / Hospital Alemán, Fundación Favaloro, Hospital Agamenon Magalhães, Hospital TotalCor, Hospital Sírío Libanês, Hospital Santa Marcelina, AngioCardio, Santa Casa De Marília, Clínica Cardiovascular Santa María, and Hospital Argerich.

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

Exhibitors Exposition: 57 companies will exhibit their products, softwares, hardwares, and services in the Exhibition Area. Visit it to get informed about upcoming and cutting edge launchings.

NEWS

With hearts wide open

SOLACI and SBHCI kick off their joint 2013 congress in Sao Paulo, presenting high level content in Interventional Cardiology, and making the event one of the most important worldwide

A larged-size congress, with approximately 2,000 attendees, 26 international guests, more than 200 Latin American speakers, 56 high level scientific sessions, 18 live cases, some of them aired from the United States and Europe, and more than 120 free themes. This was how Dr. Marcelo Queiroga, president of the Brazilian Society of Hemodynamics and Interventional Cardiology (SBHCI), proudly opened the entity's congress jointly organized with the Latin American Society of Interventional Cardiology (SOLACI), in Sao Paulo. The event lasts until tomorrow.

"On Monday, Pope Francis said that the best way to go inside a country is through its heart's door," he proceeded. "And we, cardiologists and interventionists, are specialized in going through the heart's door. Having said that, I welcome you all."

Dr. Oscar Mendiz, president of SOLACI, was the next to speak: "It is a great pleasure and honor to be here,

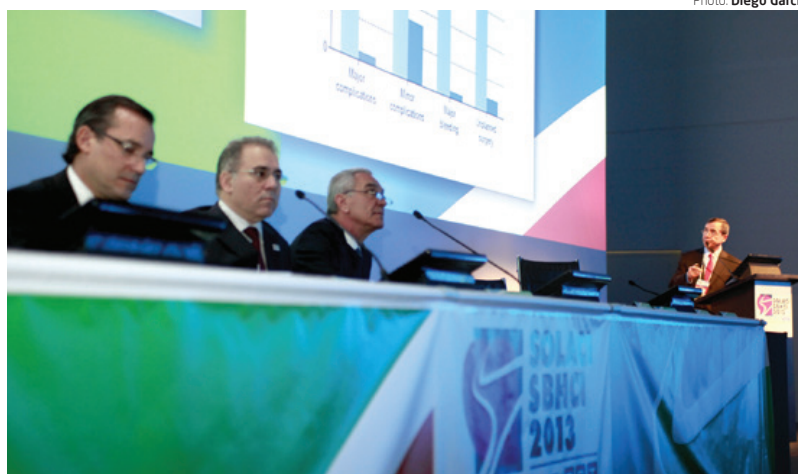


Photo: Diego Garcia

Drs. Mendiz, Queiroga, and Mangione welcome attendees; standing, Dr. Pichard leads the first scientific session

in Sao Paulo, for this joint congress. I'd like to congratulate Dr. José Armando Mangione, president of the congress, for the excellent developed work, and Dr. Queiroga, for having opened the door and allowed us to perform along with SBHCI, and offer a great congress, so that we can make a better Interventional Cardiology in Latin America day by day."

Following, Dr. Mangione completed: "I'm very proud to be the president of this congress, undoubtedly one of the major congresses of the international Interventional Cardiology. I'm sure everybody will enjoy this event a lot, result of an intense work by the organizing and scientific committees. Thank you for your attendance!"

Initializing the scientific program of the congress, Dr. Mangione called Dr. August Pichard to present the Opening Conference *TAVI Global Results*: "There is no better way to start our activities than talking about such a present subject, a real step forward in the Interventional Cardiology, and having Dr. Pichard as a lecturer; a renowned professional, a very important character in this topic global scenario, and a huge friend of all of us."

Dr. Pichard thanked for the opportunity to presenting that session and offered a broad content, covering: procedural factors and success, learning curve, hemodynamic performance, echocardiographic findings, survival, long term outcomes of TAVI, ESC/EACTS AND USA Guidelines for 2012, USA requirements, paravalvular leak post TAVI, survival by aortic regurgitation, atrial fibrillation, vascular complications, strategies to prevent stroke, need for pacemaker, and moderate and score MR.

Nursing Congress

The XVII Congress of Nursing's opening session hosted by Ivanise Gomes, President of DES-BHCI, began in a very touching atmosphere. To kindly set the ambience for an extremely important and concerning speech about Patient Safety in Hospital Organizations, an orchestra formed by musicians from 7 to 18 years-old, called *The Locomotiva Project*, joined the cardiologists, nurses, and all the participants in the opening session. In a very good mood, the young musicians presented songs from classical composers like Vivaldi and Beethoven to contemporary rock bands such as Deep Purple and Aerosmith.



Photo: Leonardo Siqueira

Drs. Incarbone, Sacramento, and Gomes

Ivanise Gomes amongst Gustavo Sacramento, President of the XVII Congress of Nursing in Hemodynamics and Interventional Cardiology, and Alejandro Incarbone, Director of SOLACI's Chapter of



Photo: Leonardo Siqueira

The Locomotiva Project played classical and contemporary rock tunes

Nursing, Medical Technicians and Technologists, thanked the audience for the presence in the coldest day of the year in Sao Paulo.

"We appreciate the opportunity we're having here and also the

sponsorship that support us to make it happen," said Ivanise Gomes. The packed room was a sign of what would come ahead: an interesting and informative discussion.

Scientific development and integration

The first day of the 2013 SOLACI SBHCI Congress offered multiple and diverse sessions to contribute to cardiologists and interventionalists' updating.

Rich information provided by experts was shared with attendees, who also had the chance to check out high level posters previously selected to be displayed here.

It was with a lot of expectations that the activities were successfully opened. In Cacau room, where *Intervention in Acquired Cardiovascular Diseases* was the main theme, live cases from Columbia University Medical Center (USA), Instituto Dante Pazzanese de Cardiologia (Brazil), and Nationwide Children's Hospital (USA) brought a great audience together in order to understand better cases that comprehended Coronary Intervention and Structural Heart Diseases. Meanwhile, in Café room, speeches about *Endovascular Approaches for Non-Coronary Atherosclerotic Disease, Adjunctive Lesion Assessment Methods Session and Cutting-Edge Technologies in Interventional Cardiology* discussed the same subject. In Bambu room, a mix of sessions was held talking about *First Educational Cardiovascular Clinical Trial Program* and *Dedicated Self-Expanding DES for Bifurcation PCI*, while *Intervention in Congenital Heart Diseases* was discussed through *My Worst Complication* and *Closure of Septal Defects* sessions.

The first session in Nursing's room, entitled *Patient Safety as a Priority in Hospital Organizations*, talked about the main concern in hospitals, either in developing countries or countries already settled in a better situation: the standards in all the procedures regarding patient's safety, which may seem to be a simple subject when it comes to hospitals. In reality, though, details require more attention. "Safety is a huge challenge, especially in cardiology. Doctors and nurses take care of people as well as a maestro takes care of his orchestra", compared Claudia Garcia de Barros, from Albert Einstein hospital. She also pointed that problems regarding safety in medical procedures in hospitals are 20% higher in underdeveloped Latin American and European countries.



Photos on this page: **Diego Garcia**

Live Cases

A great part of the audience in Cacau room (*Intervention in Acquired Cardiovascular Diseases*) watched all the live sessions that were presented. Live cases #1 and #2, from Columbia University Medical Center (USA), showed the benefits of reducing radiation exposure. Live cases #3 and #4, from Instituto Dante Pazzanese de Cardiologia (Brazil), were also acclaimed as great interpretation of cases and performance of practices.



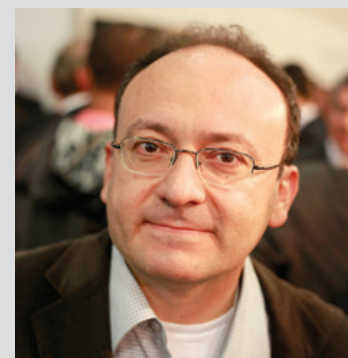
"Live sessions were indeed a great differential in this event. We, the audience, were able to watch everything with details and all the cases were a success."

Luis Santana (Brazil)



"The cases were very impressive."

Sarah Batista (Brazil)



"All the time the room was full of people. I am sure that was a sign of the greatness of the sessions. I enjoyed, for sure."

Igor Lago (Brazil)

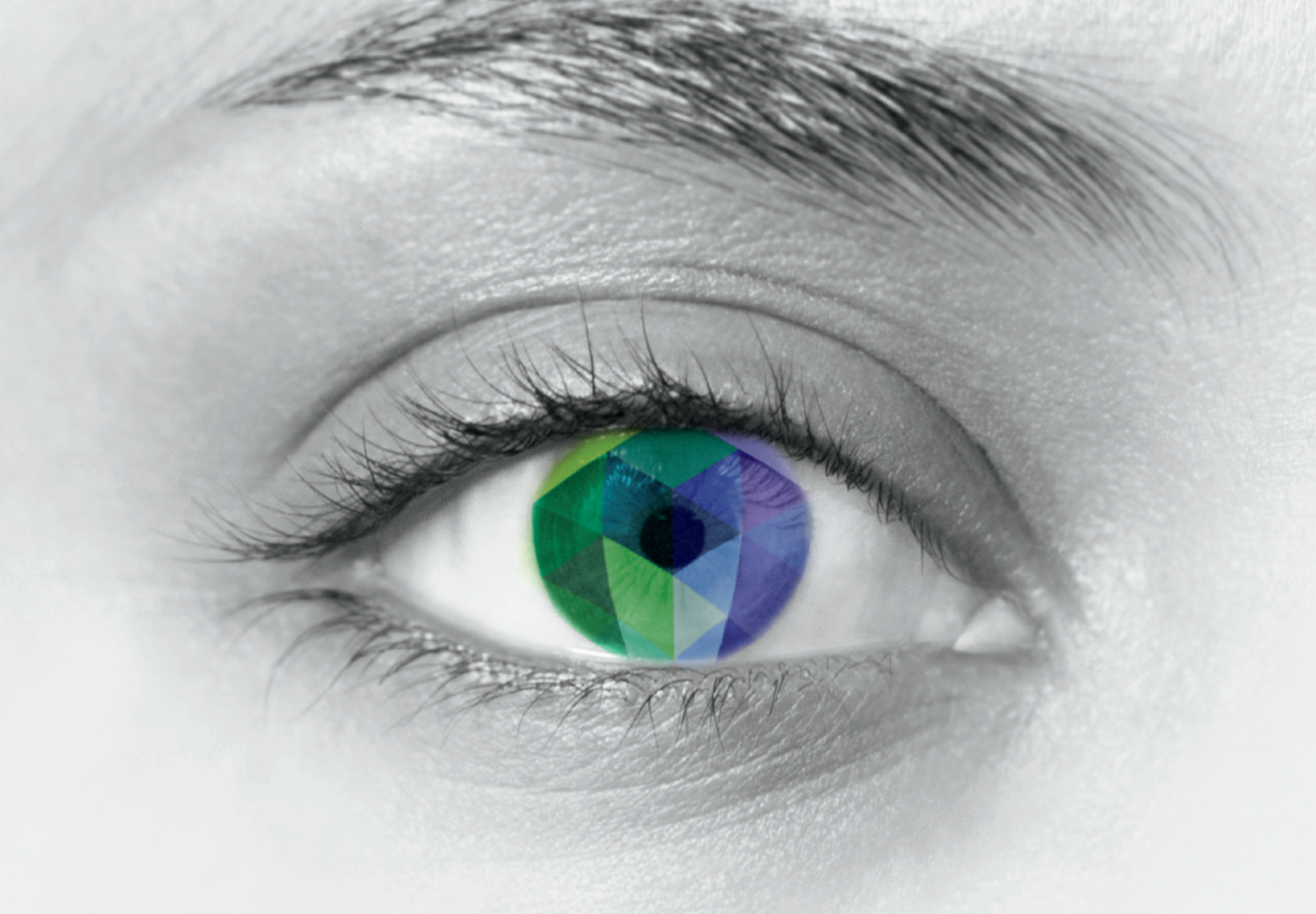
Abstract Panels Presentation

"Compared to last year's presentation, the posters section had a considerable growth this year," said Dr. Vinicius Daher, cardiologist and coordinator of the medical Abstract Poster Presentation. According to him, last year there were 80 presentations chosen out of all the subscribed works, while this year 120 ones were selected.

Not only those numbers helped the section to gain more attention, but they have also placed the section in a better location. "We have the privilege of being able to show all these work in a visual area, which proves that our efforts are being recognized. I have seen very elaborated and complex presentations, signaling that the level of scientific productions has increased", added Daher.



One of the authors that took part as an expositor, **Liane Lopes de Souza**, nurse at Pronto Socorro Cardiológico de Pernambuco hospital (Brazil), stated: "The congress brings the most modern methods in nursing assistance, including the hemodynamic laboratory's procedures. To participate of the abstract poster presentation is a way of showing our research and efforts towards hemodynamics."



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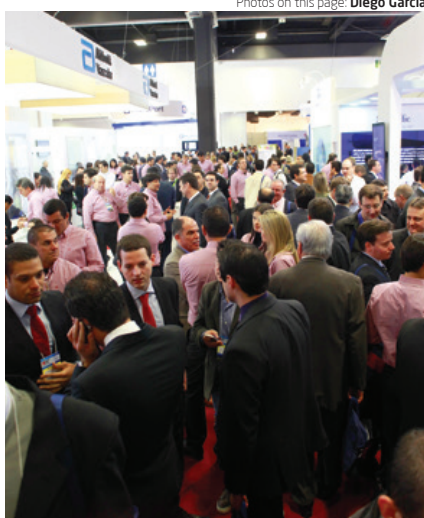
NEWS

One step ahead

All participants were able to keep themselves posted with modern solutions presented by companies both in the Exhibitors Exposition and in Satellite Symposia, during lunchtime

Commercial Exhibition

More than 50 companies related to the medical industry – including some of the biggest ones – are exhibitors in the event this year, bringing their latest news, softwares, and equipments. Participants could see exposed modern technologies, such as one that reduces radiation in 73% in vascular exams and 50% in cardiology exams, while providing a better image quality; a system of digital image that provides not only high resolution but also a fast shoot; and equipments for hemodynamic.



Satellite Symposia

From 12:15 to 2pm, each room of the congress held a different session. MEDTRONIC, EDWARDS, ASTRAZENECA, and BAYER/MEDRAD promoted Satellite Symposia regarding modern cardiology methods and patterns. All rooms were packed with participants. Follow the next days' symposia to learn from experts; check out the schedule in the Official Program.



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INTERVIEWS

International guests on procedures, treatments, and tendencies

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



Hector M. Garcia-Garcia, MD

Interventional Cardiologist at Thoraxcenter, Erasmus Medical Centre, Rotterdam

What is the best way to stratify the patient with multivessel coronary disease?

It would be a composite with several things: the clinical state of the patient, including the clinical presentations and the demographics are very important; and also the anatomy of the patient. These would be the two most important considerations for making these decisions and, if you try to put all that together, one very reasonable tool would be to use the SYNTAX II that combines the clinical variables and also the anatomical variables and, after that, I think the best approach would be discuss that within the heart team actually, with the surgeons, to try to see what would be the most beneficial for the patient. In conclusion, I would say the SYNTAX II would be a good clinical tool to make the decision.

How about the diabetic patient with multivessel disease? Do you think there is room for PCI? And how can we fit this patient the SYNTAX II score? Why does not the SYNTAX II score include the diabetes status?

The first part of the question, about diabetes and PCI, I think, is an unsettled question. We still have to plan studies and the ones we have had set the stage for future upcoming trials, these would be central. I don't think we know the final answer to the question.

I think that if we connect the first part with the second part of the question, about the SYNTAX II, it is because, on one hand, in complex patients with a lot of comorbidities, it seems that all their factors like weight and the diabetes and the reason why it doesn't come up might be the comorbidities related to the disease, to the diabetes, that are more important for the prognostic of that patient.

If I can conclude, for the first part we don't have the answer yet and there are studies in the pipeline that would try to answer that question, and the second part would be to say that there are other factors related to the diabetes disease are more important to the disease itself.

What is the role of the OCT in clinical practice? Do you think it is only a research tool?

The optical coherence tomography is a relatively new imaging modality that is just about to reach the entire world, so it was previously only available in a few centers and, therefore, we still know very little about the clinical utility of this technology itself. But, what I must say is, if you look only at the concept – intravascular coronary imaging – for guiding standard procedures, there is very important information in the literature showing that in a meta analysis with nearly 30,000 patients, show reduction in

mortality, myocardial infarctions and stent thrombosis. Therefore I would think that, even when the evidence is not there for optical coherence tomography, very soon it will come out some information especially from these ongoing trials, trying to set the utility of this OCT in the clinical field, and all the OCT guided studies are going to answer that question. But, at the time point, the information is not there and the information we have is for IVUS and therefore we think it might also be applicable to OCT.

Considering your extensive experience in clinical trials, how do you imagine the trial of the future?

The trial of the future is not a specific design; it is the design that would address the most important clinical questions that we may have at that moment. It would have to be something more specific: if it is to treat obstructive coronary artery disease it would be one kind of study design; if it would be something more to try to prevent the first event, so try to look for the primary event, and the search of the vulnerable plaque, there would be another kind of study and it would be to try to see whether the new combination of medications would do any better on top of all the existing medications would be another set up.

So, the perfect trial would have to be more related to the specific outstanding question that we may have in the clinical field at that moment. But I think it would be one that would address the best way to evaluate the coronary issues and make decisions based on those evaluations and, thereafter, the best treatment options for those specific findings.

Eric Bates, MD



Professor, Department of Internal Medicine, University of Michigan

In the primary PCI scenario, which patient should receive manual thrombectomy? Do we have evidence to recommend for all?

Selective use of manual thrombectomy is probably reasonable. The earlier enthusiasm has been challenged and there are 2 large randomized trials to further clarify its role.

Nowadays, where are we when we talk about door-to-balloon time? What have changed in the last decade?

D2B time has been very successful as a process of care metric in decreasing treatment delays to cardiac catheterization. It is not clear that further time reductions will decrease mortality, since the average delay is only 60 minutes in the US, and many other variables impact mortality risk. The emphasis should move from the in-hospital system of care to the prehospital system of care, where there is great opportunity to reduce logistical time delays because of patient delays or transportation delays.

What's the next frontier in the treatment of myocardial infarction? How can we improve the prognosis in the near future?

The biggest current breakthrough is systemic hypothermia in patients with anoxic encephalopathy after cardiac arrest. The next BIG breakthrough could be cell therapy to regenerate myocytes in infarct zones, but progress has been very slow for over a decade.

ARTICLE

Interventional Heart Failure



Marco A. Costa, MD, PhD, FACC, FSCAI. Professor of Medicine, Director of the Interventional Cardiovascular Center and the Research and Innovation Center at the Harrington Heart and Vascular Institute, University Hospitals Case Medical Center, Case Western Reserve University, Cleveland, Ohio.

Marco A. Costa

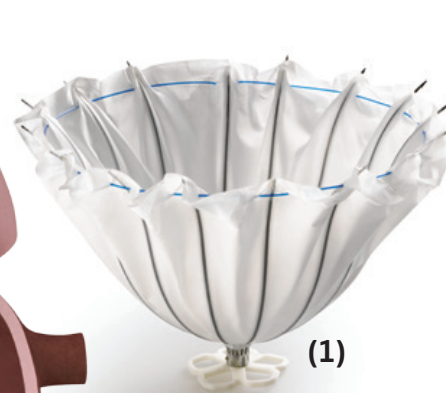
Heart failure (HF) imposes one of the highest societal burdens of any medical condition and afflicts an estimated 23 million patients worldwide. Myocardial infarction (MI) represents one of the most common causes of HF. The process of left ventricle (LV) dilatation and remodeling after MI has been well documented in experimental and clinical investigations. It is estimated that 25% to 33% of subjects post MI experience progressive LV dilatation or remodeling. In spite of pharmacological and surgical approaches to treat HF, the incidence of re-hospitalization (>30%) and death remains extremely high.

The concept of percutaneous ventricular restoration (PVR) of the LV is based on the premise that a dedicated partitioning device delivered via a catheter-based approach may achieve LV volume reduction and geometric reconfiguration while minimizing the risk of a more invasive method. The Parachute device was designed with a conical nitinol frame covered with fluoropolymer (ePTFE) membrane that can be compressed into a delivery catheter and deployed into the LV apex to partition off akinetic or dyskinetic myocardium (figure 1 and 2).

The first-in-man experience with Parachute has now reached 3 years of follow-up. The NYHA symptom class improved or maintained for 85% of the 23 subjects with the device. By 3-years follow-

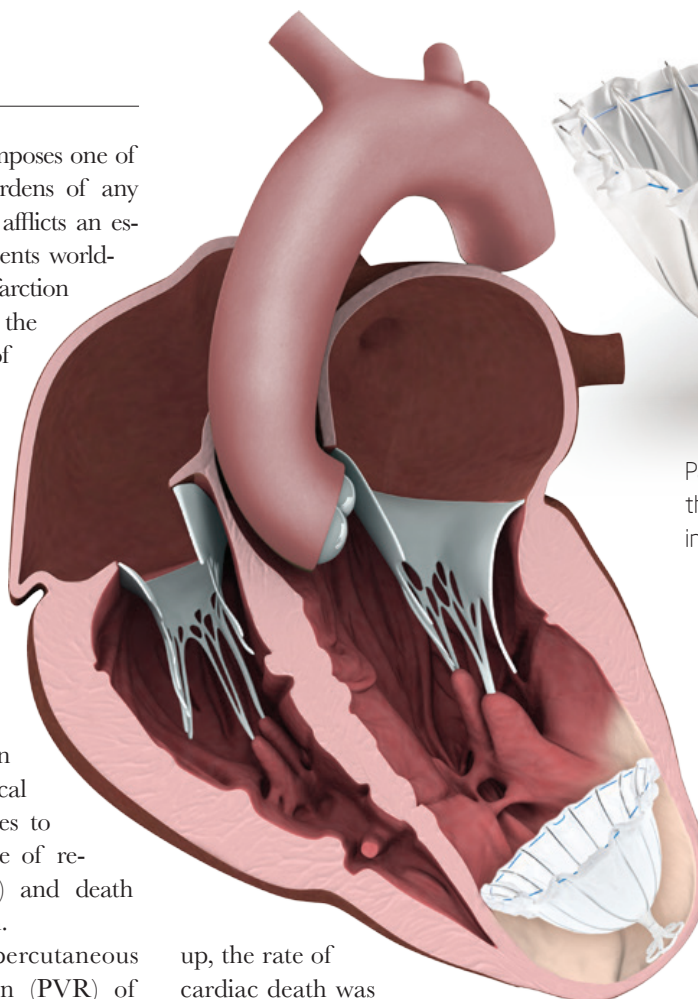
up, the rate of cardiac death was an unprecedented 6.5%, with no event occurring past 6-months post treatment. More recently, the 6-month outcome of a second (validation) cohort involving 91 U.S. and European patients with ischemic heart failure treated with Parachute were presented at the 2013 EuroPCR Conference in Paris. Event-free survival was 90% at six months following treatment. In addition, 89% of patients demonstrated improved or maintained NYHA functional class status. The treatment produced a 20% reduction in end diastolic volume and a 23% reduction in end systolic volume.

There may be an additional benefit of the Parachute in Latin America. It is estimated that 20 million people in South America



(1)

Parachute (above) and the Parachute implanted in left ventricle (left)



(2)

are affected by Chagas' disease. Chronic chagasic cardiomyopathy is characterized by global dilatation of cardiac chambers and decreased thickness of the myocardium, with a peculiar aneurysmal apical distention and very high risk of embolic stroke. The remodeling process seen in some Chagas' disease patients is similar to that observed in patients who have experienced an anterior MI. The Parachute mechanism of action may be able to alter the progression of Chagas' disease. More research is warranted in this patient population to understand it further.

The Parachute device currently has CE Mark, enrolling in a randomized trial in the United States, and in the process of product registration in Brazil.

The Parachute device currently has CE Mark, enrolling in a randomized trial in the United States, and in the process of product registration in Brazil

UPCOMING CONGRESSES

Get ready for 2014!

SOLACI and SBHCI have already scheduled their congresses for the next year

The 2013 joint congress is still running, but both SOLACI and SBHCI are asking, from now, attendees and professors to save the dates for 2014.

SOLACI CACI 2014, in partnership with TCT, will take place on April 23-25, at Hilton Hotel, Buenos Aires, Argentina. Further information can be found at www.solacicongress.org. That country has hosted SOLACI's congresses four times since its creation, in 1995, in the years of 1997, 2004, 2007, and 2010.

SBHCI congresses were presented in 15 Brazilian states since

its first edition, in 1976. The next one will be held at Centro de Eventos FIERGS, in Porto Alegre, Rio Grande do Sul, south of Brazil. That will be the fourth congress in that state, after the ones in 1980, 1994, and 2006. It is scheduled to July 30 – August 1 and details are available at www.sbhci.org.br/2014.

In both cases, it is worthy being their member. When registering for outstanding congresses like those, you can have great discounts, beyond many others exclusive benefits. SOLACI also offers unlimited access to online content, 25% off in tctmd Gold annual subscription



(download ppt presentations and lectures), 25% off in JACC annual subscription, and 25% off to become a Society for Cardiac Angiography and Interventions (SCAI) member. Register online: <http://solaci.org/es/hagase-miembro.php>.

Beyond the discount in congresses, SBHCI offers two quarterly publications, a fortnight newsletter, real time bulletins from Cardiology and Interventional Cardiology international congresses, online access to top scientific publications, and legal advice and guidance. You can join today at <http://sbhci.org.br/institucional/socios-sbhci/novos-socios-2/>.

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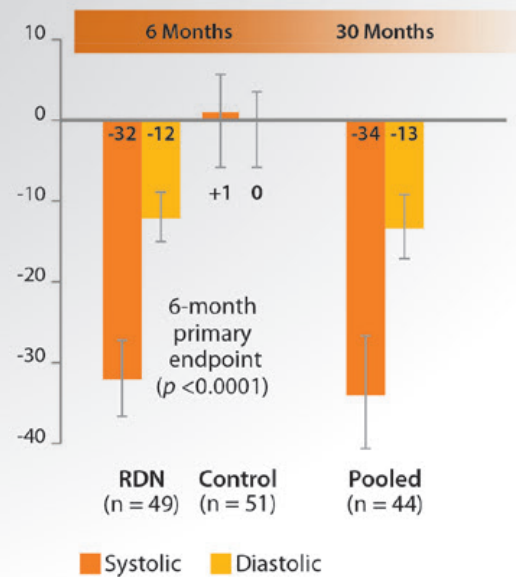
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Proven superior to medical management at 6 months



Symlicity HTN-2

- Control crossover shows similar reduction of -24/-8 mmHg at 6 months
- The pooled RDN and Control crossover group shows sustained reduction of -34/-13 mmHg at 30 months³

¹ Symlicity HTN-1 Investigators. Catheter-based renal sympathetic denervation for resistant hypertension: durability of blood pressure reduction out to 24 months. *Hypertension*. 2011;57:911-917.

² Symlicity HTN-2 Investigators. Renal sympathetic denervation in patients with treatment-resistant hypertension (the Symlicity HTN-2 trial): a randomised controlled trial. *The Lancet*. 2010;376:1903-1909.

³ Esler M. *ASH* 2013.

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