



Welcome Message

Dear Colleagues,

Welcome to the 18th Singapore LIVE Course 2009 once again. The course preparations are going full steam and we are ready to warmly receive our delegates.

We have scheduled an array of topics and courses to suit the needs of the Asian interventional community in fulfilling your learning objectives. The State-of-the-Art Lectures and Live Demonstration Course in the main theatre will continue to showcase cutting edge innovations and techniques. There will be concurrent sessions of either Clinical PCI or Peripheral Interventions. With simultaneous broadcast capability, delegates will be able to watch both the main and the concurrent sessions simultaneously on sidescreens. You can ask questions via SMS phone interactions.

We have developed a Workshop on Transcatheter Aortic Valve Replacement, new to SingLIVE this year. A special breakfast teaching session on Practical Bifurcational Stenting is also on the schedule.

The ever popular Tips and Tricks - Complications Session is back again this year. We have enhanced it this year with an additional session on the second day of the meeting.

Retrograde recanalisation treatment of CTO lesions with the CART technique have had a major impact on success of these lesions. We have put special emphasis on the intricacies of this technique and its variations in our popular CTO Live Demonstration Course on the last day of the meeting. A top flight of Japanese CTO experts including Dr Katoh and Dr Ochiai will showcase the practical teaching aspects of the course.

The popular IVUS Imaging Course returns again, humped by Dr Gary Mintz, the IVUS guru. New innovations since the last course was held in 2006 will be showcased.

The Clinical PCI Sessions will feature new lectures and demonstrate complex procedures that are encountered in daily practice. Practical teaching aspects in the Clinical PCI sessions will be emphasised. We are one of the few Asian courses that feature dedicated Peripheral Intervention Sessions. Highlights, including carotid stenting, below knee interventions and aortic aneurysm stenting, will be shown by our foreign and local faculty.

Other SingLIVE stalwarts continue to be featured, including Satellite Live Transmissions from India and National University Hospital Singapore, Non-Invasive Cardiac Imaging Sessions, including MSCT scanning, nuclear and echo and vascular imaging, as well as the Nursing and Paramedical Symposium.

Special dedicated workstations were brought in to conduct Teaching hand-on Workshops in MSCT reading and Echocardiography. Limited seats are available, so register early!

Join us for an enriching learning experience, with an Asian perspective. We look forward to your presence here in Singapore!

Yours sincerely,

A/Prof KOH Tian-Hai
Course Director
Singapore LIVE 2009

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KOH Tian-Hai

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Course Highlights

EUROPCR@Singapore LIVE

27 Feb 2009 (Fri), Suntec Singapore Theatre
Singapore LIVE 2009 is delighted to collaborate with EuroPCR to bring the latest updates on techniques in percutaneous coronary and vascular interventions to Asia through Singapore LIVE 2009. Featuring plenary lecture "CTO 2009 – Retrograde Approach: State-of-the-Art" by Dr Masahiko Ochiai at 0910hr.

SPECIAL SESSIONS:

Fellows Course

26 Feb 2009 (Thur), Suntec Singapore MR 303-304
We are pleased to announce the 4th SingLIVE Fellows Course. This full-day course is an intensive program to refresh both basic and advanced trainees of interventional cardiology about the key aspects of the rapidly evolving field of interventional cardiology. To allow more discussion and 'hands-on' training, lectures will be interspersed with interesting case discussions and demo stations for a 'hands-on' experience of the latest interventional products. As a precursor to 3 days of LIVE interventions, it serves to re-enforce the basics and advanced aspects of intervention in an intensive and practical format.

Vascular Ultrasonography

1 Mar 2009 (Sun), Suntec Singapore MR 308
This half-day Vascular Ultrasonography course is targeted at medical professionals who work with or are interested in Vascular Ultrasound. Knowledge and understanding of the concepts of vascular diagnostic testing and interpretation are required for consistent and accurate results. This course is intended to assist attendees in the acquisition and interpretation of some of the common clinical problems faced by the Vascular Diagnosticians.

The course includes lectures on carotid, renal, lower limb arterial and venous systems. Live demonstration sessions on carotid, lower limb arterial and venous ultrasound are included. At the end of the course, attendees should be able to differentiate between normal and abnormal findings and relate these common vascular diseases.

Registration: Pre-registration is required for Fellows Course and Vascular Ultrasound Workshop for ALL participants including Premier Pass holders. Participants may also register for Fellows Course or Vascular Ultrasound Workshop only (charges apply).

HANDS-ON WORKSHOPS:

Cardiac CT and Multimodality Imaging Course:

Cardiac CT Hands-on Workstation Training Workshop

1 Mar 2009 (Sun), Suntec Singapore MR 202

Echocardiography Hands-on Workstation Training Workshop

28 Feb - 01 Mar 2009 (Sat-Sun), Suntec Singapore MR 203

Cardiac CT and Multimodality Imaging: Hands-on Workshops for Cardiac CT and Echocardiography allow participants to learn first hand how to acquire images for these two techniques using state-of-the-art technologies. Seats are limited for each of these sessions to maximise trainer-participant interaction.

Registration: Pre-registration is required. Please register for each workshop independently (charges apply). Participants who register for the workshops only are also entitled to attend the Cardiac CT and Multimodality Imaging Symposium on 28 Feb 09 at no additional charges. Admission to all other scientific sessions does not apply.

CONCURRENT SESSIONS:

Complications Session / Tips and Tricks of PCI I & II

27 – 28 Feb 2009 (Fri - Sat), Suntec Singapore MR 303, 309

In this popular session, faculty will present a number of very interesting cases on various complications and their management. In response to overwhelming interest from participants of previous Singapore LIVE courses, a new half-day session has been added in the second day of the congress.

Percutaneous Aortic Valve Replacement Workshop

28 Feb 2009 (Sat), Suntec Singapore MR 309

Percutaneous aortic valve implantation (PTAV) is an exciting technology that has only been recently developed over the past few years in the West. It is gratifying that this technology is coming now into Australia-New Zealand and Asia. We feel therefore that it is an opportune time for us to develop a workshop into this exciting new intervention that will benefit patients with critical calcific aortic stenosis that are at high risk for standard surgical aortic valve replacement. This workshop will focus on the Edwards-Sapien and the CoreValve. These are the two current percutaneously implanted valves that have received the CE mark. Learn the indications for case selection and the techniques of both balloon valvuloplasty and PTAV from renowned experts.

Peripheral Vascular Interventions

27 – 28 Feb 2009 (Fri - Sat), Suntec Singapore MR 301-302, 303

This 1 ½ day programme will feature carotid artery stenting, renal artery, aortic stent, SFA interventions and stenting, below the knee artery disease and infrapopliteal angioplasty.

Cardiac CT and Multimodality Imaging Symposium

28 Feb 2009 (Sat), Suntec Singapore MR 208-209

This course is designed to be an introduction to this fast developing field of medical imaging. The programme caters to radiologists, cardiologists and radiographers who are starting out or have some experience in this modality. The course will include the basics of cardiac CT physics and the techniques used. There will also be opportunities to interact with experienced practitioners in this field.

The Cardiac CT and Multimodality Imaging programme is endorsed by the American Society of Nuclear Cardiology.

Chronic Total Occlusion Course

1 Mar 2009 (Sun), Suntec Singapore MR 301-302

Learn from the world experts in tackling CTO lesions - the last hurdle for PCI, as they discuss and share their techniques, as well as perform live demonstrations of really tough CTO cases. A

Course Highlights

variety of interesting CTO cases have been selected to showcase the different approaches and techniques of CTO wiring, which include antegrade, as well as the retrograde technique. Don't miss this opportunity to learn how various devices, like the new septal dilator, Tornus and IVUS, can improve the success rate of CTO intervention.

Nursing and Paramedical Symposium

1 Mar 2009 (Sun), Suntec Singapore MR 303

We have revised our topics to stay up-to-date on the latest issues facing nurses and our paramedical colleagues in the interventional field. A practical hands-on breakout session will solidify the learning points put forward during the lectures by our Asian faculty.

IVUS Course

1 Mar 2009 (Sun), Suntec Singapore MR 305

Back by popular demand, the Singapore LIVE 2009 IVUS Course promises to be a morning of intense education with coverage on both the basic and advanced aspects of intravascular sound imaging.

Topics include:

- Basic IVUS interpretation, measurement, identification of perivascular structures
- IVUS vs FFR in assessment of intermediate lesion
- IVUS guidance in LM, CTO PCI
- How to distinguish true from false lumen in CTO PCI using IVUS
- New development in IVUS tissue characterization
- IVUS optimization of DES implantation
- Significance of stent malapposition
- New development in design and features of ICVUS machines / catheters

To enhance the education value of the course, there will also be an IVUS Quiz, interesting IVUS case presentation and IVUS oddities. Do participate actively to maximise your learning experience.

Competitions

Best of Young Interventionalists

26 Feb 2009, Suntec Singapore MR 303-304

A shootout of the best cases submitted by Asia's young interventionalists. See who will win this year's competition. A distinguished panel of judges will critique the presentations. Prizes will be awarded!

Young Investigators Award

28 Feb 2009, Suntec Singapore MR 308

The top three abstracts for SingLIVE 2009 will stand to win cash prizes of USD1,000 (1st prize), USD600 (2nd prize) and USD400 (3rd prize), proudly sponsored by the Chien Foundation.

Nursing and Paramedical Research and Innovations Award

1 Mar 2009, Suntec Singapore MR 303

The award has been introduced to showcase the best research

projects and innovation initiatives undertaken by Nursing and Paramedical professionals with the aim of improving patient's safety, clinical outcomes and raising standards of patient care, in relation to procedures or workflow in the Cardio Vascular Lab or Cardiac Catheterization Lab.

Live Transmission Centres

National University Heart Centre, Singapore

27 Feb 2009, Main Arena PCI, 1400 – 1500 hr

27 Feb 2009, Clinical PCI, 1500 – 1600 hr

National University Heart Centre, Singapore (NUHCS) is a tertiary cardiovascular centre established within the National University Health System (NUHS). It is an academic medical centre which provides a wide range of tertiary services with focus on four critical areas of cardiac care - heart failure, congenital heart disease, acute coronary syndrome and vascular disease, with equal emphasis on cardiovascular research and education. The endovascular service comprises coronary, peripheral and structural heart intervention, with strong translational research programmes and structured training for fellows.

Max Devki Devi Heart & Vascular Institute, India, New Delhi

28 Feb 2009, Main Arena PCI, 1400 – 1500 hr

Under the Max Healthcare Group, Max Heart & Vascular Institute is a 220-bed state-of-the-art cardiovascular facility that provides the highest levels of professional expertise and patient care since 2001. The hospital is equipped with cutting edge technology, digital flat panel cath labs, state-of-the-art operating theatres, apex and tertiary level coronary services. The institute offers the most comprehensive range of Interventional Cardiology Services performed by internationally recognised Interventional Cardiologists

Simultaneous Live Broadcasts to both theatres

Enjoy 2 for 1! Watch two simultaneous live cases in the main theatre! The concurrent live transmission programmes in the clinical PCI / Peripheral Vascular Interventions rooms will be beamed live into both theatres, so that participants can derive the most benefit.

Headsets can be picked up outside the main arena PCI programme.

Gala Night

Venue: Oosh @ Dempsey Road

Date: 28 Feb 09

Buses Schedule: 6.30pm at Coach Bay of Suntec Mall (refer to floorplan for location of coach bay)

Pocket Guide

Don't get lost and miss your favourite session. Find your way around easily with the pocket guide inserted in your badge.

SMS Hotline

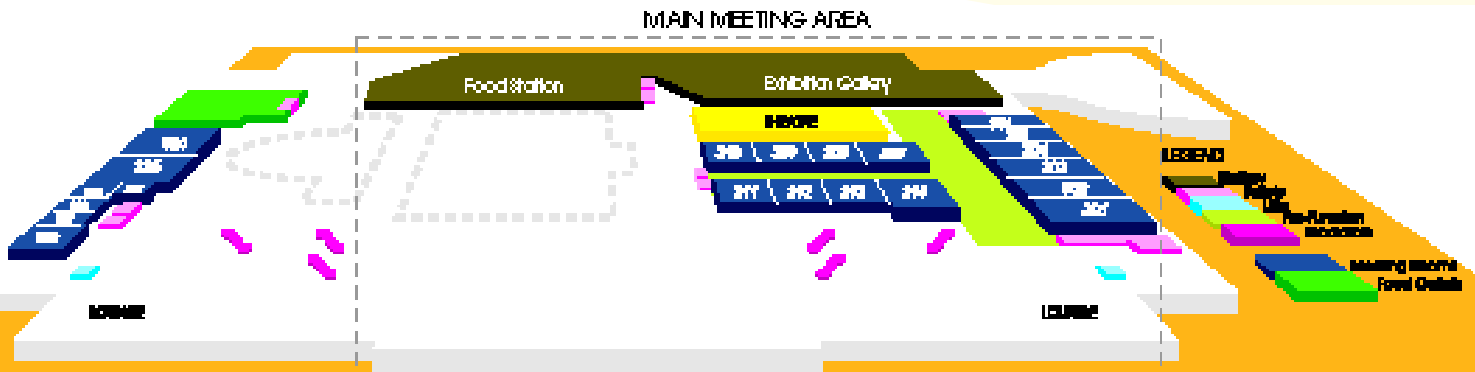
Have a burning question for the expert panel at the main auditorium?

Send an SMS to +65 9863 0149 and selected questions will be addressed during the session.

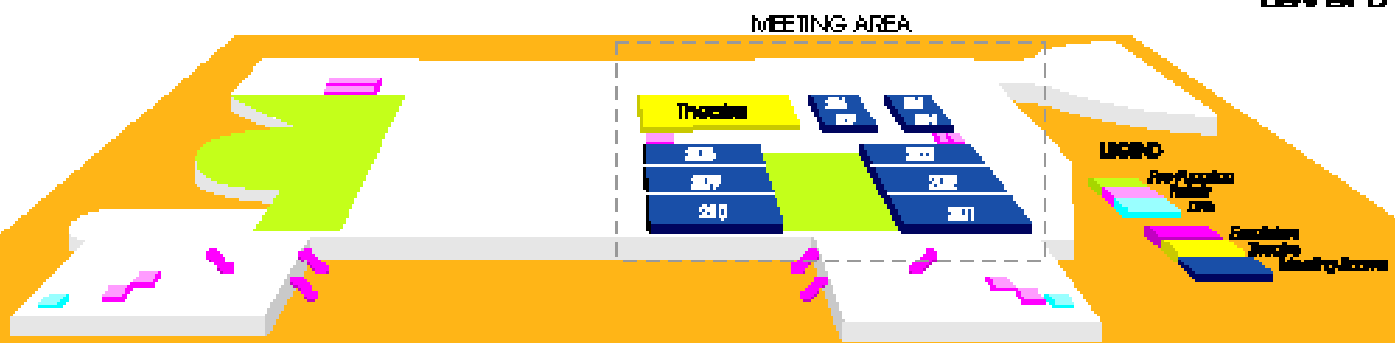
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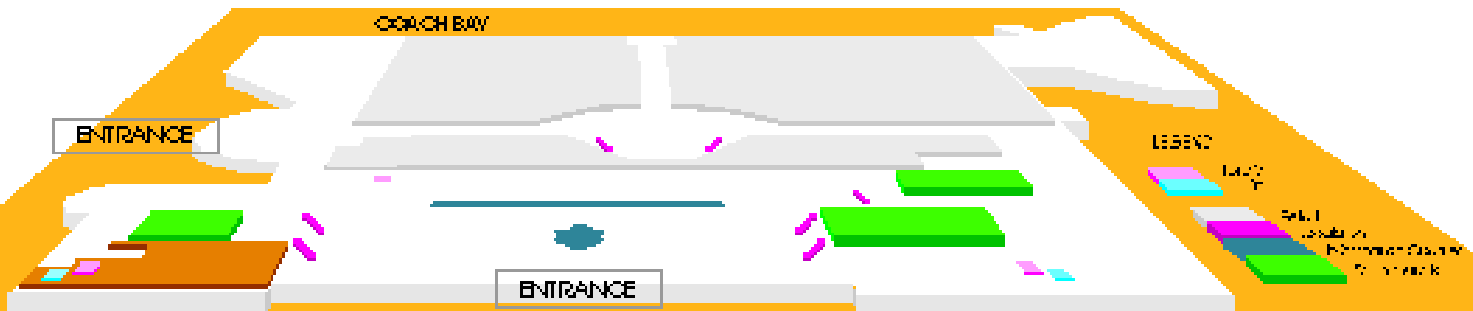
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Level 2



Level 1

Map of Official Hotels & Suntec Singapore

LEGEND

- Official Hotels
- Suntec Singapore International Convention & Exhibition Centre



Programme-At-A-Glance

	Venue	7 :30	8 :30	9 :30	10 :30	11 :30	12 :30	13 :30
26 February Thursday	Suntec Singapore	SPECIAL SESSION			Fellows Course (incorporating Best of Young Interventions) MR303-4:Lecture MR305:Devices I			
27 February Friday	Suntec Singapore	MAIN CONCURRENT			EuroPCR @ SingLIVE State-of-the-Art with Live Demo Auditorium		Meet-the-Expert (MTES) 4 Sessions* MR305,308,309,310	
					Peripheral Vascular Interventions I with Live Demo MR301-302		Industry Lunch Symposium Asahi Intecc - Terumo MR304	
					EuroPCR @ SingLIVE: Complications Session / Tips and Tricks of PCI I MR303			
28 February Saturday	Suntec Singapore	MAIN CONCURRENT HANDS-ON WORKSHOP	Bifurcation Stenting Course (Breakfast) MR308	Industry Breakfast Symposium Kaneka MR314	SingLIVE Main Arena PCI State-of-the-Art with Live Demo MR303-305		Clinical PCI II with Live Demo MR301-302	Meet-the-Expert (MTES) 3 Sessions* MR308,309,310
					Devices Hands-on Workshop St Jude MR310	Devices Hands-on Workshop Asahi Intecc MR310	Industry Lunch Symposium Terumo MR314	
					Young Investigators Competition (Oral) MR308			
					Cardiac CT & Multimodality Imaging Symposium MR208-209			Cardiac CT & Multimodality Imaging Symposium MR208-209
								Echocardiography Hands-on Workstation Training Workshop (Limited Seats) MR202
01 March Sunday	Suntec Singapore	CONCURRENT SPECIAL SESSION HANDS-ON WORKSHOPS			Chronic Total Occlusion Course with Live Demo MR301-302		IVUS Course MR305	Nursing & Paramedical Symposium MR303: Lecture MR304:Devices Display
					Vascular Ultrasonography MR308			
					Cardiac CT Hands-on Workstation Training Workshop (Limited Seats) MR202			
					Echocardiography Hands-on Workstation Training Workshop (Limited Seats) MR203			

14 :30 15 :30 16 :30 17 :30 18 :30 19 :30 20

Conventionalists Competition) Display	Industry Evening Symposium <i>B. Braun</i> MR202
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Satellite Transmission <i>NUHCS, Singapore</i> Auditorium	EuroPCR @ SingLIVE State-of-the-Art with Live Demo Auditorium			Industry Evening Symposium <i>Biosensors</i> MR314
Clinical PCI I with Live Demo MR301-302	Satellite Transmission <i>NUHCS, Singapore</i> MR301-302	Clinical PCI I with Live Demo MR301-302		
Peripheral Vascular Interventions Workshop MR303				
Devices Hands-on Workshop <i>St Jude</i> MR308				

Satellite Transmission <i>New Delhi, India</i> MR303-305	SingLIVE Main Arena PCI State-of-the-Art with Live Demo MR303-305	Gala Night <i>Oosh</i>	
Peripheral Vascular Interventions II with Live Demo MR301-302			
Percutaneous Aortic Valve Replacement Workshop MR309	Complications Session / Tips and Tricks of PCI II MR309		
Diatic CT & Multimodality Imaging Symposium MR208-209			
Cardiography Hands-on Workstation Training Workshop (Limited Seats) MR203			

REGISTRATION

25 Feb : 1400 – 1900 hrs
 26 – 27 Feb : 0700 – 1900 hrs
 28 Feb : 0700 – 1600 hrs
 1 Mar : 0700 – 1200 hrs

EXHIBITION & CLINICAL POSTERS GALLERY

Gallery, Level 3
 27 – 28 Feb : 0900 – 1700 hrs

MEET-THE-EXPERTS (MTE)

***27 February 2009**

- MTE-A: Stent Complications I
- MTE-B: Bifurcation Challenges & Complications
- MTE-C: Left Main & Ostial Lesions
- MTE-D: ACS-AMI Interventions

+28 February 2009

- MTE-E: My Best Case
- MTE-F: Stent Complications II
- MTE-G: Challenging Cases

Special Session

4TH FELLOWS COURSE

Suntec Singapore, Level 3, MR 303-4: Lectures, MR 305: Devices Display
0830 – 1730

0830 – 0940	SESSION I <i>Chairpersons: Victor LIM & Philip WONG</i>
0830 – 0850	Ten Bad Habits of an Interventionalist <i>Philip WONG</i>
0850 – 0910	Optimal Techniques in Treating In-stent Restenosis <i>Ronald LEE</i>
0910 – 0930	Haemodynamics and Technical Tips in Invasive Assessment of Aortic and Mitral Stenosis <i>Paul CHIAM</i>
0930 – 0940	Questions and Answers
0940 – 1000	Tea Break
1000 – 1110	SESSION II <i>Chairperson: Aaron WONG</i>
1000 – 1020	The Role of FFR in PCI <i>LIM Soo-Teik</i>
1020 – 1040	Novel CTO Techniques with 0.010" ('Ten') System <i>Fuminobu YOSHIMACHI</i>
1040 – 1100	Interventional Pharmacology: Use of Antiplatelets in PCI <i>Andrew ONG</i>
1100 – 1110	Questions and Answers
1110 - 1140	HANDS-ON DEMO I Boston Scientific - Rotablator, Filterwire Malex - EV3 SPIDER™ Medtronic - Guardwire Radi - Pressure wire
1140 - 1310	SESSION III: BEST OF YOUNG INTERVENTIONALISTS <i>Chief Judge: Peter YAN</i> <i>Judges: Andrew ONG, Fuminobu YOSHIMACHI, CHOO Gim-Hooi, Victor LIM, Philip WONG, Jack TAN, TAY Kiang-Hiong, KYAW Soe-Win</i>

Case Presentation	Title	Presenting Author
BOYI - C1	Methacrylate Glue Embolisation of Wire-induced Lad Perforation	Rohit KHURANA
BOYI - C2	Transradial PCI in a Patient with Anomalous LCX Arising from Ostial RCA	TSE Tak-Sun
BOYI - C3	Stent Dislodgement in Heavily Calcified LAD	Paul CHIAM
BOYI - C4	Stenting of Right Renal Artery in Presence of Secular Aneurysm	Anish CHANDARANA
BOYI - C5	Endovascular Treatment of Bilateral Common Iliac Aneurysm and Right Internal Iliac Aneurysm	CHENG Shin-Chuen
BOYI - C6	Tornus Catheter for Relay Wiring in the Case of Coronary Chronic Total Occlusion	HSU Jung-Cheng

1310 – 1400	Lunch
1400 – 1530	SESSION IV: MINI-SYMPOSIUM ON GRAFT PCI <i>Chairperson: Philip WONG</i>
1400 – 1420	A Surgeon's View of Bypass Grafts <i>Kenny SIN</i>

1420 – 1440	Tips and Tricks in SVG-PCI <i>Darren WALTERS</i>
1440 – 1500	Tips and Tricks in IMA PCI <i>Victor LIM</i>
1500 – 1520	Is DES Better than BMS in Graft PCI? <i>Andrew ONG</i>
1520 – 1530	Questions and Answers
1530 – 1610	HANDS-ON DEMO II/ TEABREAK Abbott - JoStent St Jude - Proxis, Angio-Seal Orbus Neich - Scoreflex, Sapphire NC Terumo - Microcatheters, Slender Guiders, Wet Model
1610 – 1700	SESSION V <i>Chairpersons: Victor LIM & Philip WONG</i>
1610 – 1630	Optimal Techniques in Ostial and Bifurcation Lesions <i>CHOO Gim-Hooi</i>
1630 – 1650	Optimal Techniques in Calcified Lesions <i>Aaron WONG</i>
1650 – 1700	Questions and Answers
1700	CONCLUSION

Industry Evening Symposium

Suntec Singapore, Level 2, MR202

1800 – 2000

Brought to you by : B Braun

SeQuant® PLEASE – A NEW ERA OF TREATING CORONARY STENOSIS

1800 – 2000	<i>Chairpersons: KOH Tian-Hai, Rosli MOHD ALI</i>
1800 – 1815	Registration & Welcome Cocktail
1815 – 1820	Opening Address <i>KOH Tian-Hai</i>
1820 – 1845	Drug-eluting Balloon Catheter Angioplasty: Just Ballooning or More? <i>Martin UNVERDORBen</i>
1845 – 1900	PEPCAD IV DM (Paclitaxel-eluting PTCA Catheter in Coronary Artery Disease IV – Diabetes Mellitus): Preliminary Results <i>Rosli MOHD ALI</i>
1900 – 1925	Current Status and Outlook on the Treatment of Acute Myocardial Infarction <i>Wan Azman WAN AHMAD</i>
1925 – 1940	Drug-eluting Balloon in ST-elevation MI: Preliminary Results of the DEBAMI Trial <i>Victor LIM</i>
1940 – 2000	Questions and Answers
2000	Closing / Buffet Dinner

Main Arena

Main PCI I: EuroPCR @ SingLIVE

STATE-OF-THE-ART WITH LIVE DEMO

Suntec Singapore, Level 3, Auditorium

0830 – 1230

0830 – 1230	Chairperson: KOH Tian-Hai Co-chairperson: Arthur TAN
0830 – 1030	<u>Moderators</u> Ron WAKSMAN, Ashok SETH, GAO Run-Lin, Teguh SANTOSO, TAN Huay-Cheem, Anil KUMAR, Richard NG, Etsuo TSUCHIKANE, Yutaka KOYAMA
0830 – 0900	Live Transmission – Clinical Case – SingLIVE Operator IVUS Expert Commentary from the Cath lab Gary MINTZ
0900 – 0910	Opening Remarks KOH Tian-Hai Course Director, Singapore LIVE 2009 Medical Director, National Heart Centre Singapore
0910 – 0930	<u>Keynote Lecture</u> CTO 2009 – Retrograde Approach: State-of-the-Art Masahiko OCHIAI
0930 – 1000	Live Transmission – Clinical Case – Eberhard GRUBE IVUS Expert Commentary from the Cath lab Gary MINTZ Future Generation of DES: Will It Make a Change? Ron WAKSMAN
1030 – 1230	<u>Moderators</u> Darren WALTERS, Simon LO, HUO Yong, Philip MATSIS, Muhammad MUNAWAR, Rosli MOHD ALI, Jeffrey D ADIPRANOTO, Jerry CHOU, Rajneesh KAPOOR, Ronald LEE Live Transmission – Clinical Cases – Fuminobu YOSHIMACHI – Harry SURYAPRANATA – SingLIVE Operator IVUS Expert Commentary from the Cath lab Gary MINTZ Implications from the SYNTAX Trial Ron WAKSMAN Percutaneous AV Replacement – 2009 Update and New Development Eberhard GRUBE

Satellite Transmission

NATIONAL UNIVERSITY HEART CENTRE, SINGAPORE

Suntec Singapore, Level 3, Auditorium

1400 – 1500

Chairperson	Richard NG
Co-chairperson	Philip WONG
Co-ordinator	TAN Huay-Cheem
Moderators	Eberhard GRUBE, GE Jun-Bo, SIM Kui-Hian, Mathew S. KALARICKAL, GUO Wen-Yi, CHIANG Chung-Seung, Sunarya SOERIANATA, Naoto INOUE, Alfred CHENG
Operators	Masahiko OCHIAI, TAN Huay-Cheem

Main PCI I: EuroPCR @ SingLIVE (con't)

STATE-OF-THE-ART WITH LIVE DEMO

Suntec Singapore, Level 3, Auditorium

1500 – 1730

1500 – 1730	Chairperson: Richard NG Co-chairperson: Philip WONG
1500 – 1615	<u>Moderators</u> Eberhard GRUBE, NG Swee-Choon, Daljeet Singh GAMBHIR, Asad PATHAN, ZHANG Bin, Toshiya MURAMATSU, Wacin BUDDHARI Live Transmission – Clinical Cases – SingLIVE Operator – Etsuo TSUCHIKANE SVG Revisited: Better Outcomes with DES? Eric ECKHOUT
1615 – 1730	<u>Moderators</u> Kenneth CHIN, Fabio Enrique B POSAS, ZHOU Xu-Chen, Satyajit Rohan JAYASINGHE, Sarana BOONBAICHAIYAPRUCK, PHAM Manh-Hung, Subhash CHANDRA (DM), Harry SURYAPRANATA, Simon LO Live Transmission – Clinical Cases – Ron WAKSMAN – SingLIVE Operator

Lectures are delivered in between live cases for the session. Lecture timing is approximate.

Concurrent Programmes

Peripheral Vascular Interventions I

WITH LIVE DEMO

Suntec Singapore, Level 3, MR 301-302

0900 – 1230

0900 – 1230	Chairperson: TAN Bien-Soo
0900 – 0930	Carotid Stenting: Burning Questions <i>Claudio RABBIA</i>
0930 – 1030	<u>Moderators</u> <i>Sundeep PUNAMIYA, Peter GOH, YAN Dong, Shanker PASUPATHY, David HO, Michael LIN, Rosli MOHD ALLI, Somyot CHAITEERASUWET, Prijo SIDIPRATOMO</i>
	Live Transmission – PPI Cases (SFA Stenting) - <i>Manish TANEJA / Terrence TEO</i> (SFA stenting) - <i>John VRAZAS / TAY Kiang-Hiong</i>
1030 – 1100	Tea Break
1100 – 1130	Renal Artery Stenting – Current Status <i>Sundeep PUNAMIYA</i>
1130 – 1230	<u>Moderators</u> <i>Azeemuddin MUHAMMAD, Alex TANG, Mathew SEBASTIAN, Robert KWOK, Michael LIM, Rahul SHETH, Anuchit RUAMTHARNTONG, William TEH</i>
	Live Transmission – PPI Cases (Infrapopliteal Angioplasty) - <i>Daniel WONG / LIN Shueh-En</i> (Carotid Artery Stenting) - <i>Claudio RABBIA / Paul CHIAM / Winston LIM</i>

EuroPCR @ SingLIVE:

COMPLICATIONS SESSION / TIPS AND TRICKS OF PCI I

Suntec Singapore, Level 3, MR 303

0900 – 1230

0900 – 1230	Chairperson: Eric EECKHOUT Co-chairperson: LIM Soo-Teik
0900 – 1030	<u>Panelists</u> <i>Gerry WILKINS, Fazila TUN-NESA MALIK, Duncan HO, LAM Kai-Huat, KYAW Soe-Win, NGUYEN Quang-Tuan, Naoto INOUE, GWON Hyeon-Cheol, Sunil SATHE, Debasis GHOSH, Rogelio Ventura TANGCO</i>
0900 – 0920	Complication Case 1: Playing with Fire <i>Presenter: ZHANG Bin</i>
0920 – 0940	Complication Case 2 – Am I Too Itchy-Handed? <i>Presenter: NGUYEN Ngoc-Quang</i>
0940 – 1000	Complication Case 3 – Should I Have Left it Alone? <i>Presenter: TAN Chong-Hiok</i>
1000 – 1020	The Best of Complication Cases at EuroPCR <i>Eric EECKHOUT</i>
1020 – 1030	Tip and Trick: Retrieval of Lost Material in Vascular Trees <i>Stanley CHIA</i>
1030 – 1045	Tea Break

1045 – 1130	<u>Panelists</u> <i>Martin UNVERDORBEN, Hanafi Binarto TRISNOHADI, NG Swee-Choon, LWIN Tin-Aye, GUO Wen-Yi, Dinesh NAIR, S NATARAJAN, Nishith CHANDRA, Jagdiah Chandra SHARMA</i>
1045 – 1105	Complication Case 4 - I Wish I Had the Tool to Salvage the Situation.... <i>Presenter: Masahiko OCHIAI</i>
1105 – 1125	Complication Case 5 <i>Presenter: Tito KABIR</i>
1125 – 1140	Tip and Trick: Sealing Distal Coronary Perforation <i>Rohit KHURANA, LIM Soo-Teik</i>
1140 – 1200	Complication Case 6 - Oh No, It Gets Stuck... <i>Presenter: Jack TAN</i>
1200 – 1215	Tip and Trick: Closure of Paravalvular Leak <i>Eric EECKHOUT</i>
1215 – 1230	Tip and Trick: How to Perform PCI Without Using Guiding Catheter? <i>Fuminobu YOSHIMACHI</i>

Lunchtime Symposiums

Meet-The-Experts I

(MTE-A) STENT COMPLICATIONS I

Suntec Singapore, Level 3, MR 305

1230 – 1400

Chairperson	Jayaram LINGAMANAICKER
Co-chairperson	Anil KUMAR
Panelists	<i>Omar ISMAIL, Satyajit Rohan JAYASINGHE, Purvez K GRANT, VK SRINIVAS, LIM Do-Sun</i>
	Cine case presentations (15 mins per case) MTE A-01: <i>CHEN Ji-Lin (Lecture: Stent Thrombosis in Asians)</i> MTE A-02: <i>HUAN Do-Quang</i> MTE A-03: <i>JIN Li-Jun</i> MTE A-04: <i>SingLIVE Faculty</i> MTE A-05: <i>Debasis GHOSH</i>

Meet-The-Experts I

(MTE-B) BIFURCATION CHALLENGES & COMPLICATIONS

Suntec Singapore, Level 3, MR 308

1230 – 1400

Chairperson	TAN Chong-Hiok
Co-chairperson	
Panelists	<i>Wacin BUDDHARI, Daljeet Singh GAMBHIR, HUO Yong, Niraj PRASAD, Shireesh Prabhakar SATHE</i>
	Cine case presentations (15 mins per case) MTE B-01: <i>YAP Yee-Guan</i> MTE B-02: <i>Anish Harjivandas CHANDARANA</i> MTE B-03: <i>J. Shiv KUMAR RAO</i> MTE B-04: <i>G SENGOTTUVELU</i> MTE B-05: <i>Daljeet Singh GAMBHIR</i>

Lunchtime Symposia

Meet-The-Experts I

(MTE-C) LEFT MAIN & OSTIAL LESIONS

Suntec Singapore, Level 3, MR 309

1230 – 1400

Chairperson	Leslie LAM
Co-chairperson	GAO Run-Lin
Panelists	<p>Wan Azman WAN AHMAD, Ashok SETH, Teguh SANTOSO, Yutaka KOYAMA, Ramesh GUDAPATI</p> <p>Cine case presentations (15 mins per case) MTE C-01: Sunil SATHE MTE C-02: Sarana BOONBAICHAIYAPRUCK MTE C-03: Subhash CHANDRA (DM) MTE C-04: Muhammad MUNAWAR</p>

Meet-The-Experts I

(MTE-D) ACS-AMI INTERVENTIONS

Suntec Singapore, Level 3, MR 310

1230 – 1400

Chairperson	Richard NG
Co-chairperson	Jerry CHOU
Panelists	<p>Tarlochan Singh KLER, Toshiya MURAMATSU, Harry SURYAPRANATA, Ganesh KUMAR, Rogelio Ventura TANGCO</p> <p>Cine case presentations (15 mins per case) MTE D-01: LEE Chuey-Yan MTE D-02: NGUYEN Ngoc-Quang MTE D-03: B. V. MANJUNATH MTE D-04: Parvinder SINGH MTE D-05: Tariq ABBAS</p>

Industry Lunch Symposium

Suntec Singapore, Level 3, MR 304

1230 – 1330

Brought to you by : Asahi Intecc & Terumo Corporation

'LATEST CTO STRATEGIES FROM JAPAN – VIDEO

RECORDED LIVE DEMO'

Chairperson	KOH Tian-Hai
1230 – 1250	Antegrade Wire Technique for CTO PCI Masahiko Ochiai
1250 – 1310	Retrograde Approach for CTO PCI Etsuo Tsuchikane
1310 – 1330	Practical CTO in Asia KOH Tian-Hai

Lectures are delivered in between live cases for the session. Lecture timing is approximate.

Concurrent Programmes

Clinical PCI Course I

WITH LIVE DEMO

Suntec Singapore, Level 3, MR 301-302

1400 - 1500

1400 – 1500	Chairperson: KOH Tian-Hai Co-chairperson: Philip KOH
1400 – 1415	Left Main Stenting Strategies for The Interventionalist <i>GAO Run-Lin</i>
1415 – 1430	Antiplatelet Therapy Following DES for Responders and Non-responders <i>Ron WAKSMAN</i>
1430 – 1445	Role of Thrombus Aspiration in AMI <i>Andrew ONG</i>
1445 – 1500	Discussion

Satellite Transmission

NATIONAL UNIVERSITY HEART CENTRE,
SINGAPORE

Suntec Singapore, Level 3, MR 301-302

1500 - 1600

Chairperson	KOH Tian-Hai
Co-chairperson	Philip KOH
Co-ordinator	TAN Huay-Cheem
Moderators	<i>N. A. M. MOMENUZZAMAN, Patrick ANG, AUNG Kyaw-Zaw, Anish Harjivandas CHANDARANA, Craig Phillip JUERGENS, NGUYEN Ngoc-Quang, Tarlochan Singh KLER, J. Shiv KUMAR RAO, HE Ben</i>

Clinical PCI Course I (cont)

WITH LIVE DEMO

Suntec Singapore, Level 3, MR 301-302

1600 - 1730

1600 – 1730	Chairperson: KOH Tian-Hai Co-chairperson: Philip KOH
	<u>Moderators</u> <i>Iwan N BOESTAN, CHOO Gim-Hooi, Jamshed DALAL, Purvez K GRANT, B. V. MANJUNATH, Shailendra TRIVEDI, Parvinder SINGH, Shireesh Prabhakar SATHE, Baren CHAKRABORTY, Philip MATSIS</i>
	Antegrade Approach to CTO Lesions <i>GE Jun-Bo</i>
1615 – 1645	Live Transmission - Teaching Case Undilatable or Uncrossable Lesions: What To Do <i>Naoto INOUE</i>
1700 – 1730	Live Transmission - Teaching Case

Peripheral Vascular Interventions

WORKSHOP

Suntec Singapore, Level 3, MR 303

1400 - 1730

1400 – 1500	PERIPHERAL VASCULAR INTERVENTIONS I Chairpersons: Robert KWOK, Alex TANG
1400 – 1415	Carotid Artery Stenting: Techniques 101 <i>John VRAZAS</i>

1415 – 1445	Carotid Artery Stenting Debate <i>Paul CHIAM, Mathew SEBASTIAN</i>
1445 – 1500	Management of Renal Artery In-stent Stenosis <i>TAN Bien-Soo</i>
1500 – 1600	MEET-THE-EXPERTS: MY WORST NIGHTMARE Chairperson: TAN Bien-Soo <i>A panel of experts sharing their complications and lessons learned from these cases</i> <i>Claudio RABBIA, John VRAZAS, Jack TAN, Daniel WONG, LIN Shueh-En, Yutaka KOYAMA</i>
1600 – 1630	Tea Break
1630 – 1730	PERIPHERAL VASCULAR INTERVENTIONS II Chairpersons: Kenny SIN, Peter GOH
1630 – 1645	Role of Distal Protection Device in SFA Interventions <i>Rahul SHETH</i>
1645 – 1700	Long Segment SFA Stenting – SGH Experience <i>Manish TANEJA</i>
1700 – 1715	Infrapopliteal Angioplasty <i>TAY Kiang-Hiong</i>
1715 – 1730	TEVAR for Thoracic Aortic Aneurysms <i>Claudio RABBIA</i>
1730	End

Devices Hands-On Workshop

Suntec Singapore, Level 3, MR 308

Time	1430 – 1530
Company	St Jude Medical
Device	Angio-Seal

Evening Programme

Industry Evening Symposium

Suntec Singapore, Level 3, MR 314

1800 - 1925 Brought to you by Biosensors Interventional

Chairperson	KOH Tian-Hai
Co-chairperson	Teguh SANTOSO
Panel	<i>Rosli MOHD ALI, Satyajit Rohan JAYASINGHE</i>
1730 – 1800	Registration & Reception
1800 – 1805	Welcome and Opening Address <i>KOH Tian-Hai</i>
1805 – 1825	Safety of The New Generation Abluminal DES <i>Eberhard GRUBE</i>
1825 – 1855	BSI Clinical Program - BEACON II: New Zealand Experience with BioMatrix <i>Gerry WILKINS</i> - LEADERS 12 Months Results <i>Darren WALTERS</i>
1855 – 1915	LEADERS: OCT 9 Months Outcomes <i>Eric EECKHOUT</i>
1915 – 1920	Questions and Answers
1920 – 1925	Closing Remarks <i>Teguh SANTOSO</i>
1925	Dinner

Main Arena

Main PCI II: SingLIVE Main Arena PCI

STATE-OF-THE-ART WITH LIVE DEMO

Suntec Singapore, Level 3, MR 303-305

0830 – 1230

0830 – 1230	Chairperson: LIM Soo-Teik Co-chairperson: Peter YAN
0830 – 0945	<u>Moderators</u> <i>Martin UNVERDORBEN, Andrew ONG, Yasumi IGARASHI, Ganesh KUMAR, Wan Azman WAN AHMAD, Purvez K GRANT, HE Ben, Timothy DY, NGUYEN Quang-Tuan, Gary MINTZ</i> Live Transmission – Clinical Cases – <i>SingLIVE Operator</i> – <i>SingLIVE Operator</i> Imaging in a DES World Gary MINTZ
0945 – 1100	<u>Moderators</u> <i>David HO, Masahiko OCHIAI, YAP Yee-Guan, Craig Phillip JUERGENS, Tarlochan Singh KLER, Duncan HO, Harry SURYAPRANATA, HSIEH I-Chang, Niraj PRASAD</i> Live Transmission – Clinical Cases – <i>Mathew S. KALARICKAL</i> – <i>Eberhard GRUBE</i> Chien Foundation Lectureship AMI – Latest Interventions & Updates Harry SURYAPRANATA
1100 – 1230	<u>Moderators</u> <i>Etsuo TSUCHIKANE, Sajid A. Hameed DHAKAM, YIN Wei-Hsian, Gerry WILKINS, Tito KABIR, S NATARAJAN, Fazila TUN-NESA MALIK, CHEN Ji-Lin, Ashok SETH, LO Pin-Han</i> Live Transmission – Clinical Cases – <i>SingLIVE Operator</i> – <i>Masato NAKAMURA</i> IVUS Expert Commentary from the Cath lab Gary MINTZ Dedicated Bifurcation Stenting 2009 Eberhard GRUBE

Satellite Transmission

MAX HOSPITAL, NEW DELHI, INDIA

Suntec Singapore, Level 3, MR 303-305

1400 - 1500

Chairperson	Philip WONG
Co-chairperson	Charles CHAN
Co-ordinator	Praveen CHANDRA
Operators	<i>Praveen CHANDRA, Neeraj BHALLA, Sumeet SETHI, Anil DHALL, Viveka KUMAR, Sunil AGARWAL</i>
Moderators	<i>Osamu KATOH, Satoru SUMITSUJI, Bashir HANIF, Paul KAO, N. A. M. MOMENUZZAMAN, LIM Tai-Tian, Antono SUTANDAR, LAU Kean-Wah, Robaayah ZAMBAHARI, CHENG Jun-Jack</i>

Main PCI II: SingLIVE Main Arena PCI (con't)

STATE-OF-THE-ART WITH LIVE DEMO

Suntec Singapore, Level 3, MR 303-305

1500 – 1730

1500 – 1730	Chairperson: Philip WONG Co-chairperson: Charles CHAN
1500 – 1615	<u>Moderators</u> <i>Masato NAKAMURA, Omar ISMAIL, Fuminobu YOSHIMACHI, Rapin KUKREJA, HUAN Do-Quang, TEO Swee-Guan, Patrick ANG, Sufia RAHMAN, WONG Keng-Yean, James YIP</i> Live Transmission – Clinical Cases – <i>Eric EECKHOUT, TAN Ju-Le</i> – <i>Ashok SETH</i> TBA
1615 – 1730	<u>Moderators</u> <i>LAM Kai-Huat, TSE Tak-Sun, Motomaru MASUTANI, Tariq ABBAS, Saurab GOEL, Nishith CHANDRA, Navneet KUMAR, K H SRINIVASA, Michael LIM, GE Jun-Bo</i> Live Transmission – Clinical Cases – <i>Osamu KATOH</i> – <i>SingLIVE Operator</i> TBA

Lectures are delivered in between live cases for the session. Lecture timing is approximate.

Concurrent Programmes

Industry Breakfast Symposium

Suntec Singapore, Level 2, MR 314

0730 - 0830

Brought to you by : Kaneka Corporation

THE LATEST SLENDER PCI SYSTEM FROM JAPAN – “THE TRIALS OF 0.010” GW COMPATIBLE PTCA BALLOON CATHETER (LKA10) BY SLENDER CLUB JAPAN

Chairpersons	LIM Soo-Teik Darren WALTERS
	“The Usage of 0.010” GW Compatible Balloon for Common Lesion: Ika10 Registry <i>Fuminobu YOSHIMACHI</i>
	Prospective Multicenter Registry of Ikazuchi-X for Chronic Total Occlusion (PIKACHU) <i>Motomaru MASUTANI</i>

SingLIVE Special Breakfast Session

Suntec Singapore, Level 3, MR 308

0730 - 0845

Brought to you by SingLIVE Organising Committee

BIFURCATION STENTING COURSE – PRACTICAL HOW-TO-DO TECHNIQUES

Chairperson	Aaron WONG
Co-chairperson	Robaayah ZAMBAHARI
0730 – 0740	Provisional T Stenting <i>HUO Yong</i>
0740 – 0750	Crush Stenting <i>Robaayah ZAMBAHARI</i>
0750 – 0800	Culotte Stenting <i>Sunao NAKAMURA</i>
0800 – 0810	Transradial Bifurcational Distal LM Stenting Tips <i>Rosli MOHD ALI</i>
0800 – 0820	Ostial Stenting <i>Kenneth CHIN</i>
0820 – 0830	Trifurcation LM Stenting <i>Teguh SANTOSO</i>
0830 – 0845	Discussion

Clinical PCI Course II

WITH LIVE DEMO

Suntec Singapore, Level 3, MR 301-302

0830 - 1230

0830 – 1230	Chairperson: Aaron WONG Co-chairperson: Victor LIM
0830 – 1000	<u>Moderators</u> <i>VK SRINIVAS, LEE Chuey-Yan, Darren WALTERS, Daljeet Singh GAMBHIR, Ajit KUMAR Valaparambil, LIM Ing-Haan, Eric HONG, LIM Do-Soon, Tamil Selvan MUTHUSAMY</i>
	Live Transmission – Teaching Case

Preventing and Treating Stent Thrombosis
CHENG Jun-Jack

Choice of Techniques When You Need to Stent Both Branches of a Bifurcation
Wacin BUDDHARI

0930 – 1000 Live Transmission – Teaching Case

1000 – 1030 Tea Break

1030 – 1230 Moderators
Robaayah ZAMBAHARI, Ramesh GUDAPATI, JIN Li-Jun, Paul KAO, GOPI Aniyathodiyil, G. SENGOTTUVELU, Asad PATHAN, NG Chee-Keong, SOON Chao-Yang, Sunao NAKAMURA

1030 – 1100 Live Transmission – Teaching Case

Choosing Ideal Cases to Start a Retrograde CTO PCI Programme
Keiichi IGARASHI

Choice Between Bare or Drug Eluting Stents
Tito KABIR

1130 – 1200 Live Transmission – Teaching Case

How to Use Filters in Coronary Interventions
Tarlochan Singh KLER

PFO & ASD Closure: Tips and Tricks
Satyajit Rohan JAYASINGHE

Young Investigators Competition

(ORAL)

Suntec Singapore, Level 3, MR 308

0900 – 1030

Chief Judge	<i>Patrick ANG</i>
Judges	<i>Baren CHAKRABORTY, AUNG Kyaw-Zaw, GUO Wen-Yi, Sufia RAHMAN, K H SRINIVASA, Jagdish Chandra SHARMA, Stanley CHIA</i>

Devices Hands-On Workshop

Suntec Singapore, Level 3, MR 310

Time	Company	Device
0900 – 1000	St Jude Medical	PressureWire® Aeris, PressureWire® Certus
1030 – 1130	Asahi Intecc	Corsair Microcatheter (Channel Dilator)

Lectures are delivered in between live cases for the session. Lecture timing is approximate.

Concurrent Programmes

Cardiac CT and Multimodality Symposium

Suntec Singapore, Level 2, MR 208-209
0900 – 1200



ENDORSED BY AMERICAN SOCIETY OF NUCLEAR CARDIOLOGY

Chairpersons	Terrance CHUA, CHEAH Foong-Koon
0900 – 0920	Cardiac CT in 2009: What Do We Know About Its Role in Diagnosis and Prognosis <i>Armin ZADEH</i>
0920 – 0950	3D Echocardiography and its Modern Day Applications <i>Mark MONAGHAN</i>
0950 – 1010	Cardiac CT Beyond 64 Slices: The Opportunities & Challenges <i>Nathan PELED</i>
1010 – 1030	Multi-modality Imaging for the Heart: Fusing Nuclear Cardiology and Cardiac CT <i>Bernhard HERZOG</i>

1030 – 1050

Chairpersons

Tea Break

HO Kheng-Thye, TAN Swee-Yaw

1050 – 1110

Nuclear Cardiology: Poised for New Advances?
Felix KENG

1110 – 1210

Risk Assessment in Non-invasive Cardiac Imaging: Which Modality I would Use In Different Scenarios – A Panel Discussion

An informal session where both audience and panel discuss the most appropriate investigational modalities for various patients. There will be 5 cases presented by our local presenters.

Case Scenarios Presented:

- Screening Patient - +/- positive TMX
- Atypical Chest Pain with Intermediate Risk factors
- Chest Pain with Prior DX of IHD
- Chest Pain with CABG and or PCI Done

Panelists: *Armin ZADEH, Terrance CHUA, Felix KENG*

1210 – 1300

Lunch

Lunchtime Symposia

Meet-The-Experts II

(MTE-E) MY BEST CASE

Suntec Singapore, Level 3, MR 308
1230 – 1400

Chairperson	MAK Koon-Hou
Co-chairperson	GE Jun-Bo
Panelists	<i>Andrew ONG, CHIANG Chung-Seung, Navneet KUMAR, Jamshed DALAL</i>
	Cine case presentations (15 mins per case)
	<i>MTE E-01: Timothy DY</i>
	<i>MTE E-02: Saurab GOEL</i>
	<i>MTE E-03: Shailendra TRIVEDI</i>
	<i>MTE E-04: Hanafi Binarto TRISNOHADI</i>
	<i>MTE E-05: HSIEH I-Chang</i>

Meet-The-Experts II

(MTE-F) STENT COMPLICATIONS II

Suntec Singapore, Level 3, MR 309
1230 – 1400

Chairperson	Kim TAN
Co-chairperson	Naoto INOUE
Panelists	<i>NG Swee-Choon, Mathew S. KALARICKAL, Philip MATSIS, Jeffrey D ADIPRANOTO, Rajneesh KAPOOR, Tamil Selvan MUTHUSAMY</i>
	Cine case presentations (15 mins per case)
	<i>MTE F-01: YIN Wei-Hsian</i>
	<i>MTE F-02: LO Ping-Han</i>
	<i>MTE F-03: GOPI Aniyathodiyil</i>
	<i>MTE F-04: ZHANG Bin</i>
	<i>MTE F-05: Bashir HANIF</i>

Lunchtime Symposia

Meet-The-Experts II

(MTE-G) CHALLENGING CASES

Suntec Singapore, Level 3, MR 310

1230 – 1400

Chairperson	Jimmy LIM
Co-chairperson	Sunao NAKAMURA
Panelists	<i>SIM Kui-Hian, Fabio Enrique B POSAS, Sunarya SOERIANATA, Melvin TAN</i>
	Cine case presentations (15 mins per case)
	MTE G-01: <i>LWIN Tin-Aye</i>
	MTE G-02: <i>Rapin KUKREJA</i>
	MTE G-03: <i>Ajit KUMAR Valaparambil</i>
	MTE G-04: <i>ZHOU Xu-Chen</i>
	MTE G-05: <i>TSE Tak-Sun</i>
	MTE G-06: <i>Iwan N BOESTAN</i>

Industry Lunch Symposium

Suntec Singapore, Level 3, MR 314

1230 – 1330

Brought to you by Terumo Corporation

THE ROAD AHEAD FOR SLENDER TRI

Chairpersons	Rosli MOHD ALI, Yoshiro MORINO
1230 – 1250	5F TRI – Is it Ready for Prime Time? <i>Victor LIM</i>
1250 – 310	Initial Experience with Extreme Slender TRI <i>Fuminobu YOSHIMACHI</i>
1310 – 1330	Coronary Accessor for Complex Lesions <i>Motomaru MASUTANI</i>

Concurrent Programmes

Peripheral Vascular Interventions II

WITH LIVE DEMO

Suntec Singapore, Level 3, MR 301-302

1400 - 1730

1400 – 1730	Chairperson: Daniel WONG
1400 – 1430	Endovascular Treatment of Below the Knee Arterial Disease <i>Claudio RABBIA</i>
1430 – 1530	<u>Moderators</u> <i>LAU Te-Neng, Jackie HO, Prijo SIDIPRATOMO, Austin HTOO, John VRAZAS, Wacin BUDDHARI, Fabio E POSAS, Kenny SIN, Alex TANG, Victor CHAO</i>
	Live Transmission – PPI Cases <i>(Aortic Stent Graft) - TAY Kiang-Hiong / Shanker PASUPATHY/ LIN Shueh-En / Mathew SEBASTIAN</i> <i>(Carotid Artery Stenting) – Winston LIM/ TAN Bien-Soo</i>
1530 – 1600	Tea Break
1600 – 1630	The Challenges of The SFA Segment: Approaches, Rationale, Outcomes <i>John VRAZAS</i>
1630 - 1730	<u>Moderators</u> <i>Azeemuddin MUHAMMAD, TEO Ngee, Rahul SHETH, Andrew TAN, Sujit Singh GILL, CHUA Gim-Chuah, TEO Swee-Guan, Basri Johan ABDULLAH, Paul KAO, YAN Dong</i>
	Live Transmission – PPI Cases <i>(Aortic Stent Graft-cont'd) – TAY Kiang-Hiong/ Shanker PASUPATHY/ LIN Shueh-En / Mathew SEBASTIAN</i> <i>TBA–Claudio RABBIA / Manish TANEJA</i>

Percutaneous Aortic Valve Replacement Workshop

Suntec Singapore, Level 3, MR 309

1400 – 1530

1400 – 1530	Chairperson: KOH Tian-Hai Co-Chairperson: CHUA Yeow-Leng
1400 – 1415	The Pivotal Role of Echocardiography during Percutaneous Aortic Valve Replacement <i>Mark MONAGHAN</i>
1415 – 1430	PTAV Replacement: Selection and Exclusive Criteria – The Australian Experience <i>Darren WALTERS</i>
1430 - 1445	Percutaneous Aortic Balloon Valvuloplasty <i>Paul CHIAM</i>
1445 - 1500	TBA
1500 – 1515	How To Do PTAV Replacement: CoreValve Step By Step <i>Eberhard GRUBE</i>
1515 – 1530	Vascular Access Issues and Peripheral Complications of PTAV Replacement <i>Victor CHAO</i>

Lectures are delivered in between live cases for the session. Lecture timing is approximate.

Concurrent Programmes

Complications Session / Tips And Tricks of PCI II

Suntec Singapore, Level 3, MR 309
1600 - 1730

1600 - 1730	Chairperson: LIM Soo-Teik Co-Chairperson: Maurice CHOO
1600 – 1615	Tip and Trick: How to Perform Trans-septal Puncture in the Presence of Giant Left Atrium? <i>Purvez K GRANT</i>
1615 – 1630	Tip and Trick: How to Optimize PCI Using Coronary CT Angiography Information <i>Satoru SUMITSUJI</i>
1630 – 1650	Complication Case 7 <i>CHAN Kam-Tim</i>
1650 – 1705	Practical Tip: Step-by-step Guide to 'Pre-Close' Femoral Vascular Access Site <i>Jack TAN</i>
	Practical Tip: Performing Kissing-balloon Dilatation Using Only ONE Indeflator <i>CHIN Chee-Tang</i>
1705 – 1715	Complication Case 8 – 'Show & Tell': What is this Funny Lesion? <i>SIM Kui-Hian</i>
1715 – 1730	Top 10 Tips and Tricks: How not to Create the Above 'Funny' Lesion? <i>Suphot SRIMAHACHOTA</i>

Cardiac CT and Multimodality Symposium

Suntec Singapore, Level 2, MR 208-209
1300 - 1735



ENDORSED BY AMERICAN SOCIETY OF NUCLEAR CARDIOLOGY

Chairpersons	CHEAH Foong-Koon, SIM Kui-Hian
1300 – 1320	Latest Technical Advances In CT: Where Is The Field Going <i>Armin ZADEH</i>
1320 – 1340	CT in the Emergency Room <i>Nathan PELED</i>
1340 – 1400	Plaque Characterisation in Cardiac CT: Are We There Yet? <i>Bernhard HERZOG</i>
1400 – 1500	Assessing the Stenotic Lesion: How I Assess and Report It Read with the Experts Session <i>Expert Panel: Armin ZADEH, John HOE, Nathan PELED</i>
	A selection of interesting cases will be showcased to both the panel and audience inviting their expert opinions. Some of them will have invasive cath correlation.
1500 – 1515	Q&A
1515 – 1535	Tea Break
Chairpersons	John HUANG, ONG Hean-Yee, Kim TAN

1535 – 1555	CT: Potential For Evaluating Perfusion And Viability <i>Armin ZADEH</i>
1555 – 1615	320 Slice CT and its 1st Year of Experience <i>John HOE</i>
1515 – 1635	Pitfalls In Reading Cardiac CT – How To Avoid Them <i>John HUANG</i>
1635 – 1655	Stent and Bypass Imaging: How I Read And Report <i>TAN Swee-Yaw</i>
1655 - 1735	Case presentations

Echocardiography Hands-on Workstation Training Workshop I

Suntec Singapore, Level 3, MR203
1300 – 1800

1300 – 1305	Welcome Address <i>DING Zee-Pin</i>
	GLOBAL LV FUNCTION AND MASS
Chairpersons:	YEO Tiong-Cheng, GOH Ping-Ping
1305 – 1335	Echo Assessment of LV Volumes, LVEF & LV Mass: Incremental Value of 3D Echo <i>K GUNASEGARAN</i>
1335 – 1400	Live 3D Echo Basic Scanning, Acquisition and Manipulation: Techniques / Cropping Interpretation by Mark MONAGHAN and CHUANG Hsuan-Hung <i>Scanner: Yvonne CHUA, Ginalyn H LUCIDO</i>
Chairpersons	K GUNASEGARAN, LING Lieng-Hsi
1400 – 1530	QLab Workshop – 3D Measurement of Chambers / LV Volume. LVEF, LV Mass <i>Mark MONAGHAN</i>
	<i>Facilitators: DING Zee-Pin, K GUNASEGARAN, CHUANG Hsuan-Hung, GOH Lay-Kian, CHIONG Siau-Chien, LIANG Shu-Fen, YONG Tze-Pen</i>
1530 – 1600	Tea Break
	2D AND 3D ECHO IN DYSYNCHRONY STUDIES
Chairpersons	CHUANG Hsuan-Hung, CHEE Tek-Siong,
1600 – 1630	Introduction to Dysynchrony & RT3D Assessment <i>Mark MONAGHAN</i>
1630 – 1800	QLab Workshop: 3DQ Case Studies with Dysynchrony, CRT selection criteria <i>Mark MONAGHAN</i>
	<i>Facilitators: DING Zee-Pin, K GUNASEGARAN, GOH Lay-Kian, CHIONG Siau-Chien, LIANG Shu-Fen, YONG Tze-Pen</i>

Social Programme

Gala Night @ Oosh at Dempsey Road 1830 – 2000

COACHES SCHEDULE

Coaches transfers to Oosh and back to official hotels will be provided. Kindly proceed to the coach bay at Level 1 (refer to map on Pg9).

All coaches will leave Suntec Singapore at 6.30pm sharp. All admissions to Oosh will be strictly by Gala Pass only.

Concurrent Programmes

Chronic Total Occlusion Course

WITH LIVE DEMO

Suntec Singapore, Level 3, MR 301-302

0830 - 1315

0830 – 1330	Chairperson: Aaron WONG Co-chairperson: KOH Tian-Hai
0830 – 0835	Introduction
0835 - 1045	Moderators Satoru SUMITSUJI, Teguh SANTOSO, Wan Azman WAN AHMAD, NGUYEN Quang-Tuan, Arthur TAN, Otte RACHMAN, Yasumi IGARASHI, Masahiko OCHIAI, Etsuo TSUCHIKANE, Keiichi IGARASHI
	Live Transmission – CTO Cases – Osamu KATOH – Toshiya MURAMATSU
	Classification and Fundamental of Retrograde Approach Yasumi IGARASHI
	All about Septal Collaterals Crossing: How to Assess, Cross and Manage Complication Masahiko OCHIAI
	Epicardial Collaterals Channels: Which to Select, When to Use and How to Cross Etsuo TSUCHIKANE
	Use of MSCT, IVUS and OCT to Improve CTO Success Satoru SUMITSUJI
	Guidewire Update 2009 – The Old and New Japanese CTO wires Toshiya MURAMATSU
1045 – 1115	Tea Break
1115 - 1330	Moderators Robaayah ZAMBAHARI, Sunao Nakamura, NGUYEN Ngoc-Quang, Muhammad MUNAWAR, PHAM Manh-Hung, Osamu KATOH, Paul KAO, Masato NAKAMURA, Charles CHAN, Toshiya MURAMATSU
	Live Transmission – CTO Cases - Masahiko OCHIAI - Etsuo TSUCHIKANE
	Tips and tricks of CART and reverse CART technique Osamu KATOH
	CART using 360 cm Guide Wire Paul KAO
	Tornus, microcatheters: Tips and Tricks Masoto NAKAMURA
	Discussion
	Conclusion

IVUS Course

Suntec Singapore, Level 3, MR 305

0830 – 1300 hrs

Chairperson	LIM Soo-Teik
Co-chairperson	Gary MINTZ
0830 – 0845	Principles of IVUS Imaging William HAU
0845 – 0900	Basic IVUS Interpretation and Measurement LIM Soo-Teik
0900 – 0915	IVUS Identification of Arterial Branches and Perivascular Structures Yoshihiro MORINO
0915 – 0930	IVUS Tissue Characterization: What is New Gary MINTZ
0930 – 0945	Anatomic vs Physiologic Assessment of Intermediate Lesion : IVUS vs FFR Yoshihiro MORINO
0945 – 1000	IVUS in Peripheral Vascular Intervention Masato NAKAMURA
1000 – 1015	IVUS Optimization of DES Implantation Gary MINTZ
1015 – 1030	Tea Break
1030 – 1045	OCT: Will It Replace or Complement IVUS? Eberhard GRUBE
1045 – 1100	Stent Malapposition: How Significant is it? Gary MINTZ
1100 – 1115	IVUS in Left Main PCI LIM Soo-Teik
1115 – 1135	Interesting IVUS Case Presentations Case 1 - Ronald LEE Case 2 - CHAN Kam-Tim
1135 – 1150	IVUS Quiz Yoshihiro MORINO
1150 – 1205	IVUS-guided CTO PCI Satoru SUMITSUJI
1205 – 1215	How to Distinguish True and False Lumen Using IVUS Satoru SUMITSUJI
1215 – 1230	IVUS Oddities Gary MINTZ
1230 – 1245	Designs and Features of Commercially Available IVUS Machines / Catheters. New Development Yoshihiro MORINO
1245 – 1300	Questions and Answers

Lectures are delivered in between live cases for the session. Lecture timing is approximate.

Concurrent Programmes

Nursing And Paramedical Symposium

Suntec Singapore, Level 3, MR 303
0830 - 1300

0830 – 1025	Chairperson: Paul CHIAM Co-chairperson: Irene LIM
0830 – 0835	Introduction
0835 – 0920	Research & Innovation Award Presentation <i>Chief Judge: Paul CHIAM</i> <i>Judges: Aaron WONG, Victor LIM</i>
0920 – 0935	Update on Carotid Stenting <i>Paul CHIAM</i>
0935 – 0950	Transradial Interventions: What the Nurse needs to know <i>Victor LIM</i>
0950 – 1005	Update on AMI Treatment: Strategies to Reduce Door-to-balloon Time <i>Aaron WONG</i>
1005 – 1020	Periprocedural Issues for Temporary and Permanent Pacing <i>CHING Chi-Keong</i>
1020 – 1025	Question & Answer
1025 – 1045	Tea Break
1045 – 1125	Breakout Session: Interventional Devices @ MR304 Boston Scientific - IVUS, FilterWire EZ, Rotablator Radi Medical Systems - Fractional Flow Reserve EV3 - Spider Filter St Jude Medical - Proxis Asahi Intecc – Tornus, Fielder Wire Family, Corsair – Channel Dilator IDS Medical - IABP AGA Medical - ASD, PDA, VSD, Amplatzer
1125 – 1300	Chairperson: Philip WONG Co-chairperson: Veronica KWOK
1125 – 1140	10 Good Habits in the Cath Lab <i>Philip WONG</i>
1140 – 1155	Vascular Access Sheath Management – Nursing Perspective <i>Veronica KWOK</i>
1155 – 1210	Percutaneous Closure of ASD / PFO / VSD / PDA <i>TAN Ju-Le</i>
1210 – 1225	TBA
1225 – 1240	How to Organise and Conduct Clinical Trials <i>Mary BLOK</i>
1240 – 1255	Pre & Post Procedural Nursing Care Issues for Peripheral Vascular Interventions <i>LIN Shueh-En</i>
1255 – 1300	Research & Innovations Award : Prize Presentation

VASCULAR ULTRASONOGRAPHY

Suntec Singapore, Level 3, MR 308
0900 - 1300

0900 – 0905	Welcome Speech <i>Kenny SIN</i>
0905 - 1010	Chairperson: Kenny SIN
CAROTID ARTERIAL ULTRASOUND	
0905 – 0920	Carotid Ultrasound <i>Victor CHAO</i>
0920 – 0935	Comparison between Carotid Ultrasound and Angiogram <i>Jack TAN</i>
0935 – 0955	Live Demo - Carotid Arterial
RENAL ARTERIAL ULTRASOUND	
0955 – 1010	Renal Ultrasound <i>Victor CHAO</i>
1010 – 1040	Tea Break
1040 – 1210	Chairperson: Victor CHAO
LOWER LIMB VENOUS ULTRASOUND	
1040 – 1055	LL Venous Ultrasound <i>Victor CHAO</i>
1055 – 1115	Live Demo - Lower Limb Venous
LOWER LIMB ARTERIAL ULTRASOUND	
1115 – 1130	LL Arterial Ultrasound <i>Victor CHAO</i>
1130 – 1150	Live Demo - Lower Limb Arterial
1150 – 1210	Question & Answer
1210 – 1300	Chairperson: Victor CHAO
PHILIPS MEDICAL PRESENTATION	
1210 – 1240	Advancement in Philips Medical <i>Doxie DAVIS, Rachael LIN</i>
1240 – 1300	Question & Answer
1300	The End

Lectures are delivered in between live cases for the session. Lecture timing is approximate.

Concurrent Programmes

Cardiac CT: Hands-On Workstation Training Workshop

Suntec Singapore, Level 2, MR 202
0900 – 1300

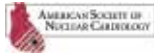


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	Trainers: TAN Swee-Yaw, John HUANG, Felix KENG
0900 – 1300	<ul style="list-style-type: none"> a. Normal Cardiac Anatomy b. Bypass Grafts c. Stents d. Coronary Anomalies e. Myocardial Bridging f. Cardiac Masses

Echocardiography Hands-on Workstation Training Workshop II

Suntec Singapore, Level 2, MR 203
0900 – 1330



ENDORSED BY AMERICAN SOCIETY OF NUCLEAR CARDIOLOGY

	3D ECHO IN VALVULAR HEART DISEASE
0900 - 1010	Chairpersons: CHIA Boon-Lock, ONG Hean-Yee
0900 – 0920	<ul style="list-style-type: none"> Role of 3D Echo During Percutaneous Aortic Valve Replacements Mark MONAGHAN
0920 – 0940	<ul style="list-style-type: none"> 3D Echo in Valvular Heart Disease: Role in Clinical Practice DING Zee-Pin,
0940 – 1010	<ul style="list-style-type: none"> Live 3D Echo Basic Scanning, Acquisition and Manipulation: Techniques / Cropping Interpretation by CHUANG Hsuan-Hung and K GUNASEGARAN Scanner: Yvonne CHUA, Ginalyn H LUCIDO
1010 - 1115	Chairpersons: POH Kian-Keong, TAN Ju-Le
1010 – 1115	<ul style="list-style-type: none"> QLab Workshop: Quantitative & Valvular Assessment DING Zee-Pin, Mark MONAGHAN, CHUANG Hsuan-Hung a. MR Lesions b. MS Lesions c. AV Lesions d. ASD e. Prosthetic Valves Facilitators: DING Zee-Pin, K GUNASEGARAN, CHUANG Hsuan-Hung, GOH Lay-Kian, CHIONG Siau-Chien, LIANG Shu-Fen, YONG Tze-Pen
1115 – 1130	Tea Break
1130 - 1220	Chairpersons: CHUAH Seng-Chye, CHEE Tek-Siong, Raymond LEE

1130 – 1150	<ul style="list-style-type: none"> Clinical Application on Speckle Imaging Mark MONAGHAN
1150 – 1220	<ul style="list-style-type: none"> Live Scanning on TMQA: Basic Scanning and Acquisition Technique Interpretation by Mark MONAGHAN and Raymond LEE Scanner: Yvonne CHUA, Ginalyn H LUCIDO
1220 - 1330	Chairpersons: LEE Chung-Yin, LING Lieng-Hsi
1220 – 1330	<ul style="list-style-type: none"> QLab Workshop: Case Studies with TMQA Data Sets Mark MONAGHAN Facilitators: DING Zee-Pin, K GUNASEGARAN, CHUANG Hsuan-Hung, GOH Lay-Kian, CHIONG Siau-Chien, LIANG Shu-Fen, YONG Tze-Pen

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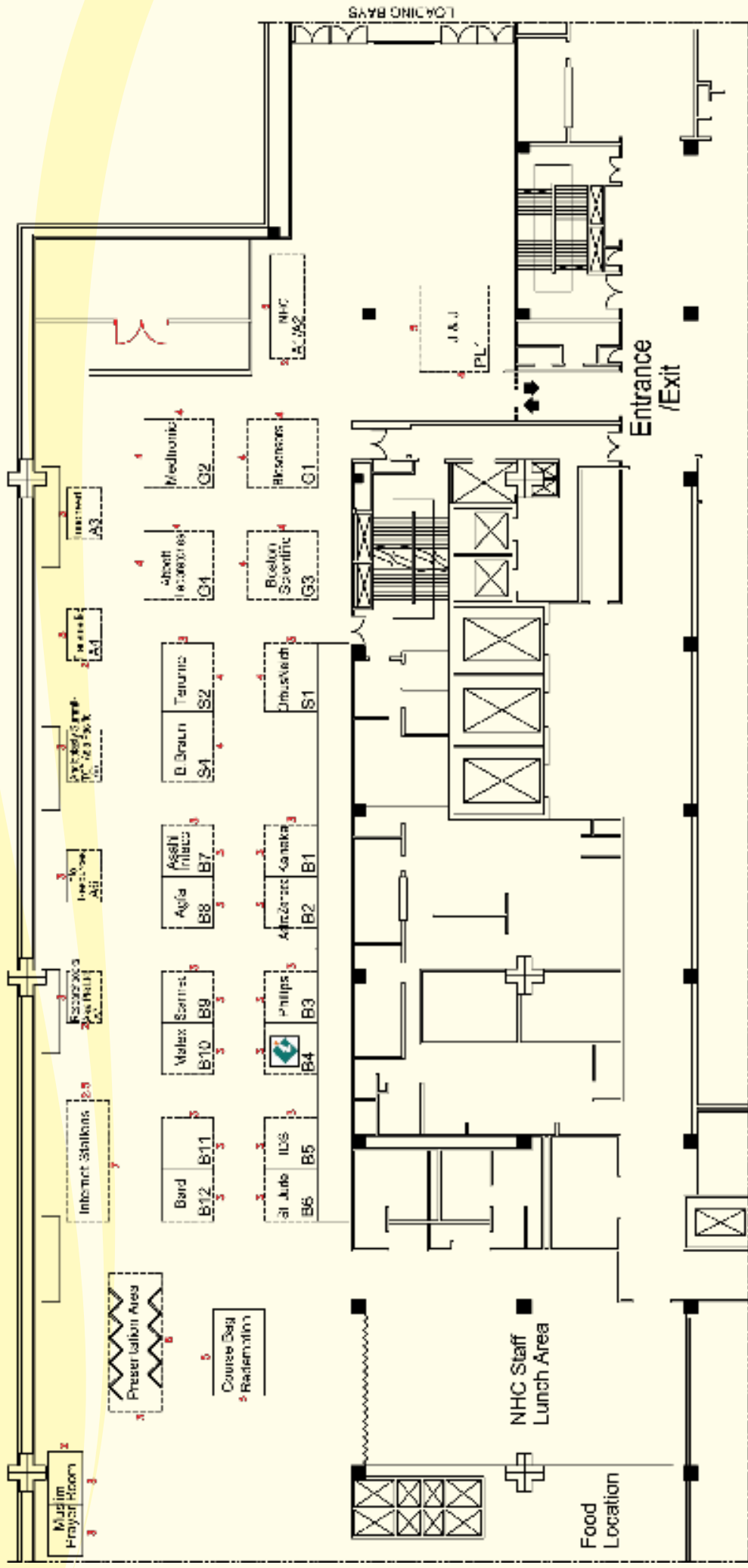
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Poster Abstracts

[PA 01]

Outcomes Of Primary PCI In Tertiary Care Cardiac Centre

Ayaz Hussain Shaikh, Bashir Hanif, Shamim Siddiqui, Khursheed Hasan, Muhammad Adnan Amin – Tabba Heart Institute, Karachi, Pakistan

- OBJECTIVES :** To determine the outcomes of primary percutaneous coronary intervention (PCI) in a tertiary care cardiac centre.
- METHODOLOGY :** We retrospectively reviewed medical records of 104 consecutive patients presented in our hospital between January 2006 to December 2007 with acute ST elevation myocardial infarction (STEMI) and treated with primary PCI as a mode of reperfusion. The primary end point was in hospital mortality and secondary end points were 30-day mortality, myocardial infarction, recurrent angina and congestive cardiac failure, from discharge to one month follow-up.
- RESULTS :** The procedural success was 97%. Six (5.8%) patients died during hospital stay including one on table death. Out of six patients who died, five (83.3%) had cardiogenic shock. No mortality was observed in 30-day follow-up from discharge while other complications like myocardial infarction, recurrent angina and congestive cardiac failure were 1%, 1% and 5% respectively.
- CONCLUSION :** Our findings suggest that favourable outcomes, matching the international data can be achieved in our patients with primary PCI in the management of life-threatening illness like STEMI despite all the limitations. Primary PCI as a preferred method of reperfusion strategy needs to be practised more often in our part of world.

[PA 02]

Correlation Of Duke Treadmill Score (DTS) With Gated Single Photon Emission Computed Tomography-Myocardial Perfusion Imaging (SPECT-MPI) In Patients Evaluated For Chest Pain

Ayaz Hussain Shaikh, Bashir Hanif, Khursheed Hasan, Muhammad Adnan Amin – Tabba Heart Institute, Karachi, Pakistan

- OBJECTIVES :** To determine the correlation of Duke treadmill score (DTS) with gated single photon emission computed tomography-myocardial perfusion imaging (SPECT-MPI) in patients evaluated for chest pain.
- METHODOLOGY :** We conducted a retrospective study on 200 consecutive patients referred to our nuclear cardiology laboratory for evaluation of chest pain by using stress myocardial perfusion imaging (MPI) from January 2008 to August 2008. DTS was calculated after exercise testing and categorised as low, moderate and high DTS groups. Subsequent gated SPECT-MPI was performed and stratified according to severity of perfusion defect. Spearman's rho (non parametric test) was applied to determine the correlation between DTS and SPECT-MPI.
- RESULTS :** The overall result shows positive linear correlation between DTS & MPI ($p = <0.001$). Out of 200 patients, 136 (68%) had low DTS, 51 (25.5%) had moderate and 13 (6.5%) had high DTS respectively. In low DTS group 129 (95%) patients had low risk MPI and 7 (5%) had intermediate risk MPI. In moderate risk DTS group 25 (49%) had low risk MPI whereas 15 (29.5%) and 11 (21.5%) had intermediate and high risk MPI respectively. In high DTS group all 13 patients had high risk MPI.
- CONCLUSION :** On the basis of our findings, it can be hypothesized that patients with high DTS can be referred for coronary angiography without imaging, and patients with low DTS can be followed on medical management. However for definite conclusion, diagnostic accuracy needs to be determined in further studies.

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[PA 03]

Role Of Troponin I In Determining Left Ventricular Ejection Fraction Of < 40 % In Patients With First Acute Anterior ST Elevation Myocardial Infarction

Faiza Malik, Ayaz Hussain Shaikh, Bashir Hanif, Mohammad Shamim Siddiquie – Tabba Heart Institute, Karachi, Pakistan

OBJECTIVES : To determine the role of troponin I in identifying left ventricular ejection fraction (LVEF) <40% in patients with first anterior ST elevation myocardial infarction (STEMI) who were reperfused by either thrombolytic therapy or primary percutaneous coronary intervention (PCI).

METHODOLOGY : We studied 90 consecutive patients presented in our emergency department with first anterior STEMI, meeting the inclusion criteria from December 2007 to July 2008. Troponin I concentration was measured by MEIA (microparticle enzyme immunoassay) method and echocardiographic LVEF was calculated by visual assessment. Serum troponin I level was correlated with LVEF of <40% in patients reperfused either by thrombolytic therapy or primary percutaneous coronary intervention (PCI).

RESULTS : There was strong negative (Pearson's correlation coefficient = - 0.79) statistically significant ($p < 0.0001$) correlation between troponin I and LVEF of <40%. A troponin I concentration of > 63.5 ng/ml can predict LVEF of < 40% with a sensitivity of 94% and specificity of 97% in thrombolytic group. While a troponin I concentration of > 87.5 ng/ml can predicted LVEF < 40% with a sensitivity of 86% and specificity of 100% in primary PCI group.

CONCLUSION : The result shows that serum troponin I concentration measured 12–24 hours after admission for first anterior STEMI is a reliable, non-invasive method for identifying patients with a LVEF of < 40% for whom there is a poor prognosis.

[PA 04]

Association Of ST Segment Depression > 5 Min After Exercise Testing With Severity Of Coronary Artery Disease

Faiza Malik, Ayaz Hussain Shaikh, Bashir Hanif, Mohammad Shamim Siddiquie – Tabba Heart Institute, Karachi, Pakistan

OBJECTIVES : To determine if prolonged ST segment depression (>5 min) after exercise test is associated with more severe coronary artery disease.

METHODOLOGY : We retrospectively reviewed medical records of 100 consecutive patients referred to our nuclear cardiology laboratory for stress myocardial perfusion imaging (MPI) between January 2007 to August 2008, meeting the inclusion criteria. Patients were divided into two groups, patients with >1 mm ST segment depression with ST segment recovery time ≤ 5 min (group 1) and patients with >1 mm ST segment depression with ST segment recovery time >5 min (group 2). Subsequent gated SPECT-MPI was performed, stratified according to severity of perfusion defect and association was determined between prolonged ST depression and MPI.

RESULTS : In patients with ST segment recovery time ≤ 5 min (group 1), 33 (60%) had low risk scan whereas 9 (18%) and 8 (16%) had intermediate and high risk scan respectively. In patients with ST segment recovery time >5 min (group 2), 31 (62%) had low risk scan whereas 8 (16%) and 11 (22%) had intermediate and high risk scan respectively.

CONCLUSION : Our findings suggest that the commonly used cutoff for prolonged ST segment depression, >5 min in recovery does not identify patients with more severe ischemia or coronary artery disease based on MPI results. Therefore it appears unnecessary to give special consideration to these patients by way of prolonged monitoring in recovery or imaging after the ETT.

Poster Abstracts

[PA 05]

Percutaneous Closure Of Coronary Cameral Fistula And Aortopulmonary Collateral

John Roshan Jacob, Sunil Chandy, Oonmen George – Christian Medical College Vellore, Tamil Nadu, India

OBJECTIVES :

1. To close a fistula from the left circumflex coronary artery into the right atrium (RA).
2. To close a aortopulmonary collateral vessel.

METHODOLOGY :

Using a 5F JL guiding catheter the left main coronary artery was engaged and a O14 Hi torque floppy wire was passed through the left circumflex coronary artery into the RA. Since the JL catheter did not give enough support, it was exchanged for a 5F multipurpose catheter. A 5F snare was passed through the right femoral vein (RFV) through the IVC into the RA and the wire was snared and pulled out. The RFV access was changed from a 6F short sheath to a 7F long sheath. The sheath was passed over the wire through the fistula. The wire was removed. A Lifetech 4-6 PDA occluder was backloaded on a 6F sheath and sent through the 7F long sheath. The device was deployed under fluroscopy guidance. Post deployment angiogram revealed cessation of flow through the fistula.

A PDA delivery sheath was used to engage the collateral arising from the descending aorta. It was wired with an O14 wire and the sheath was taken further into the vessel over the wire. A Cook 3 x 3 embolisation coil was deployed with complete cessation of flow thereafter through the collateral.

RESULTS :

Successful closure of the coronary cameral fistula with a PDA occluder and the aortopulmonary collateral with an embolisation coil was achieved.

CONCLUSION :

Closure of large coronary cameral fistulae can be achieved percutaneously using a PDA occluder.

[PA 06]

The Clinical Application Research On Endovascular Therapy With Stent-Graft For TAD Of Stanford B Type Or AAA

Wang Jiaping, Li Yingchun, Yan Dong, Yuan Shuguang, Tong Yuyun, Guo Li, Jin Yan – The Second Affiliated Hospital of Kunming Medical College, Yunan, China

OBJECTIVES :

To evaluate the advantages in endovascular repair of aortic aneurysms

METHODOLOGY :

Angiography and endovascular stent-graft exclusion were performed on 85 patients, who presented with thoracic aorta dissection (TAD) or abdominal aortic aneurysms (AAA). TALENT (World Medical Co. American) systems were used in all patients.

RESULTS :

83 patients successfully tolerated the procedure, except one who had an insufficient length of aorta between the tear and the ostia of the left subclavian artery which was considered contraindication of this therapy. All symptoms related to aneurysms ceased postoperatively and no severe relative complications appeared during follow-up period.

CONCLUSION :

Endovascular therapy with stent-graft for TAD of Stanford B type or AAA is more efficacious than traditional open surgery, minimally invasive and with the least side-effects, it is the best method of therapy for the majority of patients with TAD or AAA.

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[PA 07]

Clinical Application Of Tips For The Treatment Of Digestive Tract Hemorrhage Caused By Portal Hypertension

Li Yingchun, Wang Jiaping, Yang You, Yan Dong, Yuan Shuguang, Tong Yuyun, Han Zhenglin – The Second Affiliated Hospital of Kunming Medical College, Yunan, China

- OBJECTIVES :** To evaluate Transjugular intrahepatic portosystemic stent shunt (TIPS) is effective in the prevention of variceal rebleeding.
- METHODOLOGY :** 20 cases who required TIPSS for the prevention of oesophageal variceal rebleeding and were embolized, 18 cases successfully establish shunt way, 2 cases failed because of the serious complications .
- RESULTS :** The portal pressure obviously lowers, before TIPS average portal pressure 27.11 ± 4.86 cm H₂O, post-TIPS average portal pressure 17.13 ± 3.81 cm H₂O, the control bleed is efficient for 100% in the near period, again bleed to 16.7%. Post-TIPS blood-cell change obviously, active bleed stop, ascites absorb obviously.
- CONCLUSION :** TIPS treats the top alimentary canal bleed of the portal hypertension to have very great clinical practical value.

[PA 08]

Long-Term Clinical And Angiographic Outcomes Of Sleeve Technique On Non-Left-Main Coronary Bifurcation Lesions

Ho Hee Hwa, Jim Man Hong, Chow Wing Hing – Grantham Hospital, Hong Kong

- OBJECTIVES :** Sleeve technique is a modification of the crush technique which increases the likelihood of achieving final kissing balloon inflation (an essential step in coronary bifurcation stenting) and this may improve procedural and long-term outcomes in coronary bifurcation stenoses.
- METHODOLOGY :** From August 2005 to March 2007, 45 symptomatic patients with 45 non-left-main coronary bifurcation lesions were treated with a two-stent strategy using drug-eluting stents with sleeve technique and prospectively evaluated at 12 months. Follow-up angiography was performed on 41 patients (91%) at 9 months.
- RESULTS :** The mean age of patient was 65 - 12 years with predominance of male (73%). Diabetes mellitus was found in 14 patients (31%). Majority of the lesions were type I (91%), de novo (82%) lesions located at left anterior descending artery / diagonal branch bifurcations (78%). Final kissing balloon inflation was successfully performed in all patients. Glycoprotein IIb/ IIIa inhibitors were given in 41 patients (91%). At angiographic follow-up, the late loss in main vessel and side branch was 0.18 ± 0.26 mm and 0.29 ± 0.27 mm, respectively. Binary angiographic restenosis was observed in 2 patients (5%) at main vessel and 1 patient (2%) at side branch. At 1-year follow-up, there were 2 non-cardiac deaths and 3 patients needed revascularization. The cumulative major adverse cardiac event rate was 6.7%.
- CONCLUSION :** The use of sleeve technique with drug-eluting stents in the treatment of non-left-main coronary bifurcation lesions showed a low MACE at one year with a low angiographic restenosis, particularly at ostium of side branch.

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[PA 09]

Predictors Of Target Lesion Revascularization After Paclitaxel- Or Sirolimus -Eluting Stent Implantation In Diabetes Patients

Masatsugu Nakano, Toshiya Muramatsu, Reiko Tsukahara, Yoshiaki Itou, Hiroshi Ishimori – Saiseikai Yokohama City Eastern Hospital, Japan

OBJECTIVES : To study predictors of target lesion revascularization (TLR) after 2 types drug-eluting stent (DES) implantation in patients with diabetes mellitus (DM).

METHODOLOGY : Of 319 patients with 494 stents who underwent paclitaxel-eluting stent (PES) implantation and 1539 patients with 2231 stents who underwent sirolimus-eluting stent (SES) implantation for angina pectoris in the period up to February 2008, patients with DM were grouped into those with PES implantation, P group (131 patients: 198 stents, 67±11 years), and those with the SES implantation, S group (535 patients: 726 stents, 68±11 years), for a comparative study of clinical outcomes.

RESULTS : In patient and lesion characteristics, there was no difference in the ratio of insulin-requiring patients (P: 12 vs. S: 13 %), mean HgbA1c (P: 7.1±1.3 vs. S: 7.3±1.2 %). The P group had significantly higher percentages of bifurcated lesions (P: 29 vs. S: 14 %, P<0.01) and lower percentages of chronic total occlusion (P: 6 vs. S: 14 %, P<0.01). No difference was seen between the two groups for post minimum lumen diameter (MLD) (P: 2.62±0.54 vs. S: 2.56±0.51 mm) and Acute gain (P: 1.81±0.46 vs. S: 1.79±0.56 mm) in QCA analysis. There was no difference in the incidence of TLR (P: 13 vs. S: 11 %) in 8-month angiographic results. Multivariate analysis showed that HgbA1c > or = 8.0 % (OR 5.04, 95%CI 1.48-17.1, P=0.009), post MLD (OR 0.21, 95%CI 0.04-0.97, P=0.046) were independent predictors of TLR in the P group, and HgbA1c > or = 8.0 % (OR 15.2, 95%CI 2.08-18.3, P=0.013) was only independent predictor in the S group.

CONCLUSION : This study suggests that there are no differences in 8-month angiographic results between PES and SES implantation, and TLR after DES implantation is associated with high glucose conditions in diabetes patients.

[PA 10]

Predictors Of Plaque Shift At Side Branch Ostium During Paclitaxel-eluting Stent Implantation In Bifurcated Lesion

Masahiro Yamawaki, Toshiya Muramatsu, Reiko Tsukahara, Yoshiaki Ito, Kenichiro Sasao, Hiroshi Ishimori, Masatsugu Nakano, Keisuke Hirano, Motoharu Araki – Saiseikai Yokohama City Eastern Hospital, Japan

OBJECTIVES : To investigate intravascular ultrasound (IVUS) parameters about atheroma distribution affecting plaque-shift at side branch ostium (SBO) during cross-over paclitaxel-eluting stent (PES) deployment in bifurcation.

METHODOLOGY : Consecutive 60 non-left-main bifurcations (60 patients) with <50% angiographycal stenosis at SBO, examined by 3D-IVUS and QCA in both main vessel (MV) and side branch(SB), underwent cross-over-PES deployment. Lumen area (LA), vessel area(VA) and plaque area (PA) were serially measured at 1mm interval from segment 5mm proximal to 5mm distal in MV, and from just ostium to 2mm distal in SB. Proximal or distal average LA, VA, and PA, as well as lumen volume (LV), vessel volume (VV) and plaque volume (PV) were calculated in MV, and from just ostium to 2mm distal in SB. In MV, plaque thicknesses of either 'the side of SB' or 'the opposite side of SB' were assessed in each point. Plaque shift was defined as follow: SBO <50% was aggravated to >75% stenosis in QCA when treated with cross-over stenting in MV. Subjects were classified into two groups, Plaque shift group and non-Plaque-shift group for comparison.

RESULTS : There was no significant difference in patient, lesion, or procedure characteristics. In MV, either mean plaque area (9.1±3.9 vs.6.8±2.7 mm²) or plaque volume (45.7±19.7 vs.34.2±13.5 mm³) were significantly larger in plaque-shift group than non-plaque-shift group (p<0.01). Proximal plaque thickness of 'the side of SB' in Plaque-shift-group was significantly larger than that of non-

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Plaque-shift group (0.83 ± 0.3 vs 0.56 ± 0.3 mm; $p<0.01$). In SB, average VA (8.3 ± 3.1 vs 6.4 ± 1.9 mm²), average PA (4.2 ± 2.0 vs 2.5 ± 1.1 mm²), VV (24.8 ± 9.3 vs 18.8 ± 5.9 mm³) and PV (12.7 ± 6.1 vs 7.3 ± 3.2 mm³) were significantly larger in Plaque shift group compared to non- Plaque shift group ($p<0.05$).

CONCLUSION :

Accumulated plaque relative to proximal 'the side of SB' in main vessel or plaque burden in side branch ostium were important pre-intervention IVUS parameters to predict plaque shift after cross-over paclitaxel-eluting stent deployment.

[PA 11]

Single Stent Strategy With Kissing Balloon Technique For Bifurcated Lesion: Comparison Between Sirolimus- And Paclitaxel-Eluting Stent

Masahiro Yamawaki, Toshiya Muramatsu , Reiko Tsukahara, Yoshiaki Ito, Kenichiro Sasao, Hiroshi Ishimori, Masatsugu Nakano, Keisuke Hirano, Motoharu Araki – Saiseikai Yokohama City Eastern Hospital, Japan

OBJECTIVES :

Single crossover stenting with kissing balloon technique (single-stent-KBT) is accepted strategy for treatment of bifurcation in drug eluting stent (DES) era. The purpose of the present study is to compare the efficacy of Sirolimus eluting stent (SES) with that of Paclitaxel eluting stent (PES) in this strategy.

METHODOLOGY :

Of 1839 patients treated with DES between June 2004 and February 2008, we analyzed 91 patients (93 SESs) who underwent single-stent-KBT (SES-group), comparing to 52 patients (54 PESs) treated with single-stent-KBT (PES-group) for a comparative study of clinical outcomes.

RESULTS :

There was no difference in patient, lesion characteristics and pre-/post-procedure QCA analysis. No difference was also seen in the incidence of stent thrombosis or cardiac death in hospital between two groups. After 6-8 months, either MLD or %DS revealed SES group was superior to PES group in MV (MLD: 2.4 ± 0.7 mm vs. 2.0 ± 0.6 mm; $p<0.01$, %DS: $15.3\pm 16.9\%$ vs. $21.4\pm 16.9\%$; $p<0.01$) or in side branch (SB) (MLD: 1.6 ± 0.6 mm vs. 1.4 ± 0.6 mm; $p<0.05$, %DS: $27.8\pm 20.7\%$ vs. $40.6\pm 26.3\%$; $p<0.01$). Regarding binary restenosis, SES group was lower than PES group in both MB (4% vs 11%) and SB (11% vs 42%). TLR was 1% in SES group, whereas 11% in PES group ($p<0.01$). There was no difference in the rate of stent thrombosis, cardiac death, AMI, and CABG.

CONCLUSION :

In the setting of single crossover stenting with kissing balloon technique for bifurcated lesion, sirolimus- was more effective than paclitaxel eluting stent.

[PA 12]

Clinical Outcomes Of Primary Percutaneous Coronary Intervention For Acute Myocardial Infarction Due To Left Main Coronary Artery Occlusion

Shingo Sakamoto, Norimasa Taniguchi, Syunsuke Nakajima, Akihiko Takahashi– Sakurakai Takahashi Hospital, Japan

OBJECTIVES :

Acute myocardial infarction (AMI) due to left main coronary artery (LMCA) occlusion has a poor prognosis. However, data on the clinical outcome of primary percutaneous coronary intervention (PCI) of acute LMCA occlusion has been scarce. The purpose of this study was to determine the clinical features and outcomes of patients who underwent primary PCI for AMI due to LMCA occlusion.

METHODOLOGY :

Between January 1997 and December 2007, a total of 1219 patients with AMI admitted to our hospital. Of these, 37 patients (3.0%) who underwent PCI for LMCA occlusion were enrolled. Clinical outcomes were determined by reviewing hospital records or via telephone contact. Survival free of all-cause death was estimated by the Kaplan-Meier method. A multiple Cox proportional hazard model analysis was performed to identify independent variables associated with all-cause death.

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RESULTS :

Most patients presented with critical hemodynamic status on arrival including 18 cardiogenic shocks and 9 cardiac arrests. Seventeen patients required percutaneous extracorporeal life support to maintain hemodynamic status and 34 patients required intra-aortic balloon counter pulsation. Success reperfusion was achieved in 97.3%. In-hospital mortality rate was 40.5%. Twenty-two patients (59.5%) survived to hospital discharge. During follow-up period, an additional 6 patients died. Multivariate analysis showed an independent predictor of all-cause mortality to be cardiopulmonary arrest on arrival (RR, 4.39; 95% CI, 1.53 to 12.6; P = 0.01).

CONCLUSION :

Patients with AMI due to LMCA occlusion showed a high mortality, however, our data revealed high rate of successful reperfusion and better outcome than previous reports. Cardiopulmonary arrest on arrival was the only independent predictor of all-cause death. Advanced therapy for the patients with cardiopulmonary arrest on arrival may further improve the prognosis.

[PA 13]

Feasibility Of Transradial Intervention In Acute ST Elevation Myocardial Infarction Using A Heartrail Ikari Left Guider

Jeremy Chow, Tan Chong Hiok—Changi General Hospital, Singapore

OBJECTIVES :

Primary transradial percutaneous coronary intervention (TRPCI) has been shown in small randomized controlled trials to be efficacious in patients with acute coronary syndrome. We report our local experience using a single Heartrail Ikari Left (IL) guider for primary TRPCI in acute STEMI.

METHODOLOGY :

This is a single centre case series of 128 patients who underwent primary TRPCI by a single radial interventionist between May 2007 and May 2008. TRPCI was attempted with 6F Heartrail IL guider in 86 patients with a normal Allen's test, regardless of Killip class status. The outcome of interest included success rates of primary TRPCI with IL guider, door to balloon time, procedure duration and volume of contrast used. All patients were followed up for 6 months to a year for in-hospital, 30 days and 6 months major adverse cardiac events (MACE).

RESULTS :

The mean patient age was 56.4 +/- 12.3 years old. Most of the patients with acute STEMI were in Killip class I and II (89.5%) at presentation while only 9 (10.5%) patients were in Killip class III or IV. LAD was the IRA in 44.2% of the patients, while the RCA was the IRA in the other 46.5%. Median door to balloon time for this group was 94 +/- 48.4 mins with an average procedure time of 39 +/- 16.4 mins and radiation duration of 11.9 +/- 8.4 mins. TRPCI success with 6F Heartrail IL guider was noted in 98.8% of patients regardless of IRA. Only 1 patient had a failed TRPCI and 4 patients (4.7%) needed an intra-aortic balloon pump post TRPCI. The inpatient, 30 days and 6 months MACE were 5.9%, 8.2% and 10.5% respectively.

CONCLUSION :

Primary TRPCI with 6F Heartrail Ikari Left guider is therefore a feasible and effective approach for acute STEMI even in high-risk patients.

[PA 14]

Percutaneous Transluminal Catheter Aspiration And Crushing For Massive Pulmonary Thromboembolism: A Case Of Receiving Progesterone Prescription

Masamitsu Asano, Akihiro Fukuda, Tetsuya Kasuga, Yujiro Tanabe, Norihiro Abe, Sousuke Takahashi, Ryuichiro Imai, Toyoyuki Okubo, Shinji Okubo – Tokyo Medical University Kasumigaura Hospital, Japan

A 82-year-old man who had a benign prostatic hypertrophy and had been taking Chlormadinone acetate orally for nine months. The patient was admitted to our hospital because of worsening dyspnea on exertion. Clinical symptoms and laboratory findings on admission were suggested pulmonary thromboembolism (PTE), therefore we performed enhanced computed tomography (ECT) immediately, which had revealed massive pulmonary thrombus on both main artery. Before long Montepulse (800,000I.U.) was given intravenously, but respiratory condition was not better. We decided to do pulmonary artery angiography (PAG). A PAG showed

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synonymous with ECT findings and pulmonary pressure was high about 80mmHg. So we performed percutaneous transluminal catheter aspiration and crushing for massive pulmonary thrombus using guiding catheter of coronary (6Fr Judkins right) with 0.035inch guide wire because the anticoagulant therapy was not effective. After this procedure, a part of pulmonary artery flow was re-canalized and a pressure was decreased. Since then, Urokinase (240,000I.U./day) and Heparin (12,000I.U./day) was started continuously intravascular injection for 7 days and given a warfarin orally. Follow-up ECT after day 9 showed a massive pulmonary artery thrombus was reduced markedly. And then a deep vein thrombosis was detected, so we performed permanent inferior vena cava filter deployment on day 22. The patient made favourable progress after the therapy and was making a recovery from cardiopulmonary dysfunction. We reported strategy of percutaneous transluminal catheter aspiration and crushing for massive pulmonary thrombus, which was the effective procedure.

[PA 15]

Primary Coronary Angioplasty Compared With Intravenous Thrombolytic Therapy For Acute Myocardial Infarction Data From Low PPCI Volume Centre: In-hospitalised And Six-month Follow Up

Saskia Dyah Handari, Jeffrey D Adipranoto, R M Yogiarto – Dr Soetomo General Hospital Surabaya, Indonesia

OBJECTIVES :

The established trials not known whether patients with acute myocardial infarction at centers with low PPCI volume centre undergo primary angioplasty or thrombolytic therapy. We compared the effectiveness of primary angioplasty and thrombolysis in acute myocardial infarction in-hospitalized and during a 6-month follow-up period.

METHODOLOGY :

Detailed individual patient data were collected commenced during 2007 that compared PPCI with thrombolysis. Data were analyzed to produce estimates of relative reduction in events at in-hospitalized and 6 month for the group. Treatment effects were also assessed in relation to several study-related factors.

RESULTS :

The composite end point of major adverse cardiac events including cardiac death, reinfarction, ischemic TVR and stroke at in-hospitalized period were 6,3% for PPCI and 46,2% for thrombolysis (RR=0,135, 95% CI=0,020–0,924, p= 0,009) with a sustained effect at 6 month were 25,0% for PPCI and 57,7% for thrombolysis (RR= 0,43, 95% CI= 0,180-1,045, p= 0,045).

CONCLUSION :

Primary PCI was more effective than thrombolytic therapy in reducing composite end point of major adverse cardiac event. These benefits appear in-hospitalized and to be sustained for 6 months.

[PA 16]

Everolimus-Eluting Stents for Extra-Long Lesions (EEL) Registry

Yiu Kai Hang, Ryan Ko, Ho Hee Hwa, Chow Wing Hing, Jim Man Hong – Grantham Hospital, Hong Kong

OBJECTIVES :

Lesion or stent length is a strong predictor of restenosis and long-term target vessel failure. The role of a new drug-eluting stent, the everolimus-eluting stent (EES), in this high-risk lesion subset is unknown.

METHODOLOGY :

Consecutive symptomatic patients with long diffuse coronary artery disease who had implantation of 3 or more EES with a total stent length greater than 60mm, in the form of 'full metal jacket', were enrolled. Restudy angiography was performed at 6-9 months.

RESULTS :

There were 31 patients with 31 lesions; the mean age was 68 ± 11 years with predominance of male (58%). Diabetes mellitus and subtotal or total occlusions were found in 15 (48%) and 18 (58%) patients, respectively. On average, a patient received 3.5 ± 0.5 stents per lesion; the mean stent size and length was 2.7 ± 0.3 mm and 86 ± 16 mm, respectively. There were 2 patients suffering from postprocedure myocardial infarction leading to a major adverse cardiac event (MACE) rate of 6%. Follow-up angiography was performed on 19 (61%) patients; angiographic restenosis was observed in 6 patients (32%). Among the 19 patients who had completed one-year follow-up, the one-year MACE was 26%, which was solely attributed to 5 target vessel revascularizations. The

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use of intravascular ultrasound to guide interventions was associated with a lower restenosis (0% vs 50%, $p=0.029$) compared with angiography alone.

CONCLUSION :

Long diffuse lesion is still associated with poor long-term result despite placement of EES. The use of intravascular ultrasound has significantly improved the angiographic outcome compared with angiography alone.

[PA 17]

'Tissue Doppler Imaging For Estimation Of Left Ventricular Filling Pressure In Patients With Systolic And Diastolic Heart Failure' - A Comparative Simultaneous Doppler-Catheterization Study

Manohar J. Suranagi, C.N. Manjunath, Prabhavathi, K.H Srinivasa – Sri Jayadeva Institute of Cardiology, Bangalore, India

OBJECTIVES :

Noninvasive assessment of diastolic filling by Doppler echocardiography provides important information about left ventricular (LV) status in selected subsets of patients. This study was designed to assess whether the lateral mitral annular velocity as assessed by tissue Doppler imaging is associated with invasive measures of diastolic LV performance in patients with diastolic and systolic heart failure.

METHODOLOGY :

We studied 100 patients, 50 patients with diastolic heart failure and 50 patients with systolic heart failure in patients undergoing diagnostic coronary angiogram. Detailed 2D Echocardiography, Transmitral Doppler and Tissue Doppler velocities of lateral mitral annulus was obtained. The ratio of peak mitral velocity (E) to lateral mitral annular velocity (E') by TDI (E/E') was calculated.

RESULTS :

The ratio of E/E' in diastolic group was 13.4 ± 4.9 and in systolic group it was 13.7 ± 5.2 . The mean LVEDP in diastolic heart failure patients was 14.3 ± 4.5 and 14.2 ± 4.9 in systolic heart failure patients. The ratio of E/E' showed a better correlation with LVEDP. $E/E' < 8$ accurately predicted normal LVEDP, and $E/E' > 15$ identified increased LVEDP ≥ 15 mmHg.

CONCLUSION :

E/E' is a reliable estimate of LV filling pressures in subjects with systolic and diastolic heart failure. In subjects with diastolic heart failure, E/E' seems helpful to identify those with truly elevated LV filling pressures. In patients with diastolic heart failure and normal E/E', a search for other causes of symptoms (pulmonary disease, obesity and so forth) may be warranted.

[PA 18]

Profile Of Acute Coronary Syndrome Complicated By Heart Failure

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OBJECTIVES :

This is an analysis of a cohort of consecutive patients with acute coronary syndrome (ACS). We aim to examine the pattern of coronary anatomy in patients with heart failure (HF) complicating ACS.

METHODOLOGY :

This is a single-centre prospective observational study of consecutive patients scheduled for cardiac catheterization with the diagnosis of acute coronary syndrome between October 2008 and December 2008. Baseline patient demographics, TIMI risk scores, left ventricular ejection fraction (LVEF), coronary anatomy, percutaneous coronary intervention (PCI) details, in-hospital and one month outcome data were collected.

RESULTS :

A total of 188 patients underwent cardiac catheterization. Clinician-based diagnosis of heart failure was found in 24 patients (13%). Of these 24 patients, mean age was 64 years (\pm SD 9). More than half were males (67%). Median TIMI score was 4.5 and mean LVEF was 34% (\pm SD 12). Most were Chinese (63%), followed by Indians (20%), Malays (13%), and other races (4%). Most were diabetics (79%). 74% had TIMI score ≥ 4 . 67% had abnormal renal function (Creatinine $>$

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110 μ mol/L) and 25% were anaemic (hemoglobin < 10g/dl) on admission. Most patients had triple vessel disease (63%) (OR 7.19, 95%CI 1.56-33.08, p=0.011); the rest had double vessel disease (17%), single vessel disease (8%), minor disease (4%) and normal coronaries (8%). Depressed LVEF <50% was found to be significantly associated with HF in the multivariate analysis (OR 6.17, 95%CI 2.09-18.22, p=0.001). PCI was performed in 42%, CABG in 38% and 20% were medically treated. Median length of hospital stay was 6 days. In-hospital survival was 100%; mostly uncomplicated (67%). At one month, all patients were alive; 4% had nonfatal myocardial infarction and 4% required target vessel revascularization.

CONCLUSION :

In this observational cohort of patients, we found that patients with heart failure post-ACS have adverse coronary anatomy and low ejection fractions.

[PA 19]

Utility Of Drug-Eluting Stents (Des) Versus Bare-Metal Stents (Bms) In Diabetics With Diffuse Small-Calibre Coronary Artery Disease

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OBJECTIVES :

In diabetic patients with diffuse small-calibre coronary artery stenosis, percutaneous coronary intervention (PCI) remains a therapeutic challenge. We investigate the utility of DES versus BMS in this subgroup of diabetic patients.

METHODOLOGY :

We analyzed data between January 2002 and October 2007 comprising of all diabetic patients who underwent PCI and who received coronary stents with diameter ≤ 2.25 mm and ≥ 20 mm in length. Primary outcomes were in-hospital complications, procedural success, all-cause mortality at 0, 30-day and 6 months. Secondary outcomes were 30-day and 6 months myocardial infarction and revascularization.

RESULTS :

A total of 566 diabetic patients underwent 653 PCI procedures. Mean age was 62 years (\pm SD10) with predominantly male patients (61%). Most were Chinese (55%), followed by Indians (23%), Malays (17%) and other races (5%). DES was implanted in 53% of procedures. 97% of procedures were successful; partial success was achieved in 3% and suboptimal result in 0.3%. 1.5% of procedures required in-hospital repeat PCI. For 2.25mm by 20mm stents, DES was implanted in 212 procedures and BMS implanted in 113 procedures. DES was implanted more often in Indians (OR 1.76, 95%CI 1.13-2.63, p=0.013) and other races (OR 3.89, 95%CI 1.68-9.02, p=0.001) than in Chinese and Malays; with no associated difference in outcome. Lesions involving proximal- (OR 1.90 95%CI 1.20-2.99, p=0.007), mid- (OR 1.75, 95%CI 1.17-2.62, p=0.007) left anterior descending artery and obtuse marginal (p=0.002) were more often stented with DES; with no outcome differences. Older patients (>62 years) who received DES (n=94) had more in-hospital complications (OR 1.05, 95%CI 1.01-1.08, p=0.005) and higher 30-day mortality (OR 1.21, 95%CI 1.05-1.40, p=0.01). Overall, no differences in primary and secondary outcomes between DES and BMS implantation detected.

CONCLUSION :

In this observational cohort, we did not observe any difference in outcomes between DES and BMS for small diffuse vessel disease in diabetic patients.

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[PA 20]

Drug Eluting Stent Treatment Of Instent Restenosis Reduces Major Cardiovascular Adverse Events In Asians

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OBJECTIVES :

Coronary artery stenting has become the default intervention for coronary artery disease. Nevertheless, instent restenosis is a major problem. Studies suggest benefit of drug eluting stents (DES) in instent restenosis (ISR) management. Paucity of data remains for ISR treatment in Asians. We conduct a retrospective analysis of patients treated for ISR for major cardiac adverse events (MACE).

METHODOLOGY :

ISR patients were identified through the cardiac image management system. Clinical data were collected using predetermined forms. Inclusion criteria is first occurrence of ISR of native coronary vessels or bypass grafts defined angiographically as stenosis > 50%.

MACE comprising of all cause mortality, target vessel revascularization and myocardial infarction (MI) was primary endpoint. Individual components of MACE, recurrence of angina and stent thromboses were secondary endpoints.

RESULTS :

From 1 May 2007 to 31 December 2008, 294 lesions in 233 patients were included. 233 were previously treated with BMS and 61 with DES.

ISR treatment modality included balloon angioplasty (BA) 16.3 %, cutting-balloon angioplasty (CA) 10.9 %, bare metal (BMS) 7.1 % and drug eluting stents (DES) 29.9%. 16.3% underwent CABG and 19.4 % treated medically.

There were 37 MACE events (12%). MACE occurred in BA 25%, CA 15.6%, BMS 33.3%, DES 5.7% and CABG 10.4%. No difference of MACE was found with race, Mehran class, diabetes mellitus, and segment diameter. Reduction of MACE with DES was consistent across individual components of MACE. No stent thrombosis was found for DES group.

CONCLUSION :

Reduced MACE was found with DES independent of factors like diabetes, stent diameter and Mehran class. No stent thrombosis follow up of the DES patients suggests DES is a safe and effective treatment for ISR in the Asian population.

[PA 21]

Factors Affecting Instent Restenosis In Asians

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OBJECTIVES :

Coronary artery stenting is the default intervention for coronary artery disease. Nevertheless, instent restenosis (ISR) is a major problem. Clinical factors affecting ISR are not well studied in Asians. We conduct a retrospective analysis of ISR patients.

METHODOLOGY :

ISR patients were identified through the cardiac image management system. Inclusion criteria is first occurrence of ISR in native coronary vessels or bypass grafts defined angiographically as stenosis > 50%. Patients' clinical data were recorded using predetermined forms.

RESULTS :

From 1 May 2007 to 31 December 2008, 294 lesions in 233 patients were included. 233 ISR lesions were previously treated with BMS and 61 with DES.

Ethnic distribution: Chinese 49.2%, Indian 23.7%, Malay 18.6% and others 8.5%. Mean age: 61.1 ± 10.7. Risk factors: Diabetes mellitus 50%, dyslipidaemia 79%, hypertension 76.2% and smoking 52.4%. Initial cardiac indication: STEMI 18.7%, ACS 24.8% and stable angina 54.4%. LAD was commonest ISR artery (44.9%); RCA (30.3%) and LCX (12.6%). 87.3% of ISR segments were <3.0mm, mean 2.9 ± 0.4 mm. Mean stent length 22.4 ± 6.9 mm. Median time to ISR 312.2

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± 0.4 days. Mehran type 1 was present in 27.2%, type 2 31.6%, type 3 17.3% and type 4 23.8%. Presenting symptom for ISR: stable angina 58.2%, ACS 23.1% and STEMI 3.1%.

As compared to stents implanted in this period, 7.3% of BMS and 4.3% of DES had ISR. ISR are more likely to have diabetes (50% vs 38.7%), smoking history (52.4% vs 20.7%) and Indian ethnicity (23.7% vs 13.0%). Significant proportion of ISR patient presents with ACS/STEMI 26.1%.

CONCLUSION :

ISR was found more commonly in patients with DM, smoking and Indian ethnicity. Although ISR is generally thought to be benign, significant proportion presents with ACS/STEMI.

[PA 22]

Prediction Of Feasibility Of Mv Repair In Rheumatic Mitral Valve Disease Based Upon The Infra Posterior Mitral Leaflet Triangle Area

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OBJECTIVES :

To calculate the area of infra-mitral triangle preoperatively and correlate with the feasibility of mitral valve repair during surgery.

METHODOLOGY :

Inframitral Triangle-formed by posterior mitral leaflet, chordae attached to PML and adjacent posterior LV free wall. The area of the inframitral triangle was calculated, among those patients who are undergoing MV repair. A control of 52 persons from various age groups was set up to calculate the normal range of triangle area.

126 consecutive cases taken for mitral valve repair (includes severe MR or combined MS & MR. Also includes mitral valve repair during AVR) from 1997-99. Before surgery, an echocardiogram was done to assess type of lesion pathology involved and feasibility of repair and area of inframitral triangle is calculated. Area of infra mitral triangle was divided into three groups-<1sqcm, 1-1.5sqcm and >1.5sqcm: cases underwent various modalities of MV repair depending upon the pathology.

RESULTS :

Total of 126 cases underwent MV repair (which include Mitral stenosis alone as well as those with mixed lesions i.e. MS with MR). Mean age was 23.2±10 years, M/F=67/59. There were 104 patients in class III and 22 patients in class IV. It was seen, during surgery that, those patients who had valve area <1sqcm had very less feasibility of MV repair-10 out of 17 cases underwent MVR during surgery and 5 cases underwent MVR subsequently. Where as those with area between 1 and 1.5sqcm had benign course-1 case underwent MVR during surgery as repair was not feasible and 1 case underwent MVR subsequently on follow up. Those with area >1.5sq was most favorable-only 1 case underwent MVR.

CONCLUSION :

Inframitral triangle effectively predicts the feasibility of MV repair in rheumatic MV involvement. Those with area <1 sqcm had least chances; those with 1-1.5sq cm had intermediate results. Those with area >1.5sqcm had best results. This area can be used routinely to predict feasibility of MV repair.

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