

### **ROME**

CAROTID AORTIC PERIPHERAL VASCULAR TREATMENT

MUNDI

MAY, 23<sup>RD</sup> - 24<sup>TH</sup> 2017

Dear Friends and Colleagues,

Welcome to the third Carotid Aorta Peripheral Vascular Treatment – Rome CAPVT Mundi.

It is a great honour and pleasure to welcome you in this meeting organized by the School of Vascular and Endovascular Surgery of "Sapienza" University of Rome.

As Program Director, I wish to enhance the skills and expand the knowledge of vascular and endovascular treatment in all fields of vascular diseases.

The CAPVT program, in this third edition, would offer a comprehensive update on the state of the art in the field of the vascular pathology.

This year, debate will have a predominant space during the meeting, allowing a comprehensive discussion between worldwide recognized experts.

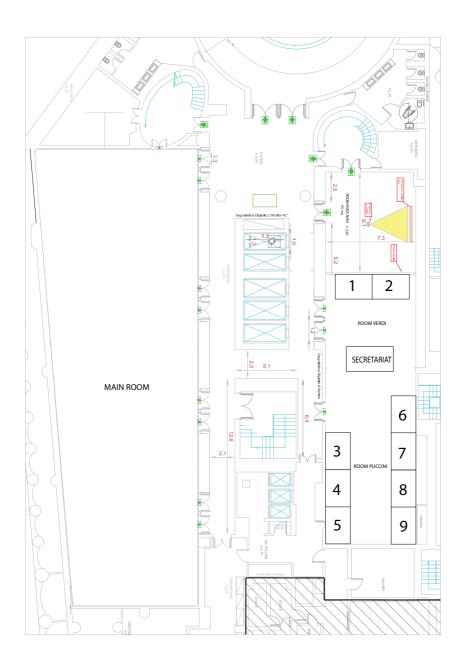
Indeed, faculty of the CAPVT has established international reputation as both clinicians and leaders in their fields.

I'm honoured to welcome a such extraordinary faculty of experts and an audience of clinicians from all specialties involved in vascular care, including vascular surgeons, cardiologists, and radiologists.

Faculty and attendees will interact on about the standard of care and alternative options in vascular pathology with special emphasis on how to manage complex diseases.

I hope, once again, that the quality of the venue and the beautiful and charming city of Rome will add special memories to the scientific program.

Francesco Speziale





- A Giancarlo Accarino Salerno
  Federico Accrocca Civitavecchia
  Domenico Alberti Viterbo
  Vittorio Alberti Roma
  Michele Antonello Padova
  Angelo Argenteri Pavia
  Andrea Ascoli Marchetti Roma
- B Guido Bajardi Palermo
  Stefano Bartoli Roma
  Domenico Benevento Siena
  Raffaella Berchiolli Pisa
  Pasquale Berloco Roma
  Giovanni Bertoletti Latina
  Giorgio Maria Biasi Milano
  Stefano Bonardelli Brescia
  Raul Borioni Roma
  Giancarlo Bracale Napoli
  Umberto Marcello Bracale Napoli
  Vincenzo Brizzi Bordeaux
  Jacques Busquet Parigi
- C Stefano Camparini Cagliari
  Piergiorgio Cao Roma
  Laura Capoccia Roma
  Alessandro Cappelli Siena
  Pierluigi Cappiello Potenza
  Giovanni Caselli Roma
  Patrizio Castelli Varese
  Roberto Chiesa Milano
  Enrico Cieri Perugia
  Emanuele Cigna Roma
  Efrem Civilini Milano
  Francesco Alberto Codispoti Roma
  Gioachino Coppi Modena
  Carlo Coscarella Roma
  Ruggero Curci Lodi
- D Vito D'Elia Acquavita delle Fonti Massimo Danese - Roma

Lazar Davidovic - Belgrad
Gianmarco de Donato - Siena
Francesco De Santis - Roma
Paolo Denaro - Roma
Luca Di Marzo - Roma
Walter Dorigo - Firenze
Francesco Drudi - Roma
Eric Ducasse - Bordeaux

- E Andrea Esposito Potenza
- F Federico Faccenna - Roma Gianfranco Fadda - Nuoro Gianluca Faggioli - Bologna Fabrizio Fanelli - Roma Michele Angelo Farina - Caserta Stefano Fazzini - Roma Francesco Fedele - Roma Fiore Ferilli - Terni Josè Fernandes e Fernandes - Lisboa Ruy Fernandes e Fernandes - Lisboa Angela Ferrante - Roma Roberto Ferraresi - Milano Mauro Ferrari - Pisa Ciro Ferrer - Roma Francesca Romana Fornasin - Roma Antonio Freyrie - Parma Paolo Frigatti - Udine Sergio Furgiuele - Roma
- G Livio Gabrielli Milano Andrea Gaggiano - Asti Giuseppe Galzerano - Siena Roberto Gandini - Roma Mauro Gargiulo - Bologna Roberto Gattuso - Roma Maria Fabrizia Giannoni - Roma Alessia Giaquinta - Catania



- G Rocco Giudice Roma
  Olivier Goeau-Brissonniere Parigi
  Bruno Gossetti Roma
  Franco Grego Padova
  Raimondo Grossi Roma
- H Alison Halliday Oxford
- Giulio Illuminati Roma
  Francesco Intrieri Cosenza
  Arnaldo Ippoliti Roma
  Luigi Irace Roma
- J Jabbour Jihad Roma Antonio Maria Jannello - Verona
- K Andrea Kahlberg Milano Piotr Kasprzak - Regensburg
- Gaetano La Barbera Palermo
   Gaetano Lanza Castellanza
   Massimo Lenti Perugia
- M Martin Malina Malmo
  Nicola Mangialardi Roma
  Wassim Mansour Roma
  Mario Marino Nuoro
  Gabriele Maritati Roma
  Enrico Maria Marone Pavia
  Eugenio Martelli Sassari
  Ombretta Martinelli Roma
  Germano Melissano Milano
  Antonio Micari Cotignola
  Stefano Michelagnoli Firenze
  Maria Misuraca Latina
  Nunzio Montelione Roma
- N Giovanni Nano San Donato Milanese Franco Nessi - Torino Claudio Novali - Cuneo

- P Giancarlo Palasciano - Tricase Domenico Palombo - Genova Bianca Pane - Genova Maria Antonietta Panico - Roma Felice Pecoraro - Palermo Flavio Peinetti - Aosta Reinhold Perkmann - Bolzano Gabriele Piffaretti - Varese Francesco Pignatelli - Napoli Gabriele Pogany - Roma Chiara Pranteda - Roma Carlo Pratesi - Firenze Giovanni Pratesi - Roma Francesco Pugliese - Roma Raffaele Pulli - Bari
- R Claudio Rabbia Torino
  Zoran Rancic Zurich
  Ivano Paolo Renzi Roma
  Vincent Riambau Barcellona
  Pietro Rispoli Torino
  Anna Rita Rizzo Roma
  Luigi Rizzo Roma
  Sonia Ronchey Roma
  Michele Rossi Roma
  Franco Ruberto Roma
  Antonella Ruffino Torino
  Massimo Ruggeri Rieti
  Carlo Ruotolo Napoli
- Matteo Salcuni Crotone
  Paolo Sapienza Roma
  Gennaro Sardella Roma
  Enrico Sbarigia Roma
  Alberto Scuro Verona
  Carlo Setacci Siena
  Francesco Setacci Treviso
  Piergiorgio Settembrini Milano
  Andrea Siani Civitavecchia
  Roberto Silingardi Modena



- S Giovanni Simonetti Roma Pasqualino Sirignano - Roma Francesco Snider - Roma Carlo Spartera - L'Aquila Francesco Spinelli - Roma Andrea Stella - Bologna Nazareno Stella - Roma Francesco Stillo - Roma Francesco Stilo - Roma
- Francesco Talarico Palermo
  Maurizio Taurino Roma
  Yamume Thsomba Milano
  Giovanni Tinelli Roma
  Santi Trimarchi San Donato Milanese
  Luigi Tritapepe Roma
  Nikolaos Tsilimparis Hamburg
- Frank Veith New York
  Salvatore Venosi Roma
  Pierfrancesco Veroux Catania
  Fabio Verzini Perugia
  Pietro Volpe Reggio Calabria
- Z Alvaro Zaccaria Roma



01:00pm - 02:00pm

### ABSTRACT I

Chairmen: F. Pignatelli, P. Volpe

Judges: E. Cieri, G. Galzerano, G. Nano, G. Piffaretti

02:00pm - 03:00pm

### **SESSION I**

Asymptomatic carotid artery stenosis: what we should know and what we should do

Chairmen: G. M. Biasi, J. Busquet

\_RCTs are milestones in carotid artery revascularization. Lessons learned and implications in everyday clinical practice – *R. Pulli* 

\_Ongoing and incoming RCTs on CEA and CAS an indisputable necessity. How they will improve our ability to choose the right indications – *A. Halliday* 

**\_DEBATE** The right indication for patients with asymptomatic carotid artery stenosis:

- Almost no one can benefit from revascularization; therefore, surgical treatment is almost never indicated. BMT is almost the optimal treatment – F. Veith
- Only patients meeting specific criteria could benefit from carotid revascularization – J. Fernandes e Fernandes
- BMT alone is inadequate to prevent stroke, even in asymptomatic patients. The role and benefits of carotid revascularization – C. Pratesi

## Tuesday Schedule

\_Stroke is not the only neurological outcome in CEA and CAS. The predictive role of TIA and silent brain infarction on dementia and long-term survival – G Faggioli

**Discussant:** G. Bertoletti, F. De Santis, P. Denaro, M. F. Giannoni, G. Illuminati, G. Maritati

03:00 рм - 04:00рм

### **SESSION II**

Symptomatic, acute and unstable patients: current best practice and new promising technologies

Chairmen: G. Lanza, C. Spartera

**\_DEBATE** Carotid revascularization is mandatory in symptomatic patients. How could we reach a consensus on timing?

- Very early revascularization (within 48 hours) is safe and effective and represents the best choice for our patients – C. Ruotolo
- O Very early revascularization has not proven to be safe and effective: why 3-15 days is the best choice for surgeons and patients *A. Freyrie*

\_Unstable patients still represent a challenge for surgeons and neurologists. The role of carotid revascularization in cTIA and SIE - D. Palombo

\_How to manage a patient with acute ischemic stroke: indication and technical tips and tricks from a high-volume center – *R. Gandini* 

\_New technology dual-layer carotid stent will revolutionize our practice. Why I strongly believe in CAS renaissance – *C. Setacci* 



\_Minimizing embolization during all procedural phases is the key for successful CAS: a novel combined approach: TCAR + micromesh stent – *P. Mousialek* 

**Discussant:** G. Accarino, R. Curci, V. D'Elia, M. F. Giannoni, O. Martinelli, A. Zaccaria.

04:00рм - 05:00рм

### SESSION III

Aorto-Iliac occlusive disease: a well-known pathology, a great debated treatment

Chairmen: G. Bracale, O. Goeau-Brissonniere

\_Not always a great debate: we have no doubt about TASC A-C aorto-iliac lesions – *G. de Donato* 

**\_DEBATE** And what about TASC D lesions? Different solutions for different patients:

- O Aorto-bifemoral bypass is the only treatment, the real "one-fit-all" *M. Ferrari*
- Aorto-bifemoral bypass is obsolete, endovascular solution is the best by using:
  - Bare metal stents P. Castelli
  - Covered stents F. Grego
  - Endografts R. Silingardi

\_TASC D iliac lesions are often associated with CFA stenosis or occlusion. How to manage a multilevel disease – *A. lppoliti* 

**Discussant:** A. Ascoli Marchetti, A. Cappelli, A. Ferrante, R. Gattuso, F. Setacci, N. Stella



05:00pm - 06:00pm

### **SESSION IV**

SFA and popliteal artery disease: surgical or endovascular treatment

Chairmen: G. Bajardi, L. Gabrielli

**\_DEBATE** Long (more than 15cm) SFA lesions, the only certainty is no certainties

- Optimal angioplasty and DCB are the right choice V. Brizzi
- Optimal angioplasty is nothing without the right balloon G. Pratesi
- O Debulking in SFA S. Ronchey
- O Why not stenting if we have the right technology? A. Micari

**\_DEBATE** Occluded popliteal artery aneurysms: different experiences, different solutions

- O I have no doubt: surgery is the best option F. Talarico
- O I don't agree: the endovascular approach is the best P. F. Veroux

**Discussant:** F. Accrocca, D. Benevento, R. Borioni, C. Ferrer, S. Furgiuele, M. Ruggeri

06:00рм - 07:00рм

### SESSION V

Below the knee vessels occlusion and critical limb ischemia. When the going gets tough, the tough get going

Chairmen: J. Busquet, C. Rabbia



**\_DEBATE** Long and complex BTK vessels lesions require a surgical approach: only by-passes could reach limb salvage

- O In all patients, in this way F. Spinelli
- O In all 4Ys patients, let me explain R. Ferraresi
- O In all patients? Why if we have these solutions? M. Salcuni

**\_DEBATE** Stem cells therapy in no-option CLI patients. How I do it.

- O My personal experience M. A. Farina
- O An Italian Registry (SMOL) F. Peinetti

\_A complete revascularization is nothing without a proper wound care in CLI patients – *R. Fernandes e Fernandes* 

\_ldeas, solutions, drugs and technologies... but amputation is unavoidable in some patients – *M. Taurino* 

**Discussant:** F. Codispoti, M. Danese, A. R. Rizzo, P. Sapienza, A. Siani, F. Stilo

07:00рм

### **OPENING CEREMONY**

- Welcome Address F. Speziale
- O S.P.I.G.C. President E. Cigna
- O New Technologies in Vascular Surgery A. Stella
- O Future of Vascular Surgery and how to succeed in it F. Veith



08:00am - 09:00am

### **ABSTRACT II**

Chairmen: R. Curci, M. Lenti

Judges: U. M. Bracale, A. Kahlberg, B. Pane, F. Pecoraro

09:00AM - 10:00AM

### **SESSION VI**

New and interesting topics in vascular surgery and medicine; a comprehensive approach to vascular disease

Chairmen: F. Nessi, G. Simonetti

- \_Acute kidney injury after open and endovascular elective repair for infrarenal abdominal aortic aneurysms *P. Rispoli*
- \_Intraoperative monitoring during carotid revascularization: state of the art -L. Tritapepe
- **\_DEBATE** Isolated celiac trunk and superior mesenteric artery dissection: diagnosis, indications and...
  - O Surgical management S. Bonardelli
  - O Endovascular management M. A. Ruffino
- \_Urgent/Emergent endovascular rescue treatment for acute pulmonary embolism F. Fanelli
- \_A new frontier in preoperative planning: potential advantages of using a 3D printer *E. M. Marone*

Discussant: G. Caselli, F. Drudi, R. Grossi, F. Ruberto, F. Stillo, S. Venosi

10:00am - 11:00am

### SESSION VII

Valvuar, ascending aorta, and arch disease: the challenges of a border zone

Chairmen: F. Fedele, C. Novali

\_TAVI is not anymore a compassionate treatment for highly compromised patients: why indications should be expanded to surgical fit patients – *G. Sardella* 

\_Endovascular solution for ascending aortic aneurysms, is the future here or should we wait for better and dedicated devices? – *N. Tsilimparis* 

**\_DEBATE** Repair of aortic arch aneurysms and dissections. My best solution:

- O Hybrid repair has proven to be safe and effective R. Chiesa
- O CHIMPS are simple, reliable, and the preferred choice N. Mangialardi
- $\circ$  Off- the-shelf fenestrated endografts are immediately available -Z. Rancic

\_Blunt Trauma Aortic injury management: lacks in evidence to be overcome – *V. Riambau* 

**Discussant:** P. Cappiello, C. Coscarella, F. Faccenna, S. Fazzini, E. Martelli, N. Montelione



11:00AM - 12:00AM

### **SESSION VIII**

Type B aortic dissection: new available ideas, techniques and guidelines

Chairmen: G. Coppi, L. Irace

\_BMT in uncomplicated type B dissection: how to understand when it's sufficient and when a surgical approach is mandatory – *S. Trimarchi* 

\_Predictive factors for persistent patent false lumen and aneurysm formation after TEVAR for uncomplicated TBADs – *S. Camparini* 

\_Persistent patent false lumen after TEVAR is the Achilles' heel of TBADs treatment: what can we do to fix the problem? – M. Malina

\_Conventional endografts are not the best solutions for TBAD. MFM stents could be better preserving aortic branch patency and inducing complete false lumen thrombosis – *A. Argenteri* 

\_Endovascular therapy, although fascinating, could not be considered a panacea. Open surgery has still a role under certain conditions – *G. Melissano* 

\_Type B Dissection management: the highlights from the 2017 ESVS guidelines – *V. Riambau* 

**Discussant:** V. D'Elia, F. Ferilli, A. Giaquinta, M. Marino, M. Misuraca, G. Tinelli

12:00AM - 1:00PM

### SESSION IX

TAAA management after more than 50 years of experience: how operators and techniques are changing patients' outcomes

Chairmen: A. Gaggiano, A. Jannello

- **\_DEBATE** Could we identify the best treatment for TAAA? A personal experience:
  - I have no doubt; open repair is and will ever be the procedure of choice – L. Davidovic
  - F-EVAR and B-EVAR are now as good as open repair, or even better – F. Verzini
  - A non-conventional disease requires non-conventional solutions:
     CHIMPS and imagination G. Fadda

\_Why a debate? A propensity-matched comparison for endovascular and open repair of thoraco-abdominal aortic aneurysms has already solved the issue -P. Cao

\_Technique and limits of spinal drainage with TAAA repairs: how to prevent spinal drain complications -F. Pugliese

\_Relevance of MEPs in endovascular TAAA repairs and strategies to decrease paraplegia – *P. Kasprzak* 

**Discussant:** S. Bartoli, R. Giudice, G. Pogany, A. Scuro, F. Setacci, Y. Tshomba



01:00pm - 02:00pm

**TBD** 

### RAPID PAPER PRESENTATIONS

Chairmen: L. Capoccia, W. Dorigo, G. Palasciano

02:00pm - 03:00pm

### **SESSION X**

Complex abdominal aortic disease: para-renal aneurysms, mycotic lesions, and aortic graft infections

Chairmen: L. Di Marzo, P. G. Settembrini

**\_DEBATE** Endovascular treatment of PAA is gaining terrain; is open repair still the gold standard, or at least a reliable alternative?

- Open repair is easy, cheap, and provides satisfactory outcomes *E. Civilini*
- O Two chimneys grafts could be safely performed in almost all patients *P. Frigatti*
- O There are no CHIMPS limits in most patients E. Ducasse
- O Now we have enough data, it's time to move to F-EVAR P. Kasprzak

**\_DEBATE** A focus on a rare and life-threatening disease and its management: mycotic aortic aneurysms

- For an infective disease, only an open approach could be curative –
   O. Goeau-Brissonniere
- O Endovascular treatment is feasible and a durable treatment option *N. Tsilimparis*

\_How to manage aortic prosthetic graft infection: a comprehensive approach from a high-volume vascular center -Z. Rancic

**Discussant:** V. Alberti, R. Berchiolli, N. Montelione, R. Perkman, L. Rizzo, A. Scuro

03:00рм - 04:00рм

### **SESSION XI**

Latest news in abdominal aortic aneurysms: indications for asymptomatic patients, and technical skills for ruptured AAAs and low-flow endoleaks management

Chairmen: F. Intrieri, S. Michelagnoli

**\_DEBATE** Off-label use of commercially available endovascular devices, could we reach a consensus?

- Off-label use of EVAR devices treating AAAs with challenging anatomies is safe, effective, and supported by current data – M. Malina
- Off-label use of EVAR devices treating AAAs with challenging anatomies is hazardous – M. Gargiulo

\_How to expand Indications for treatment with standard EVAR in patients with challenging anatomies. Rationale and design of a multi-centric prospective evaluation – The EXTREME Registry – F. Speziale

\_Endovascular Aneurysm Sealing (EVAS): early and mid-term results of a new concept treatment option – *B. Gossetti* 



\_Type II endoleaks is not a benign condition. Rationale for a preventive treatment in all patients undergoing EVAR - M. Antonello

\_Only persistent type II endoleaks should be treated: challenges and solutions – *M. Rossi* 

\_DEBATE A Trans-Atlantic debate on ruptured AAAs. East meets West:

- Strategies and Techniques for improving results with EVAR for ruptured AAAs: EVAR is best if it can be done – F. Veith
- The rationale for continuing open repair of ruptured AAAs –
   Davidovic

**Discussant:** D. Alberti, A. Esposito, E. Martelli, J. Jabbour, G. La Barbera, F. Snider

### **GENERAL AND SCIENTIFC INFORMATION**

### **COURSE DIRECTOR**

Francesco Speziale

### SCIENTIFIC SECRETARIAT

Laura Capoccia Wassim Mansour Pasqualino Sirignano caput.meeting@gmail.com

### **ORGANIZING SECRETARIAT**

G.C. srl Viale Cortina d'Ampezzo 170 00135 Roma Tel. 0685305059 e.mail: segreteria@gc-conor.it

### **CONGRESS LOCATION**

NH Hotel Vittorio Veneto Corso d'Italia, 1 – 00198 Roma

### SECRETARIAT ON CONGRESS SITE

The Organizing secretariat will open half an hour before and close half an hour after the scheduled sessions

### GENERAL AND SCIENTIFC INFORMATION

### TECHNICAL EXPOSITION

The technical Exposition will be held in parallel with the Congress

### REGISTRATION INFORMATION

The registration fee is complimentary.

The registration must be sent to (segreteria@gc-conor.it) G.C. srl.

### PARTICIPATION CERTIFICATE

Participation Certificates will be released on May 24th to all the registered participants from the Secretariat when required.

### OFFICIAL LANGUAGE

Slides must be prepared in English; presentation and discussion will be indifferently in Italian or English language.

### SLIDE CENTER

Personal Computers cannot be connected directly to the projector. Faculty members are kindly required to deliver their presentations to the slide center at least 30 minutes before the beginning of their sessions. Presentations will have to be prepared on Microsoft Power Point (.ppt) and will have to be saved on a USB pen drive.

