

SCIENTIFIC PROGRAMME

BelgrAde Summit of Interventional Cardiologists **9th** **+**

Belgrade, April 22-25 2015.



ORGANIZED BY



Working Group for
Interventional Cardiology
Cardiology Society of Serbia



Cardiology Society of Serbia

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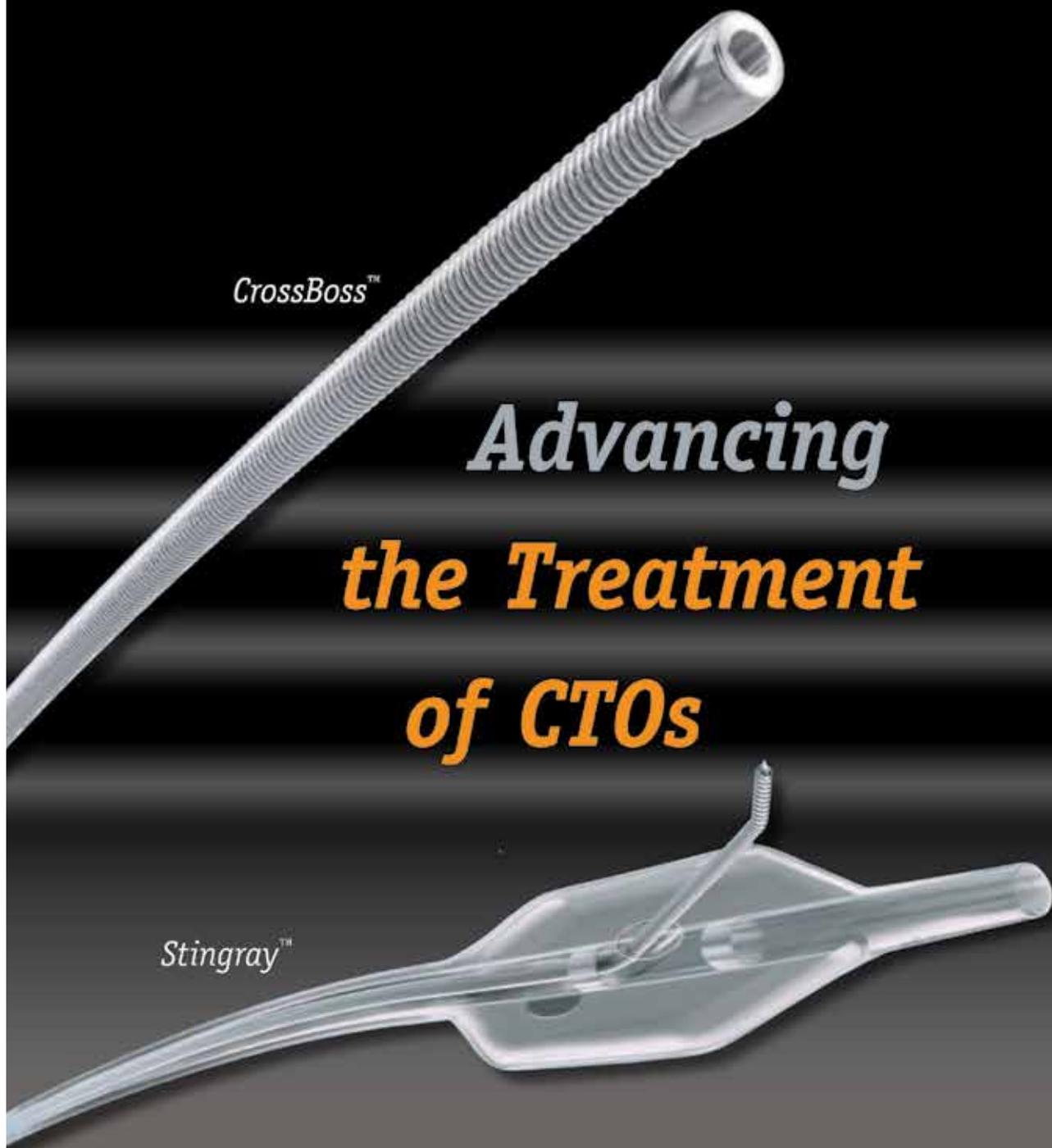
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BelgrAde Summit of Interventional Cardiologists

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Poštovane kolegice i kolege,

Veliko nam je zadovoljstvo da Vas pozdravim na početku „**Devetog beogradskog samita interventnih kardiologa (BASICS+)**“, koji se održava od 22-25. aprila 2015. godine u Hotelu M „Best Western“ u Beogradu. Ovaj naš tradicionalni kongres nastavlja sa realizacijom ideja koje smo imali od početka i koje obuhvataju prenose uživo kompleksnih procedura na koronarnim arterijama, inovacije sa uvođenjem novih procedura na srčanim zaliscima (od prošle godine krenuli smo sa implantacijama aortne valvule perkutanim putem i zatvaranjem aurikule leve srčane pretkomore), praćenje i predstavljanje savremenih tendencija putem predavanja renomiranih interventnih kardiologa, a sve u cilju unapređenja kvaliteta rada interventne kardiologije u Srbiji. Uz rukovodstvo i inicijativu Kliničkog centra Srbije, ove godine imamo podršku svih centara interventne kardiologije u Srbiji, kao i mnogih centara iz regiona, tako da ovaj kongres evoluiru u najznačajniji i najposećeniji kongres interventne kardiologije u jugoističnom delu Evrope. I ove godine očekujemo veliki broj inostranih gostiju koji su ujedno i operateri i predavači, a pre svega prijatelji srpske kardiologije.

Velika zahvalnost, kao i svih ovih godina, ide prema industriji potrošnog i ugradnog materijala u interventnoj kardiologiji, farmaceutskoj industriji, Prvoj televiziji koja svih ovih godina realizuje prenose i tehničku podršku događaja, Telekomu Srbija kojim nam obezbeđuje linkove za video i audio prenos, i Hotelu M „Best Western“ koji je omogućio sve tehničke uslove za ostvarivanje kvalitetnog prenosa kao i održavanje kongresa.

S poštovanjem,

Milan Nedeljković

Prof. dr Milan A. Nedeljković

Predsednik Radne grupe za kateterizaciju srca i perkutane koronarne intervencije Udruženja kardiologa Srbije

Dear Colleagues,

It is my great pleasure to greet you at the beginning of the “**Ninth Belgrade Summit of Interventional Cardiologists (BASICS+)**” that is being held from April 22-25, 2015, at the Hotel M “Best Western” in Belgrade. This traditional interventional congress continues with the implementation of ideas that we had from the beginning and that includes live transmissions of complex coronary procedures, innovations with the introduction of new procedures for the structural heart disease (last year we performed first percutaneous aortic valve implantations and closure of the left atrial auricle), following of contemporary cardiology through lectures of world famous interventional cardiologists, with the aim of improving the quality of interventional cardiology in Serbia. With the leadership and initiative of the Clinical Center of Serbia, this year we have the support of all interventional cardiology centers in Serbia, as well as many centers in the region, so that this congress is evolving into the most important and most influential interventional cardiology meeting in the South-eastern Europe. This year we expect great number of foreign guests who are also operators and lecturers, and primarily friends of Serbian cardiology.

We greatly appreciate support of the industry in interventional cardiology, pharmaceutical companies, “Prva” television that organize recording of procedures, transmission, and technical support of the event, to “Telekom Srbija” that provides us high-quality audio-video links required for the transmission, and Hotel M “Best Western” which contribute us all the technical conditions needed for the transmissions as well as for conference realization.

Sincerely yours,

Milan Nedeljković

Professor Milan A. Nedeljkovic, MD, PhD, FESC, FACC

The president of the Working group for cardiac catheterization and percutaneous coronary intervention of the Cardiology Society of Serbia



BASICS+ 9, APRIL 22-25, 2015.

Simpozijum Radne grupe za kateterizaciju i perkutane koronarne intervencije Udruženja kardiologa Srbije

Congress of the Working group for catheterization and percutaneous coronary interventions of the Cardiology Society of Serbia

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u saradnji sa Odborom za kardiovaskularnu patologiju Srpske akademije nauka i umetnosti
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ANNUAL CATH LAB REPORT FOR SERBIAN INTERVENTIONAL CENTERS

CENTAR	KBC Zvezdara		KBC Bežanijska Kosa		KBC Srbije		IKVB Decinje		KBC Zemun		KC Nis		KC Kragujevac		IKVB Sremska Kamenica		OB Valjevo		OB Leskovac		ZC Zajecar		VMA		UKUPNO		Odnos 2014/2013
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	
Godina	4	5	5	6	14	15	13	13	6	10	8	7	7	10	11	4	4	2	2		3	4	5	73	85	1,16	
Broj specijalista interventnih kardiologa i radiologa koji rade PCI	1	2	1	1	3	3	3	3	1	2	2	2	2	1,5	1	1	1	1	1	1	1	1	15	19,5	1,30		
Broj angio sala	635	630	287	293	1252	1134	60	35	245	617	410	180	156	992	1145	121	17	45	5	204	522	4244	4741	1,12			
Prtimarna PCI	924	814	208	364	1040	1071	1700	1560	514	409	786	447	493	984	1309	197	152	21	165	29	246	167	6176	7424	1,20		
Elektriona PCI	1559	1444	495	657	2292	2205	1760	1595	759	1026	1196	627	649	1976	2454	154	273	38	210	34	450	689	10377	12165	1,17		
UKUPNO	NA	10	NA	5	NA	4	NA	150	90	35	1	1	0	351	102	31	180	7	615								
Broj dana kada angio sala nije radila zbog kvara																											
Broj urađenih procedura PCI:																											
Utroseni stentovi:																											
Broj utrošenih DES stentova	497		421		1296		735		545		631		431		1119		114		100		21		170		6080		
Broj utrošenih BMS stentova	1171		469		1427		1236		578		985		442		2036		196		201		25		741		9507		
Broj utrošenih BVS stentova (absorb)	0		5		45		42		13		18		20		26		0		0		0		0		169		
DES penetracija (%)	10	30	19	47	16	47	27	37	48	NA	39	NA	48	NA	35	NA	58	33	46	9	19	16	39	16	39	2,38	
UKUPNO	1661		893		2768		2013		1136		1634		893		3181		310		301		46		911		15747		

WORKSHOPS 2005-2014 SUMMARY

	Number of pts.	Number of CTO's	Number of non-CTO lesions	success: CTO (%)	success: non CTO (%)
2005	19	23	8	14(61)	8(100)
2006	38	25	16	14(56)	16(100)
2007	41	22	27	13(59)	27(100)
2008	40	25	24	13(65)	24(100)
Mini summit 1 (Sep 2008)	12	15	2	13(87)	2(100)
Mini summit 2 (Nov 2008)	10	10	6	6(86)	11(100)
2009	46	25	23	21(72)	23(100)
2010	30	17	23	15 (88)	23 (100)
2011	31	23	11	22 (96)	11(100)
2014	14	14	1	13 (93)	1 (100)
Total	281	199	143	144(73)	142(100)

Follow-up of patients treated during Workshop 2005

	Name	CTO	PCI- non CTO	CTO Vessel	Success (per vessels)	Failure	Complication	Follow up (9y. +/-1 mo)	Treatment
1.	MM	1		LAD	LAD+			TLR 2007, not available for 2014 Fup	PCI
2.	TM	1		RCA	RCA+			no adverse events	Medical
3.	BM	2	1 (LAD)	RCA,Cx-OM	RCA-,Cx+,LAD+	RCA		TVR 2006,2007, no TVR RCA PCI 2006, cardiac death 2010	-
4.	VS	1	Cx - OM	LAD	LAD+, Cx-OM +			TLR +, TVR+,	PCI
5.	DP	1		RCA	RCA +			Death march 2014.	-
6.	PD	1	Cx	OM	Cx-, OM+			no adverse events	Medical
7.	CS	1	LAD	RCA	LAD+, RCA+			AS MI (March 2006) , PCI	PCI
8.	JS	2		LAD,RCA	LAD +, RCA +			TVR dec 2013.	PCI
9.	DR	1		LAD	LAD+			PCI a. renalis, stress - 2009, chest pain, non TVR 2011.	PCI
10.	ZM	1		RCA	RCA+		Groin haemathoma	TLR	PCI
11.	BB	1		LAD	LAD+			no adverse events	Medical
12.	NN	1	LAD	Cx	Cx-, LAD+	Cx		not available	Medical
13.	SV	1	Cx,RCA	LAD	LAD-,Cx+, RCA+	LAD	Ulcer bleeding, transitory renal failure	Hospitalisation due to heart failure 2012 and 2014	Medical
14.	JD	1		RCA	RCA+			TVR+, stress -, cardiac death Feb 2013	Medical
15.	BP	1		LAD	LAD-	LAD		no adverse events	Medical
16.	DjR	1		LAD	LAD-	LAD		TIA 2007	Medical
17.	MN	1		LAD	LAD-	LAD		no adverse events	Medical
18.	KDj	2		RCA, Cx	RCA-, Cx-	RCA,Cx		Death, sep 2008.	-
19.	SM	1		RCA	RCA-	RCA		not available	-
	FINAL	19 proc.	8 proc.	23 vessels	CTO 14/22 (60.9%) Non CTO 8/8 (100%)		2/19 (10,4%)	Death 4/19 (21%) MI 1/19 (5,2%) TVR 6/19 (26%) nonTVR 1/19 (5,2%) 1 stroke (5,2%) NA 4/19 (21%)	

Follow-up of patients treated during Workshop 2006

	Name	CTO	PCI	ASD	Vessel	Success (per vessel)	Failure	Complication	Follow up (8years +/-1 mo)	Treatment
1.	PI		2		LM, SVG-OM	+			no adverse events	Medical
2.	GD	1	1		RCA,LM	+,+			no adverse events	Medical
3.	CM		1		LAD	+			TVR 2006, TVR 2007	PCI
4.	BDJ	1			LAD	+			TVR LAD+ 07, coro 08 no restenosis, CFR not significant 2011, 2014. stess test +	PCI
5.	AB	1			LAD	+			no TVR 2007, cardiac death 2009	-
6.	GS	1			RCA	+			no adverse events	Medical
7.	SI			1		+			Optimal positon of occ.	Medica
8.	JJ			1		+			Optimal positon of occ.	Medical
9.	BM			1		+			Optimal positon of occ.	Medical
10.	JD	1			RCA		+		cardiac death Feb 2013th	Medical
11.	BM	1	1		RCA	+			TVR 2006,2007, no TVR RCA PCI 2006, cardiac death 2010	-
12.	BP	1			LAD		+		no adverse events	Medical
13.	VS	1			RCA	+			no adverse events	Medical
14.	VS		1		LAD	+			no adverse events	Medical
15.	PM	1	1		LAD,RCA	+,+			no adverse events	Medical
16.	MV	1			RCA	+			TVR +, no TVR + PCI LAD, RCA, stress -	PCI
17.	VV				LAD		+	+(rad.art rupture)	no adverse events	Medical
18.	DjR	1			LAD	+			TIA 2007	Medical
19.	ID	1			RCA	+			TVR 2009.	PCI
20.	OB	1			RCA		+		no adverse events	Medical
21.	FR	1			LAD	+			no adverse events	Medical
22.	SZ	1			LAD	+			no adverse events	Medical
23.	RV	1	1		LAD,RCA	+,+			AMI anteroseptalis and TVR pPCI LAD 2007	PCI
24.	MM				RCA		+		no adverse events	Medical
25.	BB		1		RCA		+		no adverse events	medical
26.	JB		3		LM,LAD,RCA	+++			no adverse events	Medical
27.	LR	1	1		LAD,CX	+	+		no adverse events	Medical
28.	PM	1			RCA		+		ocluuded RCA, unsecefull attempt to recanalise	Medical
29.	DjD		1		RI	+		+(groin hemathom)	Exitus	-
30.	CD		1 (ACS)		LAD	+			Not available	Medical
31.	DjS		1(AIM)		LAD	+			no adverse events	Medical
32.	MS		1(AIM)		LAD	+			no adverse events	Medical
33.	NP	1			LAD	+			PCI dist to stent LAD	PCI
34.	DjD	1	1		RI, LAD	+,+			no adverse events	Medical
35.	ZM		1		LAD	+			no adverse events	Medical
36.	BR	1			LAD		+		no adverse events	Medical
37.	BS	1			RCA		+		Exitus	-
38.	MJ	1			LAD		+		not available	-
	FINAL	25 pts	18proc.	3 pts.		CTO 14/25 (56%) Non CTO 16/16 (100%)	11 (44%)	2/38 mild (5%)	Exitus 5/35 (13,15%) AMI - 1/35 (2,9%) TVR - 6/35 (17,1%) CABG 1/35 (2,9%) NA 2/35 (5,7%)	

Follow-up of patients treated during Workshop 2007

	Name	Operator	CTO	PCI	ASD	Success (per vessels)	Complication	Follow up (7 years ± 1 month)	Treatment
1.	VM	Colombo		LM equiv.		+LAD		TVR PCI LAD, Cx, RCA	PCI
2.	BM	Saito	RCA			+RCA		no adverse events	medical
3.	BM	Ge	RCA , ISR			+RCA		Exitus lethalis june 2010	-
4.	MM	Colombo	RCA			-RCA	RCA perforation + pericardial effusion	Stress - , angio not done, Clinically stable	medical
5.	JD	Ge	RCA			+ RCA		Not available	-
6.	MD	Manginas		LAD		+ LAD	Puncture site hematoma	no adverse events	medical
7.	DjS	Colombo		LM trifurc.		+ LM		Exitus lethalis 2010	-
8.	MV	Colombo		RCA		+ RCA		no adverse events	medical
9.	AN	Eberli	RCA	Cx		- RCA, Cx +		no adverse events	medical
10	SZ	Doganov		LAD		+ LAD		Stress +, angio I LAD restenosis PCI LAD (TVR), angio II 2008 no significant restenosis, ICD impl. 2008	PCI
11.	SB	Michalis		LAD		+ LAD		no adverse events	medical
12.	JR	Saito	RCA			+ RCA		no adverse events	medical
13.	OM	Saito	LAD			+ LAD		no adverse events	medical
14.	TD	Ge	RCA			+ RCA		Stress - , TVR POBA RCA	PCI
15.	CD	Eberli	RCA			+ RCA		no adverse events	medical
16.	RR	Ge		LAD	ASD	+ LAD, + ASD		no adverse events	medical
17.	GM	Pavlidis	LAD			+ LAD		no adverse events	medical
18.	PS	Ge		RCA	ASD	+ RCA, + ASD		no adverse events PM implanted,	medical
19.	DK	Saito	RCA	SVG - OM		+ RCA,SVG non signific.		12/12/07hospitalized, Erosiae cardiae sang, melena, AMI, Anterolat.PCI,	pPCI
20.	JD	Di Mario		LAD, Cx		+ LAD + Cx		Stress not performed	medical
21.	PD	Doganov	LAD	Cx		+ LAD		Exitus lethalis, august 2009.	-
22.	PS	Toutouzas	RCA			- RCA		no adverse events	medical
23.	CM	Di Mario		Cx ost, LAD		+ Cx + LAD		PCI RCA, POBA LAD et Cx; no TVR and TVR	PCI
24.	ZR	Samuel	LAD			- LAD		Stress - , medical (CABG - LIMA – LAD 11/5/07),	CABG
25.	DjT	Voudris	LAD			+ LAD		PCI on RCA (19/2/08) no TVR, stress - , Clinically stable	PCI
26.	VS	Di Mario		LM,Cx		+ LM +Cx		no adverse events	medical
27.	PM	Louvard		LAD bif.		+ LAD		no adverse events	medical
28.	KM	Samuel	Cx			+ Cx		RF ablatio	medical
29.	TP	Doganov	RCA			- RCA	Dissection, VF	no adverse events	medical
30.	MS	Samuel	RCA ISR			- RCA		PCI RCA 2008., CABG 2009	PCI, CABG
31.	KV	Louvard		LAD bif.		+ LAD		TVR PCI nov 08. et no TVR PCI Cx et LAD dec. 09.,	PCI
32.	PM	Doganov	RCA			- RCA		no adverse events	Medical
33.	RM	Louvard		Cx bif.		+ LM +Cx +OMI		no adverse events	Medical
34.	SM	Doganov		LAD		+ LAD		no adverse events	Medical
35.	MR	Samuel	RCA	Cx		+ RCA, + Cx		Exitus lethalis (AMI) august 07.	-
36.	GD	Saito	RCA	LAD		+ LAD, - RCA		Non TVR PCI Cx	PCI
37.	OP	Colombo	RCA	Cx		- RCA + Cx		CABG	CABG
38.	VP	Weber		LAD		+ LAD		no adverse events	medical
39.	MS	Weber		LAD		+ LAD		no adverse events	medical
40.	DR	Schuler		RCA		+ RCA		no adverse events	medical
41.	VM	Ge			PDA			Not available	medical
			22 vessels	27 vessels	2 ASD 1 PDA	- CTO 13/22 (59%) - non CTO 27/27(100%) - ASD/PDA 3/3 (100%)	3/40 (7.5%)	3 exitus (7,5%); 1 AMI (2,5%) ; 2 CABG ; 4 nonTVR + 6 TVR (15%) PCI, no stroke Not available 2/41 (4,9%)	

Follow-up of patients treated during Workshop 2008

	Name	Operator	CTO	PCI	ASD	Success (per vessels)	Complication	Follow-up(6 years±1mo)	Treatment
1.	ND	Stojkovic, Dincic	RCA	LAD - D1		+RCA, + LAD - D1		stress -, angio not done	Medical
2.	FD	Reifart, Dikic	RCA			+RCA		stress -, angio not done	Medical
3.	VR	Bernardi, Ristic	RCA			+RCA		stress -, no TVR PCI on LAD (july 2008)	Medical
4.	SM	Louvard, Stankovic		Ostial Cx		+Cx		stress -, angio not done	Medical
5.	JB	Louvard, Stankovic		RCA, LAD-D1		+ LAD - D1, + RCA		stress -, angio not done	Medical
6.	MV		RCA					stress inconclusive, angio not done	Medical
7.	SZ	Di Mario, Nedeljko		LAD – D1		+LAD – D1		no adverse events	Medical
8.	CM			LAD, Cx		+LAD, +Cx		TVR PCI LAD, Cx noTVR PCI RCA	Medical
9.	KV	Louvard, Orlic		LAD		+LAD		stress -, angio restenosis LAD (Nov 2008)	Medical
10.	VD	Manginas, Kosric		SVG - RCA		+SVG - RCA		no adverse events	Medical
11.	MM	Doganov, Orlic	LAD			+LAD		no adverse events	Medical
12.	MS	Osiev, Aleksandric	RCA			+RCA		Restenosis RCA, occluded LAD, CABG 2009.	CABG
13.	FZ	Doganov, Orlic	RCA, Cx			- med RCA, - Cx		stress -, TVR PCI on Cx (Jun 2008) +	Medical
14.	EH	Osiev, Aleksandric	LAD			-LAD		stress -, TVR PCI on LAD (Sept 2008) +	Medical
15.	AB	Sianos, Kostic	RCA	RCA		+RCA		no adverse events	Medical
16.	SD	Mehta, Nedeljko		OM		+OM		no adverse events	Medical
17.	RZ	Stojkovic, Ristic	RCA			+RCA		non TVR PCI LAD	Medical
18.	ND	Kumar	RCA	LAD		+LAD,+ RCA		stress – feb. 2009. Exitus , august 2009.	-
19.	RD	Doganov	RCA			-RCA		no adverse events	Medical
20.	DD	Doganov	RCA			+RCA		Not available	Medical
21.	ZK	De Bruyne		LAD, RCA		+LAD, + RCA		no adverse events	Medical
22.	TN	Reifart, Nedeljko	RCA			- RCA		TVR PCI RCA (Sept 2008)	Medical
23.	MS	Sianos, Ostojic	RCA			+RCA		no adverse events	Medical
24.	DLj	Sianos, Nedeljko	RCA	SVG - D1		+D1		no adverse events	Medical
25.	RM	Erbel, Beleslin		SVG - D1, SVG - LAD		+SVG-D1,+ SVG - LAD		no adverse events	Medical
26.	MP	Doganov, Babic		LAD		+LAD		no adverse events	Medical
27.	BM	Reifart, Ostojic	RCA, Cx			+Cx, -RCA		+ TVR PCI CTO RCA (Sept 2008)	Medical
28.	DjS	Isely, Simeunovic	LAD	D1		-LAD, + D1		no adverse events	Medical
29.	BB	Osiev, Djukic			ASD			Optimal position of occluder, no adverse events	Medical
30.	PJ	Osiev, Djukic			ASD			Optimal position of occluder, no adverse events	Medical
31.	RM	Daehnert, Osiev			ASD			Optimal position of occluder, no adverse events	Medical
32.	KS	Perisic, Milosavljevic	LM –protected			+ LM towards LAD		no adverse events	Medical
33.	SR	Perisic, Milosavljevic		LAD ostial		+ LAD		no adverse events	Medical
34.	MN	Perisic, Milosavljevic		LAD – D1		+ LAD – D1		no adverse events	Medical
35.	VR	Bernardi, Ristic	RCA			+ RCA		PCI LAD-2008, stress -	Medical
36.	KDj	Reifart, Nedeljko	RCA	Cx		+ RCA, + Cx		no adverse events	Medical
37.	DDj	Sianos, Orlic	RCA			+ RCA		no adverse events	Medical
38.	SB	Louvard, Orlic		RCA, LAD-D1		+ RCA, + LAD – D1		no adverse events	Medical
39.	RS	Doganov, Hinic		LAD, RCA		+ LAD, + RCA		no adverse events	Medical
40.	MZ	Doganov, Stojkovic	LAD			- LAD		no adverse events	Medical
			25	24		CTO 17/24 (68%) Non CTO 24/24 (100%)		5 TVR (4PCI + 1 CABG) , 4 non TVR, 1 exitus	

Follow-up of patients treated during CTO mini summit 1, 2, 2008

		Name	Operator	CTO	PCI	Success (per vessels)	Complication	Follow-up(6 years±1mo) (Restenosis+/-)	Treatment
S E P T E M B E R	1.	TN	Sianos, Ostojic, Nedeljkovic	RCA		+		NA	-
	2.	JJ	Sianos, Ostojic, Nedeljkovic	RCA, OM		+, +		no adverse events	Medical
	3.	ZD	Sianos, Nedeljkovic	RCA		+		no adverse events	Medical
	4.	ZN	Ostojic, Vukcevic	RCA		+		no adverse events	-
	5.	LM	Sianos	Cx		+		no adverse events	Medical
	6.	BM	Katoh, Ostojic	RCA		+		no adverse events	Medical
	7.	NR	Katoh, Stankovic, Ostojic	RCA		+		CVI 2010, 2014	Medical
	8.	HE	Sianos, Stojkovic	LAD		+		NA	Medical
	9.	KDj	Sianos, Ostojic, Nedeljkovic	RCA		-	Ex	Exitus lethalis sep 2011	Ex
	11.	SD	Sianos, Nedeljkovic	RCA	OM	+, +		no adverse events	Medical
	12.	RN	Sianos, Nedeljkovic	RCA		+		January 2014., non TVR	PCI
	N O V E M B E R	13.	IM	Gallasi, Vukcevic	RCA		+		no adverse events
14.		MN	Sianos, Nedeljkovic	LAD, Cx		+, +		no adverse events	Medical
15.		MD	Sianos, Vukcevic	RCA		-		PCI RCA 2013	PCI
16.		RZ	Sianos, Vukcevic	LAD		+		no adverse events	Medical
17.		CZ	Sianos, Orlic	Cx	LAD, RCA	+, +, +		NA	-
18.		LR	Sianos, Vukcevic	RCA	Cx	+, +		no adverse events	Medical
19.		BR	Sianos, Orlic	LAD	D1	+, +		no adverse events	Medical
20.		BM	Sianos, Kostic	RCA		+		no adverse events	-
21.		PZ	Sianos, Orlic	RCA	LM - LAD	+, +		no adverse events	Medical
22.		RV	Ostojic, Stankovic, Orlic	LAD		+		TVR 2011	PCI
			22 PCI	22 CTO	7 non CTO	CTO 20/22 (90,1%) Non CTO 7/7 (100%)	1 / 22 (4,55%)	2 non TVR (9.1%), 1 TVR, 1 Exitus 1/22 (4,55%), 1 CVI NA 4/22- (18%)	

Follow-up of patients treated during Workshop 2009

	Name	Operator	CTO	PCI	Success (per vessels)	Complication	Follow-up(5 years±1mo) (Restenosis+/-)	Treatment
1.	JT	Fajadet, Nedeljkovic		Cx, LAD	+, +		Exitus lethalis 2013	-
2.	DM	Koolen, Kostic		RCA	-		Exitus lethalis 2012	-
3.	TB	Doganov, Stojkovic		Cx	+		no adverse events	Medical
4.	NG	Sianos, Orlic	RCA	Cx	+, +		no adverse events	Medical
5.	VG	Sianos, Vukcevic	Cx		+		no TVR	PCI
6.	FP	Jumbo, Stojkovic	Cx		-		Coro januar 2014.god., no restenosis, no event	Medical
7.	VR	Jumbo, Nedeljkovic, Ostojic	Cx		+		no adverse events	Medical
8.	ZDj	Manginas, Kostic		LM, SVG – OM2	+, +		Exitus lethalis 2013.god	-
9.	VI	Louvard, Stankovic		Cx-OM, ost.-mid LAD	+, +		no adverse events	Medical
10.	AM	Louvard, Stankovic		LM (bif.)Cx and LAD	+		no adverse events, Stress eho -	Medical
11.	JS	Sianos Orlic	LAD	With LM stenting	+		no adverse events	Medical
12.	MS	Doganov, Aranjelovic	LAD		+		no adverse events	Medical
13.	IS	Jumbo G, Ostojic		LAD trough SVG-D1	+		no adverse events	Medical
14.	UB	Osiev, Romanovic	LAD				Exitus lethalis 2010	-
15.	MZ	Doganov, Stojkovic		LAD	-		no adverse events	Medical
16.	ND	Galassi, Tomasevic	RCA				NA	NA
17.	GS	Osiev, Mbegovic	RCA		+		NA	NA
18.	LJ	Colombo, Stankovic, Orlic		LM dist. Cx OM bif.	+, +		TVR and no TVR	PCI + POBA
19.	MM	Colombo, Stankovic, Orlic		LAD ost-mid	+		NA	NA
20.	VD	Sianos, Vukcevic	RCA	Retrograde	+		no adverse events, stress eho -	Medical
21.	JS	Di Mario, Nedeljkovic	LAD		-		no adverse events	Medical
22.	PM	Galassi, Tomasevic		LAD ost.	+		NA	NA
23.	ZB	Danzi, Arandjelovic		LAD	+		TVR	PCI
24.	LG	Bernardi, Vukcevic	RCA		+		NA	NA
25.	CM	Colombo, Stankovic	Cx	LAD	+, +		no adverse events, SEHO -	Medical
26.	MR	Sianos, Galassi	RCA	retrograde	+		NA	NA
27.	LO	Katoh, Nedeljkovic	RCA	LAD	+, +		NA	NA
28.	AZ	Sianos, Vukcevic	Cx	RCA though SVG – RCA, LM	+, +, +		Exitus lethalis 2010	-
29.	NB	Sianos, Nedeljkovic		LAD	+		no adverse events	Medical
30.	ZN	Fajadet, Vukcevic		LAD, Cx, RCA	+, +, +		no adverse events	Medical
31.	MD	Sianos, Beleslin	RCA		+		No TVR	PCI
32.	PM	Katoh, Ostojic, Nedeljkovic	RCA		-		no adverse events, Stress eho -,	Medical
33.	DjD	Fajadet, Nedeljkovic	LAD, Cx	RCA	+, +, +		NA	NA
34.	NS	Sianos, Nedeljkovic	RCA		-		NA	NA
35.	MM	Katoh, Beleslin	RCA	Cx-OM1 bif.	- , +		no adverse events	Medical
36.	RR	Doganoc, Arandjelovic	LAD		+		no adverse events	Medical
			23 CTO	24 No CTO	No CTO 2/24(91.67%) CTO 5/23 (78.26%)	5/36 (13.89%)	TVR 2/36(5.55%), no TVR3/36(8.33%), EX 5/36(13.89%) , NA 9/36(25%)	

Follow-up of patients treated during Workshop 2010

	Name	Operator	CTO	PCI	Success (per vessels)	Complication	Follow-up(5 years±1mo) (Restenosis+/-)	Treatment
1.	JT	Fajadet, Nedeljkovic		Cx, LAD	+, +		Exitus lethalis 2013	-
2.	DM	Koolen, Kostic		RCA	-		Exitus lethalis 2012	-
3.	TB	Doganov, Stojkovic		Cx	+		no adverse events	Medical
4.	NG	Sianos, Orlic	RCA	Cx	+, +		no adverse events	Medical
5.	VG	Sianos, Vukcevic	Cx		+		no TVR	PCI
6.	FP	Jumbo, Stojkovic	Cx		-		Coro januar 2014.god., no restenosis, no event	Medical
7.	VR	Jumbo, Nedeljkovic, Ostojic	Cx		+		no adverse events	Medical
8.	ZDj	Manginas, Kostic		LM, SVG – OM2	+, +		Exitus lethalis 2013.god	-
9.	VI	Louvard, Stankovic		Cx-OM, ost.-mid LAD	+, +		no adverse events	Medical
10.	AM	Louvard, Stankovic		LM (bif.)Cx and LAD	+		no adverse events, Stress eho -	Medical
11.	JS	Sianos Orlic	LAD	With LM stenting	+		no adverse events	Medical
12.	MS	Doganov, Aranjelovic	LAD		+		no adverse events	Medical
13.	IS	Jumbo G, Ostojic		LAD trough SVG-D1	+		no adverse events	Medical
14.	UB	Osiev, Romanovic	LAD		-		Exitus lethalis 2010	-
15.	MZ	Doganov, Stojkovic		LAD	-		no adverse events	Medical
16.	ND	Galassi, Tomasevic	RCA				NA	NA
17.	GS	Osiev, Mbegovic	RCA		+		NA	NA
18.	LJ	Colombo, Stankovic, Orlic		LM dist. Cx OM bif.	+, +		TVR and no TVR	PCI + POBA
19.	MM	Colombo, Stankovic, Orlic		LAD ost-mid	+		NA	NA
20.	VD	Sianos, Vukcevic	RCA	Retrograde	+		no adverse events, stress eho -	Medical
21.	JS	Di Mario, Nedeljkovic	LAD		-		no adverse events	Medical
22.	PM	Galassi, Tomasevic		LAD ost.	+		NA	NA
23.	ZB	Danzi, Aranjelovic		LAD	+		TVR	PCI
24.	LG	Bernardi, Vukcevic	RCA		+		NA	NA
25.	CM	Colombo, Stankovic	Cx	LAD	+, +		no adverse events, SEHO -	Medical
26.	MR	Sianos, Galassi	RCA	retrograde	+		NA	NA
27.	LO	Katoh, Nedeljkovic	RCA	LAD	+, +		NA	NA
28.	AZ	Sianos, Vukcevic	Cx	RCA though SVG – RCA, LM	+, +, +		Exitus lethalis 2010	-
29.	NB	Sianos, Nedeljkovic		LAD	+		no adverse events	Medical
30.	ZN	Fajadet, Vukcevic		LAD, Cx, RCA	+, +, +		no adverse events	Medical
31.	MD	Sianos, Beleslin	RCA		+		No TVR	PCI
32.	PM	Katoh, Ostojic, Nedeljkovic	RCA		-		no adverse events, Stress eho -,	Medical
33.	DjD	Fajadet, Nedeljkovic	LAD, Cx	RCA	+, +, +		NA	NA
34.	NS	Sianos, Nedeljkovic	RCA		-		NA	NA
35.	MM	Katoh, Beleslin	RCA	Cx-OM1 bif.	- , +		no adverse events	Medical
36.	RR	Doganoc, Arandjelovic	LAD		+		no adverse events	Medical
			23 CTO	24 No CTO	No CTO 2/24(91.67%) CTO 5/23 (78.26%)	5/36 (13.89%)	TVR 2/36(5.55%), no TVR3/36(8.33%), EX 5/36(13.89%) , NA 9/36(25%)	

Follow-up of patients treated during Workshop 2011

	Name	Operator	CTO	PCI	Success (per vessels)	Complication	Follow-up(4 years±1mo) (Restenosis+/-)	Treatment
1.	BS	Sianos, Nedeljkovic	RCA, LAD	SVG-LAD	+,+	no	no adverse events	medical
2.	BT	Osiev, Tomasevic	RCA		+	no	TVR 2013.	POBA
3.	MR	Sianos, Nedeljkovic	Cx, OM	LIMA-LAD	+,+	no	no adverse events	medical
4.	OR	Sianos, Nedeljkovic	RCA		+	no	no adverse events	medical
5.	RD	Daenhert, Djukic			ASD	no	no adverse events	medical
6.	SR	Manginas, Beleslin	LAD, D1,Cx		+,+,+	no	no adverse events	medical
7.	KJ	Sianos, Nedeljkovic	RCA		+	no	NA	-
8.	DjH	Gallasi, Vukcevic	RCA		+	no	NA	-
9.	MD	Ge, Nedeljkovic	LAD		+	no	no adverse events	medical
10.	SJ	Eberli, Aleksandric	Not performed		CABG	no	NA	-
11.	JM	Ge, Nedeljkovic	LAD	RCA,SVG-RCA	+,+,+	no	NA	-
12.	HB	Le Grand, Tomasevic		GS, RI	+	no	no adverse events	medical
13.	VG	Sianos, Stojkovic	Cx		+	EX	ex 2010.	-
14.	SI	Ostojic, Stojkovic					NA	-
15.	TS	Pavrides, Stankovic	LAD	RCA PD-PL	+	no	NA	-
16.	VS	Doganov, Beleslin	LAD-D1		+	no	no adverse events	-
17.	CA	Osiev, Kostic	RCA	LIMA-LAD	+,+	no	No TVR-2014.	PCI
18.	JB	Kumar, Dedovic	Cx		-	no	no adverse events	medical
19.	TS	Osiev, Kostic	RCA		+	no	no adverse events	medical
20.	TM	Chevalier, Orlic	LAD		+	no	no adverse events	medical
21.	BM	Eberli, Arandjelovic		SVG-RCA	+	no	no adverse events	medical
22.	BD	Galassi, Ostojic	LAD		+	no	no adverse events	medical
23.	PZ	Galassi, Zivkovic	RCA		+	no	no adverse events	medical
24.	PS	Ge, M'begovic	RCA		+	no	no adverse events	medical
25.	KK	Ge, Vukcevic	LAD		+	D1-dissection	no adverse events	medical
			23 CTO	7 non CTO	CTO 22/23 (95.6%) Non CTO 7/7 (100%)	2/ 25 (8%)	1 no TVR (4%), 1 TVR (4%), 1 Exitus 1/25 (4%), NA 6/25- (24%)	

Follow-up of patients treated during Workshop 2014

	Name	Operator	PCI	Procedure success	Complication	Follow up (1 years ± 1 month)	Treatment
1.	RO	Lei Ge	CTO LAD	-	-	No adverse events	medical
2.	AP	Lei Ge	CTO RCA	+	-	No adverse events	medical
3.	NM	Yamane	PCI Cx i CTO RCA	+	-	No adverse events	medical
4.	SJ	Galassi	CTO LAD	+	-	No adverse events	medical
5.	NR	Galassi	CTO RCA	+	-	No adverse events	medical
6.	MZ	Galassi	CTO RCA	+	-	No adverse events	medical
7.	LD	Galassi	CTO RCA	+	-	No adverse events	medical
8.	MS	Osiev	CTO RCA	+	-	No adverse events	medical
9.	ZV	Osiev	CTO RCA	+	-	No adverse events	medical
10.	DB	Yamane	CTO LAD	+	-	No adverse events	medical
11.	CD	Osiev	PCI LIMA-LAD	+	-	No adverse events	medical
12.	SR	Lei Ge	CTO RCA	+	-	No adverse events	medical
13.	RT	Yamane	CTO RCA	+	-	No adverse events	medical
14.	SZ	Yamane	CTO RCA	+	-	No adverse events	medical
			15 vessels	13/14 (93%) procedure	0/14 (0%)	No Adverse events;	

BelgrAde Summit of Interventional CardiologistS plus 8

9th BASICS+ 2015

Belgrade, April 22 – 25, 2015.

VENUE

Hotel M “Best Western”

Bulevar Oslobođenja 56a, Belgrade

OFFICIAL TECHNICAL ORGANIZER OF THE BASICS+ 9 2015.

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REGISTRATION FEE

(payment in RSD, according to the official RSD exchange rate of National Bank of Serbia)

200 EUR for physicians

50 EUR for nurses and technicians

Includes:

- Badge
- Congress bag with materials
- President's dinner - Friday April 24, 2015, 20h
- Access to all sessions of BASICS+
- Access to exhibition

SECRETARIAT ON SITE

Secretariat and Registration Desk in Workshop Venue will be on duty from April 22-25, 2015

WORKING HOURS:

April 22: 14⁰⁰ - 20⁰⁰

April 23: 08⁰⁰ - 17⁰⁰

April 24: 08⁰⁰ - 17⁰⁰

April 25: 08⁰⁰ - 12⁰⁰

ACCREDITATION OF THE MEETING

BASICS+9 2015 is accredited by the Health Council of Serbia as follows:

- lecturers – 13 CME hours
- participants – 7 CME hours

“BASICS+ 9 (BelgrAde Summit of Interventional CardiologistS plus)” is accredited by the European Board for Accreditation in Cardiology (EBAC) for 18 CME credit hours.

CERTIFICATE OF ATTENDANCE

National certificates will be issued after BASICS+ and sent on postal addresses.

TARGET AUDIENCE

Interventional Cardiologists, Interventional Radiologists, Cardiologists in CCU, and other medical specialists interested in cardiology and interventional vascular medicine.

Glavni program

Main programme

Gostujući operatori, predavači i komentatori:

Guest operators, lecturers and commentators:

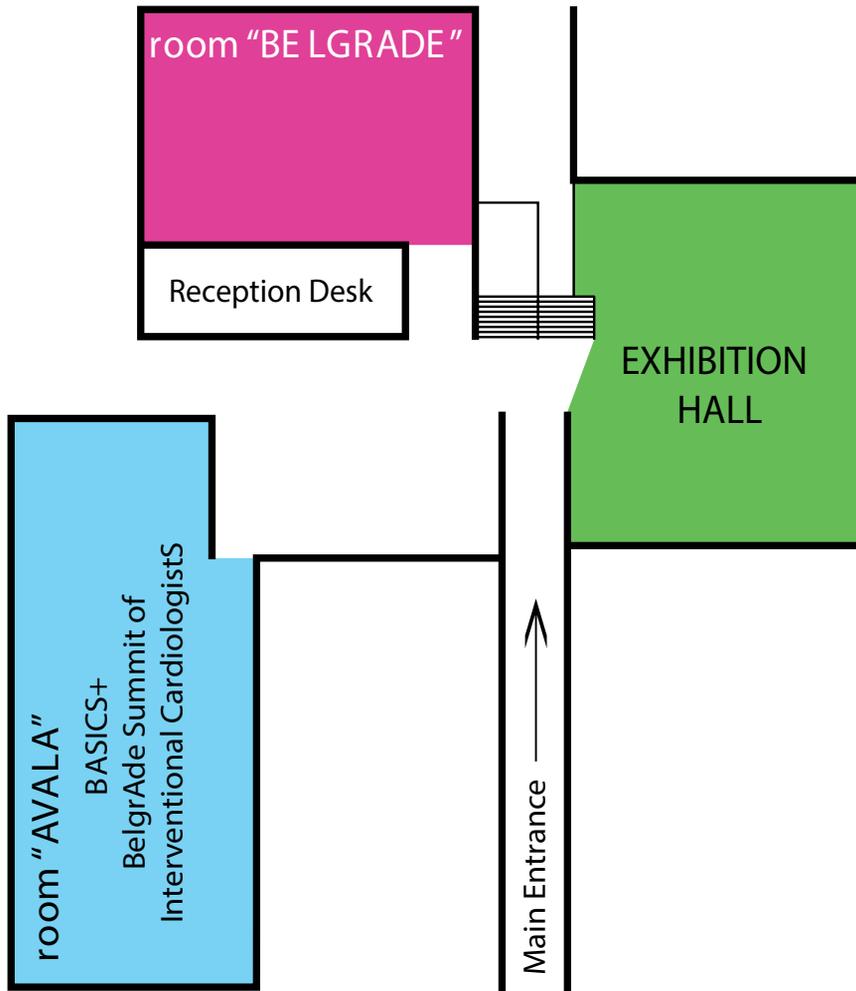
M. Yamane (Japan), A. Galassi (Catania, Italy), G. Sianos (Thessaloniki, Greece), I. Daehnert (Leipzig, Germany), A. Osiev (Moscow, Russia), A. Protopopov (Russia), M. Bunc (Slovenia), S. Kedev (Skopje, FYR Macedonia), I. Petrov (Sofia, Bulgaria)

Local Interventional Faculty:

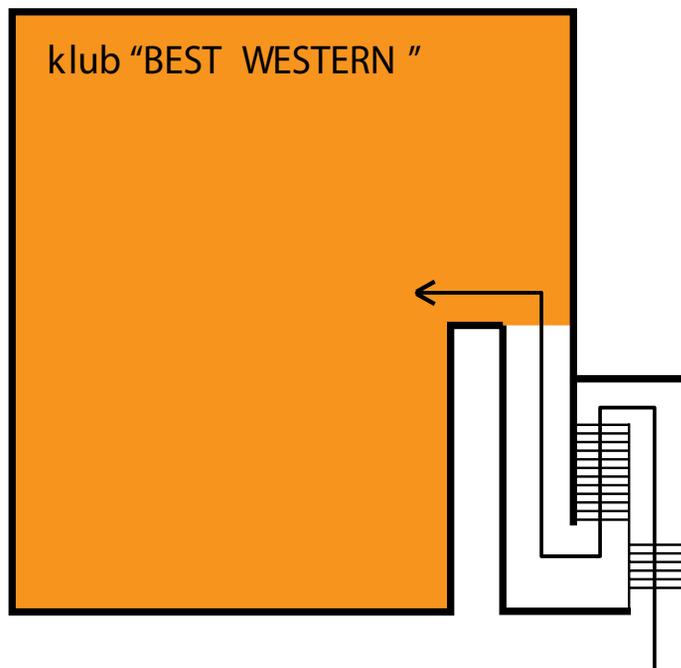
M.A. Nedeljković, G. Stanković, V. Vukčević, S. Stojković, B. Beleslin, J. Šaponjski, D. Orlić, M. Tomasević, A. Ristić, M. Dikić, J. Kostić, S. Aleksandrić, M. Dobric, Z. Mehmedbegović, V. Dedović, M. Živković, M. Tešić, D. Milašinović, S. Juričić, M. Ostojic, Z. Perišić, N. Božinović, M. Pavlović, S. Apostolović, S. Šalinger Martinović, D. Sagić, B. Milosavljević, R. Babić, Lj. Mangoski, Ž. Antonić, R. Jung, D. Debeljački, M. Bikicki, N. Jagić, V. Miloradović, A. Arandjelovic, D. Kordić, A. Nešković, I. Ilić, S. Hinić, N. Ninković, P. Đuran, D. Jović, J. Trešnjak, A. Đoković, S. Klačnja, V. Mudrenović, S. Rusović, I. Matić, O. Mičić, G. Stojković, V. Mitov, M. Lukić, A. Milošević, V. Hadži-Tanović, M. Ristic, S. Putnik, E. Nestorović, M. Čolić

Faculty and commentators:

A. Terzic (Rochester, USA), E. Shlyakhto (St. Petersburg, Russian Federation), L. Finci (Geneve, Switzerland), M. Bunc (Ljubljana, Slovenia), V. Kanić (Maribor, Slovenia), S. Janežić (Ljubljana, Slovenia), B. Starčević (Zagreb, Croatia), S. Kedev (Skopje, FYR Macedonia), M. Rabrenović (Podgorica, Montenegro), M. Ostojic (Banja Luka, R. Srpska, BiH), A. Lazarević (Banja Luka, R. Srpska, BiH), S. Lončar (Banja Luka, R. Srpska, BiH), D. Vulić (Banja Luka, R. Srpska, BiH), E. Margetić (Zagreb, Croatia), I. Terzić (Tuzla, BiH), V. Gelev (Sophia, Bulgaria), D. Vassilev (Sophia, Bulgaria), I. Petrov (Sophia, Bulgaria), S. Mot (Cluj, Romania), N. Jančićević (Pittsburgh, USA), T. Generalovich (Pittsburgh, USA), N. Generalovich (Pittsburgh, USA), B. Biocina (Zagreb, Croatia), F. Romeo (Rome, Italy), N. Amabile (Paris, France), A. Nikolic (Montenegro)



GROUND LEVEL



LEVEL -1



MAIN PROGRAMME



Wednesday, April 22, 2015

room „AVALA“

Wednesday, April 22

18:00-19:20

BASICS Plenary session 2015
Regenerative cardiology update / *Matične ćelije u regenerativnoj kardiologiji*

Chairmen/*Predsedavajući*: V. Kanjuh (Serbia), M. Ostojic (Serbia), M.A. Nedeljkovic (Serbia), B. Beleslin (Serbia)

18:00-18:20

Regenerative medicine for heart failure
A. Terzic (Rochester, USA).

18:20-18:40

Overview of Serbian contribution to regenerative cardiology results
M. Ostojic, B. Beleslin, M.A. Nedeljkovic, M. Banovic (Serbia)

18:40-19:00

Matične ćelije: od hematološke do kardiološke primene
A. Bogdanovic, M. Ostojic, B. Beleslin, M.A. Nedeljkovic (Serbia)

19:00-19:20

Harvesting, ex vivo manipulation, and clinical use of mononuclear and CD34+ cells for treatment of myocardial ischemia
B. Balint, V. Kanjuh, M. Todorovic-Balint, S. Obradovic, Z. Trifunovic, S. Rafajlovski (Serbia)

19:00-20:00

OPENING CEREMONY / SVEČANO OTVARANJE

V. Kanjuh, M. Ostojic, V. Kostic, R. Colovic, N. Lalic, M. Ristic, S. Pavlovic, M.A. Nedeljkovic, S. Stojkovic, G. Stankovic, Z. Perisic, D. Sagic, B. Beleslin

Thursday, April 23, 2015

room „AVALA“

08:30-12:00

LIVE SESSION 1

Moderator: L. Finci (Switzerland)

Commentators: R. Jung (Serbia), G. Stankovic (Serbia), E. Margetic (Croatia), V. Kanic (Slovenia)

LIVE CASES (CTO, COMPLEX PCI) FROM CLINICAL CENTER OF SERBIA

Operators: M. Yamane (Japan), A. Galassi (Italy), S. Kedev (FYR Macedonia), I. Petrov (Bulgaria)

Case 1. M. Yamane, M.A. Nedeljkovic, Z. Mehmedbegovic

Case 2. M. Yamane, V. Vukcevic, V. Dedovic

Case 3. A. Galassi, D. Orlic, D. Milasinovic

Case 4. A. Galassi, M. Dobric, S. Juricic

Case 5. S. Kedev, M.A. Nedeljkovic, M. Zivkovic

Case 6. I. Petrov, S. Stojkovic, M. Tesic

Thursday, April 23

Thursday, April 23, 2015

room „AVALA“

12:00-14:00

INTERNATIONAL SYMPOSIUM I

Chairmen: N. Janicijevic (USA), M.A. Nedeljkovic (Serbia), G. Stankovic (Serbia)

12:00-12:15

Acute coronary syndrome: Mechanisms of development as a basis for therapeutic strategies

E. Shlyakhto (Russian Federation)

12:15-12:30

Influence of prehospital administration of new P2Y12 receptor antagonists in STEMI patients presented with cardiogenic shock on long term survival

V. Kanic (Slovenia)

12:30-12:45

ASD closure

I. Daenhardt (Germany)

12:45-13:00

TAVR in moderate risk patients

A. Protopopov (Russian Federation)

13:00-13:15

Interventional treatment of hypertrophic obstructive cardiomyopathy

E. Margetic (Croatia)

13:15-13:30

Role of renal denervation in patients on chronic hemodialysis with extremely resistant hypertension

I. Petrov (Bulgaria)

13:30-13:45

OCT in stent thrombosis

N. Amabile (France)

13:45-14:00

Discussion

Thursday, April 23

Thursday, April 23, 2015

room „AVALA“

14:00-15:00

LUNCH SYMPOSIUM: ASTRA ZENECA

Panel diskusija sa prikazima: Možemo li poboljšati lečenje pacijenata sa akutnim koronarnim sindromom?

Moderator: G. Stanković (Beograd)

Panel: S. Šalinger (Niš), R. Jung (S. Kamenica), N. Jagić (Kragujevac)

14:00-17:00

LIVE SESSION 2

Moderator: L. Finci (Switzerland)

Commentators: N. Jagic (Serbia), I. Petrov (Bulgaria), S. Kedev (FYR Macedonia), V. Vukcevic (Serbia), M. Rabrenovic (Montenegro)

LIVE CASES (CTO, COMPLEX PCI) FROM CLINICAL CENTER OF SERBIA

Operators: M. Yamane (Japan), A. Osiev (Russian Federation)

Case 7. M. Yamane, S. Stojkovic, M. Zivkovic

Case 8. M. Yamane, M. Dobric, S. Juricic

Case 9. A. Osiev, M. Tesic, K. Mrakovic

Case 10. A. Osiev, Z. Mehmedbegovic, S. Dzelebdzic

Case 11. A. Osiev, M.A. Nedeljkovic, M. Tomasevic, D. Milasinovic

LIVE CASES FROM INSTITUTE FOR CARDIOVASCULAR DISEASE DEDINJE (CTO, COMPLEX PCI)

Operator: A. Galassi (Italy), D. Sagic (Serbia), Lj. Mangovski (Serbia)

Case 12. A. Galassi, D. Sagic, Lj. Mangovski

Case 13. A. Galassi, D. Sagic, Lj. Mangovski

Thursday, April 23

Thursday, April 23, 2015

room „AVALA“

17:30-18:30

INTERNATIONAL SYMPOSIUM: UPDATE ON CTO

Chairmen: S. Stojkovic (Serbia), Z. Perisic (Serbia), N. Jagic (Serbia), G. Sianos (Thessaloniki, Greece)

17:30-17:50

Update of collateral crossing and re-entry in retrograde CTO PCI

M. Yamane (Japan)

17:50-18:10

CTO revascularization in Europe: 7 years of experience

A. Galassi (Italy)

18:10-18:30

Bifurcation stenting after CTO recanalization

A. Osiev (Russia)

Thursday, April 23

Thursday, April 23, 2015

room „AVALA“

18:45-20:00

**CARDIAC SURGERY UPDATE ON HEART
TRANSPLANTATION PROGRAM IN SERBIA. BEYOND
PHARMACOTHERAPY FOR END STAGE HEART FAILURE**

Chairmen: M. Ristic (Serbia), B. Biocina (Croatia), S. Putnik (Serbia)

18:45-19:00

Total artefitial heart (TAH) - Croatian Experience
B. Biocina (Croatia)

19:00-19:15

Treatment of heart failure - surgical aspects
M. Ristic (Serbia)

19:15-19:30

**Heart transplantation, LVAD and cardiologist - post-op
management**
E. Nestorovic (Serbia)

19:30-19:45

ECMO versus LVAD
S. Putnik (Serbia)

Thursday, April 23, 2015

room „BELGRADE“

09:30-12:30
14:00-17:00

**MEDTRONIC SIMULATORS:
BASICS OF CORONARY INTERVENTIONS**

Thursday, April 23

08:30-12:00

LIVE SESSION 3

Moderator: V. Kanic (Slovenia)

Commentators: R. Babic (Serbia), S. Loncar (R. Srpska, BiH), V. Gelev (Bulgaria), N. Jagic (Serbia)

LIVE CASES (STRUCTURAL: TAVI, LAAC, ASD CLOSURE) FROM CLINICAL CENTER OF SERBIA

Operators: I. Daenhardt (Germany), A. Protopopov (Russian Federation), M. Bunc (Slovenia), G. Sianos (Greece)

Case 14. M. Bunc, B. Beleslin, M.A. Nedeljkovic, M. Tesic

Case 15. M. Bunc, G. Stankovic, V. Vukcevic, D. Orlic

Case 16. A. Protopopov, M.A. Nedeljkovic, B. Beleslin, M. Tesic

Case 17. A. Protopopov, D. Simic, V. Kovacevic

Case 17a. G. Sianos, M.A. Nedeljkovic, M. Dobric

Case 17b. G. Sianos, B. Beleslin, V. Dedovic

Case 17c. G. Sianos, M.A. Nedeljkovic, M. Zivkovic

LIVE CASES (CTO) FROM CLINICAL CENTER NIS

Operators: A. Galassi (Italy), Z. Perisic (Serbia), N. Bozinovic (Serbia)

Case 18. A. Galassi, Z. Perisic, N. Bozinovic

Case 19. A. Galassi, Z. Perisic, N. Bozinovic

LIVE CASES (CTO) FROM KBC BEZANIJSKA KOSA

Operators: M. Yamane (Japan), S. Hinic (Serbia)

Case 20. M. Yamane, S. Hinic

Case 21. M. Yamane, S. Hinic

Friday, April 24, 2015

room „AVALA“

12:30-14:00

ABBOTT VASCULAR INNOVATION SYMPOSIUM

SYMPOSIUM 1: ABSORB BVS - LEAVING NOTHING BEHIND

Moderators: G. Stankovic (Serbia), D. Sagic (Serbia)

12:30-12:40

BVS technology, Absorb & competition, therapeutic implications

N. Jagic (Serbia)

12:40-12:50

Clinical data update

I. Ilic (Serbia)

12:50-13:00

Absorb in complex cases - bifurcations, CTO

V. Vukcevic (Serbia)

13:00-13:10

Absorb in acute coronary syndrome

D. Debeljacki (Serbia)

13:10-13:20

Proper implantation technique - lessons learned

Lj. Mangovski (Serbia)

SYMPOSIUM 2: MITRALCLIP - PERCUTANEOUS MITRAL VALVE REPAIR

Moderators: M.A. Nedeljkovic (Serbia), S. Stojkovic (Serbia)

13:30-13:45

Patients selection for MitraClip

J. Ambrozic (Slovenia)

13:45-14:00

Percutaneous intervention on mitral valve – MitraClip

M. Bunc (Slovenia)

Friday, April 24, 2015

room „AVALA“

14:00-15:00

LUNCH SIMPOSIYM: ST. JUDE

Moderators: F. Marty (Belgium), D. Orlic (Serbia), N. Jagic (Serbia)

14:00-14:20

OCT image interpretation

F. Marty (Belgium)

14:20-14:40

OCT & BVS

N. Jagic (Serbia)

14:40-15:00

Intravascular ultrasound and optical coherence tomography imaging during implantation of a bioresorbable vascular scaffold: when do we need both?

D. Orlic (Serbia)

Friday, April 24

Friday, April 24, 2015

room „AVALA“

15:00-17:00

LIVE SESSION 4

Moderator: S. Mot (Romania)

Commentators: Z. Perisic (Serbia), D. Vassilev (Bulgaria), D. Sagic (Serbia), M. Bikicki (Serbia), D. Orlic (Serbia)

LIVE CASES (CTO, COMPLEX PCI, STRUCTURAL) FROM CLINICAL CENTER OF SERBIA

Operators: A. Protopopov (Russia), I. Daenhart (Germany), S. Stojković (Serbia), M. Bunc (Slovenia)

Case 22. A. Protopopov, M. Dikic, J. Kostic

Case 23. I. Daenhart, M. Đukić, M. Tešić

Case 24. I. Daenhart, M. Živković

Case 25. S. Stojkovic, M. Bunc, V. Dedovic

RECORDED CASE (ELECTROPHYSIOLOGY) FROM INSTITUTE FOR CV DISEASES “DEDINJE”

Case 26. L. Anglekov

Friday, April 24

Friday, April 24, 2015

room „AVALA“

17:00-18:20

**JOINT SYMPOSIUM OF THE WORKING GROUP OF
CATHETERIZATION AND PERCUTANEOUS CORONARY
INTERVENTION OF THE CARDIOLOGY SOCIETY OF
SERBIA AND MEDICAL ACADEMY OF SERBIAN MEDICAL
SOCIETY**

**PRACTICAL ASPECTS OF ESC GUIDELINES
IMPLEMENTATION IN SERBIA**

***ZAJEDNIČKI SIMPOZIJUMA RADNE GRUPE ZA
KATETERIZACIJU I PERKUTANE KORONARNE
INTERVENCIJE UDRUŽENJA KARDIOLOGA SRBIJE I
MEDICINSKE AKADEMIJE SLD-A
PRAKTIČNI ASPEKTI IMPLEMENTACIJE EVROPSKIH
KARDIOLOŠKIH PREPORUKA U SRBIJI***

*Moderators/Moderatori: M.A. Nedeljković (Beograd), G.
Stanković (Beograd), B. Beleslin (Beograd)*

17:00-17:20

Plućna embolija

B. Stefanović (Beograd)

17:20-17:40

Infarkt miokarda sa elevacijom ST segmenta

M. Radovanović (Beograd)

17:40-18:00

Atrijalna fibrilacija

T. Potpara (Beograd)

18:00-18:20

Hipertrofična kardiomiopatija

B. Vujisić Tešić (Beograd)

Friday, April 24

Friday, April 24, 2015

room „AVALA“

18:30-20:00

REGIONAL SYMPOSIUM: UPDATE ON STRUCTURAL HEART DISEASE INTERVENTION IN CATH LAB

Chairmen: M.A. Nedeljkovic (Serbia), B. Beleslin (Serbia), M. Bunc (Slovenia), Lj. Mangovski (Serbia), I. Nedeljkovic (Serbia)

18:30-18:45

PFO closure: Clinical value
Lj. Mangovski (Serbia)

18:45-19:00

TAVR: Macedonia experience
S. Kedev (FYR Macedonia)

19:00-19:15

TAVR: Croatian experience
B. Starcevic (Croatia)

19:15-19:30

TAVR: Serbian experience
M. Nedeljkovic (Serbia)

19:30-19:45

TAVR: Montenegro experience
A. Nikolic (Montenegro), M. Rabrenovic (Montenegro)

19:45-20:00

TAVR: different devices for different clinical situations
M. Bunc (Slovenia)

Friday, April 24

Friday, April 24, 2015

room „BELGRADE“

09:00-13:00

MEDTRONIC SIMULATORS: BASICS OF TAVI

Friday, April 24, 2015

room „BEST WESTERN“

10:00-16:00

**THE ROLE OF CARDIOVASCULAR NURSES IN
IMPLEMENTATION OF NEW GUIDELINES IN CARDIOLOGY
ZNAČAJ KARDIOVASKULARNIH SESTARA U PRIMENI
NOVIH SMERNICA U KARDIOLOGIJI**

Moderators/Moderatori: Nancy Generalovich (USA),
Milanka Lukic (Serbia)

16:00-17:00

**SAVREMENO LEČENJE STABILNE
ANGINE PEKTORIS**

Predsedavajući: D. Đorđević (Niš)

16:00-16:20

Medikamentno lečenje stabilne angine pektoris
D. Lović (Niš)

16:20-16:40

Nefarmakološko lečenje stabilne angine pektoris
D. Đorđević (Niš)

16:40-17:00

**Medikamentno lečenje nasuprot perkutanoj koronarnoj
intervenciji ili hirurškoj revaskularizaciji miokarda**
I. Tasić (Niška Banja)

Friday, April 24, 2015

Hotel restaurant

20:00

**PRESIDENT'S DINNER
PRESEDNIČKA VEČERA**

SPECIAL BASICS LECTURE

**Percutaneous Coronary Interventions (PCI) over 25
years – the unsuccessful devices**
L. Finci (Switzerland)

Friday, April 24

Saturday, April 25, 2015

room „AVALA“

09:00-12:00

LIVE SESSION 5

Moderator: M. Ostojic (Serbia)

Commentators: L. Angelkov (Serbia), M.A. Nedeljkovic (Serbia), B. Beleslin (Serbia), A. Lazarevic (R. Srpska, BiH), Lj. Mangovski (Serbia)

LIVE CASES (ELECTROPHYSIOLOGY, COMPLEX PCI) FROM CLINICAL CENTER OF SERBIA

Case 27. N. Mujovic, A. Kocijancic, V. Kovacevic, M. Marinkovic

LIVE CASES (COMPLEX PCI) FROM CITY HOSPITAL

Case 28. D. Kordic, D. Boljevic

Case 29. D. Kordic, D. Boljevic

10:00-11:00

ALVIMEDICA SYMPOSIUM CONTROVERSIES IN TREATMENT OF AMI

Chairmen: S. Obradovic (Serbia)

Moderators: N. Djenic (Serbia), Z. Jovic (Serbia), R. Romanovic (Serbia)

10:00-10:10

Strategy in treatment of NSTEMI

S. Obradovic (Serbia)

10:10-10:20

Anti-agregation therapy in acute coronary syndrome

S. Obradovic (Serbia)

10:20-10:35

Left main in acute coronary syndrome

N. Djenic (Serbia)

10:35-10:45

No-reflow phenomena - what to do?

N. Djenic (Serbia)

10:45-10:55

Drug eluting stent in acute coronary syndrome

Z. Jovic (Serbia)

10:55-11:00

Discussion

Saturday, April 25

Saturday, April 25, 2015

room „AVALA“

12:00-13:00

INTERNATIONAL SYMPOSIUM II

Moderator: M. Nedeljkovic (Serbia), M. Ostojic (Serbia), V. Hadzitanovic (Serbia)

12:00-12:20

Different LM PCI techniques, according to lesion characteristics

S. Mot (Romania)

12:20-12:40

TBD

F. Romeo (Italy)

12:40-13:00

Dual antiplatelet therapy duration after DES implantation

A. Lazarevic (R. Srpska, BiH)

13:00

CLOSING REMARKS

Chairmen: M.A. Nedeljkovic, S. Stojkovic, G. Stankovic, Z. Perisic, D. Sagic, M. Ostojic, B. Beleslin

Saturday, April 25



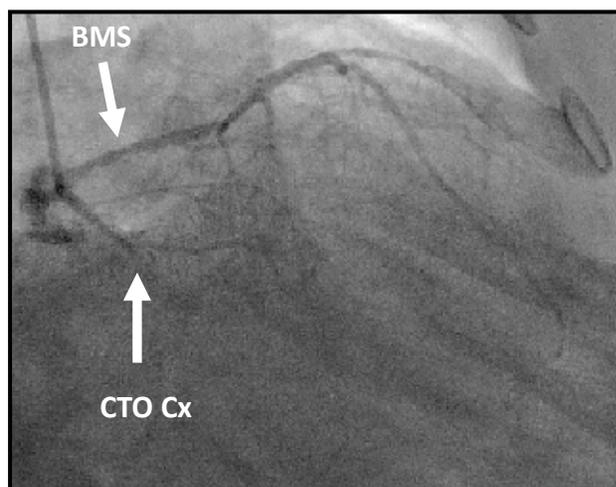
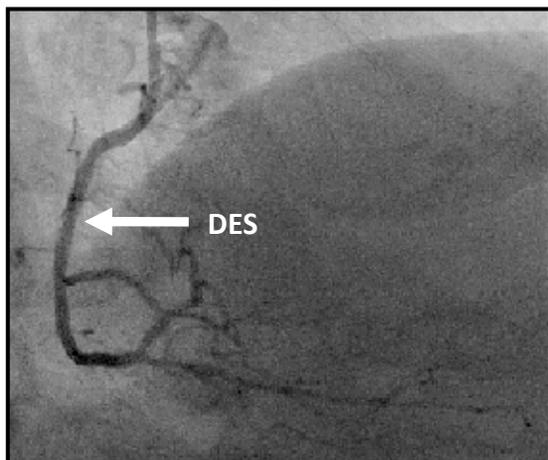


**PRESENTATION OF CASES TO BE PERFORMED DURING
BASICS+ 9 2015**



CASE 1

ID	M. B.
Age	71
Gender	Male
Dg	Angina pectoris (CCS III) St. post PCI RCA mid cum implantatio DES No I am III St. post PCI primaria LAD cum implantatio BMS No I aa VI St. post infarctus myocardi par. anteroseptalis aa VI St. post PCI Cx cum implantatio BMS No II aa VI
Risk factors	HTA, HLP, IIDM
Short anamnesis	Patient complains for typical chest anginal symptoms during mild exertion. Elective PCI with implantation of one DES in the medial segment of RCA was performed in Jan 2015. Suffered from anteroseptal myocardial infarction in 2009, treated with primary PCI LAD.
Stress testing	Echocardiographic positive for ischemia with akinetic mediobasal segments of inferoposterior wall and hypokinetic mediobasal segments of posterolateral wall, and ST depression of 1.0 mm on ECG in D2, D3, aVF, V3-V6 during maximal exertion.
ECHO	Hypokinetic mediobasal segments of inferoposterior wall. Preserved global kinetic EF 55%, LV 50/32 mm. No valvular disease, LA 34 mm, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 90 bpm, ST depression 0.5 mm u D2, D3, aVF, V5-V6.
Therapy	ASA, Clopidogrel, Bisoprolol, Fosinopril, Atorvastatine, Metformin, Glimepiride.
Coronarography (12 th Jan 2015)	Single-vessel disease. Chronic total occlusion of the proximal segment of Cx with some collaterals from LAD. Unsuccesfull anterograde PCI of CTO Cx.

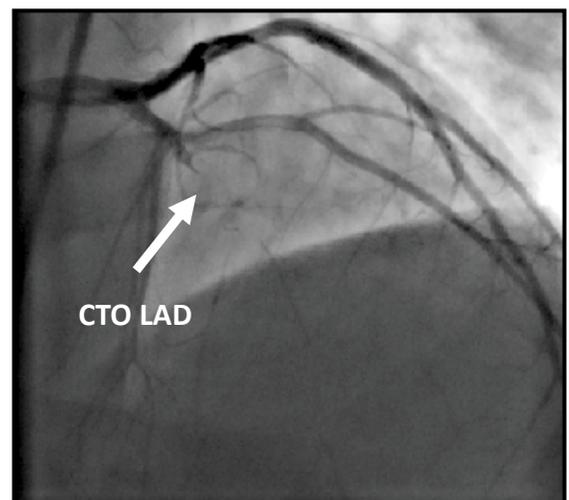
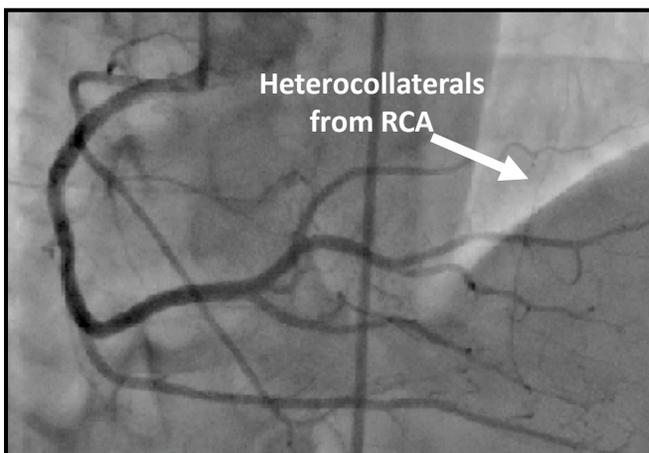


Proposed treatment

PCI CTO Cx.

CASE 2

ID	M. D.
Age	58
Gender	Male
Dg	Angina pectoris (CCS II) Tu glandule suprarenalis
Risk factors	HTA, HLP, family history for CAD, smoker.
Short anamnesis	Patient complains for typical chest anginal symptoms during moderate exertion.
Stress testing	Not performed
ECHO	Global kinetic EF 30%, LV 80/68 mm. LA 55 mm, MR 3+, TR 1+, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 80 bpm, chronic LBBB, no ischemic changes on ECG.
Therapy	ASA, Clopidogrel, Carvedilol, Ramiprile, Furosemide, Spironolactone, Atorvastatine.
Coronarography (23 th Jan 2015)	Single-vessel disease. Chronic total occlusion in the medial segment of LAD with good homo- and hetero-collaterals. Unsuccesfull anterograde PCI of CTO LAD.

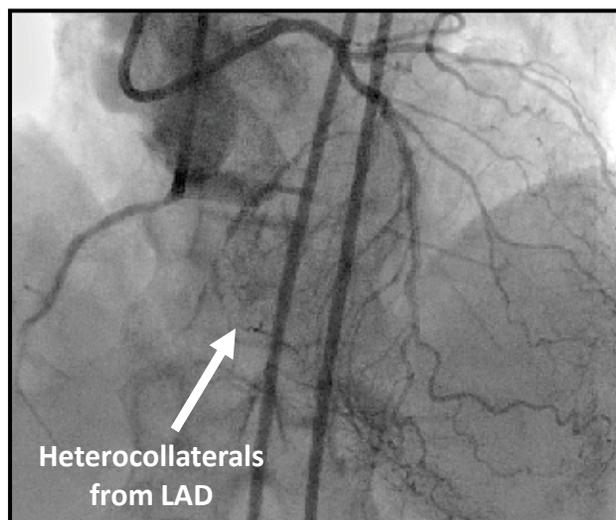
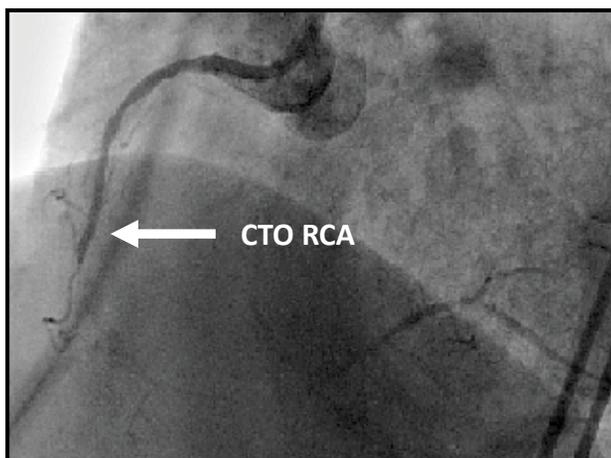


Proposed treatment

PCI CTO LAD.

CASE 3

ID	Dj. R.
Age	58
Gender	Female
Dg	Angina pectoris (CCS III) St post PCI LAD et RCA cum implantation stent No II aa IX St post infarctum myocardii par. inferiolateralis aa X
Risk factors	HTA, HLP, ex smoker.
Short anamnesis	Patient complaints for typical chest anginal symptoms during mild exertion and on cold weather. Suffered from myocardial infarction in 2005, treated conservatively.
Stress testing	Echocardiographic positive for ischemia with akinetic basal segment of inferior wall.
ECHO	Hipokinetic basal segment of inferior wall and inferior septum. Preserved global kinetic EF 55%, LV 49/31 mm. No valvular disease, LA 31 mm, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 53 bpm, negative T wave in D2, D3, aVF.
Therapy	ASA, Clopidogrel, Bisoprolol, Ramipril, Pravastatine.
Coronarography (8 th Dec 2014)	Single-vessel disease. Chronic total occlusion in the medial segment of RCA with good heterocollaterals from LAD. Unsuccesfull anterograde and retrograde PCI of CTO RCA.

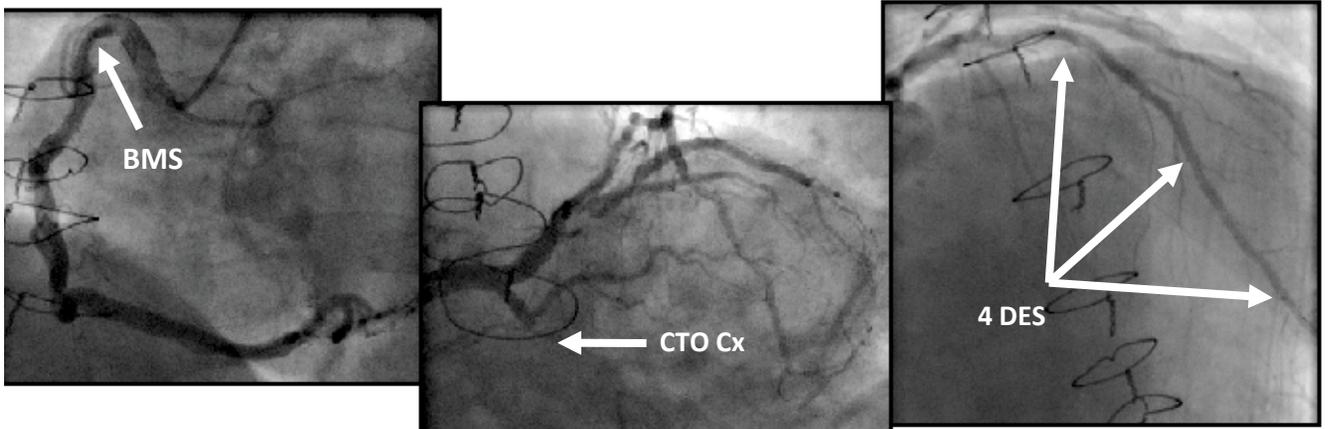


Proposed treatment

PCI CTO RCA.

CASE 4

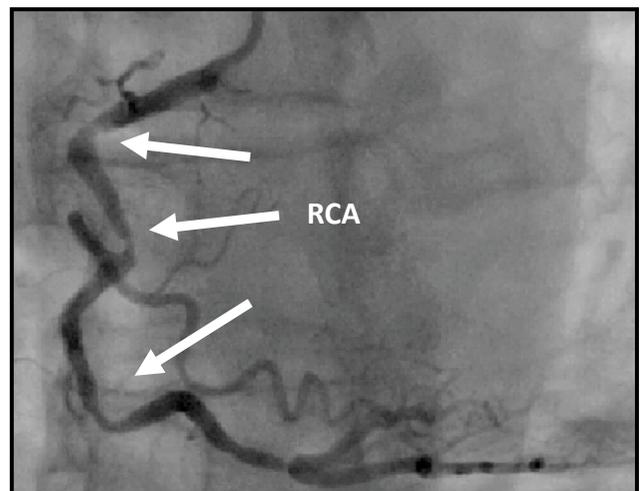
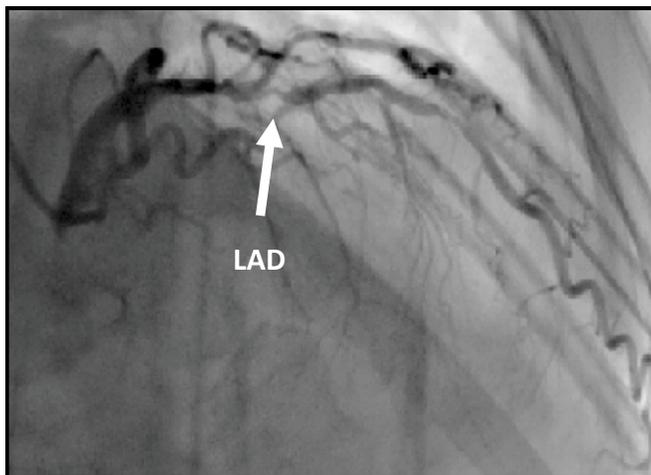
ID	Z. D.
Age	56
Gender	Male
Dg	Angina pectoris (CCS II) St. post PCI LAD cum implantatio DES No I am II St. post PCI RCA cum implantatio BMS No I am VI St. post PCI LAD cum implantatio DES No I aa II St. post PCI SVG-OM1 cum implantatio BMS No II aa VII St. post reinfarcum myocardii par. inferioris aa VII St. post PCI LAD dist cum implantatio DES No II aa XI St. post infarcum myocardii par. inferioris aa XI St. post CABG No II (LIMA-LAD, OM1) aa XVI
Risk factors	HTA, HLP, family history of CAD, ex smoker.
Short anamnesis	Patient complains for atypical chest anginal symptoms during moderate exertion. Coronary artery disease was treated multiple times with elective PCIs on LAD, RCA and SVG-OM1. CABG sixteen years ago. MDCT (2014) revealed occlusion of LIMA-LAD distal anastomosis and ostial SVG-OM1 occlusion.
Stress testing	Echocardiographic positive for ischemia with akinetic mediobasal segments of inferoposterior wall during maximal exertion.
ECHO	Hypokinetic basal segments of IVS and inferoposterior wall. Preserved global kinetic EF 50%, LV 54/38 mm. LA 45 mm, MR 1-2+, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 65 bpm, no ischemic changes on ECG at rest.
Therapy	ASA, Clopidogrel, Metoprolol XL, Perindopril+Amlodipine, Isosorbide-dinitrate, Atorvastatin.
Coronarography (5 th Feb 2015)	Elective PCI on LAD performed with DES implantation. Chronic total occlusion of the proximal segment of Cx with good heterocollaterals from LAD. Occlusion of LIMA-LAD distal anastomosis and ostial SVG-OM1 occlusion.



Proposed treatment	PCI CTO Cx.
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CASE 5

ID	Z. M.
Age	70
Gender	Male
Dg	Angina pectoris (CCS II)
Risk factors	HTA, HLP
Short anamnesis	Patient complains for atypical chest anginal symptoms during moderate exertion.
Stress testing	Echocardiographic positive for ischemia with hipokinetic mediobasal segments of inferior wall and hipokinetic apical segment of anterior wall during maximal exertion.
ECHO	No wall-motion abnormalities. Preserved global kinetic EF 58%, LV 55/38 mm. No valvular disease, LA 45 mm, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 70 bpm, QS with negative T wave in D3.
Therapy	ASA, Clopidogrel, Bisoprolol, Ramipril, Amlodipine, Isosorbide-dinitrate, Atorvastatine, Trimetazidine.
Coronarography (26 th Mar 2015)	Two-vessel disease. Significant stenoses in the proximal segment of LAD (bifurcation) and medial segment of RCA.

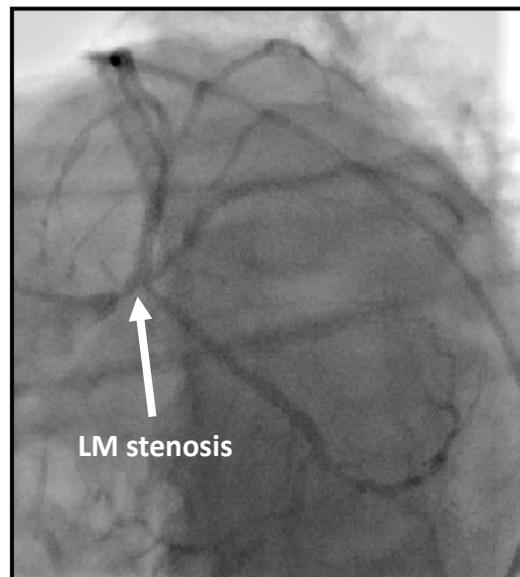
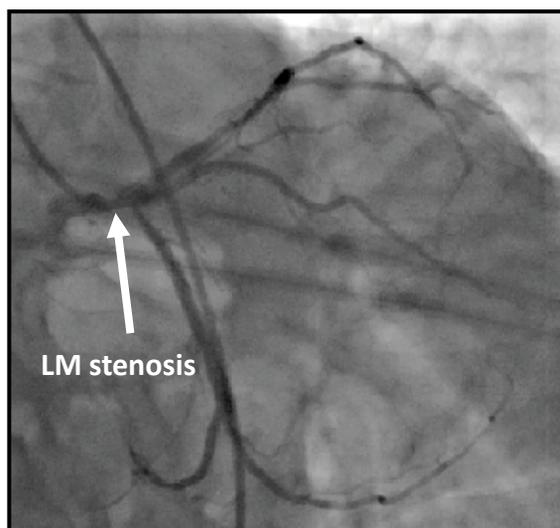


Proposed treatment

PCI LAD and RCA.

CASE 6

ID	B. M.
Age	71
Gender	Male
Dg	Angina pectoris (CCS II) Cardiomyopathia ischemica dilatativa Block rami sinistri St. post op. Ca colonis
Risk factors	HTA, HLP, family history of CAD, smoking.
Short anamnesis	Patient complaints for typical chest anginal symptoms during moderate exertion.
Stress testing	Echocardiographic positive for ischemia with akinetic medial and apical segments of IVS, with ST depression of 1 mm V4-V6 during maximal exertion.
ECHO	No wall-motion abnormalities. Global kinetic EF 35%, LV 68/55 mm. LA 52 mm, MR 1-2+, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 65 bpm, chronic LBBB, no ischemic changes on ECG.
Therapy	ASA, Clopidogrel, Karvedilol, Amiodarone, Hydrochlorothiazide, Atorvastatine.
Coronarography (22 th Jan 2015)	Significant stenosis in the medial and distal part of LM. Significant stenoses in the ostial segment of Cx, medial segment of LAD and RI.

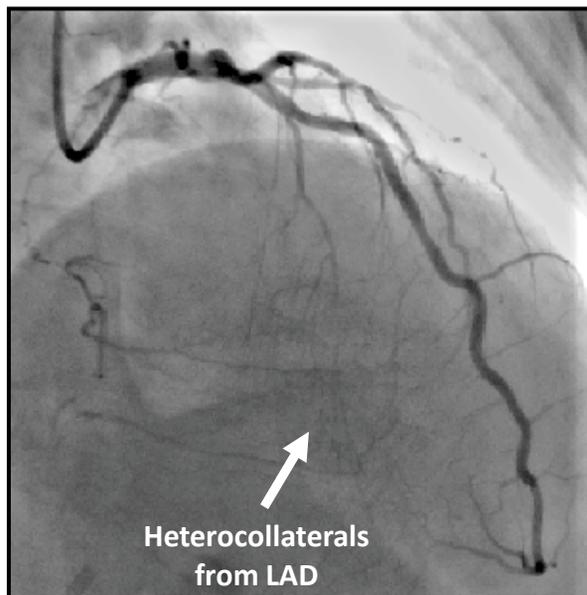
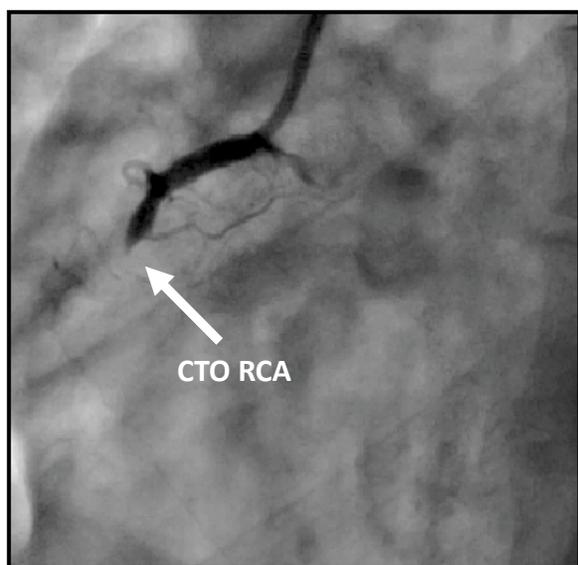


Proposed treatment

PCI LM.

CASE 7

ID	S. D.
Age	48
Gender	Male
Dg	Angina pectoris (CCS II) St. post PCI Cx cum implantatio BMS No II aa II
Risk factors	HTA, HLP, family history for CAD, ex smoker.
Short anamnesis	Patient complaints for typical chest anginal symptoms during moderate exertion.
Stress testing	Echocardiographic positive for ischemia with akinetic basal segments of inferoposterior wall and ST depression of 1.0 mm on ECG in D2, D3, and V5-V6 during maximal exertion.
ECHO	Hypokinetic basal segments of inferoposterior wall. Preserved global kinetic EF 55%, LV 50/32 mm. No valvular disease, LA 34 mm, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 80 bpm, no ischemic changes on ECG at rest.
Therapy	ASA, Clopidogrel, Bisoprolol, Isosorbide-mononitrate, Trimetazidine, Atorvastatine.
Coronarography (21 th Oct 2014)	Single-vessel disease. Chronic total occlusion of the proximal segment of RCA with good heterocollaterals. Unsuccessful anterograde and retrograde PCI of CTO RCA.

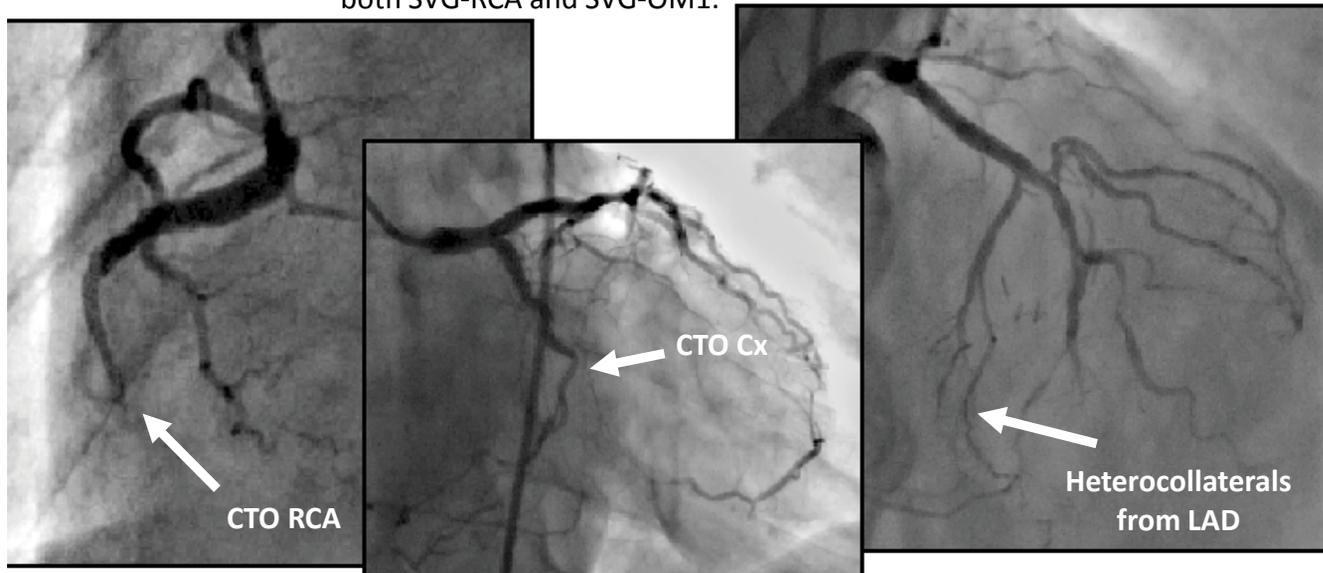


Proposed treatment

PCI CTO RCA.

CASE 8

ID	S. V.
Age	61
Gender	Male
Dg	Angina pectoris (CCS III) St. post CABG No III (LIMA-LAD, SVG-RCA, SVG-OM1) aa X St. post infarctum myocardii par. inferoposterioris aa XII
Risk factors	HTA, HLP
Short anamnesis	Patient complaints for typical chest anginal symptoms during mild exertion. CABG ten years ago. Suffered from myocardial infarction of inferoposterior wall in 2003, treated conservatively.
Stress testing	Echocardiographic positive for ischemia with akinetic medial and apical segments of inferior wall, and ST depression of 1.0 mm on ECG in D2, D3, aVF, V5-V6 during maximal exertion.
ECHO	Akinetic basal segment of inferoposterior wall. Global kinetic EF 45%, LV 60/42 mm. LA 48 mm, MR 2+, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 65 bpm, QR in D2, D3, aVF, ST depression 0.5 mm in D2, D3, aVF, V5-V6.
Therapy	ASA, Clopidogrel, Bisoprolol, Ramipril, Isosorbide-dinitrate, Amlodipine, Trimetazidine, Atorvastatine, Furosemide on 3 rd day, Lansoprazolum.
Coronarography (10 th Mar 2015)	Two-vessel disease. Chronic total occlusions of the medial segment of RCA and OM1 with good heterocollaterals from LAD. Ostial occlusion of both SVG-RCA and SVG-OM1.

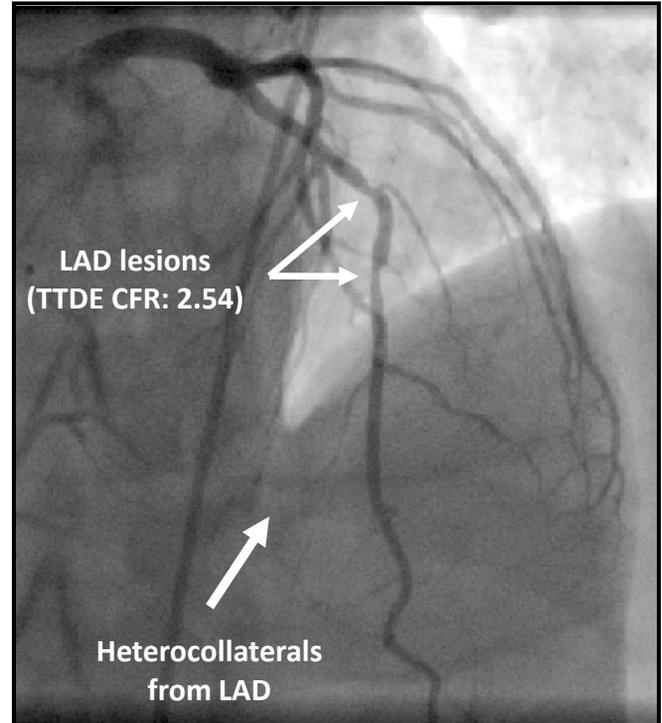
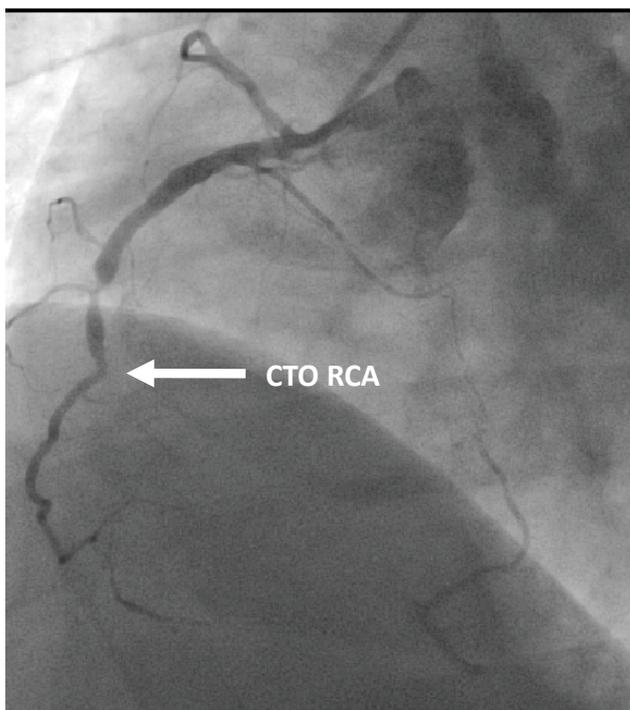


Proposed treatment

PCI CTO RCA and CTO OM1.

CASE 9

ID	V. M.
Age	55
Gender	Male
Dg	Angina pectoris (CCS II)
Risk factors	HTA, family history for CAD, ex smoker.
Short anamnesis	Patient complaints for typical chest anginal symptoms during moderate exertion.
Stress testing	Echocardiographic positive for ischemia with akinetic mediobasal segments of inferior wall and ST depression of 1.0 mm on ECG in D2, D3, aVF, V4-V6 during maximal exertion.
ECHO	Hypo-akinetic basal segment of inferior wall. Preserved global kinetic EF 60%, LV 57/39 mm. No valvular disease, LA 38 mm, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 70 bpm, biphasic T wave in D2, D3, aVF, V4-V6.
Therapy	ASA, Clopidogrel, Ramipril, Amlodipine, Atorvastatine.
Coronarography (14 th Oct 2014)	Single-vessel disease. Chronic total occlusion of the medial segment of RCA with good heterocollaterals from LAD.

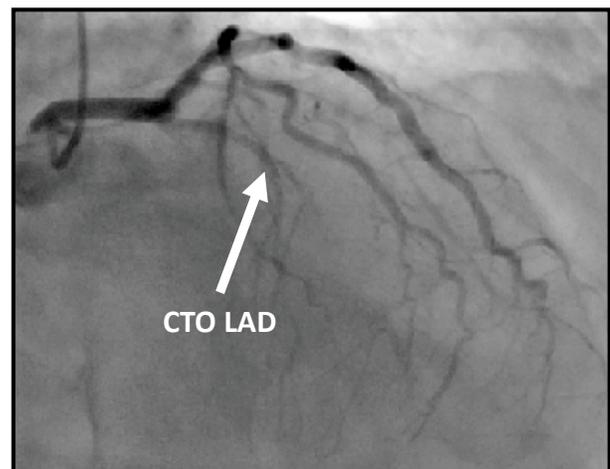
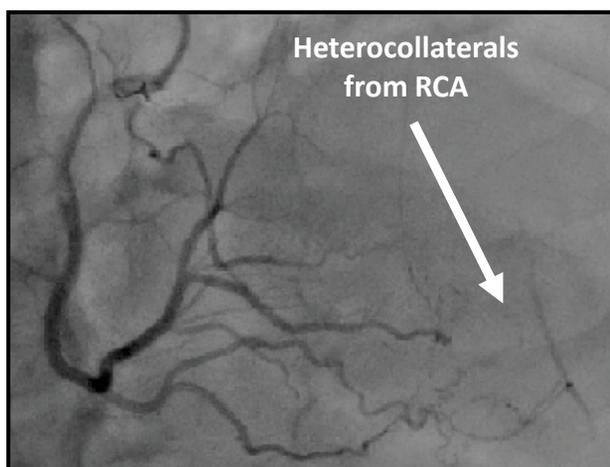


**Proposed
treatment**

PCI CTO RCA.

CASE 10

ID	J. Z.
Age	57
Gender	Male
Dg	Angina pectoris (CCS II) St. post infarctum myocardii par anteroseptalis aa X.
Risk factors	HTA, IIDM, family history for CAD, ex smoker.
Short anamnesis	Patient complaints for typical chest anginal symptoms during moderate exertion. Suffered from myocardial infarction in 2005, treated conservatively.
Stress testing	Echocardiographic positive for ischemia with akinetic apical segments of IVS, anterior and inferior wall, with ST depression of 1 mm V4-V6 during maximal exertion.
ECHO	Hypokinetic apical segment of IVS, anterior and inferior wall. Preserved global kinetic EF 54%, LV 58/44 mm. No valvular disease, LA 34 mm, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 75 bpm, ST depression 0.5 mm in V4-V6.
Therapy	ASA, Clopidogrel, Bisoprolol, Perindopril, Metformine.
Coronarography (19 th Mar 2015)	Single-vessel disease. Chronic total occlusion in the proximal segment of LAD with good heterocollaterals from RCA.

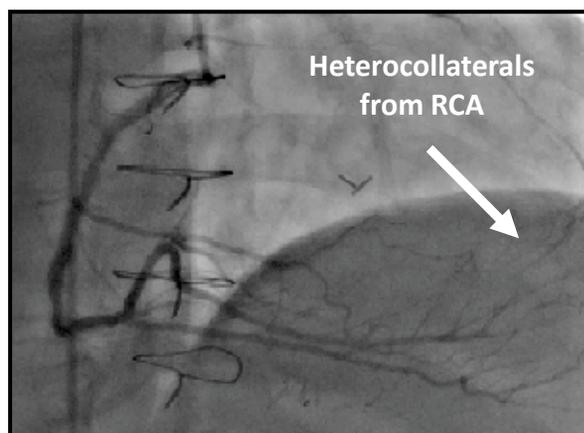
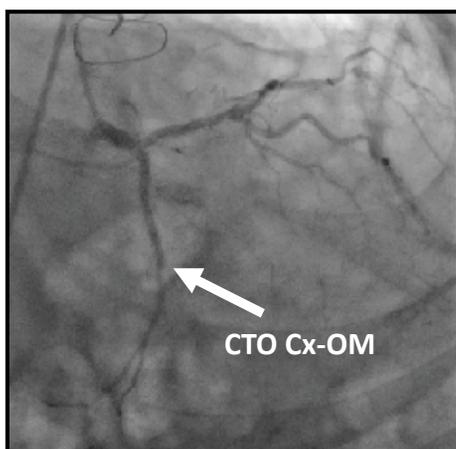


Proposed treatment

PCI CTO LAD.

CASE 11

ID	M. R.
Age	63
Gender	Male
Dg	Angina pectoris (CCS III) St. post PCI Cx et LIMA-LAD distal anastomosis cum implantatio DES No III aa V St. post PCI RCA et LIMA-LAD distal anastomosis cum implantatio DES No IV aa VI St. post PCI RCA cum implantatio DES No III aa VI St. post CABG No III (LIMA-LAD, SVG-D1, SVG-OM2) aa XX St. post infarctum myocardii par. inferioris aa XXI
Risk factors	HTA, HP, ex smoker.
Short anamnesis	Patient complaints for typical chest anginal symptoms during mild exertion and on cold weather. Elective PCI Cx and LIMA-LAD was performed in 2010. Elective PCI RCA and LIMA-LAD was performed in 2009. Elective PCI RCA was performed in 2010. CABG was performed in 1995. Suffered from myocardial infarction of inferior wall in 1994, treated conservatively.
Stress testing	Echocardiographic positive for ischemia with hypokinetic medioapical segments of IVS and medial segment of lateral wall, with ST depression of 1.5 mm on ECG in V5-V6 during maximal exertion.
ECHO	Hypokinetic basal segment of inferior wall akinetic apex. Global kinetic EF 50LV 60/42 mm. LA 42 mm, MR 1+, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 90 bpm, QR in D3, aVF, QS in V1-V3.
Therapy	ASA, Clopidogrel, Metoprolol, Valsartan, Isosorbide-5-mononitrate, Hydrochlorothiazide, Atorvastatine, Trimetazidine.
Coronarography (25 th Mar 2015)	In-stent CTO in the medial segment of LAD and CTO in the distal segment of Cx-OM with good heterocollaterals from RCA. Occlusion in the proximal anastomoses of SVG-D1 and SVG-OM. LIMA-LAD and native RCA are without angiographically significant stenoses.

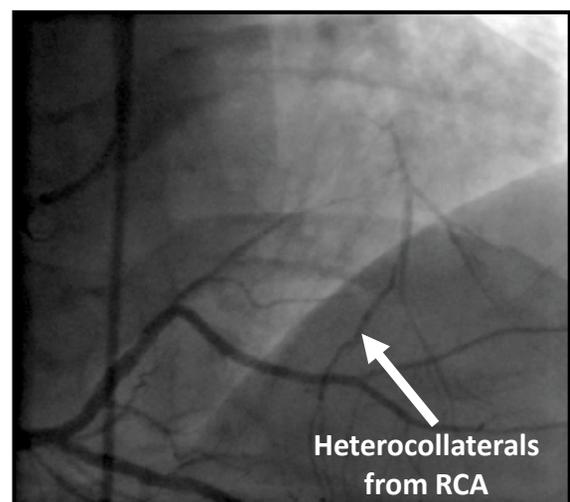
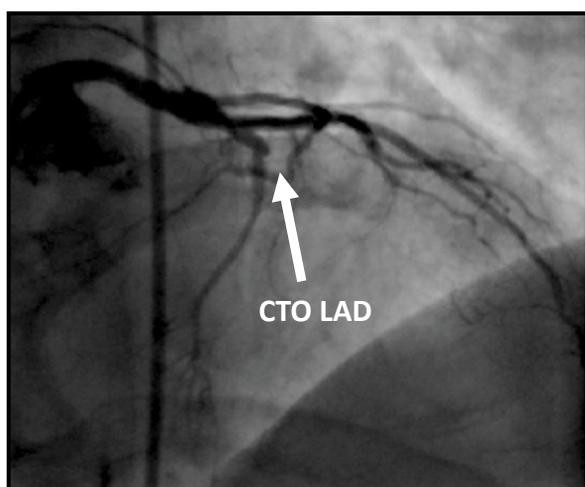


Proposed treatment

PCI CTO Cx-OM.

CASE 12

ID	J. D.
Age	63
Gender	Male
Dg	Angina pectoris (CCS II) St. post infarctum myocardii par. inferoposterioris et ventriculi dex am V St. post PCI Cx cum implantatio BMS No I am V Cardiomyopathia dilatativa ischaemica
Risk factors	HTA, HLP, ex smoker, positive family history.
Short anamnesis	Patient complains for typical chest anginal symptoms during moderate exertion. Suffered from myocardial infarction of inferoposterior wall 4 months ago, treated with primary PCI with implantation of one BMS in Cx.
Stress testing	Echocardiographic positive for ischemia with akinetic medial and apical segments of anterior wall and IVS, and ST depression of 1.0 mm on ECG in V4-V6 during maximal exertion.
ECHO	Hypokinesia of IVS and apex. Akinesia of basal segments of inferoposterior wall. Global kinetic EF 35-40%, LV 63/44 mm. LA 45mm, MR 2-3+, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 65 bpm, QS with negative T waves in D2, D3, aVF.
Therapy	ASA, Clopidogrel, Bisoprolol, Ramipril, Thiazide, Furosemide, Spironolactone, Trimetazidine, Atorvastatine, Pantoprazolum.
Coronarography (20 th Jan 2015)	Single-vessel disease. Chronic total occlusions of the proximal segment of LAD with good heterocollaterals from RCA.

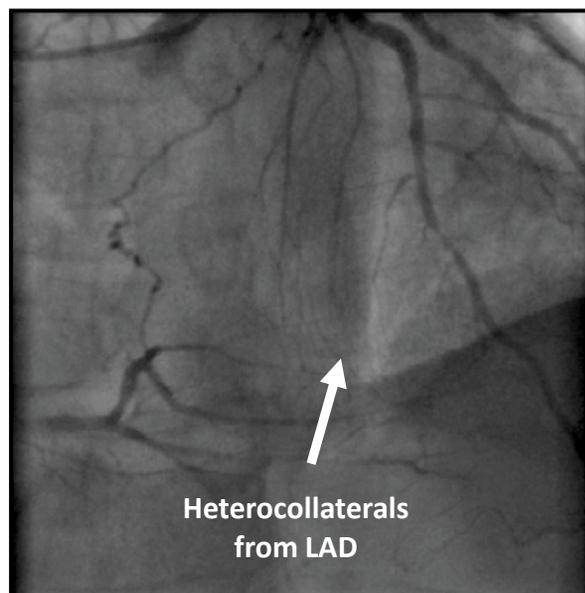
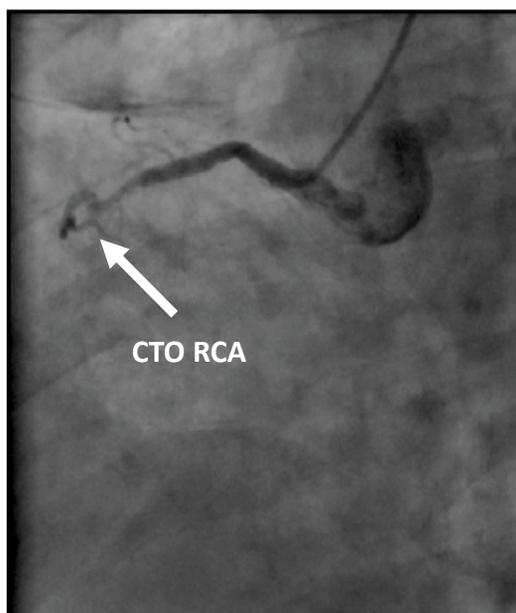


Proposed treatment

PCI CTO LAD.

CASE 13

ID	T. M.
Age	59
Gender	Male
Dg	Angina pectoris (CCS II) St. post PCI LAD cum implantatio DES No I am VIII St post resectio pulmonum dex pp Neo aa VIII
Risk factors	HTA, IDDM, family history of CAD
Short anamnesis	Patient complaints for typical chest anginal symptoms during exertion. Previously treated with PCI of LAD in Aug 2014. Uncomplicated recovery. After discharge CCS class II anginal symptoms because of CTO in the proximal segment RCA.
Stress testing	Not performed.
ECHO	Hypokinesia of basal segments of inferior and posterior wall and basal septum. Global kinetic EF 50%, LV 55/38 mm. No valvular disease, LA 38 mm, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 58 bpm, biphasic T waves in D3, aVF.
Therapy	ASA, Clopidogrel, Bisoprolol, Ramipril, Trimetazidine, Lovastatine.
Coronarography (10 th Apr 2014)	Single-vessel disease. Chronic total occlusion in the proximal segment of RCA with good heterocollaterals from LAD. Unsuccessful anterograde PCI of CTO RCA.

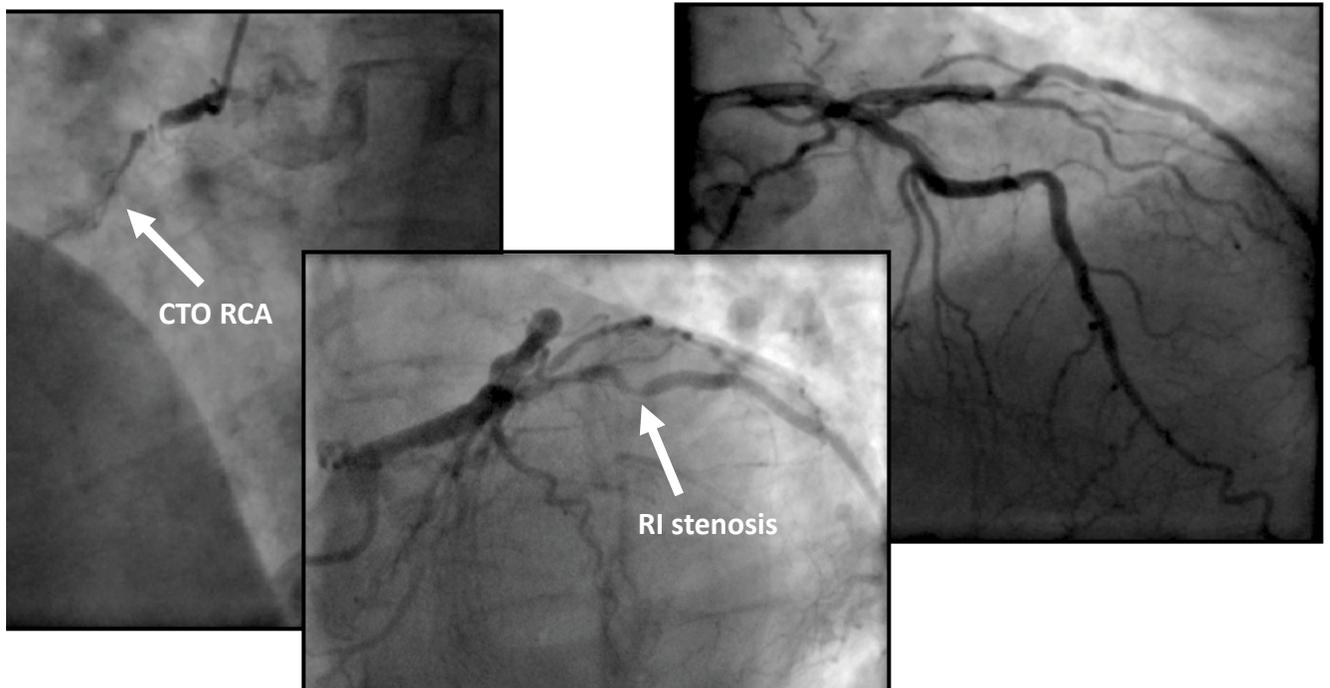


Proposed treatment

PCI CTO RCA.

CASE 13a

ID	T. Z.
Age	64
Gender	Male
Dg	Silent ischemia St. post EAT ACI dex aa I St. post CVI cum hemiparesis sin aa I.
Risk factors	HTA, HLP, ex smoker.
Short anamnesis	Patient denies chest complaints. MDCT coronarography from Dec 2014 demonstrated occlusion of RCA and significant stenosis of RI.
Stress testing	Exercise stress test terminated at 3.8 METS due to pain in left leg on 77% of predicted pulse rate. Under load borderline ischemia on posterolateral wall with large number of polymorphic VES .
ECHO	Preserved global kinetic EF 64%, LV 58/34 mm. No valvular disease, LA 41 mm, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 60 bpm, RBBB, SVES.
Therapy	ASA, Clopidogrel, Bisoprolol, Ramipril, Trimetazidine, Atorvastatin
Coronarography (2 nd Mar 2015)	Two-vessel disease. Chronic total occlusion in the proximal segment of RCA with good heterocollaterals from LAD. Significant stenosis in RI.



Proposed treatment

PCI CTO RCA and RI.

CASE 14

ID	R.M
Age	86
Gender	Male
Dg	Stenosis ostii arteriosi sinistri, St post syncopam, St post TIA, LBBB
Risk factors	HTA, HLP, DM
Short anamnesis	Patient complaints for fatigue and dyspnea during less than ordinary activity (NYHA III). Also several times patient had syncope during exertion. Heart team due to high surgical risk decided to perform TAVI.
Stress testing	/
ECHO	Severe aortic stenosis (PG 121mmHg, mean 72mmHg, area 0,68cm ²). LV 53/36mm, wall hypertrophy, preserved EF 60%. MR 1-2+, AR 2+, TR 1-2+, SPDK 40mmHg
Laboratory	NCS
ECG	Sinus rhythm, 60 bpm, LAH, ST depression 1mm in V5-V6
Therapy	Clopidogrel, ASA, Indapamid, Atorvastatin, Fosinopril sodium
Coronarography	To be done

Proposed treatment

PCI CTO LAD.

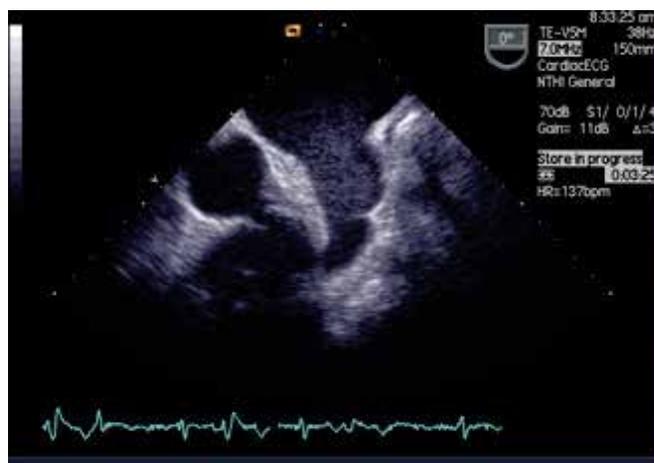
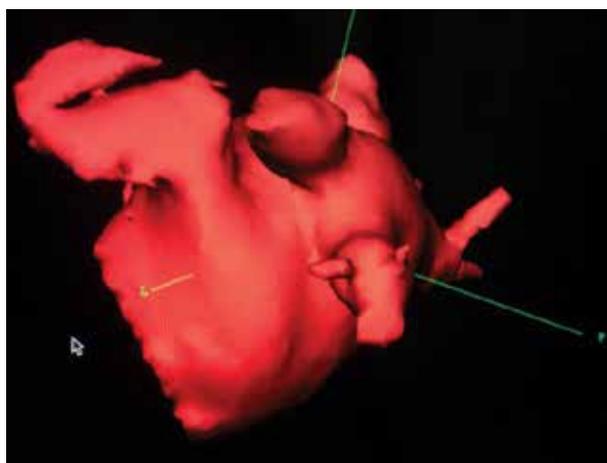
CASE 15

ID	S.S
Age	86
Gender	Male
Dg	Stenosis ostii arteriosi sinistri, St post syncopam, St post TIA, LBBB
Risk factors	HTA, HLP, DM
Short anamnesis	<p>Patient complaints for chest anginal symptoms , fatigue and dyspnea during physical exertrion (NYHA II-III). In 1992 patient had inferolateral IM, in 2002 lateral and in 2013 non Q IM. Coronary by pass operation was done in 2003 (SVG-LAD, SVG-OM1). Several times PCI of D1 was done as well as PCI of Cx.</p> <p>Heart team due to high surgical risk decided to perform TAVI.</p>
Stress testing	/
ECHO	Severe aortic stenosis (PG 85mmHg, mean 44mmHg, area 0,6cm ²). LV 53/34mm, wall hypetrophy, hipo to akinetic mid segment of inferoseptum, EF 55%. MR 1-2+, AR 1+, TR 1+, SPDK 40mmHg
Laboratory	NCS
ECG	Sinus rhythm, 60 bpm, neg T in D1, aVL, V5-V6.
Therapy	ASA, Ticlopidine, Bisoprolol, Kvinapril, Amlodipin, Trimetazidine, Atorvastatin, Levothyroxine, DM th
Coronarography	To be done

Proposed treatment	PCI CTO LAD.
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CASE 16

ID	D. M.
Age	54
Gender	Male
Dg	Arrhythmia absoluta permanens Cardiomyopathia dilatativa St. post CVI cum haemiparesis lat. sin aa II.
Risk factors	HTA, CMP, prior cerebrovascular event.
Short anamnesis	He suffered from atrial fibrillation (AF) from 2006. Initially control of rhythm was tried with propafenone, amiodarone. Electronconversion was performed in year 2013., but there was recurrence of AF after three weeks. He suffered of cerebrovascular insult with hemorrhagic transformation in july 2013, but there are no neurological consequences. CHADS₂VASc=4 HASBLED=3
ECHO	Ao 42 mm, LA 55 mm, RV 21 mm, LV EDD/ESD = 58/44 mm, EF 46%.
ECG	Atrial fibrillation, 60 bpm, no ischemic changes on ECG at rest.
Therapy	Beta blocker, ACEI, Sinkum ½ tbl (INR 2-3)

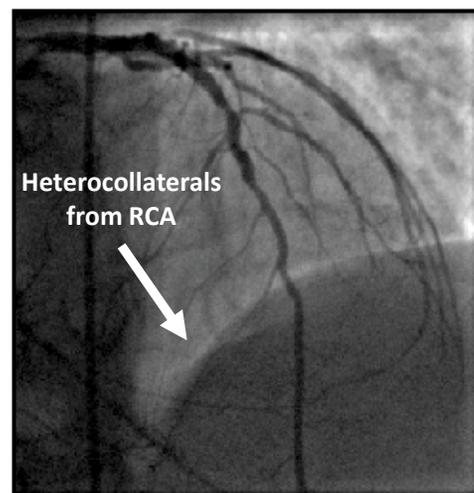
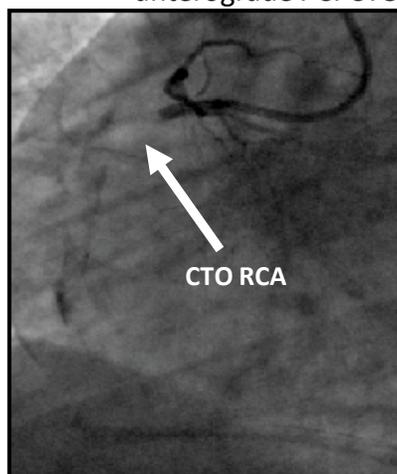


Proposed treatment

LAA closure.

CASE 17

ID	P. D.
Age	48
Gender	Male
Dg	Angina pectoris (CCS II) St. post PCI primaria LAD cum implantatio BMS No II am VI St. post infarctum myocardii par. anterolateralis am VI St. post PCI RCA and LAD cum implantatio BMS No II aa VIII St. post infarctum myocardii par. inferioris aa VIII
Risk factors	HTA, HLP, family history of CAD, smoking.
Short anamnesis	Patient complaints for atypical chest anginal symptoms during moderate exertion. Suffered from myocardial infarction of anterolateral wall in Oct 2014, treated with primary PCI in the medial segment of LAD. Suffered from myocardial infarction of inferior wall in 2007, treated with fibrinolytic therapy. Elective PCI RCA and LAD was performed in 2007.
SPECT	Viable mediobasal segments of IVS, basal segment of inferior wall, and apical segment of lateral wall. Non-viable apex and apical segments of IVS and mediobasal segments of anterior and inferior wall.
ECHO	Akinetic apex and apical segments of IVS and inferior wall. Global kinetic EF 25%, LV 66/44 mm. LA 44 mm, MR 1-2+, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 70 bpm, QS with negative T waves in D2, D3, aVF.
Therapy	ASA, Clopidogrel, Bisoprolol, Zofenopril, Isosorbide-dinitrate, Amiodarone, Furosemide, Spironolactone, Rosuvastatine, Trimetazidine, Pantoprazolum.
Coronarography (22 th Jan 2015)	Chronic total occlusion in the ostium of RCA with good heterocollaterals from LCA. Significant stenosis in the medial segment of LAD. Unsuccessful anterograde PCI CTO RCA.

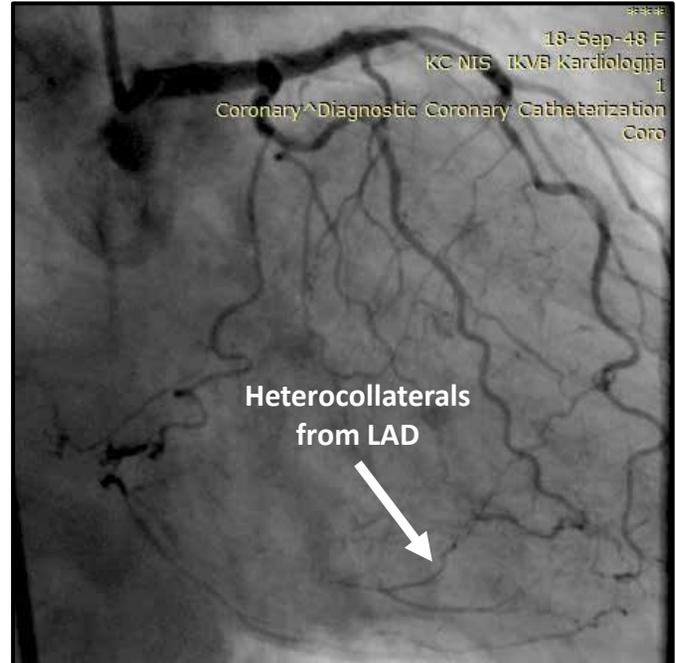
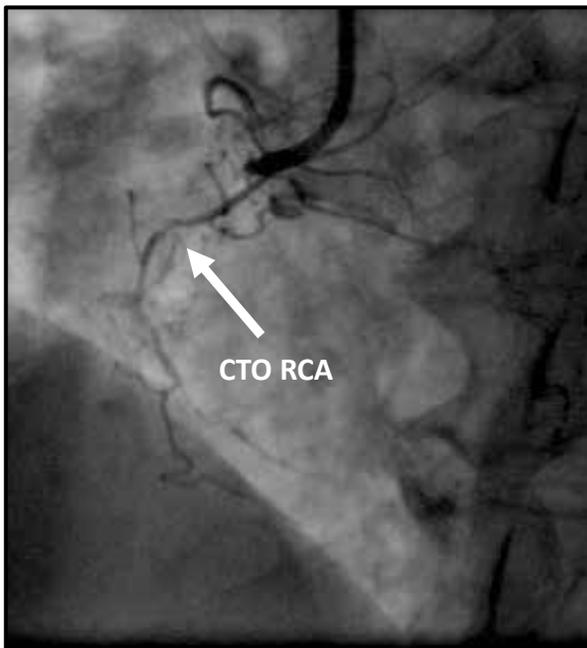


Proposed treatment

PCI CTO RCA.

CASE 18

ID	D. N.
Age	67
Gender	Female
Dg	Angina pectoris (CCS II-III) Bronchitis chronica obstructiva
Risk factors	HTA, HLP, family history of CAD.
Short anamnesis	Patient complaints for typical chest anginal symptoms during exertion since summer 2014.
SPECT	Positive for ischemia of inferolateral wall with ST depression of 2.0 mm in D2, D3, aVF, V4-V6 during maximal exertion.
ECHO	Hypokinetic inferior and lateral wall of LV. Preserved global kinetic EF 50%, LV 47/23 mm. No valvular disease, LA 38 mm, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 65 bpm, no ischemic changes on ECG at rest.
Therapy	ASA, Clopidogrel, Bisoprolol, Ramipril, Trimetazidine, Atorvastatin
Coronarography (26 th Sep 2014)	Single-vessel disease. Chronic total occlusion of the proximal segment of RCA with homo- and hetero-collaterals from LAD.

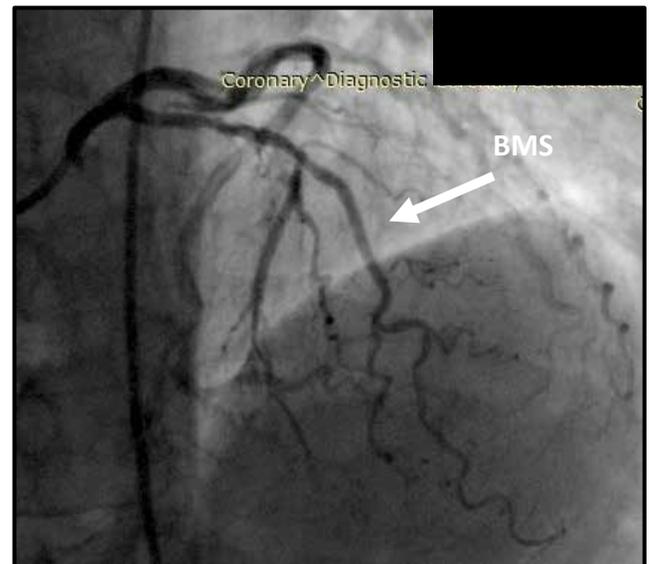
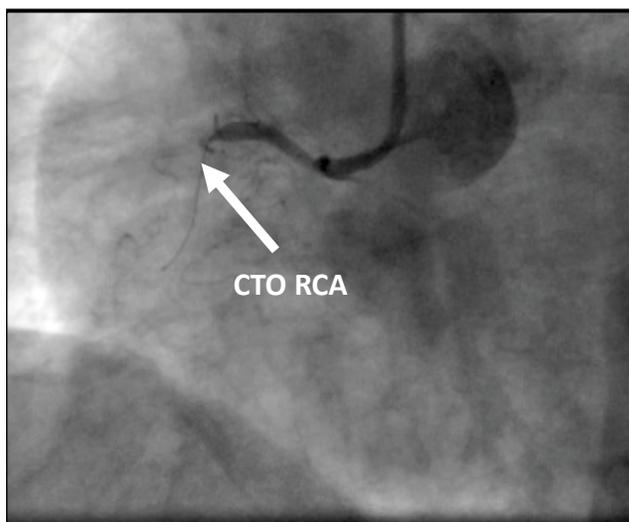


Proposed treatment

PCI CTO RCA.

CASE 19

ID	T. D.
Age	68
Gender	Male
Dg	Angina pectoris (CCS II) St. post PCI LAD cum implantatio BMS No I am V St. post infarctum myocardii par. inferoposterioris et ventriculi dextri am VIII
Risk factors	HTA, HLP, DM
Short anamnesis	Patient complaints for typical chest anginal symptoms during moderate exertion. Suffered from myocardial infarction of inferoposterior wall in Aug 2014, treated conservatively. Previously treated with elective PCI on LAD in Sep 2014.
Stress testing	Not performed.
ECHO	Hypokinetic inferior and posterior wall of LV. Preserved global kinetic EF 45%, LV 59/38mm, LA 44 mm, MR 1+, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 60 bpm, negative T wave in D2, D3, aVF.
Therapy	ASA, Clopidogrel, Bisoprolol, Zofenopril, Trimetazidine, Atorvastatine.
Coronarography (25 th Sep 2014)	Single-vessel disease. Chronic total occlusion of the proximal segment of Cx with good heterocollaterals from LAD.

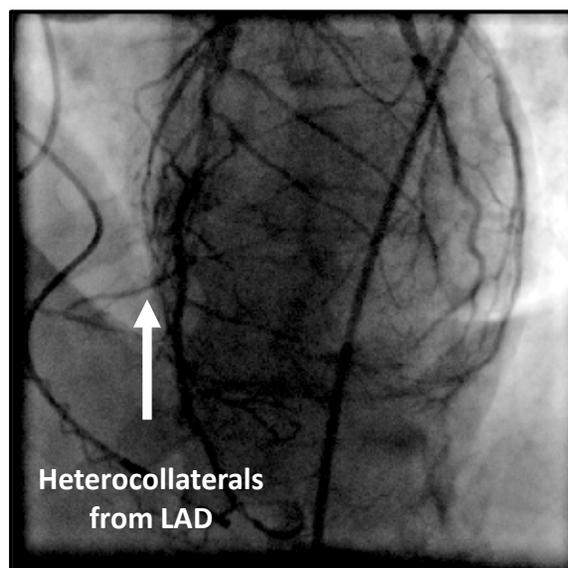
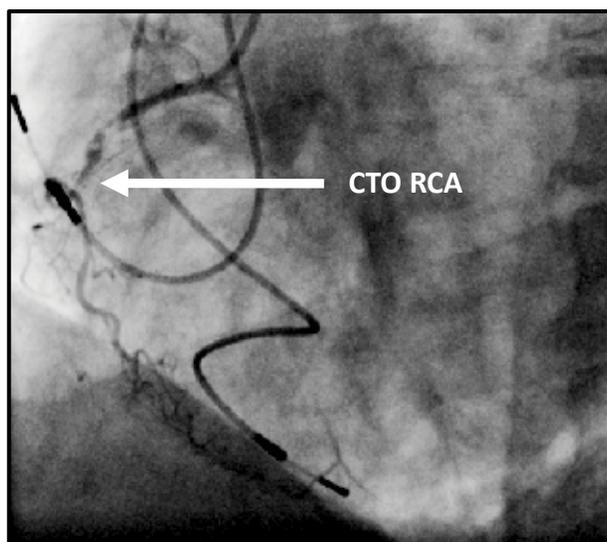


Proposed treatment

PCI CTO RCA

CASE 20

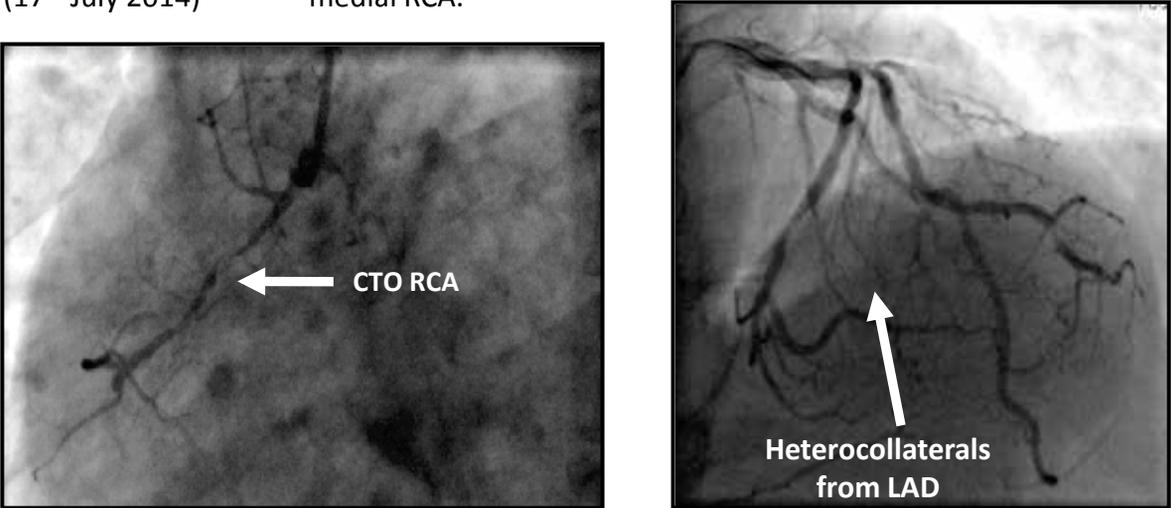
ID	K. B.
Age	58
Gender	Male
Dg	St. post STEMI par. anteroseptalis am III St. post PCI primaria LAD cum implantatio BMS No I am III St. post PCI Cx et OM1 cum implantatio DES No III ad X St. post implantatio PM aa X pp SSS Stenosis a. femoris superficialis bil.
Risk factors	HTA, HLP, IIDM, family history of CAD
Short anamnesis	Patient complains on typical chest pain during mild exertion and on cold weather. Previously treated with primary PCI in LAD in Dec 2014. Elective PCI in Cx and OM1 with implantation of three DES was performed in Mar 2015 PM implantation ten years ago.
Stress testing	Not performed.
ECHO	Hypokinetic anterior wall of LV. Global kinetic EF 45%, LV 58/40 mm. No valvular disease, LA 38 mm, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 63 bpm, QS in V1-V3, negative T waves in V5-V6.
Therapy	ASA, Clopidogrel, Bisoprolol, Ramipril, Amlodipine, Rosuvastatine, Pantoprazolum, OADs.
Coronarography (10 th Mar 2015)	Single-vessel disease. Chronic total occlusion of the proximal segment of RCA with good heterocollaterals from LAD. Unsuccessful anterograde PCI of CTO RCA.



Proposed treatment

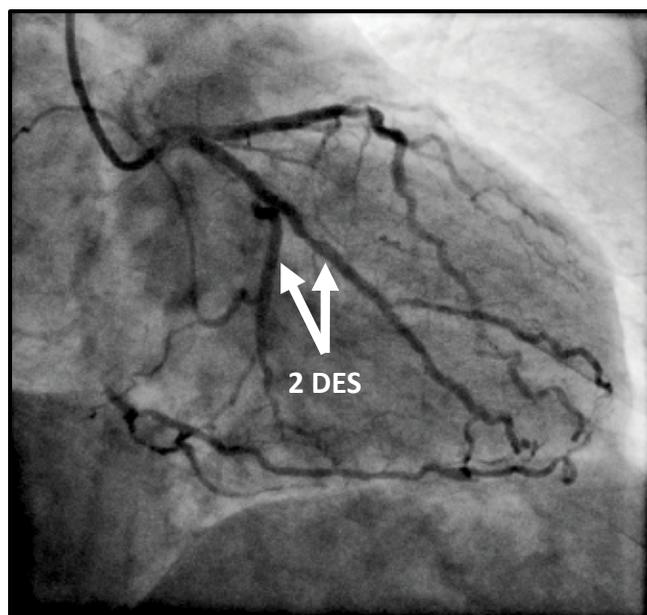
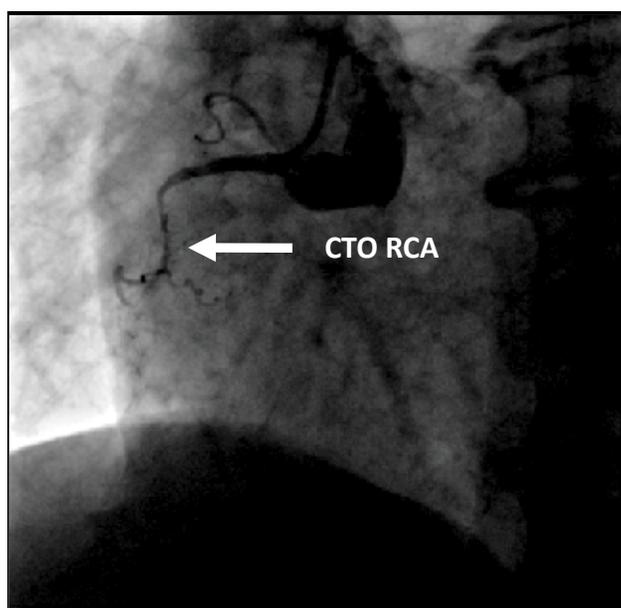
PCI CTO RCA.

CASE 21

ID	M. R.
Age	51
Gender	Male
Dg	Angina pectoris (CCS II) St. post PCI Cx cum implantatio stenti No I am II St. post infarctum myocardii par. inferioris aa I St. post PCI primaria Cx cum implantatio stenti No I aa I Arrhythmia absoluta parox.
Risk factors	HTA, HLP, ex smoker.
Short anamnesis	Patient complains on typical chest angina symptoms during moderate exertion. Elective PCI in Cx with implantation of one DES in Feb 2015. Suffered myocardial infarction of inferior wall, treated with primary PCI in Cx with implantation of one BMS in 2013.
Stress testing	Not performed.
ECHO	Hypokinetic medial and basal segment of inferior wall LV. Preserved global kinetic EF 55%, LV 53/31 mm. No valvular disease, LA 41 mm, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 58 bpm, rS in D3 and aVF, no ischemic changes at rest.
Therapy	ASA, Ticagrelor, Bisoprolol, Ramipril, Lerkandipine, Atorvastatine, Amiodarone.
Coronarography (17 th July 2014)	Without instent re-stenosis. Unsuccessful anterograde PCI of CTO medial RCA.
	
Proposed treatment	PCI CTO RCA.

CASE 21a

ID	S. M.
Age	69
Gender	Male
Dg	Angina pectoris (CCS II) St. post PCI Cx et OM1 cum implantatio DES No II aa III
Risk factors	HTA, HLP, IIDM, ex smoker.
Short anamnesis	Patient complains on chest pain ring moderate exertion. Previously, elective PCI in Cx and OM1 with implantation of two DES was performed in 2012.
Stress testing	Echocardiographic positive for ischemia with hypokinetic mediobasal segments of inferior wall.
ECHO	Hypokinetic basal segment of IVS. Preserved global kinetic EF 55-60%, LV 52/38 mm. No valvular disease, LA 38 mm, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 65 bpm, LAHB, no ischemic changes at rest.
Therapy	ASA, Clopidogrel, Bisoprolol, Zofenopril, Trimetazidine, Atorvastatin, Isosorbide-mononitrate, Hydrochlorothiazide, Pantoprazolum, OADs.
Coronarography (6 th Feb 2015)	Single-vessel disease. Chronic total occlusion in the medial segment of RCA with good heterocollaterals from LCA. Non-significant in-stent restenosis in Cx.

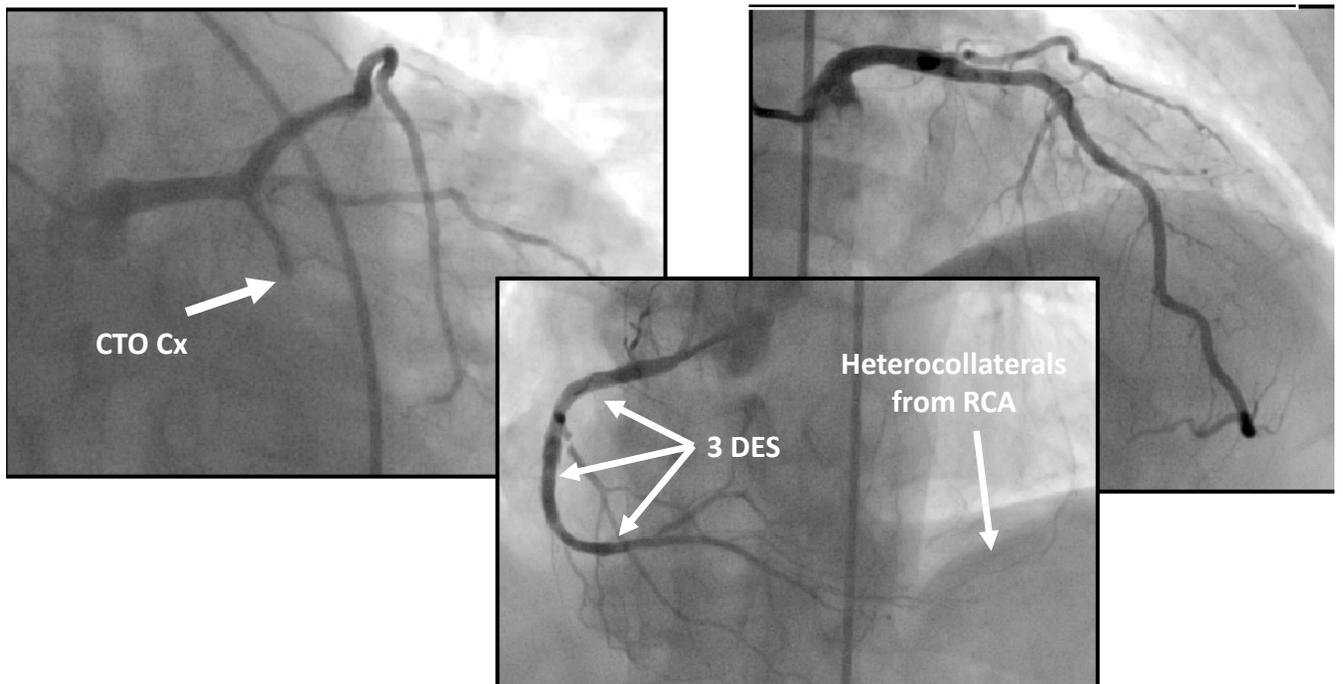


**Proposed
treatment**

PCI CTO RCA.

CASE 22

ID	I. M.
Age	55
Gender	Male
Dg	Angina pectoris (CCS II) St. post PCI RCA cum implantatio DES No III aa II
Risk factors	HTA, HLP, family history for CAD, ex smoker.
Short anamnesis	Patient complaints for atypical chest anginal symptoms during moderate exertion. Elective PCI CTO RCA with implantation of three DES was performed in April 2014.
Stress testing	Echocardiographic positive for ischemia with akinetic basal segments of inferoposterior wall and ST depression of 2.0 mm on ECG in D2, D3, V4-V6 during maximal exertion.
ECHO	Hypokinetic basal segments of inferoposterior wall. Preserved global kinetic EF 55%, LV 50/32 mm. No valvular disease, LA 34 mm, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 80 bpm, no ischemic changes on ECG at rest.
Therapy	ASA, Clopidogrel, Bisoprolol, Isosorbide-mononitrate, Trimetazidine, Atorvastatine.
Coronarography (14 th Nov 2014)	Single-vessel disease. Chronic total occlusion of the proximal segment of Cx with good heterocollaterals from RCA.

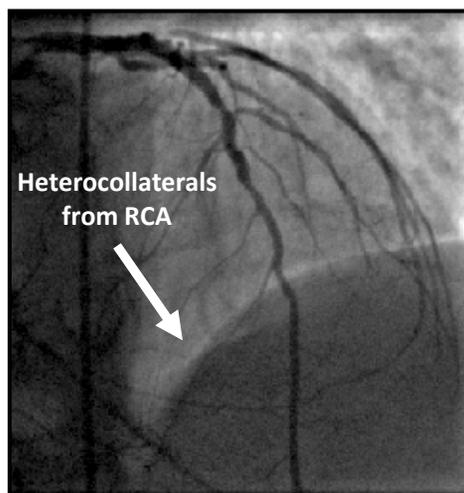
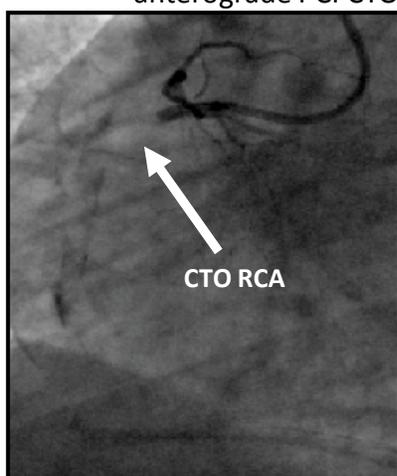


Proposed treatment

PCI CTO Cx.

CASE 23

ID	P. D.
Age	48
Gender	Male
Dg	Angina pectoris (CCS II) St. post PCI primaria LAD cum implantatio BMS No II am VI St. post infarctum myocardii par. anterolateralis am VI St. post PCI RCA and LAD cum implantatio BMS No II aa VIII St. post infarctum myocardii par. inferioris aa VIII
Risk factors	HTA, HLP, family history of CAD, smoking.
Short anamnesis	Patient complaints for atypical chest anginal symptoms during moderate exertion. Suffered from myocardial infarction of anterolateral wall in Oct 2014, treated with primary PCI in the medial segment of LAD. Suffered from myocardial infarction of inferior wall in 2007, treated with fibrinolytic therapy. Elective PCI RCA and LAD was performed in 2007.
SPECT	Viable mediobasal segments of IVS, basal segment of inferior wall, and apical segment of lateral wall. Non-viable apex and apical segments of IVS and mediobasal segments of anterior and inferior wall.
ECHO	Akinetic apex and apical segments of IVS and inferior wall. Global kinetic EF 25%, LV 66/44 mm. LA 44 mm, MR 1-2+, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 70 bpm, QS with negative T waves in D2, D3, aVF.
Therapy	ASA, Clopidogrel, Bisoprolol, Zofenopril, Isosorbide-dinitrate, Amiodarone, Furosemide, Spironolactone, Rosuvastatine, Trimetazidine, Pantoprazolum.
Coronarography (22 th Jan 2015)	Chronic total occlusion in the ostium of RCA with good heterocollaterals from LCA. Significant stenosis in the medial segment of LAD. Unsuccessful anterograde PCI CTO RCA.

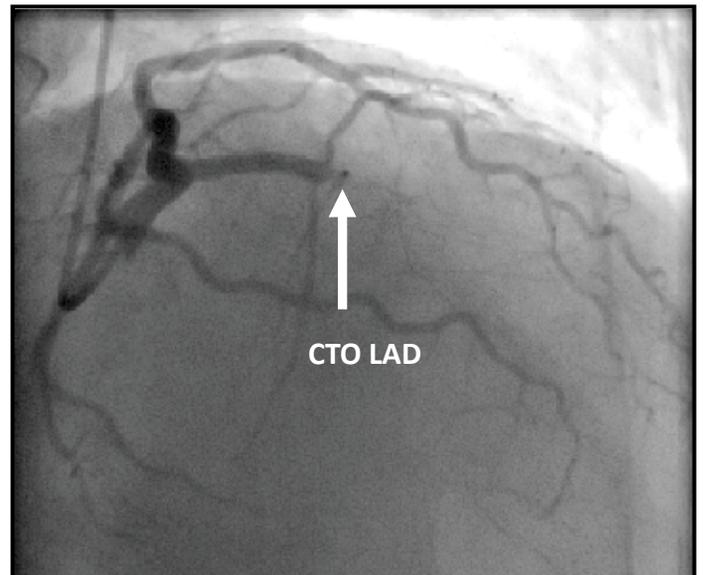
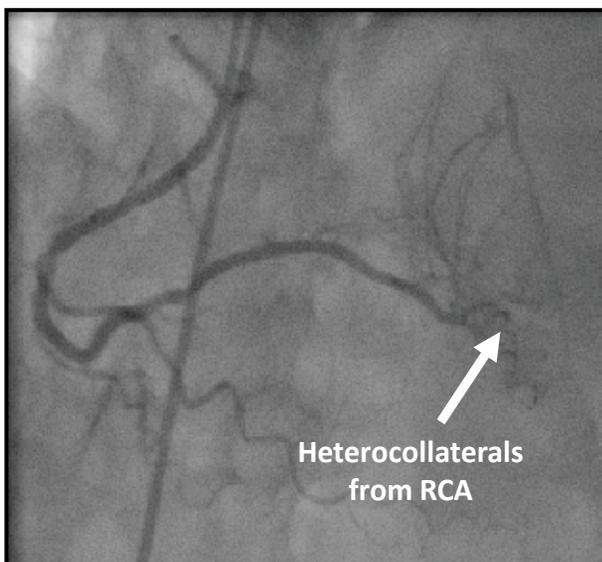


Proposed treatment

PCI CTO RCA.

CASE 24

ID	L. B.
Age	51
Gender	Male
Dg	Angina pectoris (CCS III) Asthma bronchiale
Risk factors	IDDM , HLP
Short anamnesis	Patient complaints for typical chest anginal symptoms during mild exertion and on cold weather.
Stress testing	Echocardiographic positive for ischemia with akinetic apical segment of inferior wall and medial segment of IVS and ST depression of 1.0 mm on ECG in D2, D3, aVF during maximal exertion.
ECHO	Akinetic apical segment of IVS. Preserved global kinetic EF 65%, LV 50/33 mm. No valvular disease, LA 38 mm, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 65 bpm, no ischemic changes on ECG at rest.
Therapy	ASA, Clopidogrel, Diltiazem, Rosuvastatine, Pantoprazolum, Salbutamol, Salmeterol/Flutikazon-propionate, Insulin.
Coronarography (3 rd Feb 2015)	Single-vessel disease. Chronic total occlusion of the medial segment of LAD with good heterocollaterals from the RCA.

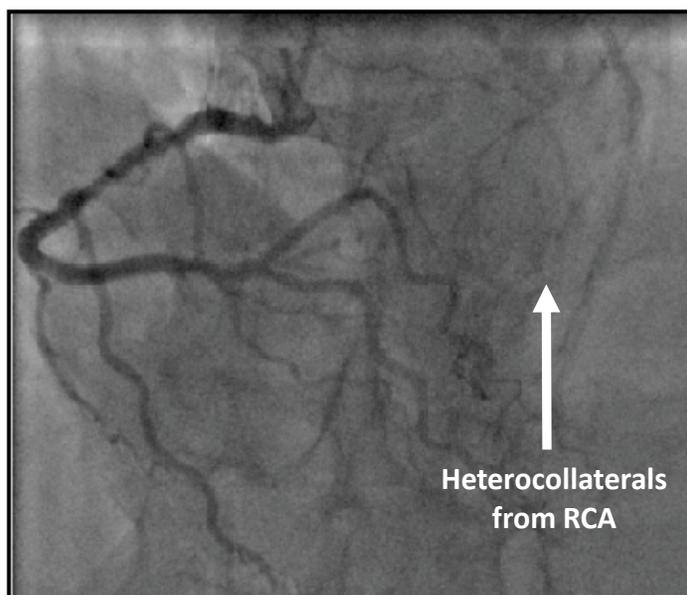
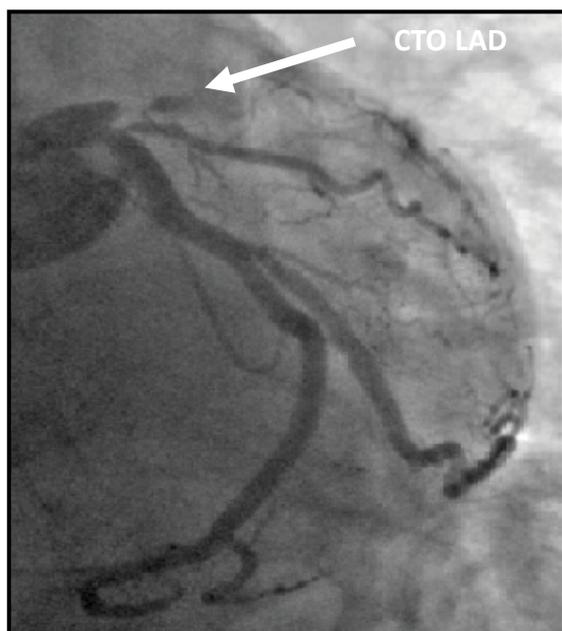


Proposed treatment

PCI CTO LAD.

CASE 28

ID	B. M.
Age	64
Gender	Male
Dg	Angina pectoris postinfarctum St. post infarctum myocardii par. anterioris St. post tentamen PCI CTO LAD pars proximalis
Risk factors	HTA, HLP
Short anamnesis	Patient complaints for typical chest anginal symptoms during mild exertion and on cold weather. Suffered myocardial infarction of anterior wall in January 2015.
Stress testing	Not performed.
ECHO	Akinesia of anterior wall with preserved wall thickness, hypokinesia of lateral wall, and normokinesia of septal wall. Global kinetic EF 45%, LV 53/39 mm. No valvular disease, rest NCS.
Laboratory	NCS
ECG	Sinus rhythm, 65 bpm, QS in V1-V3.
Therapy	ASA, Clopidogrel, Bisoprolol, Zofenopril, Trimetazidine, Isosorbide-Mononitrate, Atovarstatine.
Coronarography (25 th Mar 2015)	Single-vessel disease. Chronic total occlusion in the proximal segment of LAD with good heterocollaterals from RCA (Rentrop gradus 3).

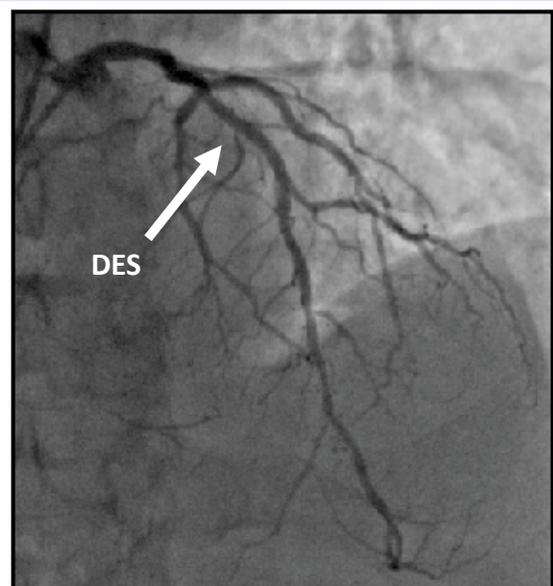
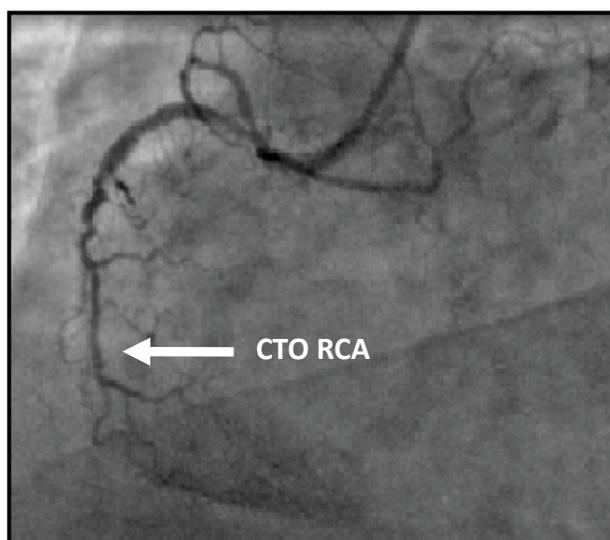


Proposed treatment

PCI CTO LAD.

CASE 29

ID	Š. B.
Age	59
Gender	Male
Dg	Unstable angina St. post PCI LAD cum implantatio DES no I aa I
Risk factors	HTA, HLP.
Short anamnesis	Elective PCI with implantation of one DES in the medial segment of LAD was performed in April 2014. Patient was hospitalized due to unstable angina in March 2015. Two unsuccessful anterograde PCI of CTO RCA were performed in 2014.
Stress testing	Not performed.
ECHO	Preserved EF >50%. No regional wall motion abnormalities. No significant valvular disease.
Laboratory	NCS
ECG	Sinus rhythm, 75 bpm, negative T wave in D3. During chest pain: ST elevation in D2, D3, aVF.
Therapy	ASA, Clopidogrel, Bisoprolol, Irbesartan, Amlodipine, Isosorbide-Mononitrate, Trimetazidine, Atorvastatine.
Coronarography (11 th Mar 2015)	Two-vessel disease. Significant stenosis in the distal segment of LAD (70-90%). Chronic total occlusion in the medial segment of RCA with good heterocollaterals from LAD (Rentrop gradus 2).



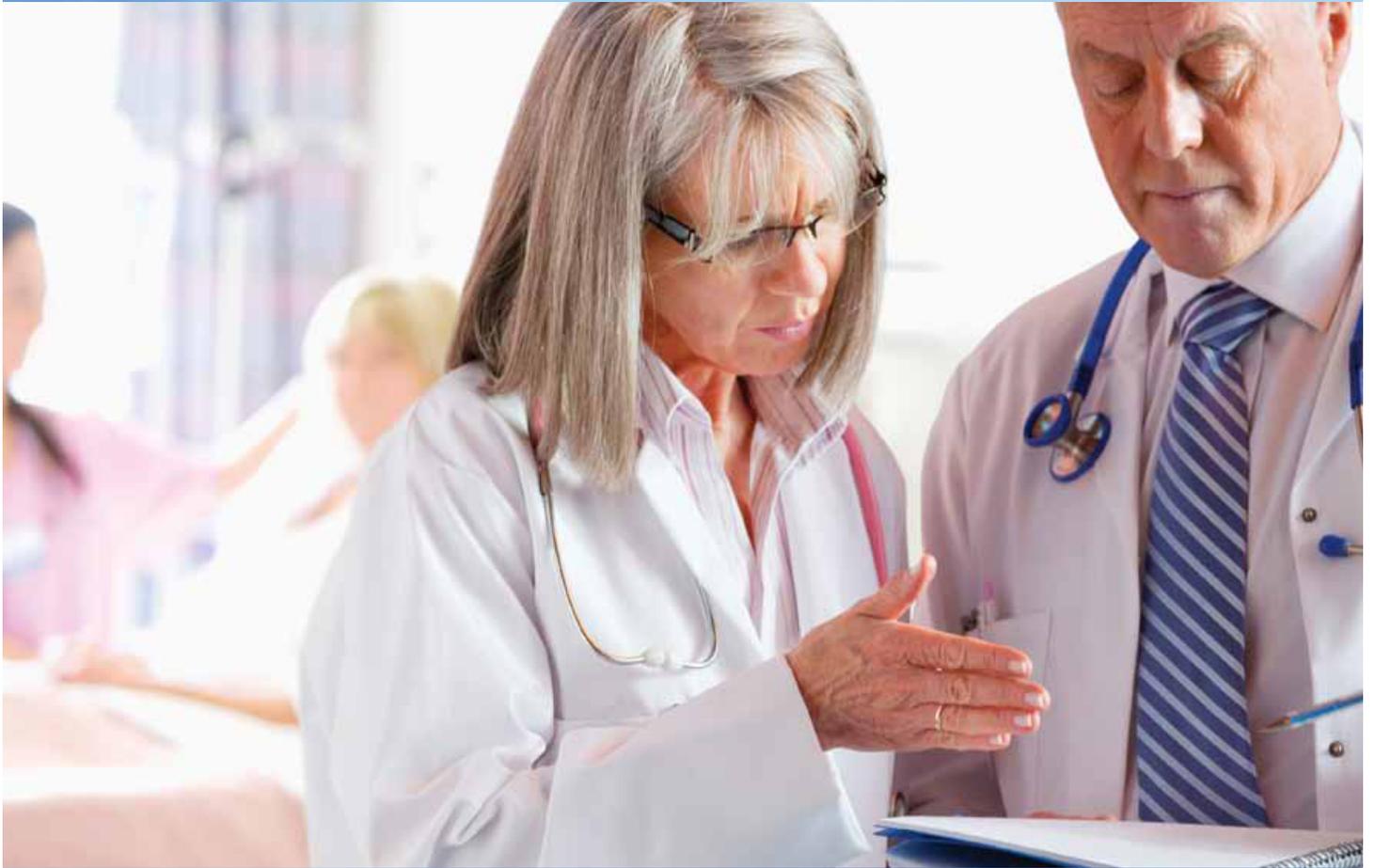
Proposed treatment

PCI CTO RCA.



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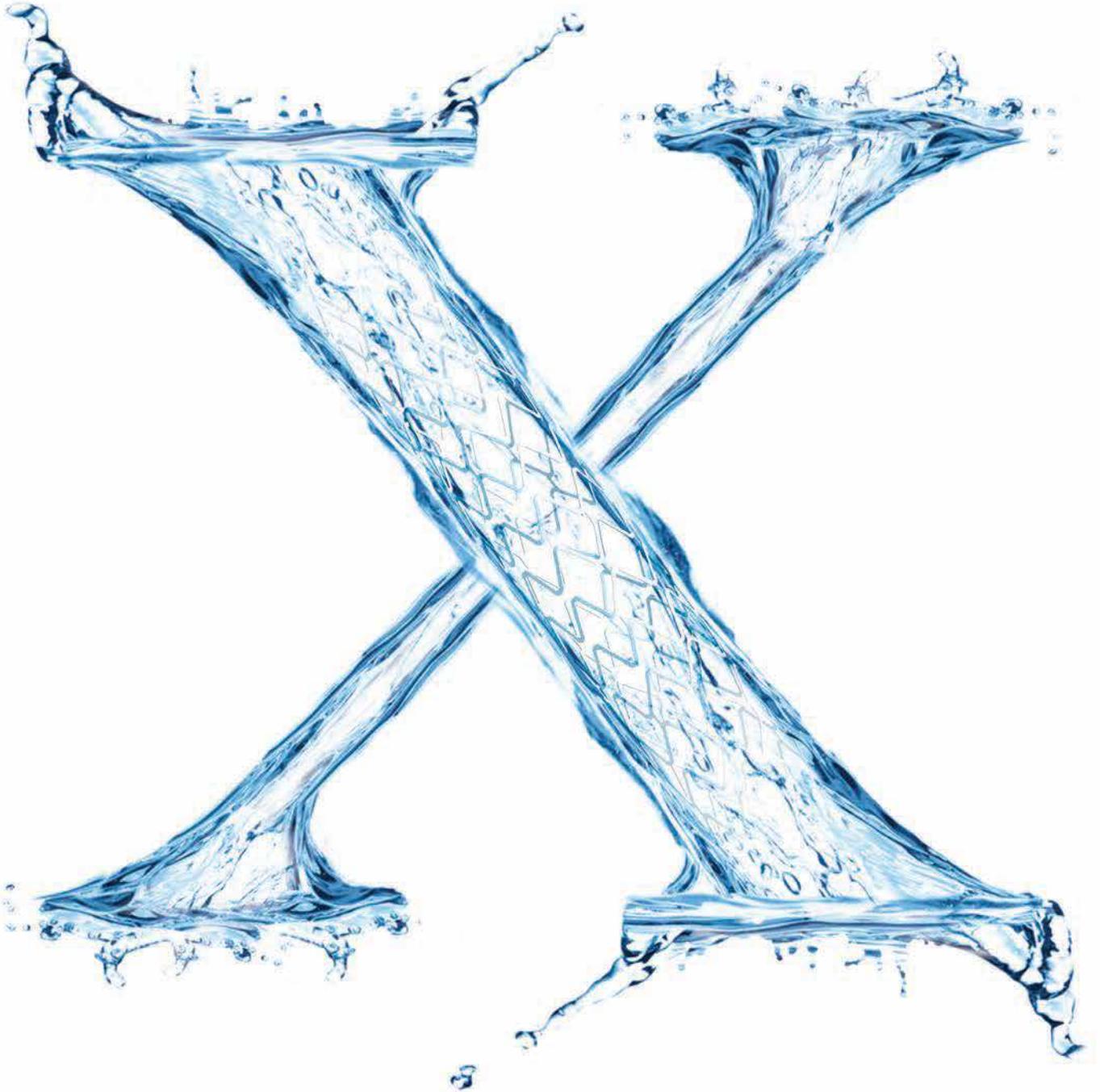
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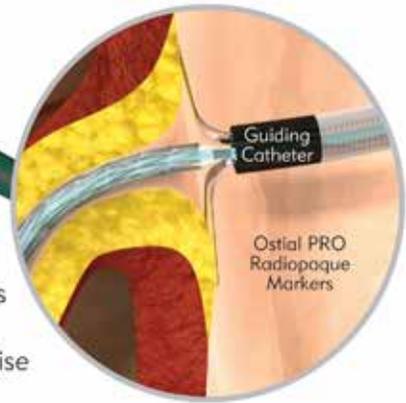
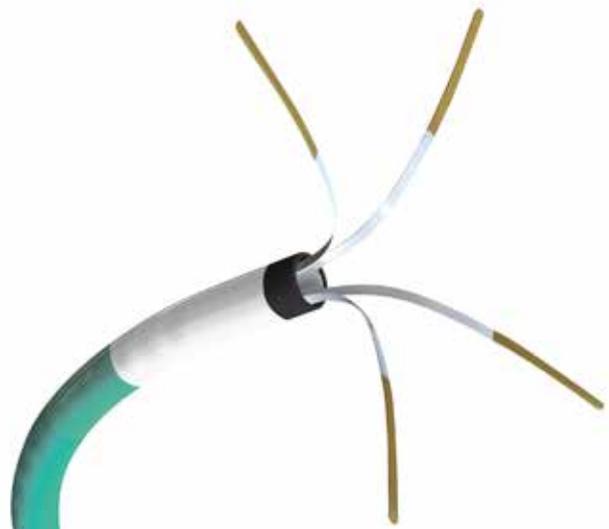
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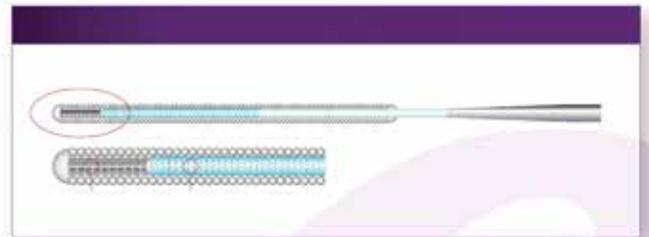
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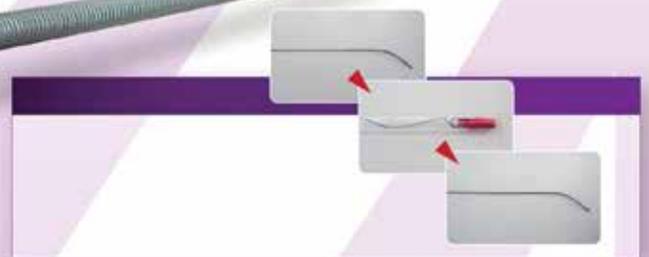
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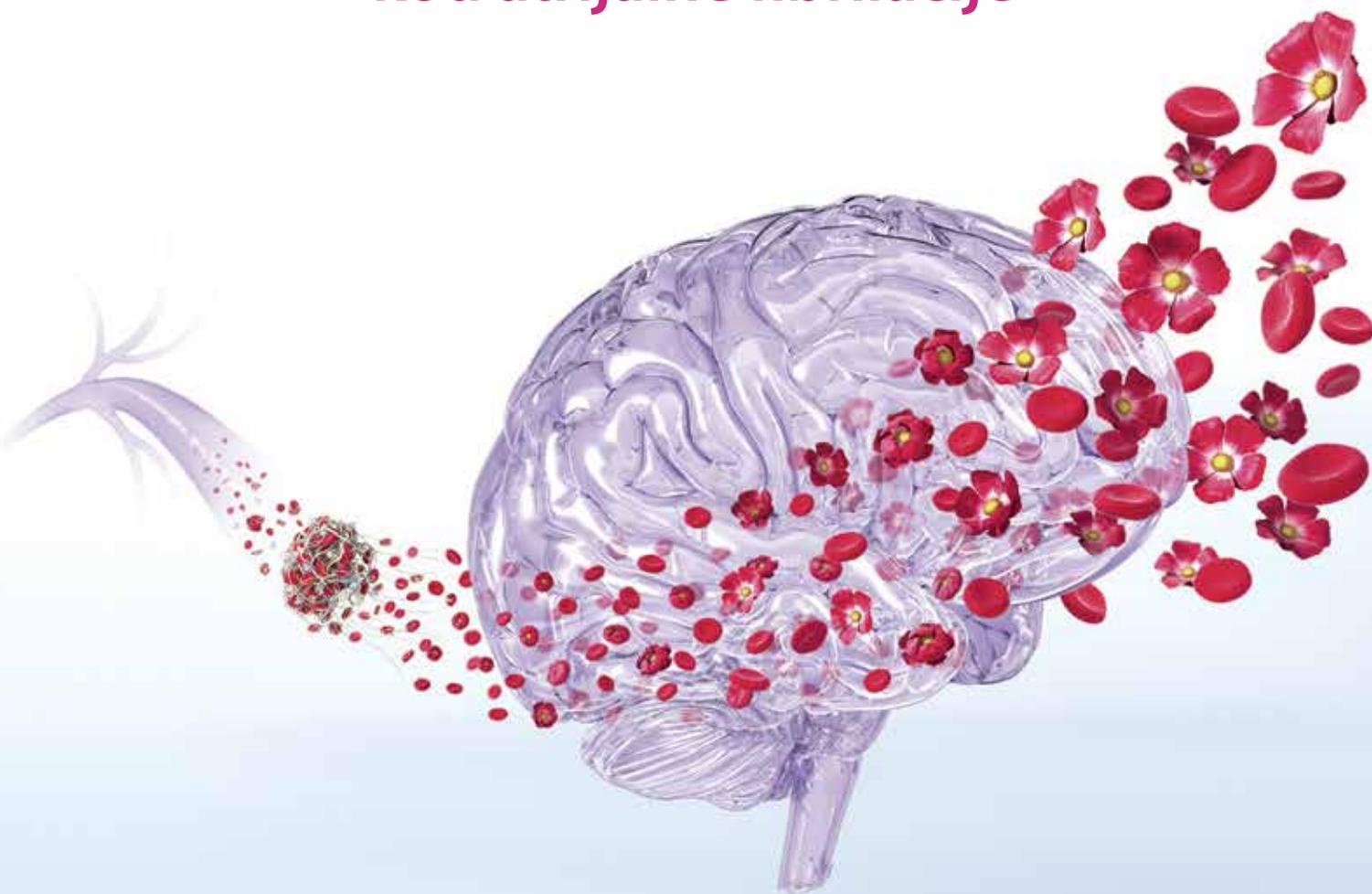


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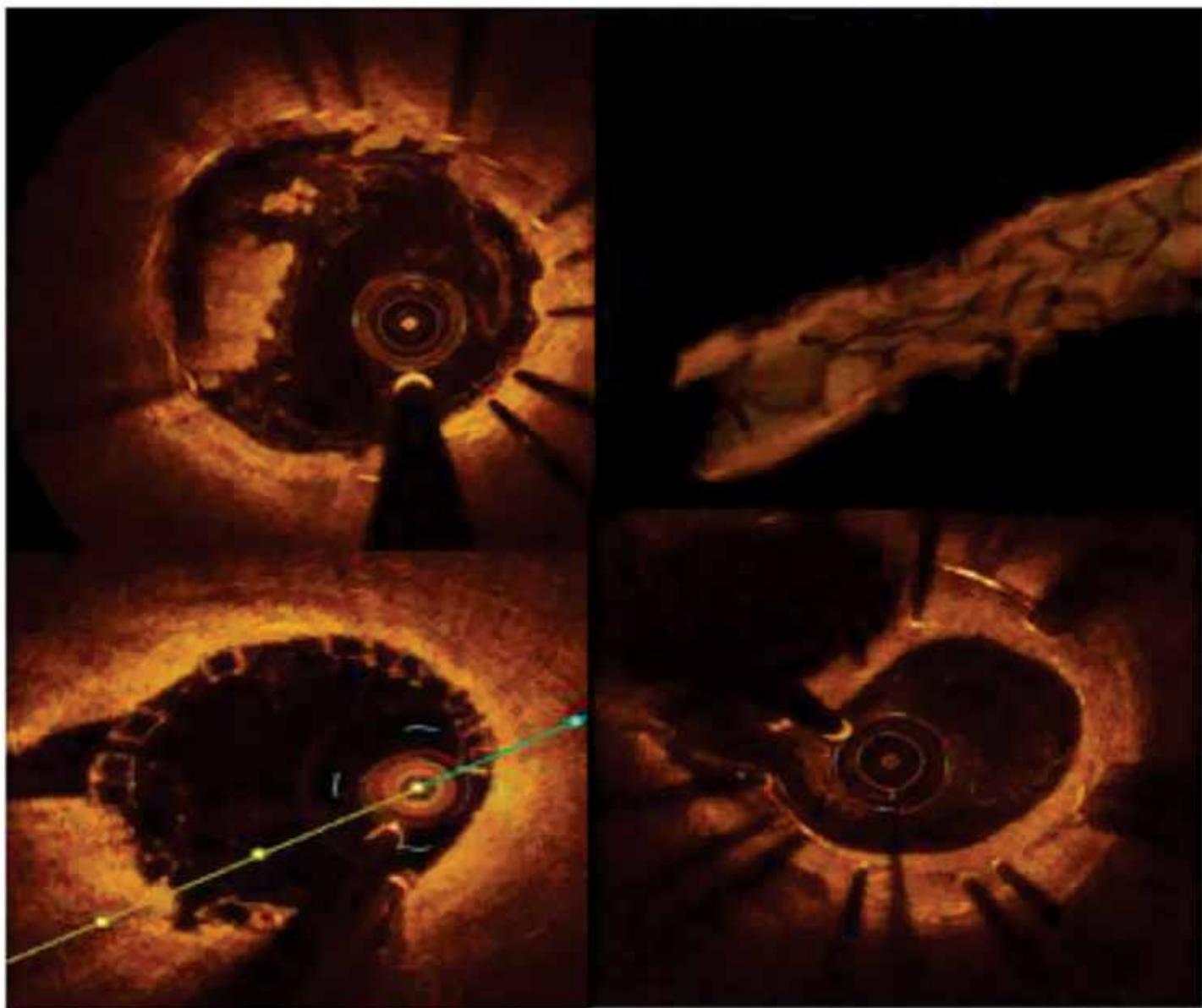


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