

CCT2019 Coronary

Coronary Course Directors

Kazuhiro Ashida Seirei Yokohama Hospital

Maoto Habara Toyohashi Heart Center

Ichiro Hamanaka Rakuwakai Marutamachi Hospital

Yuji Hamazaki Ootakanomori Hospital

Yasumi Igarashi Tokeidai Memorial Hospital

Kaoru Iwabuchi Osaki Citizen Hospital

Tomohiro Kawasaki Shin-Koga Hospital

Yoshihisa Kinoshita Toyohashi Heart Center

Tomoko Kobayashi Kyoto Katsura Hospital

Kenya Nasu Toyohashi Heart Center

Yuji Oikawa The Cardiovascular Institute

Atsunori Okamura Sakurabashi Watanabe Hospital

Junya Shite Osaka Saiseikai Nakatsu Hospital

Hiroyuki Tanaka Kurashiki Central Hospital

Etsuo Tsuchikane Toyohashi Heart Center

Takafumi Tsuji Kusatsu Heart Center

Junji Yajima The Cardiovascular Institute

Ryohei Yoshikawa Sanda City Hospital

Much more "Challenge and Innovation"

I, as the Representative Coronary Course Director of CCT2019, would like to make a few remarks on the announcement of CCT2019.

The relationship between CCT and me started with joining the 1st CCIC in 1995, which was a predecessor of CCT, as just a participant. CCIC gave me a great shock because Dr. Katoh, Dr. Suzuki and Dr. Tamai demonstrated PCIs for complex lesions that were completely different from my daily practice in those days. That shock still remains vivid in my memory. CCIC showed me an ideal PCI that was one that I should aim for. After joining the 1st CCIC, I started to get involved in complex PCI.

Subsequently, CCIC has been developed and has changed its name to CCT. Currently CCT covers not only Coronary course but also other categories of catheter therapeutics, such as Peripheral course, Surgical course, Structural Heart Diseases course and Co-medical course. The number of participants has been increased year by year, and the number of participants in CCT2018 exceeded 5,500. I myself have been engaged in CCT as a Coronary Course Director since 2013 and a Supervisory Director since 2017. As one of the directors of CCT, I think that it is my obligation to provide CCT with the same great shock that I received at the 1st CCIC to all participants.

In this year's CCT, we will prepare exciting live demonstrations that are always the main program of CCT, focusing on complex lesions including CTO, calcified lesion and bifurcated lesion. Of course, not only live demonstrations, but we also plan to have various sessions including scientific sessions, international sessions and a fellow course. Through all programs, we will hand over the "Challenge and Innovation" which is the spirit of CCT, and CCT2019 will make one step further towards "Much more Challenge and Innovation".

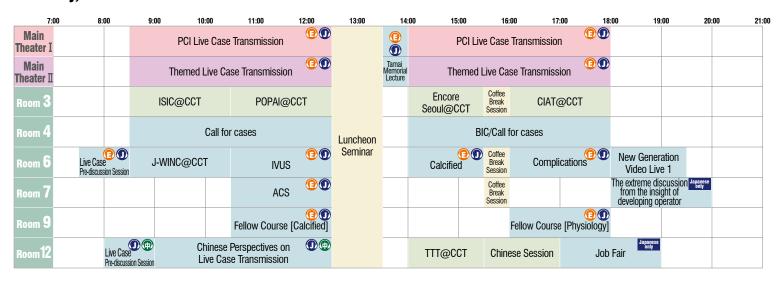
We look forward to seeing you at CCT2019, which will be held in Kobe in autumn of 2019.

Yuji Hamazaki CCT2019 Representative Coronary Course Director

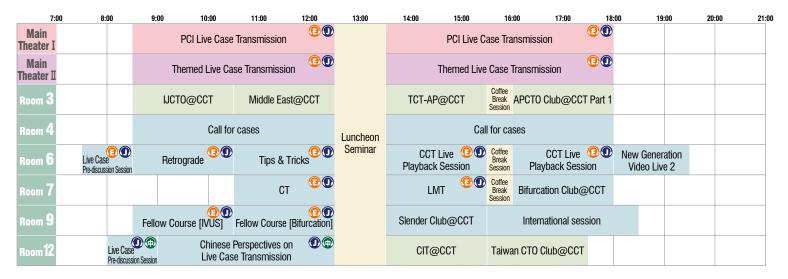
Program at a glance



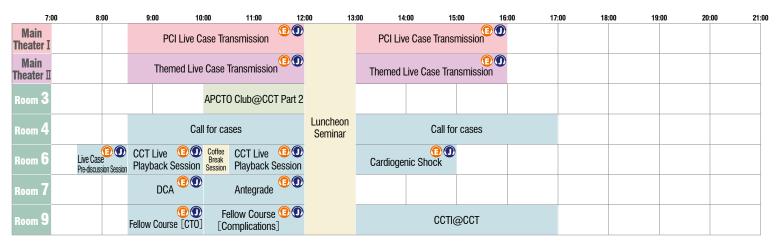
Thursday, October 24



Friday, October 25



Saturday, October 26



Live Case Transmissions

PCI Live Case Transmissions / Themed Live Case Transmissions (9)



We strive to provide an incomparable live demonstration course that is more challenging and ambitious every year. In the PCI Live course, operators will demonstrate outstanding techniques and strategies for complex cases. In the Themed Live course, we will focus on each complex lesion such as Bifurcation, CTO, DCA, LMT and EVT. Our expert operators will demonstrate exciting approaches by outlining every aspect of strategy and procedural details. We are convinced that you can learn a variety of prominent techniques founded by CCT by attending these live courses.

Thursday, October 24 **The Cardiovascular Institute**

Operators: Yuji Oikawa Etsuo Tsuchikane Junii Yaiima

Tokeidai Memorial Hospital

Operators: Maoto Habara Yasumi Igarashi Atsunori Okamura Takafumi Tsuji

Friday, October 25 **Toyohashi Heart Center**

Operators: Shunsuke Matsuno Kenya Nasu Satoru Otsuii Kenichiro Shimoji

Nagoya Heart Center

Operators: Tomoko Kobayashi Etsuo Tsuchikane Junji Yajima

Saturday, October 26 **Ootakanomori Hospital**

Operators: Yuji Hamazaki Hiromasa Katoh Tomohiro Kawasaki Ryohei Yoshikawa

Sakurabashi Watanabe Hospital

Operators: Yasumi Igarashi Atsunori Okamura Junya Shite Yoshihiro Takeda

Coordinator: Eisho Kyo (Kusatsu Heart Center)

Thursday, October 24 - Friday, October 25

Given its popularity, we will continue this session, which was newly planned last year for the purpose of deepening exchanges with physicians from the Chinese-speaking regions and CCT.

Regarding the details of more precise Complex PCI techniques and how to handle the devices, we realize that it is more efficient to discuss in both native languages, and we can gain a deeper understanding. Therefore, we have prepared a Chinese and Japanese simultaneous interpretation service in order for participants from both language-speaking regions to be able to discuss in their mother language.

Moreover, in the conventional live case transmissions, it is common to discuss between operators in the cath lab and session chairs or discussants in the venue. However, the operators themselves are very busy with their procedures and it takes time for a two-way conversation, therefore it often does not enable us to discuss well enough. On the other hand, it is also very useful to objectively discuss the concept of devices and techniques to be used in the operations without operators by using images from live case transmissions. In this session, we will hold discussions with participants at the specially prepared room while watching real time live images from the main hall on the day.

Please do not miss this session, which will be held at a special room of the Portopia Hotel in the mornings of the first day (October 24) and second day (October 25) of CCT2019. We hope to have a lively discussion with you.

Scientific Programs

Tamai Memorial Lecture 1900

Thursday, October 24

Special Lecturers: Tian Hai Koh (National Heart Centre Singapore, Singapore), Teguh Santoso (Medistra Hospital, Indonesia)

Coordinator: Takafumi Tsuji (Kusatsu Heart Center)

Friday, October 25 – Saturday, October 26

The CCT Live Playback Session is a CCT original session that no other live demonstration courses have. This session mainly targets play back live cases with the CCT directors, and analyzes and explains the overall strategy and tactics in every aspect. Young doctors of the next generation who are in charge can stand at the live case operator's eye level and better understand the live cases from various angles will discuss thoroughly with the CCT directors about the strategy and tactics on the platform.

In the logical debate between the CCT directors (masters) and young doctors, discussion will not only be about the strategy and tactics of live cases but also about the CCT lead masters' point of view. Of course, it is important to learn from our supervisors, but at the same time, we will welcome comments and opinions from young doctors who are tackling daily cases with their beliefs. We hope that you will speak freely and actively from the stage as well as from the participant seats. Since we provide Japanese-English simultaneous interpretation in this session, it will also be a good opportunity for doctors from overseas to learn the CCT strategy and mind in detail.

We would like to use this session as a good opportunity to lead CCT's PCI technology and spirit to a higher level and towards the future by having an audience participation type discussion with a focus on "Inheritance of technology and CCT mind". We look forward to an active and full participation from everyone.

Calcified lesions ①



Coordinator: Shigeru Nakamura (Kyoto Katsura Hospital)

Calcified lesions are well-known factors of poor acute result and poor long-term result even in DES era. With the introduction of OCT/OFDI, we are able to understand the spread and thickness of the calcification that could not be achieved with IVUS. We could understand how the Rotablator work in the coronary artery. Based on the imaging, we could change strategies during procedure such as sizing up the Rotablator appropriately. Diamondback 360 is a different mechanism to ablate calcified plaque. We will explain the feature of the devices and the different purpose of usage between Rotablator and DiamondBack 360. Another new technology of "Shockwave device" will also be described. Moreover, we will introduce the current situation regarding the PCI treatment that shifts from "Plaque Modification" to "Maximum Debulking". We believe that knowing the calcium and devices will change your procedure.

Clinical IVUS course 1910



Coordinator: Tomoko Kobayashi (Kyoto Katsura Hospital)

IVUS-guided intervention has improved clinical results compared to angio-guided intervention. To get the advantages during all procedures, we must know the features of this classic imaging modality. In this session, we can learn everything from the basic interpretation to advanced utilities.

Complications during complex PCI: How to avoid, how to manage 😉 🛈

Coordinator: Ichiro Hamanaka (Rakuwakai Marutamachi Hospital)

The ratio of complex PCI has been increasing in daily clinical practice due to the increase of elderly citizens, diabetes and dialysis patients. Regarding complex lesions such as multivessel lesions, calcification lesions and CTO lesions, it is required for the operator to prepare according to individual cases, predict possible complications in advance and promptly deal with any complications arising from the procedure.

We have planned this session in order for participants to be able to gather a wide range of knowledge about the preparation for complex PCI, and about managing complications during procedure.

Scientific Programs

DCA 📵 🛈

Coordinator: Maoto Habara (Toyohashi Heart Center)

In Japan, as a means of treatments for bifurcation lesions and stentless PCI, we can perform a plaque debulking with a Directional Coronary Atherectomy (DCA) catheter. In this year's DCA session, we will focus on the techniques of DCA. We would like to show you everything about recent DCA technique from the setting device to the debulking techniques, through the video live demonstration. During the session, we will discuss the safest and the most useful techniques of DCA with experienced DCA operators.

New Horizon of Mechanical Circulatory Support and Treatment of Cardiogenic Shock ① ① ①

Coordinator: Etsuo Tsuchikane (Toyohashi Heart Centerl)

While conventional mechanical circulatory support devices such as intra-aortic balloon pump (IABP) and veno-arterial extracorporeal membrane oxygenation (VA-ECMO) have been adapted and widely used in Japan, the outcome in patients with cardiogenic shock has not been improved for decades even with advancement of interventional device and approach. Recently, percutaneous ventricular assist device (pVAD) such as Impella has been approved and become available in Japan. Impella is a catheter-based micro axial flow pump unloading left ventricle and support systemic perfusion actively, and has been changing clinical practice in patients with cardiogenic shock in Japan. In this session, we will overview the difference and clinical value of acute mechanical circulatory support and cardiac unloading devices, and discuss the strategy in patients with cardiogenic shock to improve not only acute but also long-term outcome.

Thorough verification of failed CTO-PCI cases by using Cardiac CT information \sim How predictable is it from preoperative CT information? \sim ① ①

Coordinator: Tomohiro Kawasaki (Shin-Koga Hospital)

The success rate of CTO PCI has been improved with the development of imaging technology, device performance, and advances in PCI techniques such as retrograde approaches. Above all, morphological analysis of CTO lesions by cardiac CT plays a large role, and the morphological information of CTO lesions obtained from cardiac CT will give the operators great hints for successful CTO PCI.

The purpose of this session is to review the cardiac CT findings and to examine the cause of failure in cases with unsuccessful CTO PCI.

In this session, based on the cardiac CT findings of actual two failed CTO cases, we will discuss with discussants regarding how the operator understood the lesion morphology, what the cause of failed PCI was, and how the operator should treat the lesion. Also, if hints to overcome the failed CTO cases are obtained from the discussion, we think that we can make the best use of it for our own CTO-PCI in the future.

Tips & Tricks -Guiding Catheter version- 1910

Coordinator: Kaoru lwabuchi (Osaki Citizen Hospital)

We have summarized the tips on the selections of guide catheter and how to handle them, which are the basis of PCI. Depending on the patient's physical size, the dilation and flexion angle of the ascending aorta may change. The angle of coronary orifice may also change. Therefore, the maintaining coaxiality and enhanced backup are fundamental to the success of Complex PCI.

The experienced lecturers will give you the most comprehensive explanations about the selection of guide catheters depending on puncture sites, the shape selection of catheters depending on French size and the handling method, the treatment of anomalous origins of coronary arteries, and so on.

You will surely gain immediate practical knowledge in this session.

Scientific Programs

Trends in ACS treatment 1910

Coordinator: Hiroyuki Tanaka (Kurashiki Central Hospital)

The use of hemodynamic assist devices is considered for cardiogenic shock in acute coronary syndrome (ACS). In recent years, IMPELLA has been approved in Japan, and the efficacy of the IMPELLA for cardiogenic shock will be expected. Currently, the percutaneous hemodynamic assist devices such as IABP, IMPELLA and PCPS have been available as a bridge to recover in patients with cardiogenic shock in ACS, and it is required to properly use each hemodynamic assist device according to several pathological conditions.

In this session, we would like to focus on cardiogenic shock in ACS. We will discuss pathological conditions that each hemodinamic assist device can be adapted to, the best timing for the introduction of various types of hemodynamic assist devices, the combinations according to pathological conditions, and etc.

Registration

Registration Fee

Pre-registration (by September 13 Fri., 2019)			
Medical	3 days	JPY 25,000	
Co-medical	3 days	JPY 2,000	
Industrial Profes	sional 3 days	JPY 25,000	

After the pre-registration deadline, you can make online registration by on-site registration fee.

On-site Registration			
Medical	3 days	JPY 35,000	
	1 day	JPY 20,000	
Medical(Intern)*	3 days	JPY 10,000	
Co-medical	3 days	JPY 4,000	
Industrial Professional	3 days	JPY 35,000	

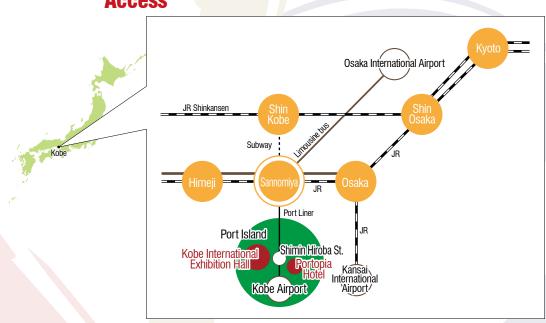
- * Medical(Intern) is required to present certification showing they are currently in the internship (4 years period) after graduation from medical school. Failure to do this will be charged the on-site registration fee of Medical. Pre-registration is not required.
- ** A student can attend the live course free of charge. Please present your student ID or equivalent documents at the on-site registration desk. Pre-registration is not required.



Online registration and hotel booking forms are available on CCT website

https://cct.gr.jp/2019/

Access



Contacts

Registration & Hotel

CCT2019 Registration Desk

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