

Saturday, October 26

8:30~9:50 **CTO**



Coordinator
Shunsuke Matsuno
(The Cardiovascular Institute)

The success rate of CTO PCI has improved with the progress of devices and techniques. Therefore, CTO PCI is getting to be no longer a "divine work completed only by masters". Does that mean that anyone can get the same result if they approach it with the same tools and methods? Of course not. CTO lesions are a representative of complex lesions. However, they are completely different from non-CTO lesions, and they are tough to treat "vaguely" or "in a hit or miss manner". In order for us to challenge the difficult enemy, it is essential to understand the logic that exists in the background of each CTO PCI such as strategy constructions, device selections, operations and switching the operation techniques, etc. that are smoothly performed by masters. We planned this session for physicians who have just started CTO PCI or those who are about to start. We hope that we will be able to carefully select and convey what they must keep in mind when tackling challenging CTO lesions. Although the session time is limited, the messages from lecturers who are experienced operators will have great indispensable quality of CTO PCI, and they will surely be valuable for young physicians. We look forward to the participation of many physicians.

Chairs

Fumitaka Hosaka (Okamura Memorial Hospital)
Makoto Kadotani (Kakogawa Central City Hospital)

How to use information from cardiac CT in CTO-PCI

Katsuyuki Hasegawa (Higashi Takarazuka Satoh Hospital)

How to build a treatment strategy according to the patient and lesion background

Tairo Kurita (Mie University)

**Knowledge of Guide wire:
CTO-PCI operators should know**

Michiya Kageyama (Nasu Red Cross Hospital)

Antegrade approach 1

From basic guide wiring to parallel wiring

Hiroto Kano (The Cardiovascular Institute)

**Antegrade approach 2
IVUS guided re-wiring**

Rei Fukuhara (Hyogo Prefectural Amagasaki General Medical Center)

Retrograde approach 1

How to pass the retrograde channels

Koshi Matsuo (Yao Tokushukai General Hospital)

Retrograde approach 2

reverse CART step-by-step

Kenichiro Shimoji (Saiseikai Utsunomiya Hospital)

Retrograde approach 3

Wiring methods other than reverse CART

Takaki Tsutsumi (Saha-Ken Medical Centre Kouseikan)

Complications during CTO-PCI and how to manage them

Masaki Fujita (Edogawa Hospital)

10:10~11:50 **Complications**



Coordinator
Tairo Kurita
(Mie University)

The improvement of bailout techniques and knowledge accumulation for complications were significant factors for the remarkable progress of PCI in the last 30 years.

Although there are some reports that complications such as coronary artery perforation have increased because of the number of complex PCI and the spread of CTO PCI, fatal complications have decreased. However, once you encounter a major complication that you have never experienced before, your mind may go blank and stop its thinking process. The prognosis of your patient will be defined up to whether you can handle it promptly and appropriately. A bailout technique that you have seen or heard may save your patient's life.

In this session, regarding complications, we have planned for participants to learn from a range of serious to common complications. We look forward to providing a session that can help practice of the doctors aiming to be a PCI expert.

Chairs

Hiroshi Fujita (Nagoya City University Graduate School of Medical Sciences)
Tairo Kurita (Mie University)

Puncture site complications

Souichirou Ebisawa (Shinshu University)

**Coronary artery perforation, coronary artery dissection, hematoma
(Wire perforation, vascular injury due to balloon stenting, etc.)**

Yoshihide Fujimoto (Chiba University / Kimitsu Central Hospital)

Stuck devices (stuck wires, stuck balloons, stuck IVUS)

Hiroshi Fujita (Nagoya City University Graduate School of Medical Sciences)

Stent migration (Retrieval), Wire fracture (Retrieval)

Jutarou Yamada (Yamaguchi-ken Saiseikai Shimonoseki General Hospital)

Slow flow/no flow (including air embolism)

Tairo Kurita (Mie University)

**Thrombus, anticoagulation-related complications,
contrast agent allergy (including HIT, anaphylaxis)**

Yohei Numasawa (Japanese Red Cross Ashikaga Hospital)

Complex Cardiovascular Therapeutics 2019

CCT 2019

Dates

October 24^{thu.} - 26^{sat.}, 2019

Venue

Kobe International Exhibition Hall 1
2F Room 9

Fellow Course

CCT Website
<https://cct.gr.jp/>

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CCT2019 Fellow Course



In CCT2019, we will hold a Fellow Course as always. In addition to courses for the treatment of complex lesions such as CTO, bifurcations and calcified lesions, we have planned courses regarding imaging, physiology and complications. We hope that this Fellow Course will be a good opportunity for participants to deepen the necessary knowledge for coronary intervention such as proper lesion evaluation, tips and tricks for the treatment of complex lesions and handling complications.

We will prepare a Japanese-English simultaneous interpretation service this year. We also look forward to an active participation of physicians from overseas.

CCT2019 Coronary Course Director

Kenya Nasu (Toyohashi Heart Center)

Thursday, October 24

8:30~10:30 Physiology (FFR)



Coordinator

Shoichi Kuramitsu
(Kokura Memorial Hospital)

Coronary physiology has been used not only for evaluating ischemia in coronary artery lesions, but also used in a wide range, such as in building treatment strategies and determination of treatment efficacy, making it now indispensable for PCI. Recently, various resting indices have been used in clinical practice, and new indices such as FFRCT and QFR have also been introduced. Thus, coronary physiology has been developing rapidly. On the other hand, the fact is that, it becomes difficult to organize the knowledge of coronary physiology.

In this session, we have planned a useful program in our clinical practice where the participants can learn from experts starting at the basics of coronary physiology to the latest topics. We hope that everyone who wants to study coronary physiology, not just young physicians, will participate in this session. Let's study coronary physiology together!

Chairs

Takashi Akasaka (Wakayama Medical University)

Shoichi Kuramitsu (Kokura Memorial Hospital)

Let's study coronary circulation first!

Takashi Akasaka (Wakayama Medical University)

Let's understand resting ischemia indices altogether!

Shinichiro Yamada (Kita-Harima Medical Center)

Let's start FFR-guided PCI!

Kenichi Fujii (Kansai Medical University)

The secrets of iFR-guided PCI!

Hitoshi Matsuo (Gifu Heart Center)

What does "DEFER" mean?

Shoichi Kuramitsu (Kokura Memorial Hospital)

Do we need wires in the future? : FFRCT, QFR, FFRAngio

Takashi Kubo (Wakayama Medical University)

10:30~12:20 Calcified



Coordinator

Yoshifumi Kashima
(Sapporo Cardio Vascular Clinic)

Since DES has become the main strategy for many lesions, the clinical outcomes have dramatically improved. However, it is not rare for calcified lesions to sometimes cause insufficient expansion of DES, and it is not actually easy to predict it. Conversely, clinical research has shown that, in the chronic phase, good results can be obtained when DES can be sufficiently expanded.

Therefore, in this session, we are going to focus on imaging diagnosis and plaque modification devices, which have a major impact on the treatment of calcified lesions. We have asked experts to give lectures so that the course will be meaningful for young operators. We look forward to your active participation.

Chairs

Yoshifumi Kashima (Sapporo Cardio Vascular Clinic)

Tomoko Kobayashi (Kyoto Katsura Hospital)

Imaging devices for calcified lesions

- Learning the characteristics of IVUS/OCT -

Kenichi Fujii (Kansai Medical University)

Fighting calcified lesions with scoring balloons

- Exploiting each feature

Takayuki Ogawa (The Jikei University School of Medicine)

Fighting calcified lesions with orbital atherectomy

- Most appropriate lesions from the viewpoint of its characteristics

Masayuki Sakurai (Ootakanomori Hospital)

Fighting calcified lesions with rotational atherectomy

- How to leverage its characteristics

Yoshifumi Kashima (Sapporo Cardio Vascular Clinic)

The strengthness of DCB in calcified lesions

- Can DCB be an alternative to DES?

Tomoko Kobayashi (Kyoto Katsura Hospital)

Friday, October 25

8:30~10:20 IVUS/OCT/OFDI



Coordinator

Mitsunori Mutou
(Kikuna Memorial Hospital)

In order to perform proper PCI, it is very important to interpret the CAG thoroughly to understand the coronary artery lesion morphology, based on accurately understanding the medical history, the general medical condition and the pathological condition of heart of patients, and build a strategy in advance. There are IVUS, OCT, OFDI, CT, FFR, etc. as modalities that complement CAG. We can perform better PCI by combining the information of lesion morphology learnt in advance with the IVUS, OCT and OFDI, information of pre-operation, each course of operation, and the result of operation that can be obtained during PCI. In addition, it is possible to modify the prepared strategy and prevent complications by providing feedback regarding the information taken from IVUS, OCT and OFDI during the operation, to the CAG. Moreover, it improves operators' experience and treatment options.

In this session, experts will explain what you can learn and what you cannot learn with IVUS, OCT and OFDI, and how to apply them to PCI for appropriate treatment. We look forward to your participation.

Chairs

Toshiro Shinke (Showa University)

Shinjo Sonoda (University of Occupational and Environmental Health Hospital)

Lesions that IVUS is good at or poor at

Shinjo Sonoda (University of Occupational and Environmental Health Hospital)

Lesions that OCT/OFDI are good at or poor at

Takashi Ashikaga (Japanese Red Cross Musashino Hospital)

PCI - Taking advantage of IVUS information (ACS)

Mitsunori Mutou (Kikuna Memorial Hospital)

PCI - Taking advantage of OCT/OFDI information (ACS)

Nehiro Kuriyama (Miyazaki Medical Association Hospital)

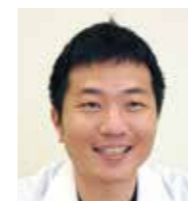
PCI - Taking advantage of IVUS information (Non-ACS)

Kenji Sakata (Kanazawa University)

PCI - Taking advantage of OCT/OFDI information (Non-ACS)

Tepei Sugaya (Hanaoka Seishu Memorial Cardiovascular Clinic)

10:30~12:20 Bifurcation



Coordinator

Kensuke Takagi
(Ogaki Municipal Hospital)

Bifurcation treatment accounts for 20% of PCI treatment. It is known that the procedure is more complicated and the short-term and long-term treatment results are worse compared to non-bifurcation treatment even in a second-generation drug-eluting stent era. In emergencies, even young operators often experience the situation where they are forced to deal with complex bifurcation lesions alone. We have prepared this course in order to sort out and overcome the problems that we face in daily bifurcation treatments. Understanding risk evaluation of side-branch occlusion in bifurcation treatments, proper therapeutic strategies and bailout techniques for complications will be a reassuring ally in bifurcation treatments.

In this course, experts in each field will participate. The course consists of a practical content that will be useful for tomorrow's treatment, for young physicians who will start bifurcation treatment and physicians who have actually experienced the treatments but have many questions. We look forward to your participation.

Part I

Chairs

Takayuki Okamura (Yamaguchi University)

Yoshinobu Murasato (Kyushu Medical Center)

Current and future prospects of bifurcation lesions

Kensuke Takagi (Ogaki Municipal Hospital)

10 papers that you should know when treating bifurcation lesions

Masahiro Natsuaki (School of Medicine, Saga University)

Discussion

Part II

Chairs

Yoshifumi Kashima (Sapporo Cardio Vascular Clinic)

Yuichi Kobori (Toda Chuo General Hospital)

How to use wires and double lumen catheters in bifurcations

Ruka Yoshida (Nagoya Daini Red Cross Hospital)

Verifying the risk of side branch occlusion in bifurcation lesions

Kiyoshi Hibi (Yokohama City University)

Once you master JBTs, you will not be afraid of any bifurcation lesions

Yohei Numasawa (Japanese Red Cross Ashikaga Hospital)

The right way of performing KBT:

Everyone seem to know but no one does

Masahiro Yamawaki (Saiseikai Yokohama-City Eastern Hospital)

Most effective choice between the DK-rush technique and Culotte technique: Double stenting with 3D OCT-guide

Ryoji Nagoshi (Osaka Saiseikai Nakatsu Hospital)

Therapeutic strategy in bifurcation lesions including severely calcified bifurcation lesions:

Rota/CB/Scoring/OCT/IVUS

Takenori Domei (Kokura Memorial Hospital)

Therapeutic strategy in bifurcation lesions with DCA

Maoto Habara (Toyohashi Heart Center)

Strive against Bailout! Complications in bifurcation segments

Kensuke Takagi (Ogaki Municipal Hospital)