Friday, October 29

15:00～17:00 Overcoming calcified lesions

Coordinator
Masaru Yamaki
(Nayoro City General Hospital)

While the COVID19 epidemic was forcing various live demonstration courses to change, the year of 2020 ushered in a new era of treatment against calcified lesions. The facility standards for rotablators and diamondbacks have been revised, and new facilities and physicians have been born. Therefore, we selected three doctors among top 10 proctors who have mostly instructed at new facilities in the past year, and we are planning to have them give lectures about the instructing point at new facilities, conversely, what they noticed and learnt from their experiences.
Because there are many dialysis cases in Japan and the number of cases with complications of chronic kidney disease is increasing due to the growing of an aging population at an unprecedented speed, the number of calcified lesions is also increasing. Calcified is one of the lesions that young operators should overcome. We look forward to your active participation.

Chairs
Hiroaki Hirase (Takaoka Minami Heart Center)
Kaoru Iwabuchi (Osaki Citizen Hospital)

[Rota]

What you need to know to treat calcified lesions with a rotablator
Yoshiaki Ito (Saiseikai Yokohama-City Eastern Hospital)

Premise knowledge on how to use rotablator
Yoshifumi Kashima (Sapporo Cardio Vascular Clinic)

[DB]

How to use OAS
Tomoko Kobayashi (Kyoto Katsura Hospital)

Our experience of OAS
Fuminobu Yoshimachi (Tokai University Hachioji Hospital)

[Complications]

Various complication
Masaru Yamaki (Nayoro City General Hospital)

The logic of ROTA/OAS related vessel perforation
Hirooki Higami (Japanese Red Cross Otsu Hospital)

17:00～19:00 Bifurcation

Coordinator
Takeshi Niizeki
(Okitama Public General Hospital)

This time, I have been appointed to plan a session of bifurcation lesions, the CCT2021 Fellow Course. Bifurcation lesions are one of complex lesions that we often encounter when providing PCI treatment to patients. The treatment for bifurcation lesions is updated daily. Also, because emergency cases such as ACS also include complex bifurcation lesions at a certain frequency, it is an inevitable field for all operators including young operators who have begun to become independent.
In this Fellow Course, I have prepared lectures that are suitable for actual clinical practice, mainly for young operators. I believe that the participants can learn not only textbook contents but also tips and tricks that are useful for more practical clinical practice. It is a systematic course where you can learn about bifurcation anatomy, physiological characteristics, prediction of side branch occlusion, treatment strategies including debulking, stent implantation methods, complications and the bailout which should be remembered. We look forward to your active participation so that we can provide patients with optimal bifurcation treatments that lead to favorable outcomes in chronic phase.

Chairs
Masashi Kimura (Hiroshima Heart Center)
Takeshi Niizeki (Okitama Public General Hospital)

Basic treatment strategy for bifurcation lesions
Toru Takii (Sendai Open Hospital)

Clinical implications of OCT/OFDI in bifurcation PCI
Ryoji Koshida (Toyohashi Heart Center)

Strategy for severe calcified bifurcation lesion
Kaname Takizawa (JCHO Sendai Hospital)

Predictors and prevention of side branch occlusion
Ryo Gotoh (Shuuwa General Hospital)

The practical side of the jailed balloon (Corsair) technique
Makoto Sekiguchi (Fukaya Red Cross Hospital)

Complications and countermeasures peculiar to bifurcation lesions ～Bailout method
Yoriyasu Suzuki (Nagoya Heart Center)

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Complex Cardiovascular Therapeutics 2021

CCT2021

Dates October 28 thu.-29 sat., 2021

Channel Coronary Theater II

Meeting Format Online Meeting (Webcast)

Fellow Course

Challenge and Innovation

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CCT2021 Fellow Course

CCT2021 will hold a Fellow Course. In this year's Fellow Course, we are going to have the courses of FFR, OCT/OFDI, CTO, bifurcation lesions, calcified lesions, and complication during PCI. For the treatment of such complicated coronary artery lesions, it is important to prevent and cope with complications as well as understanding the characteristics of lesions and treatment methods. We hope that the courses will be an opportunity for participants to deepen their understanding of treatments for various lesions.

CCT2021 Coronary Course Director
Kenya Nasu *(Toyohashi Heart Center)*

Thursday, October 28

12:30~14:30 CTO

Although CTO is a representative of complex lesions, its clinical condition is stable. Thus, we have to develop an in-depth treatment strategy and perform a safe and reliable procedure to avoid procedure-related complications. While the treatment success rate has improved more than ever with the development of various devices and the algorithm establishment for the treatment strategy, it is still a high-hurdle lesion for young operators.
In this session, experts who are playing the leading role in this field will give presentations regarding tips and logics according to each theme including their own experiences. We believe that this session will be useful for not only young operators who will start CTO-PCI but also mid-career operators who want to deepen their understanding of the treatment. We look forward to the participation of many physicians and learning about the CTO-PCI together.

Coordinator
Hiromasa Katoh
(Fukui Prefectural Hospital)

Chairs
Yoshiaki Ito *(Saiseikai Yokohama-City Eastern Hospital)*
Hiromasa Katoh *(Fukui Prefectural Hospital)*

Assessment of indication of CTO-PCI
Souichirou Ebisawa *(Shinshu University)*

What information to get from preoperative examinations and how to build a treatment strategy
Ryusuke Yamamoto *(Takaoka Minami Heart Center)*

Antegrade approach, how to choose a guide wire and build up a strategy?
Rei Fukuhara *(Hyogo Prefectural Amagasaki General Medical Center)*

Optimal timing of retrograde approach in CTO-PCI
Masanori Teramura *(Ichinomiya Nishi Hospital)*

Collateral channel selection and crossing
Takaki Tsutsumi *(Saiseikai Fukuoka General Hospital)*

The ABC of Reverse CART
Ryuichi Funada *(Cardiovascular Hospital of Central Japan)*

How should we do for difficult situation of Reverse CART?
Koshi Matsuo *(Yao Tokushukai General Hospital)*

Complication of the CTO-PCI and coping
Masaki Fujita *(Edogawa Hospital)*

15:00~17:00 IVUS / OCT / OFDI

Successful interventional procedure in the acute phase and lower rate of restenosis in the chronic phase require the accurate diagnosis of the lesion and the logical treatment. IVUS/OCT/OFDI are intravascular imaging devices that can obtain more detailed lesion information than angiography. In this session, we would like to propose how to utilize IVUS/OCT/OFDI in order to perform safe and reliable interventions.
We have planned a program where you can learn the basics of imaging and the relationship with pathological tissues and can sort out what you see and what you should see in the interventional procedure with an imaging guide, which is directly linked to clinical trials. We hope that it will help for logical interventions.

Coordinator
Tomoko Kobayashi
(Kyoto Katsura Hospital)

Chairs
Tomoko Kobayashi *(Kyoto Katsura Hospital)*
Takehiro Yamashita *(Hokkaido Ohno Memorial Hospital)*

Fundamental imaging of IVUS/OCT/OFDI
Toshiro Shinke *(Showa University)*

Coronary pathology and intracoronary imaging
Kenichi Fujii *(Kansai Medical University)*

How to use properly between IVUS and OCT/OFDI ?
Masashi Kimura *(Hiroshima Heart Center)*

IVUS guided STENT implantation
Ken Kozuma *(Teikyo University)*

OCT/OFDI guidance for optimal stent implantation
Takayuki Okamura *(Yamaguchi University)*

OFDI-guided rota ablation: Every OFDI run tells a story...
Hiromasa Otake *(Kobe University Hospital)*

17:00~19:00 Physiology (FFR)

Following the result of ISCHEMIA trial, the validity of ischemia diagnosis itself is now in question. The requirement for the risk assessment with less invasive modality is growing more than ever before.
The role of physiology itself has been expanding from an indication for the invasive treatment to a guide for the invasive treatment strategy. In addition, the diagnosis and treatment of ischemia and no obstructive coronary artery disease (INOCA) has recently been collecting more attention. Following above changes, the knowledge of physiology required in catheterization room is dynamically changing.
In this session, we will sort out the knowledge of physiology, summarize the knowledge regarding non-wire-based physiology and INOCA. We also have experts to give presentations regarding how the ISCHEMIA trial changes daily clinical practice. We look forward to the participation of not only young operators who want to study physiology but also all operators who want to update their knowledge in the rapidly changing field.

Coordinator
Yoshiaki Kawase
(Gifu Heart Center)

Chairs
Yoshiaki Kawase *(Gifu Heart Center)*
Koichi Tamita *(Nishinomiya Watanabe Cardiovascular Center)*

Let's study coronary physiology from basic!
Yoshiaki Kawase *(Gifu Heart Center)*

Let's study resting indices all together!
Shoichi Kuramitsu *(Kokura Memorial Hospital)*

The summary of non-wire based invasive physiology
Toru Tanigaki *(Gifu Heart Center)*

Treatment strategy based on physiology
Takuya Mizukami *(Showa University)*

How do you diagnose INOCA?
Koichi Tamita *(Nishinomiya Watanabe Cardiovascular Center)*

What's the ISCHEMIA trial ?
Yuichi Saito *(Chiba University Hospital)*

Friday, October 29

13:00~15:00 Complications

There is a risk of complications in each case and in each operation. As long as you are involved in PCI, you will not be able to escape from the risk. The risk of complications must be predicted, the occurrence of complications must be prevented, and if complications occur, they must be bailed out. This can only come from knowledge, observation, and the scientific judgement supported by them. It is a necessary condition for operators who are allowed to perform, rather than are able to perform operations safely for complex cases. In this session, we will unravel complications hidden in PCI and learn the prediction, the prevention method, and the countermeasure (bailout method) for each complication from experts. We look forward to your participation.

Coordinator
Wataru Nagamatsu
(Hokusetsu General Hospital)

Chairs
Shingo Hosogi *(Hosogi Hospital)*
Wataru Nagamatsu *(Hokusetsu General Hospital)*

Management of stuck rotablation burr
Koki Omi *(Nihonkai General Hospital)*

IVUS stuck
Yuichi Kobori *(Toda Chuo General Hospital)*

Management of stucked and fractured guide wires
Masaki Tanabe *(Nozaki Tokushukai Hospital)*

Bail out technique for stent migration
Shozo Ishihara *(Mimihara General Hospital)*

Coronary perforation
Yoshihide Fujimoto *(International University of Health and Welfare Narita Hospital)*

Coronary artery thrombosis
Ruka Yoshida *(Japanese Red Cross Aichi Medical Center Nagoya Daini Hospital)*