CCT2014
Coronary

October 30 thu. - November 1 sat., 2014

Kobe International Exhibition Hall
Portopia Hotel, Kobe, Japan

Registration
Pre-registration (by Tuesday, September 16, 2014)
On-site Registration

Medical
Co-medical
Industrial Professional

3 days
3 days
3 days

25,000 yen
2,000 yen
25,000 yen

Medical (intern)*

35,000 yen
20,000 yen
10,000 yen

4,000 yen

* 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.

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

Registration Fee

3 days
1 day
3 days
3 days
3 days

Online registration and accommodation application form is available on CCT website

Contacts
Registration General Information
Access
CCT2014 Registration Desk
[Nippon Express Travel Co., Ltd.]
1-1-6 Kitahama, Chuo-ku, Osaka 541-0041 Japan
TEL +81-6-6201-1962   FAX +81-6-6231-7588
E-mail:mice-trv@nittsu.co.jp

1-1-5-2E, Maedaminami-machi, Toyohashi, Aichi 440-0851, Japan
Tel +81-532-57-1275   Fax +81-532-52-2883
E-mail secretariat@cct.gr.jp

CCT Administration Office
Kobe
Kobe
Shin
Port Island
Port Island
Shimin Hiroba St.
Kobe International
Exhibition Hall
Kobe International
Exhibition Hall Portopia
Hotel
Kobe Airport
Kobe Airport
Shin
Osaka
Osaka
Kyoto
Himeji Sannomiya
JR Shinkansen
JR
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Port Liner
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Limousine bus
Kansai
International
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Osaka International Airport
Osaka International Airport

CCT Website http://cct.gr.jp/
Thank you very much for your continuous understanding and generous cooperation with CCT.

Last year, CCT was successfully finished by counting over 4,000 attendees from all over the world. We broadcasted live demonstrations from 6 domestic facilities, and performed 29 PCI cases and 13 EVT cases during CTO, EVT and other lesion subset-themed live demonstrations. These cases were mainly reviewed by the hosts at the special session “CCT Live Playback Session” and active discussions were held among hosts, guests and audiences during the session. This was the original attempt of CCT, which won profound popularity as the “CCT Broadcasting Station” two years ago, and it will also be planned as this year’s special program.

Other than CTO, this year’s live demonstrations intend to broadcast the most challenging lesions such as LMT, Bifurcation, Ostial and Calcification. The highlights of the live demonstrations at CCT are to show how to create a treatment strategy, how to tackle with an unexpected situation as an expert, and how to overcome the situation in order to obtain the best result against complex lesions. This is also a mission of CCT.

On the other hand, during times of focus on the latest treatment approaches, we are preparing to adopt new treatments such as Transcatheter Aortic Valve Implantation (TAVI) approved last year, the return of Directional Coronary Atherectomy (DCA) as a new device expected to go on the market in the future, and Drug Eluting Balloon (DEB) that has been applied from April, 2014. In addition, we will put an emphasis on imaging this year. These days, imaging modalities are essential elements since information gained from a variety of images will decide the right treatment strategy and generate the best result.

By sharing the current situation and the latest knowledge of cardiology, mainly of catheter interventions, we hope the meeting will offer a place for physicians who try to improve their skills every day to solve their issues and find new ones. We promise to provide opportunities for everyone attending CCT to learn from their own standpoint. In closing, we would like to express our sincere gratitude for all people involved and ask for your cooperation for the success of this meeting.

Eisho Kyo
CCT2014 Representative Coronary Course Director
Program at a glance

Thursday, October 30

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<th>Time</th>
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Saturday, November 1

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*As of September 1, 2014. This program is subject to change.
We are convinced that you can learn a variety of prominent techniques founded by CCT by attending these live expert operators will demonstrate exciting approaches by outlining every aspect of strategy and procedural details. Themed Live course, we will focus on each complex lesion such as Bifurcation, Ostial, LMT, CTO and EVT. Our active participation.

“inheritance of CCT mind and techniques” that the participants can join in. We look forward to your passionate active participation.

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, Ostial, LMT, CTO 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.
Scientific Programs

ACS: Practical approach to STEMI for the best outcome
Coordinator: Ichiro Hamaoka (Rakuyakai Marunouchi Hospital)

Interventions for ACS have become more predictable as the devices have improved significantly and total mortality has decreased. Also the progress in imaging modalities (i.e. IVUS, OCT, etc.) has provided us the accumulation of new insight into the pathophysiological process of ACS. However there are some controversies such as the effectiveness of thrombus aspiration therapy or the simultaneous treatment of non-culprit vessels in managing ACS. Cell therapy for ACS is also the key issue. Although, much of the data thus far has been suggestive of the potential benefit of this approach in humans, the quest for a definitive answer is still under way. Anti-platelet therapy post ACS intervention is also still controversial, specially the duration of prescription.

This session will offer these latest topics of management of ACS and will reveal the future direction.

Antegrade Summit
Coordinators: Kazuhiro Ashida (Yokohama Shintoshi Neurosurgical Hospital), Kenya Nasu (Toyohashi Heart Center)

Several years have passed since the Gaia series were published in this country. The GAIA series greatly contribute to making the concept of active wire control a realistic technique. However, it cannot be said that the success rate of the antegrade approach has greatly improved even though the success rate of the CTO-PCI as a whole has risen due to the retrograde approach. In other words, it is thought that the ideal theory for guidewire operation in the antegrade approach is not faithfully practiced in the real world. In the CCT2014 Antegrade Summit, we have prepared the following programs in order to approach the truth of dissociation between this theory and actual clinical practice.

1) Examination of the histological views that focus on practical wire operation in the Antegrade approach  
2) The practical direction for uses and the limit of various imaging modalities for CTO-PCI  
3) Discussion about the difference in concepts of guidewire operation among operators representing in this country  
4) Concept of approach for CTO lesions among operators without using GAIA  
5) Examination of the validity of the guidewire operation with practical cases

Thus, we would like to have an in-depth discussion which touches the ultimate goal and the limit of the antegrade approach at present.

Calcified
Coordinator: Takashi Kubo (Wakayama Medical University)

The rise in elderly people, diabetes and dialysis patients creates increased chances for performing PCI for high-calculated lesions. However, the PCI treatment result for calcified lesions is still poor even if we use the latest techniques including Rotablator and DES. In this educational program, we would like to summarize the pathological mechanism of calcification, the linkage and significance with arteriosclerotic progress, the diagnosis, the severity index, the prognostic prediction, the PCI therapy techniques, the maneuvers, the optimization and the long-term results.

Complications
Coordinator: Takafumi Tsuji (Kisatsu Heart Center)

Treatments for lesions in coronary interventions, which are highly difficult to treat have been performed with improvement of therapy techniques and progress of modalities such as stents and guide wires. While more patients can receive the benefit of intervention treatment, we fear that the expansion of lesions, which are adapted for the intervention treatment, may cause complex complications.

The complications that occur during intervention treatments have abundant variations because the outbreak condition of each case is different. The large amount of different cases make it very difficult for operators to find a way of coping with them based only on experience. In this session, we will share coping methods for complications through real cases, and we aim to gain the necessary knowledge to prevent complications. In addition, we would like to deepen the knowledge about specific complications that are peculiar to interventions for complicated lesions, and make use of the improvement of therapy techniques for operators.
Scientific Programs

Coronary intervention for the left main coronary artery disease
Coordinator: Masato Nakamura (Toho University Ohashi Medical Center)

It was plainly shown in SYNTAX trial that a lesion evaluation was important in predicting the revascularization. It had been considered to be difficult to demonstrate the usefulness of IVUS guide, but the usefulness for exclusion of coronary events was shown recently in ADPT-DES. In our country, we have evaluated coronary lesions with imaging modalities and practiced PCI based on the evaluations since before this evidence was built. That is why the IVUS guided-PCI is mainstream in our country and the coronary event risks are different from other countries. Then, it is a simple question of whether the results of PCI for left main coronary artery diseases in our country are different from other countries. We will look for the best way for evaluating and treating of left main coronary artery disease in our country keeping the present results in mind.

CTO Course
Coordinator: Yoshihisa Kinoshita (Toyohashi Heart Center)

Because of remarkable progress of techniques and tools, the CTO treatment, which has been performed by only some experts is becoming familiar to general operators. For the standardization of the treatment technique, the recent CTO sessions have often offered the discussions focusing on the technical theory. The technical acquisition is important but the operators should know the principle, the benefits, and the prospect of their treatments.
In this session, we will omit the topic regarding techniques. It will be a good opportunity to reconsider necessary basic knowledge for CTO treatments, the results after performing the treatments and the effects that it brings.
In addition, we are going to report on the effects that the new devices such as BVS bring for CTO treatments. We believe that you will be able to learn a lot in this session.

Debate session: IVUS vs. OCT-guided PCI
Coordinator: Junko Honye (Fuchu Keijinkai Hospital)

IVUS and OCT are used as a guide for PCI, but the history of the OCT-guided PCI is still short and a lot of clinical studies about the long-term clinical results have been proceeded. Because resolution and invasion depth of IVUS are different from those of OCT, it is necessary to choose a suitable imaging modality by a treated lesion. While we aim to clarify what kind of lesions are suitable for IVUS or OCT and conversely clarify what kind of lesions are not suitable for IVUS or OCT in this session, we would like to discuss concrete techniques in order to perform a high quality PCI by utilizing the features.

DES Summit 2014
Coordinator: Ken Kazuma (Tokyo University)

Performance and safety of 2nd generation drug-eluting stents (DES) have reached satisfactory level in our routine clinical practice. However, there are a certain amount of patients who received 1st generation DES and there still remain unresolved issues related to the long-term outcomes of 2nd generation DES. We are planning to have a session for the interventionists to see the overview of detrimental effects of 1st and 2nd generation DES and emerging new devices to overcome these problems.

Fellows Course: To become a master of intervention
Coordinator: Kinzo Ueda (Rakuyokai Manutamachi Hospital)

Every year, in the session, “Fellows Course: To become a master of intervention”, the doctors who have performed interventions instructively for many years talk about their experiences in order for the doctors who pursue next-generation intervention to master it more effectively.
This year, we will have a two part session, Part 1: To be a master of intervention and Part 2: Tips and tricks for recovering from complications. We believe that you can listen to interesting experiences that will certainly be significant tomorrow. We also welcome the participation of students and residents. We look forward to your active participation.
Scientific Programs

TAVI: Heart team discussion for AS patients
Coordinators: Takahiko Suzuki (Toyohashi Heart Center), Masanori Yamamoto (Toyohashi Heart Center)

Since the introduction of newly Transcatheter Aortic Valve Implantation (TAVI) techniques in 2002, a large amount of patients with severe aortic stenosis (AS) have received this option in the clinical field. This catheter based treatment could be available by the beginning of October 2013 in Japan. In general, the indication of TAVI is thought to be inoperable or high risk of cardiac surgery in patients with severe AS and should be determined by the heart team discussion in each individual center. It is still debatable to decide who is inoperable (or high risk) of open-heart surgery and who is a good candidate for TAVI. Although the procedure of TAVI is reaching maturity with many clinical experiences now, the data is not enough to adequately support TAVI works in Japanese cohort. We need to know the risk, benefit, or limitation in both surgical and catheter based approaches.

The aim of this session is therefore to discuss the management of AS patients in the TAVI era. In the first session, the current status of invasive approaches for AS patients will be reported by cardiac surgeons and interventional cardiologists, thereafter we will review how to introduce and perform the TAVI procedure itself. In the second session, challenging cases of severe AS will be presented by well-experienced centers and we would like to discuss with expert panelists.

How to use imaging devices in complex lesions
Coordinator: Junko Honye (Fuchu Keijinkai Hospital)

While treating complex lesions, imaging devices have become indispensable in order to perform a high quality PCI. We would like to clarify which imaging device we should use and how we should concretely use it for each lesion such as bifurcation lesion, calcified lesion and diffuse lesion. We would also like to study about cautions and tips when devices are used.

Imaging Session: How to use imaging modalities for complex PCI in the DES and DCB era
Coordinator: Shinji Sonoda (University of Occupational and Environmental Health Hospital)

In the PCI for complicated lesions, imaging modalities are essential devices, which provide various information that cannot be obtained with only angiography. A lot of tips and tricks exist regarding the utilization of CT as an evaluation method of the pre-procedures and the direction for use of IVUS and OCT during the PCI. The approach from imaging for bifurcation lesions including LMT is particularly important. Furthermore, it is essential information in order to effectively and safely use DCA, which will revive in the future. In this session, you can get a chance to discuss the effective utilization, the limitations and the future prospects of imaging modalities while reviewing the cases of imaging guided PCI for complicated lesions with each imaging specialists.

LMT Disease: What is the suitable revascularization strategy? CABG or hybrid revascularization?
Coordinator: Hikoshi Yaku (Department of Cardiovascular Surgery, Kyoto Prefectural University of Medicine)

According to the results of the SYNTAX study, long-term results of PCI depend on the complexity of coronary anatomy. On the other hand, surgical results of CABG is not at all affected by the complexity of coronary anatomy, but by patient’s comorbidity and the quality of bypass conduits. In this sense, LMT disease is not a sanctuary of CABG anymore. The big issue is how to select patients with LMT disease for PCI or CABG. Another recent option of revascularization is a hybrid procedure of PCI and CABG. For example, for a patient with complex LMT lesion and high comorbidity, grafting the internal thoracic artery to the LAD is performed first, and then stenting from the LMT to the circumflex artery can be performed safely with LAD protected. In this session, we would like to ask interventional cardiologists to bring cases that they think should be treated by CABG, and surgeons to bring cases suitable for PCI. Cases suitable for hybrid procedure are also welcomed from either side.

Present condition and future of debulking
Coordinator: Mikihiro Kijima (Hoshi General Hospital)

The Directional Coronary Atherectomy (DCA) device will be authorized in Japan this year and will be available for use in the near future. In addition, Orbital Atherectomy device (Diamondback 360®), a new debulking device, acquired FDA approval in the United States last October and a clinical trial is also planned in Japan. In this session, we will introduce revived DCA devices and Diamondback 360®, which is a new debulking device, and explain the characteristics and clinical results of each device. Furthermore, we will talk about the most effective direction for use and adaptation of available Rotablator and LASER. We are confident that we can obtain safer and higher quality catheter treatment results than ever before by using such debulking devices effectively.
Registration

Registration Fee

| Pre-registration (by Tuesday, September 16, 2014) | 3 days | 25,000 yen |
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1-1-6 Kitahama, Chuo-ku, Osaka 541-0041 Japan
TEL +81-6-6201-1962 FAX +81-6-6231-7588
E-mail : mice-trv@nittsu.co.jp

General Information

CCT Administration Office
1-1-5-2E, Maedaminami-machi, Toyohashi, Aichi
440-0851, Japan
Tel +81-532-57-1275 Fax +81-532-52-2883
E-mail secretariat@cct.gr.jp