CCT Website  http://cct.gr.jp/

Coronary

Complex Cardiovascular Therapeutics 2016

CCT2016

Dates  October 20 thu. - 22 sat., 2016

Venues  Kobe International Exhibition Hall
              Portopia Hotel, Kobe, Japan

Third Program

Challenge and Innovation
Theme: Continuous innovation and global evolution

Thank you very much for your continuous understanding and generous cooperation with CCT. Last year, CCT has successfully finished with over 5,000 attendees from inside and outside Japan. We have broadcasted live demonstrations from 9 domestic and 1 overseas sites and operated 37 PCI, 12 EVT and 3 TAVI cases during 3 days. These cases (especially coronary cases) have been reviewed mainly by hosting physicians in the Special Program, “CCT Live Playback Session” and been discussed with guest physicians and audiences. This was the original attempt of CCT, and we examined one case carefully and thoroughly from the CCT spirits’ point of view. It will also be planned as this year’s special program along with “Live Case Pre-discussion Session” every morning.

We had a participation of more than 1000 people from outside Japan and held many partnership sessions with meetings and organizations from Korea, China, Taiwan, India, Thailand and the Middle East last year. This year, we will expand these sessions to wider areas.

In addition to CTO, this year’s live demonstrations intend to broadcast the most challenging lesions such as LMT, bifurcation, 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.

It has been 25 years since Dr. Osamu Katoh, one of our supervisory directors, conducted a complex PCI live demonstration, which is the roots of the CCT, with Dr. Takahiko Suzuki and the late Dr. Hideo Tamai in the small auditorium of Osaka Medical Center for Cancer and Cardiovascular Diseases. There they worked on the complex PCI with all their efforts and exchanged enthusiastic discussion in the environment with very few devices. During this quarter of the century, the devices and techniques for catheter intervention have greatly advanced, and it has helped to be compatible with more complex lesions and pathology. As this year’s theme, we will continuously develop the medical art and would like to share this with worldwide colleagues.

In addition, we will put an emphasis on imaging this year. Imaging is a must on the treatment of structural heart diseases as well as on coronary artery treatment. Also, information gained from a variety of images decides the accurate treatment strategy and provides the best result. Therefore, imaging modalities are essential elements these days and we will direct a spotlight on this topic this year too.

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.

Satoru Otsuji
CCT2016 Representative Coronary Course Director
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 will put an emphasis on imaging this year. Imaging is a must on the treatment of structural heart diseases as well as on coronary artery treatment. In addition, we will continuously develop the medical art and would like to share this with worldwide colleagues.

Theme: Continuous innovation and global evolution

Thank you very much for your continuous understanding and generous support.

*As of July 12, 2016. This program is subject to change.
Special Programs

CCT Live Playback Session

Coordinator: Kazuhiro Ashida

Thursday, October 20 – Saturday, October 22

The CCT Live Playback Session, which gets a good reputation every year, will be even more powerful this year with the theme of "Inheritance of technology and CCT mind". This session is a CCT original session that no other live demonstration courses have. We have planned this session in order for all participants to deeply experience live cases as a place where they can prepare and review cases by linking with the "Live Case Pre-discussion Session" in the early morning.

In particular, this session mainly targets play back live cases with the CCT supervisory directors, and analyzes and explains the overall strategy and tactics in every aspect. However, this year, we will also focus on "Inheritance of technology and CCT mind". 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 supervisory directors about the strategy and tactics on the platform.

In the logical debate between the CCT supervisory 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, “The mind, which has been challenging against difficulties; CCT mind”.

Opinions and comments from the audience will be welcomed at any time.

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.

Tamai Memorial Lecture

Thursday, October 20

Special Lecturer: Samuel K. Mathew (Apollo Hospitals, India)

Live Case Transmissions

PCI Live Case Transmissions

Themed Live Case Transmissions

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, EVT and TAVI. 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 20
The Cardiovascular Institute Hospital

Operators:
Kazuhiro Ashida
Yoichi Nozaki
Yuji Oikawa
Etsuo Tsuchikane
Junji Yajima

Friday, October 21
Higashi Takarazuka Satoh Hospital

Operators:
Yasushi Asakura
Yasumi Igarashi
Atsunori Okamura
Satoru Otsui
Yoshihiro Takeda
Ryohei Yoshikawa

Saturday, October 22
Toyohashi Heart Center

Operators:
Yoshihisa Kinoshita
Tetsuo Matsubara
Wataru Nagamatsu
Kenya Nasu
Etsuo Tsuchikane

Higashi Takarazuka Satoh Hospital

Operators:
Keiichi Igarashi
Osamu Katoh
Eisho Kyo
Satoru Otsui

Rakuwakai Marutamachi Hospital

Operators:
Yuji Hamazaki
Junya Shte
Etsuo Tsuchikane
Takafumi Tsuji
Kinzo Ueda

Thrombosis, Shock, Failure (Apollo Hospitals, India)
Scientific Programs

ACS -How to treat complex ACS lesions- Ⓡ
Coordinator: Atsunori Okamura

In performing coronary intervention for ACS patients, we sometimes face the complex lesions, such as the lesion with huge thrombus, calcification or complex bifurcation. Coronary intervention strategies for these lesions have not been well discussed, because of the difficulty of data collection about these rare situations for one operator. Expert operators sometimes know how to treat these complex lesions from their experience. In this session, we discuss about several techniques and devices to overcome these complex lesions during ACS intervention.

Antegrade Ⓡ
Coordinator: Ryohei Yoshikawa

The antegrade approach remains an important fundamental approach at present, even after the retrograde approach has been established in the CTO-PCI. The retrograde channel tracking has now been succeeded. Passing a micro- catheter through the channel guarantees a very high success rate for the procedure. However, in the case where the retrograde channel does not exist, the success rate of the procedure will be greatly reduced.

Even now, there seem to be a lot of cases that can be treated with the antegrade approach but instead are treated with the retrograde approach and the reverse CART does not work well with the retrograde approach.

We believe that the elements that have been cultivated over years, even in the era of the retrograde approach, such as the wire selection of antegrade approach, the fundamentals of CTO wiring, parallel wiring technique, IVUS guided wiring, 3D wiring and special ingenuity, are very important.

In this session, the experts of the CTO-PCI are going to talk about tips and tricks for reviewing and understanding the current antegrade approach (in the era of retrograde approach).

Calcified Lesions Ⓡ
Coordinator: Tetsuo Matsubara

For a calcified lesion, which is a representative of complex lesions, the results in acute phase have been improved from various approaches. However, there are no satisfied and established treatments for calcified lesions including the prevention of complications. Moreover, with respect to the results in the chronic phase, there are still many problems as compared with the other lesions. There are a number of different types of calcium lesions dependent on its quantity and quality. Therefore, current available treatment strategies including rotablator and DES have certain limitations in various cases. In this course, we would like to examine the benefits and the limitation of new devices such as a rotablator including the evaluation of calcification from pathology and imaging modality.

CTO Ⓡ
Coordinator: Takafumi Tsuji

Chronic Total Occlusion (CTO) lesion is one of the most challenging treatments among the PCI. Previously, we considered that the treatment was allowed only by the PCI masters, but the door of the treatment has been opened to young interventionalists because of the progress of the treatment technology and the evolution of the devices such as a guide wire. However, it is needless to say that a deep insight and a sensitive and logical procedure beyond the normal PCI treatments will be required in order to perform the CTO-PCI. In this session, we are going to introduce the leading CTO treatments in Japan and overseas, which are focusing on the devices and the methodology of the CTO treatment.
Scientific Programs

DCA
Coordinator: Etsuo Tsukihara

Product development of the DCA catheter has been progressing in Japan following initial clinical evaluations performed in 2015. Along with product improvements undertaken in 2016, the number of centers performing clinical evaluation has also grown.

It naturally goes without saying of the importance of performing a ‘safe’ DCA procedure, such as relying on IVUS image interpretation. Live demonstrations at domestic conferences play an important role in promoting this safety aspect, while the CCT have an equally important role of highlighting the product efficacy to an international audience.

Previously, due to the clinical results and the complexity of the device, DCA was not well received. Currently, 2nd and 3rd generation DES are dominant devices used in PCI, and we are soon going to have BRS in a clinical setting.

Now the question is “why DCA has been reintroduced and what is the clinical need of this device?” We need to carefully look back at the previous clinical results and discuss the remaining issues in PCI to clarify what is required to make current devices effective.

The first half of the session will be dedicated to an overview of the device, reviewing previous clinical results as well as those cases that showed efficacy in a clinical setting. The second half shall focus on a histopathological analysis of lesions that gained an advantage from the DCA catheter, while discussing the role of imaging modalities, pathologic findings of coronary atherosclerosis that can impact clinical results following PCI, and current day problems of neoatherosclerosis. Those discussions should provide for a session in which we can achieve a broadened knowledge of the clinical efficacy of the device and the possibility of the upcoming research that will influence the future of interventional cardiology.

DES
Coordinator: Gaku Nakazawa

The clinical results of DES (2nd generation or later) have been very good and the differences between the stents are now almost unnoticeable. We would like to discuss focusing on the following topics:

1) Which DES is appropriate for each lesion?
2) How far can we reduce Dural Antiplatelet Therapy (DAPT) duration by understanding the blood vessel condition in a relatively early stage after DES placement?
3) The influence of DES on coronary arteries and patients life.

How to manage complications
Coordinator: Tomoko Kobayashi

The more complex a complication in coronary intervention is, the higher a rate of frequency and severity will be increased in coronary intervention. Due to one operator having less experience in treating the complications that occur at a constant frequency, it is important to share information. While presenting the examples of the complications, we plan to provide lectures with a focus on 1. Why have they occurred ?, 2. How did we deal with them ? and 3. The prevention of complications and the preparation at the cath lab. We would like to share ideas in order to make the treatment of complex lesions a safe and secure success.

Imaging and physiology: Physiology guided PCI to complex lesion: New technology can change the world
Coordinator: Hitoshi Matsuo

Fractional Flow Reserve (FFR) has now been accepted as the golden standard to indicate whether a stenosis of interest is responsible for ischemia, and it is also generally accepted that a stenosis with an ischemic value of FFR is responsible for symptoms and a worse outcome, and should be revascularized, whereas lesions with a non-ischemic FFR definitely have a favorable prognosis and can better be treated medically. In addition to the diagnostic tool of ischemia, the recent development of new physiological indexes such as Instantaneous Flow Reserve (iFR), and Quantitative Flow Reserve (QFR) as well as new technology development like microcatheter based pressure wire and fiber-optic sensor may expand its potential to treat complex lesions. This session has been organized to focus on the usefulness of physiology based decision making, not only as the diagnostic tool of ischemia, but also as the PCI optimization tool. We hope all of the attendees can understand the newly emerging world introduced by new physiological concepts and technology developments in the catheterization laboratory.
Scientific Programs

**Imaging Session: Know the coronary imaging from now on! (How the coronary imaging devices work & how to manage patients in the era of BRS)**

Coordinator: Shinjo Sonoda

The coronary intervention therapy is heading to the bioresorbable scaffold (BRS) era through the bare metal stent era and the drug-eluting stent (DES) era from the POBA era. The usefulness of intravascular ultrasound (IVUS) guided-stent placement in the case of DES placement has been proven. It reduces stent thrombosis and improves the prognosis of patients more significantly than angiography guided-stent placement. Because only the proximal and distal tips of the tiny metal marker on the angiographic image are visible in BRS, it is very important to place the stent using the guidance of coronary artery imaging (IVUS and OCT). Therefore, we should learn how to use the imaging devices and how to manage the cases of BRS placement in the new era. We hope that you will be able to learn ‘The future of coronary artery imaging’ in this session.

**LMT**

Coordinator: Yui Okawa

The drug-eluting stents (DES) of the second and the third generation have featured a stainless structure, which is flexible to bifurcations, and has been showing a long-term safety with the improvement of polymer in addition to thin struts. We would like to make this session for the participants to be able to obtain the latest knowledge about the PCI for LMT lesions, which are necessary to think more carefully about the long-term safety in addition to the effectiveness of the DES.

First of all, we will review the latest results of the DES for the LMT lesions. Next, we will have the experts in each field talk regarding the necessity and adaptation of various techniques used for the current DES and the postoperative drug therapy and prognosis.

**OCT, OFDI session: OCT/OFDI-guided PCI A to Z**

Coordinator: Junya Shite

OCT/OFDI enable us to measure the lumen diameter and lesion length precisely, and to speculate tissue character. With the development of software such as angio co-registration and 3D reconstruction, OCT/OFDI should be utilized as an efficient PCI-guide. This session will take you through OCT/OFDI-guided PCI from basic to advanced, A to Z.

**Retrograde**

Coordinator: Kenya Nasu

The retrograde approach is an established technique to recanalize chronic total occlusion (CTO) lesions. Successful percutaneous coronary intervention (PCI) in CTO lesions by the retrograde approach requires knowledge including (1) the selection of an optimal lesion by reading the findings of coronary angiography, (2) channel selection, and (3) the insertion of a guide wire through the CTO lesion by the bilateral approach. It also requires a better understanding of the complications and problems specific to the retrograde approach. In this session, the findings obtained from evidence-based data and real cases are planned to be introduced.
Registration

Registration Fee

<table>
<thead>
<tr>
<th>Pre-registration (by Tuesday, September 6, 2016)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>3 days</td>
</tr>
<tr>
<td>Co-medical</td>
<td>3 days</td>
</tr>
<tr>
<td>Industrial Professional</td>
<td>3 days</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>On-site Registration</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>3 days</td>
</tr>
<tr>
<td>Medical(intern)</td>
<td>1 day</td>
</tr>
<tr>
<td>Medical(intern)*</td>
<td>3 days</td>
</tr>
<tr>
<td>Co-medical</td>
<td>3 days</td>
</tr>
<tr>
<td>Industrial Professional</td>
<td>3 days</td>
</tr>
</tbody>
</table>

* 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

http://cct.gr.jp/2016/

Access

Contacts

Registration
CCT2016 Registration Desk
[Nippon Express Travel Co., Ltd.]
1-1-6 Kitahama, Chuo-ku, Osaka 541-0041 Japan
TEL +81-6-6201-1962  FAX +81-6-6201-1991
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