

# CCCT2017 Coronary

Complex Cardiovascular Therapeutics 2017

▶ **Dates** **October 26** thu.-**28** sat., 2017

▶ **Venues** **Kobe International Exhibition Hall**  
**Portopia Hotel, Kobe, Japan**

*Change*

**Third**  
Program

日本心血管インターベンション治療学会  
専門医認定医資格更新単位 申請中

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

*Challenge and  
Innovation*



# C CCT2017 Coronary

## Coronary Course Directors

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Ryohei Yoshikawa  
Sanda City Hospital

## Secretary-General

Satoru Otsuji  
Higashi Takarazuka Satoh Hospital

## This year's theme is "Change".

Thank you very much for your continued kindness towards the CCT.

Also, we would like very much to thank the many participants from overseas last year, mainly Asia, as well as Japan.

Having started in 2001, the CCT will be celebrating its 15th anniversary this year. Please let me introduce the origin briefly today.

The predecessor of the CCT is the CCIC, which started in 1995. Its predecessor is the Naka-Nihon Live Demonstration, which started in 1993. This live course was based on a meeting called Osaka Intervention Meeting that started in an extremely local area in Japan. However, our stance from the beginning to the CCIC and CCT has always been "For the patients" and the methodology is "live demonstration". Regardless of the size of meetings, there is always a fundamental stance to pursue better therapy for patients with participants through live treatments called "unencapsulated truth". It is impossible to fully convey it to participants with texts, lectures, and video live demonstrations.

While it is important to keep our stance, it is also important to be flexible in changing "for the patients" as times change. The changing times include not only conviction of devices and technologies but also new evidence that will appear one after another, and the change of socio-economic environment surrounding the global society. Therefore, we can say that what we need now is "Change".

Let's take CTO treatment as an example. With the steadfast efforts of pioneers over more than 20 years and the conviction of innovative devices accompanying it, fairly theoretical techniques have been established now and these techniques have been spread globally. As you know, CTO cases are also one of the highlights of live demonstration in the CCT. However, "what we can do" and "what we should do" are different. You can never say "For the patients" if you do "not see the wood for the trees". We think that this year will be the time to think, again, about the adaptation of CTO treatment for the patients.

We think that "change of generation" is also extremely important. We have to hand down the technology and spirit that we inherited from CCT pioneers to the next generation. We are convinced that it will be for future patients.

Also, although it will be a different course from the Coronary course, we aim to realize TAVI live demonstration from a domestic facility in the SHD course this year. The results of TAVI in Japan have been very good and the output in the papers has also been excellent. Is now the time to disseminate information from Japan to overseas as an "unencapsulated live demonstration"? "Change" is also necessary regarding this.

We, all of the course directors, are going to explore possibilities in order for participants to feel the "Change" at all venues as well as in the live demonstration halls, and we appreciate your cooperation.

We are looking forward to seeing you in Kobe when the leaves of the trees start to color.

Etsuo Tsuchikane  
CCT2017 Representative Coronary Course Director

# Program at a glance

E English translation available 
 J Japanese translation available 
 C Chinese translation available 
 Japanese only Japanese only

## Thursday, October 26

	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	
Coronary Theater			PCI Live Case Transmission <span style="color: orange;">E</span> <span style="color: blue;">J</span> <span style="color: green;">C</span>				Luncheon Seminar	Tama Memorial Lecture <span style="color: orange;">E</span> <span style="color: blue;">J</span> <span style="color: green;">C</span>		PCI Live Case Transmission <span style="color: orange;">E</span> <span style="color: blue;">J</span> <span style="color: green;">C</span>						
Themed Theater			Themed Live Case Transmission <span style="color: orange;">E</span> <span style="color: blue;">J</span>						Themed Live Case Transmission <span style="color: orange;">E</span> <span style="color: blue;">J</span>							
Room 3		Live Case Pre-discussion Session <span style="color: blue;">J</span> <span style="color: green;">C</span>	TTT@CCT <span style="color: orange;">E</span> <span style="color: blue;">J</span>		Chinese Session <span style="color: orange;">E</span> <span style="color: blue;">J</span>				Middle East Session@CCT <span style="color: orange;">E</span> <span style="color: blue;">J</span>	Coffee Break Session	India Live@CCT <span style="color: orange;">E</span> <span style="color: blue;">J</span>					
Room 5		Live Case Pre-discussion Session <span style="color: orange;">E</span> <span style="color: blue;">J</span>	Calcified <span style="color: orange;">E</span> <span style="color: blue;">J</span>		Complications <span style="color: orange;">E</span> <span style="color: blue;">J</span>				DES <span style="color: orange;">E</span> <span style="color: blue;">J</span>	Coffee Break Session	CPA with cardiogenic shock <span style="color: orange;">E</span> <span style="color: blue;">J</span>		The extreme discussion from the insight of developing operator <span style="background-color: #000080; color: white; padding: 2px;">Japanese only</span>			
Room 6			Physiology <span style="color: orange;">E</span> <span style="color: blue;">J</span>		OCT/OFDI <span style="color: orange;">E</span> <span style="color: blue;">J</span>				Antegrade <span style="color: orange;">E</span> <span style="color: blue;">J</span>		Retrograde <span style="color: orange;">E</span> <span style="color: blue;">J</span>					
Room 8			Fellow Course <span style="background-color: #000080; color: white; padding: 2px;">Japanese only</span>						Fellow Course <span style="background-color: #000080; color: white; padding: 2px;">Japanese only</span>		DCB Summit					
Room 9			Slender Club@CCT		J-WINC@CCT <span style="background-color: #000080; color: white; padding: 2px;">Japanese only</span>				Long term clinical evidence in Japan(TBA)		Encore Seoul@CCT					
Room 12												Job Fair <span style="background-color: #000080; color: white; padding: 2px;">Japanese only</span>				

## Friday, October 27

	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	
Coronary Theater			PCI Live Case Transmission <span style="color: orange;">E</span> <span style="color: blue;">J</span> <span style="color: green;">C</span>				Luncheon Seminar	Tama Memorial Lecture <span style="color: orange;">E</span> <span style="color: blue;">J</span> <span style="color: green;">C</span>		PCI Live Case Transmission <span style="color: orange;">E</span> <span style="color: blue;">J</span> <span style="color: green;">C</span>						
Themed Theater			Themed Live Case Transmission <span style="color: orange;">E</span> <span style="color: blue;">J</span>						SHD Live Case Transmission <span style="color: orange;">E</span> <span style="color: blue;">J</span>							
Room 3		Live Case Pre-discussion Session <span style="color: blue;">J</span> <span style="color: green;">C</span>	CIT@CCT <span style="color: orange;">E</span> <span style="color: blue;">J</span>		TCT AP@CCT <span style="color: orange;">E</span> <span style="color: blue;">J</span>				AP CTO@CCT Part 1 <span style="color: orange;">E</span> <span style="color: blue;">J</span>	Coffee Break Session	ANZET@CCT <span style="color: orange;">E</span> <span style="color: blue;">J</span>		Why do we use Resolute Onyx? - Korean vs. Japanese perspective <span style="color: orange;">E</span> <span style="color: blue;">J</span>			
Room 5		Live Case Pre-discussion Session <span style="color: orange;">E</span> <span style="color: blue;">J</span>	BRS <span style="color: orange;">E</span> <span style="color: blue;">J</span>		ACS <span style="color: orange;">E</span> <span style="color: blue;">J</span>				CCT Live Playback Session <span style="color: orange;">E</span> <span style="color: blue;">J</span>	Coffee Break Session	CCT Live Playback Session <span style="color: orange;">E</span> <span style="color: blue;">J</span>					
Room 6			IVUS <span style="color: orange;">E</span> <span style="color: blue;">J</span>		CT <span style="color: orange;">E</span> <span style="color: blue;">J</span>				CTO <span style="color: orange;">E</span> <span style="color: blue;">J</span>	Coffee Break Session	How to build up a career of CTO expert operator? <span style="color: orange;">E</span> <span style="color: blue;">J</span>					
Room 8			Fellow Course <span style="background-color: #000080; color: white; padding: 2px;">Japanese only</span>						Fellow Course <span style="background-color: #000080; color: white; padding: 2px;">Japanese only</span>		Korean Session at CCT2017					
Room 9			C3@CCT		ISIC@CCT				International Special Session							

## Saturday, October 28

	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	
Coronary Theater			PCI Live Case Transmission <span style="color: orange;">E</span> <span style="color: blue;">J</span> <span style="color: green;">C</span>				Luncheon Seminar	Tama Memorial Lecture <span style="color: orange;">E</span> <span style="color: blue;">J</span> <span style="color: green;">C</span>		PCI Live Case Transmission <span style="color: orange;">E</span> <span style="color: blue;">J</span> <span style="color: green;">C</span>						
Themed Theater			Themed Live Case Transmission <span style="color: orange;">E</span> <span style="color: blue;">J</span>						Themed Live Case Transmission <span style="color: orange;">E</span> <span style="color: blue;">J</span>							
Room 3		Live Case Pre-discussion Session <span style="color: blue;">J</span> <span style="color: green;">C</span>	Taiwan CTO Club@CCT <span style="color: orange;">E</span> <span style="color: blue;">J</span>		AP CTO@CCT Part 2 <span style="color: orange;">E</span> <span style="color: blue;">J</span>											
Room 5		Live Case Pre-discussion Session <span style="color: orange;">E</span> <span style="color: blue;">J</span>	CCT Live Playback Session <span style="color: orange;">E</span> <span style="color: blue;">J</span>		Coffee Break Session	CCT Live Playback Session <span style="color: orange;">E</span> <span style="color: blue;">J</span>			BridgePoint Club @CCT <span style="color: orange;">E</span> <span style="color: blue;">J</span>							
Room 6			DCA <span style="color: orange;">E</span> <span style="color: blue;">J</span>		LMT <span style="color: orange;">E</span> <span style="color: blue;">J</span>											
Room 8			Fellow Course <span style="background-color: #000080; color: white; padding: 2px;">Japanese only</span>													
Room 9			NIC@CCT		Bifurcation Club@CCT				CCTI@CCT							

\*As of September 10, 2017. This program is subject to change.



# Special Programs

## CCT Live Playback Session

Coordinator: *Kazuhiro Ashida (Seirei Yokohama Hospital)*

**Friday, October 27 – Saturday, October 28**

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 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 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, "The mind, which has been challenging against difficulties; CCT mind". 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.

## Tamai Memorial Lecture

**Thursday, October 26**

**"The vision of Bioresorbable Scaffolds"**

**Special Lecturer: *Gregg W. Stone* (Columbia University Medical Center, Cardiovascular Research Foundation, USA)**

## 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 26**

#### **The Cardiovascular Institute Hospital**

**Operators:**

*Yuji Hamazaki*

*Yuji Oikawa*

*Etsuo Tsuchikane*

*Junji Yajima*

#### **Sakurabashi Watanabe Hospital**

**Operators:**

*Yasumi Igarashi*

*Atsunori Okamura*

*Takafumi Tsuji*

*Ryohei Yoshikawa*

**Friday, October 27**

#### **Toyohashi Heart Center**

**Operators:**

*Yoshihisa Kinoshita*

*Tetsuo Matsubara*

*Kenya Nasu*

*Etsuo Tsuchikane*

*Junji Yajima*

**Saturday, October 28**

#### **Higashi Takarazuka Satoh Hospital**

**Operators:**

*Kazuhiro Ashida*

*Yasumi Igarashi*

*Tomoko Kobayashi*

*Eisho Kyo*

*Satoru Otsuji*

*Junya Shite*

*Yoshihiro Takeda*

**Live from Columbia University Medical Center, USA in collaboration with TCT**  
**Thursday, October 26 9:00-10:00 @ Coronary Theater**

# Scientific Programs

## Calcified lesions

**Coordinator:** Tetsuo Matsubara (Toyohashi Heart Center)

DES has been improved and most lesions are treated mainly with DES. However, long-term stent results cannot be obtained unless its expansion is sufficiently obtained. It is just a piece of metal that is placed in the human body, and it can cause difficulties which interfere with subsequent treatment.

On the other hand, although we speak of calcified lesions in one word, they are different in each lesion form, and patients have various backgrounds such as abnormal glucose tolerance, CKD or dialysis. Therefore, not only coronary artery therapy but also the professional management of whole body organ systems is important. We continue to have challenging treatment strategies against such calcified lesions in CCT every year, but no strategy have been established yet.

We hope you all to expect that this session will be the place to thoroughly discuss the current situation and future prospects with the experts of calcified lesions therapy as always.

## Why the complications occurred and how can it be bailed out?

**Coordinator:** Tomoko Kobayashi (Kyoto Katsura Hospital)

1. First step
  - 1) Stuck imaging modalities
  - 2) Wire perforation in non-CTO lesions
  - 3) Coronary perforation during ballooning/stenting
  - 4) Coronary dissection and hematoma after ballooning/stenting
2. Second step
  - 1) Stuck devices in CTO lesions
  - 2) Stuck rotablator in severe calcified bend lesions
  - 3) Wire perforation in CTO lesions
  - 4) Coronary perforation during rotablation

Complex lesion has a high risk of complications during interventional treatment. Each operator can meet a small number of complications, so we should share the others' experience to deal with any complications at the first time. In this session, all audience can get some information and utilize it for skill-up of operators. The presenters will show some cases, and discuss "Why the complications occurred", "How the complications were managed" and "Where was the turning point in order to avoid the complications".

We would like to share experience and ideas for the success of complex intervention in safety.

## DES

**Coordinator:** Gaku Nakazawa (Tokai University School of Medicine)

Current generation DES has been demonstrated very high efficacy and safety which lead to good clinical outcomes. In this session, we will focus on following issues;

- 1) Patient's care following DES implantation which many doctors encounter
- 2) Newest generation DES which are not used (or just launched) in Japan

## New trend of physiology guided PCI 2017

**Coordinator:** Hitoshi Matsuo (Gifu Heart Center)

Fractional flow reserve (FFR) is now accepted as the golden standard to indicate whether a stenosis of interest is responsible for ischemia, and it is generally accepted that a stenosis with an ischemic value of FFR is responsible for the symptoms and a worse outcome and should be revascularized, whereas lesions with a non-ischemic FFR have a definitely favorable prognosis and can better be treated medically. Recent registry data conducted in Japan and Korea reconfirmed these concepts. iFR is another big wave of physiology, because large prospective randomized trials were published this year. FFRCT is now ready for use in routine clinical practice, and this new technology's limitation and usefulness should be discussed. Newly emerged fibro-optic sensor pressure wire may expand its potential to treat complex lesions. This session needs to focus on the usefulness of physiology based on decision making not only as a diagnostic tool of ischemia and prognostic marker, but also as a PCI optimization tool. We hope all of the attendees can understand the newly emerging direction of physiology guided PCI introduced by new physiological concept and technology developments in the catheterization laboratory.

# Scientific Programs

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

**Coordinator:** Junya Shite (Osaka Saiseikai Nakatsu Hospital)

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-registraion 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.

## Fellow Course

**Coordinator:** Kenya Nasu (Toyohashi Heart Center)

CCT 2017 will offer a "Fellow Course" so that young doctors can learn a variety of techniques from live case transmissions. We have asked younger doctors who are active in the front lines of their respective fields to provide lectures so that the audience can exchange opinions with the lecturers interactively. We will focus on the following three lesion groups: bifurcation lesion, calcified lesion and chronic total occlusion lesion, in order to aim at obtaining proficiency from basic to advanced techniques. By scheduling the Fellow Course in the morning, we would like participants to join the live sessions in the afternoon during CCT and deepen understanding of live case transmissions while enjoying them. We believe that this session will help to improve young doctors' skill. We look forward to everyone's participation.

## Job Fair

**Coordinator:** Masashi Kimura (Hiroshima Heart Center)

Since the total amount of medical expenses has currently surpassed 400 billion dollars before the double revisions of payment systems for medical services and nursing care services in 2018, a negative impact on the revisions will be inevitable. This is an age in which even public hospitals can be bankrupt. Despite such circumstances, the number of specialized hospitals for cardiovascular diseases is rather likely to be increasing. In order to operate "Heart Center" in the future, each facility should introduce personnel, share information and exchange opinions regarding personnel securing, treatment strategy, management strategy etc. We would like to discuss with the participants about "Heart Center" as an option where young-generation doctors can find employment by providing a forum for exchanges of opinions.

## Current status of bioresorbable vascular scaffold

**Coordinators:** Junji Yajima (The Cardiovascular Institute Hospital), Kengo Tanabe (Mitsui Memorial Hospital)

New generation drug-eluting stents (DES) have improved clinical outcomes compared to 1st generation DES, however, there are lingering concerns about very late stent thrombosis, late restenosis, and neoatherosclerosis. Recently, bioresorbable scaffold (BRS) has been developed to provide potentially better long-term outcomes than metallic stent by eliminating chronic inflammation associated with permanent metallic implant. Contrary to expectation, some clinical trials revealed higher incidence of thrombosis in everolimus-eluting bioresorbable vascular scaffold (BVS) arm compared to DES, resulting in restricted use in Japan and Europe. In this session, the current status and future perspectives of BRS technology will be presented by 6 experts.

## How to treat the difficult ACS cases with interventional techniques and devices

**Coordinator:** Atsunori Okamura (Sakurabashi Watanabe Hospital)

There are several difficult ACS cases to treat with interventional techniques, such as existence of huge thrombus, severe calcified lesions, triple vessels, giant coronary aneurysms, including Kawasaki disease and cardiac shock. In this session, the expert operators will inform you about their interventional techniques and devices including the latest ones to overcome these difficult situations. Furthermore, the discussions during the session will make these solutions clearer for the difficult ACS situations.

# Scientific Programs

## Coronary imaging for complex PCI

**Coordinator:** *Shinjo Sonoda (University of Occupational and Environmental Health Hospital)*

The PCI treatment results for complicated lesions have been improving with the development of DES. IVUS has played an extremely large role in the improvement. The frequency of stent thrombosis, which was a major problem in the first-generation DES era, decreased due to the spread of IVUS-guided PCI. In the second-generation DES era, it became clear that IVUS prevents the occurrence of myocardial infarction, including perioperative period but stent thrombosis. In this session, we would like to share knowledge such as tips, usefulness and limitations regarding the use of IVUS in current PCI for various complex lesions using DES and DCB, in order to improve treatment results.

## CTO

**Coordinator:** *Takafumi Tsuji (Kusatsu Heart Center)*

Procedural results of percutaneous coronary intervention (PCI) for chronic total occlusion (CTO) have greatly improved with the development of the PCI devices and introduction of the retrograde approach. Treatment of CTO lesions represents one of the major technical challenges for PCI throughout the world, however, it is needless to say that CTO PCI requires deeper insight, delicate and logical technique beyond non-CTO PCI.

In this session, we have prepared the several lectures regarding general CTO treatment with the aim to acquire the necessary knowledge for CTO PCI. In addition, we will introduce the current status of overseas for new devices, which will be introduced in Japan in the future.

## DCA

**Coordinator:** *Maoto Habara (Toyohashi Heart Center)*

In 2015, Directional Coronary Atherectomy (DCA) therapy was revived in Japan. Two years have already passed after the initial clinical evaluation. The devices have been improved, and the number of experienced cases in Japan, accordingly, have been increased and accumulated. As well as to show the live demonstration to perform the DCA safely, there is also an important role imposed on the CCT to collect new evidence. Now that the second and third generation of drug-eluting stents are at their best, there is probably an answer in there as to the reason why DCA is still needed. In the first part of this session, we will present several clinical research results using a new DCA catheter. In addition to the DCA result in the chronic phase, we will also present the results of the DCA and DCB treatment, which is a new therapeutic strategy, and the results of histopathological analysis of coronary plaque which was collected by the DCA treatment. In the second part, we would like young operators to explain cases that can show the usefulness of using DCA, and also the worst cases that caused complications specific to DCA. We would like to discuss these cases widely and openly.

## Unprotected LMT PCI

**Coordinator:** *Yuji Oikawa (The Cardiovascular Institute Hospital)*

For new-generation DES, the short-term and mid-term safety is being established along with effectiveness, and it is now used without concern for unprotected left main trunk disease. Because of the thin stent struts and the cell structure that is easy to handle at the bifurcation, it has made the stenting procedure easier. Furthermore, the use of imaging devices, such as OCT and OFDI, has enabled appropriate stenting.

In this session, we will have experts to talk about the latest LMT-PCI techniques, such as an appropriate stenting method using an imaging device, a simple stenting technique combined with debulking, a complex stenting method, in addition to the latest evidence of LMT-PCI.

## Registration

### Registration Fee

#### Pre-registration (by September 15 Fri., 2017)

Medical	3 days	JPY 25,000
Co-medical	3 days	JPY 2,000
Industrial Professional	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.

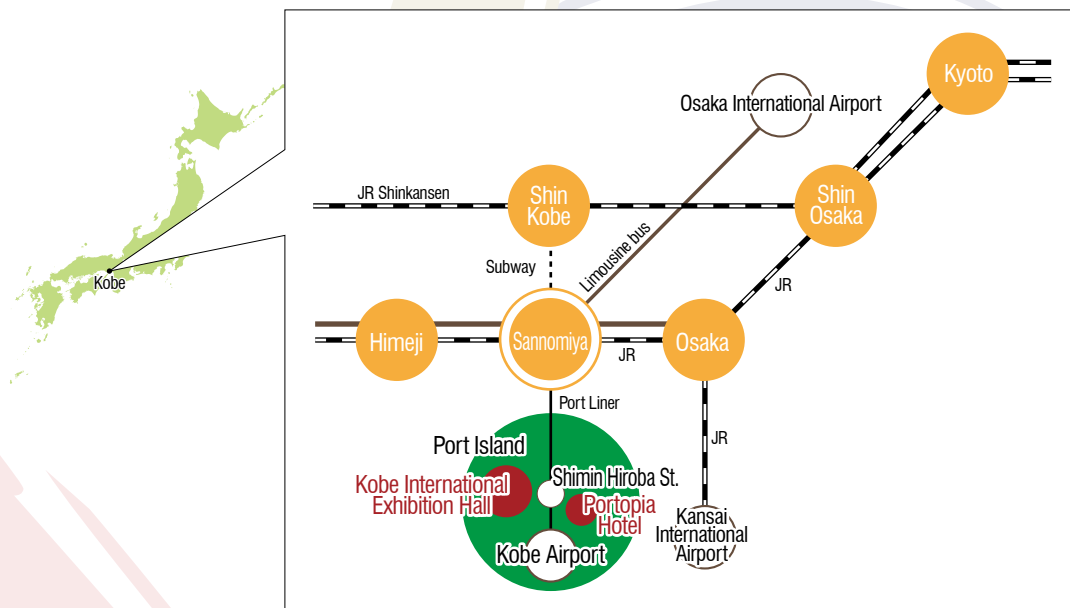
\*\* A student can attend the live course free of charge. Please present your student ID or equivalent documents at the on-site registration desk. Pre-registration is not required.



**Online registration and hotel booking forms are available on CCT website**

<http://cct.gr.jp/2017/>

### Access



### Contacts

#### Registration

##### CCT2017 Registration Desk

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#### General Information

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