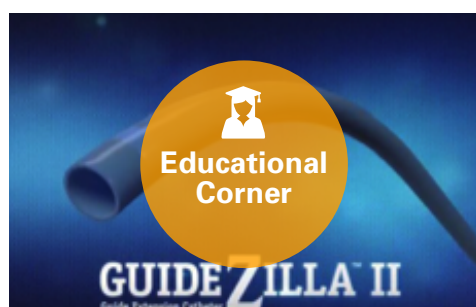
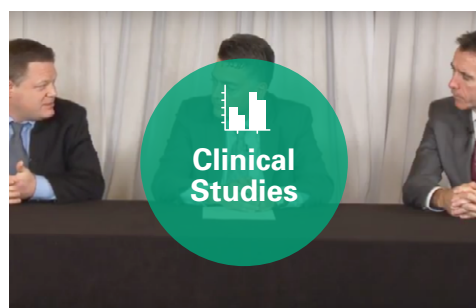


- EuroPCR Webcast: Symetis ACURATE neo™ TF TAVI System, a unique self-expandable valve technology
- EuroPCR Wrap-up interview: Growing Clinical evidence with the ACURATE neo™ TAVI system
- EuroPCR Live Case: LAD Rotablation and Left Main PCI
- EWOLUTION 1-year results: Prof. M. Bergmann's insights from EuroPCR



- PCR Edu Online educational webcast: how to treat undilatable and calcified coronary artery lesions
 - New GUIDEZILLA™ II Guide Extension Catheter: deliverability to new places, from routine to complex cases
 - Rotational Atherectomy in Contemporary PCI: European consensus statement
- Learning with clinical case:**
- THREADER™ Catheter: treat severely diseased, tortuous and calcified coronary artery



- Boston Scientific's Guidewire Footprint and the Future of Stenting
- TCTMD Webcast on LOTUS™ Valve: Reprise III data and beyond
- COMET FFR Trial: A Randomized Comparison of simultaneous data from Boston Scientific and St. Jude's Pressure Wires



- Join the Complex PCI community
- WATCHMAN™: think outside the pill box



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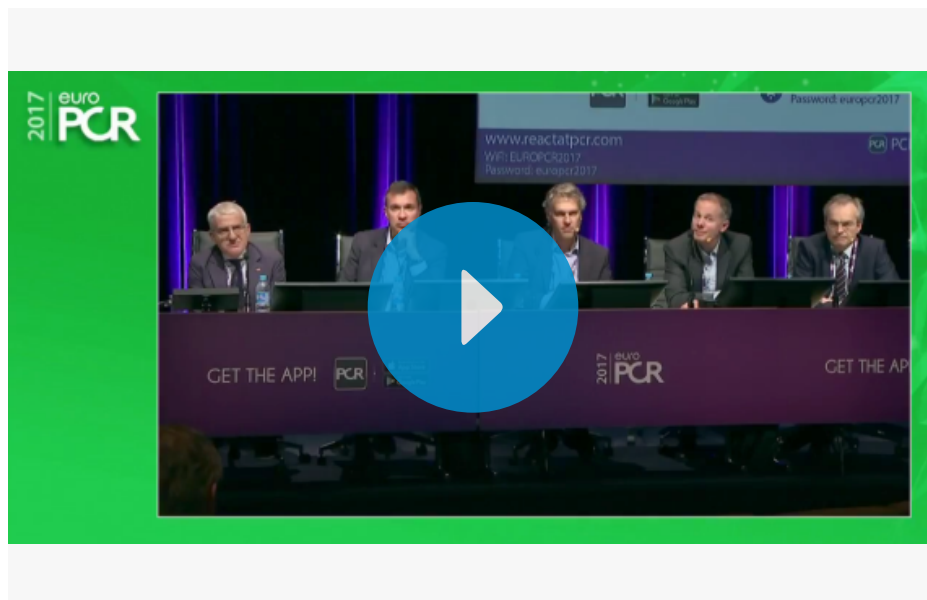
Congresses and Events

EuroPCR Webcast

Symetis ACURATE neo™ TF TAVI System: unique self-expandable valve technology

LIVE Demonstration from Contilia Heart and Vascular Centre, Elisabeth Hospital, Essen, Germany
Chairpersons: S. Redwood , C. Tamburino

A webcast from EuroPCR dedicated to the Symetis ACURATE neo™ TF valve. A panel of experts discuss the unique properties of the valve, showing its main functions.



[WATCH VIDEO »](#)

Session Objectives:

- Share the technical aspects of the ACURATE neo™ TF valve and the implantation predictability
- Learn about the latest clinical results with ACURATE neo™ TF TAVI system
- Discover the upcoming ACURATE neo™ TF Advanced Sealed Technology further improving clinical outcomes



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Congresses and Events

EuroPCR Wrap-up interview: Growing Clinical evidence with the ACURATE neo™ TAVI system

Speakers: Dr. J. S. Redwood, Dr. S. Toggweiler and Dr. H. Moellmann

Watch the wrap-up interview with Dr. J. S. Redwood, Dr. S. Toggweiler and Dr. H. Moellmann discussing the growing clinical evidence of the ACURATE neo™ transfemoral TAVI device and learn what makes it different from the other valves available on the market:



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Congresses and Events

EuroPCR Live Case: LAD Rotablation and Left Main PCI

C. K. Naber, MD; C. T. Chin, MD

From the National Heart Centre in Singapore a live demonstration conducted by Dr. C. K. Naber and Dr. C. T. Chin on a LAD Rotablation and left main PCI.

Learn more about complex coronary interventions:



[WATCH VIDEO »](#)

Clinical case:

- 51-year-old female
- Risk factors: diabetes mellitus, hypertension
- Past medical history: end stage renal failure on haemodialysis, right below knee amputation
- Lifestyle: non-smoker
- Good premorbid status

Cardiac history:

- Cardiac work-up prior to consideration for renal transplant
- Echo: LVEF 29%
- CAG: TVD with pRCA CTO
- Declined CABG
- PCI (Jan 2017): DES x 3 from ostial to distal RCA

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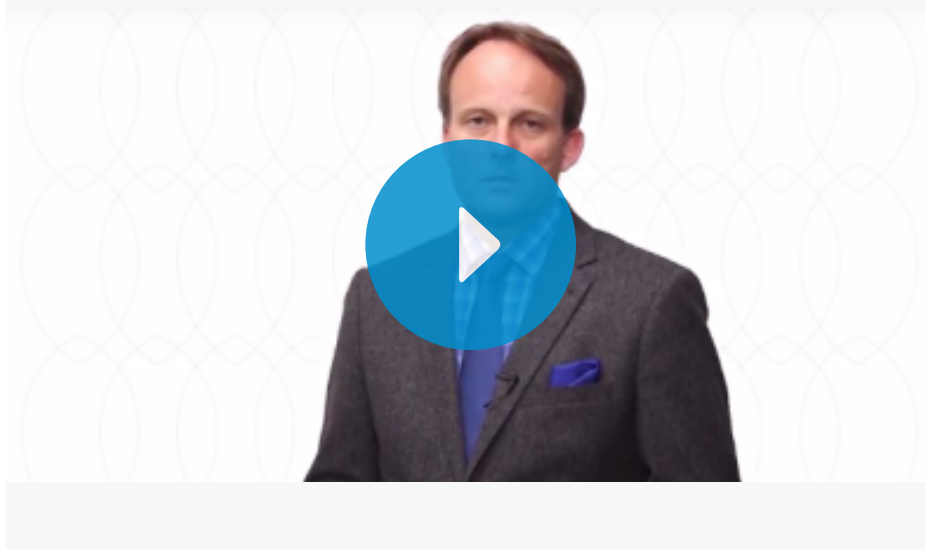
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Congresses and Events

EWOLUTION 1-year results: Prof. M. Bergmann's insights from EuroPCR

Results from the EWOLUTION 1-year data showed that WATCHMAN™ is safe and effective in stroke reduction for patients with non-valvular atrial fibrillation (AF), including patients deemed unsuitable for oral anticoagulation.

Watch the insights of Prof. Martin Bergmann



[WATCH VIDEO »](#)



Dual antiplatelet therapy (DAPT) post-procedure was used in 60% of patients and in this patient population, WATCHMAN™ continued to demonstrate low ischemic stroke (84% reduction in ischemic strokes; annual stroke rate was 1.4%) and low major bleeding rates (52% reduction in major bleeding events; annual major bleeding rate was 2.5% and 2.1% excluding periprocedural bleeding).

2017 **euro
PCR**

**Safety and efficacy results in the
EWOLUTION all-comers LAA closure study:
DAPT subgroup**

Martin W. Bergmann, Hüseyin Ince, Stephan Kische, Thomas Schmitz, Felix Meincke, Boris Schmidt, David Foley, Timothy R. Betts, Marek Grygier, Alexey V. Protopopov, Kenneth M. Stein, Lucas V.A. Boersma on behalf of the EWOLUTION investigators



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Educational Corner

PCR Edu Online educational webcast: how to treat undilatable and calcified coronary artery lesions



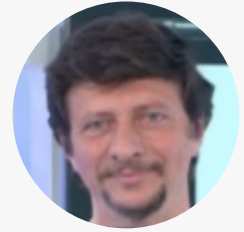
Emanuele Barbato, MD
Belgium



Adam de Belder, MD
United Kingdom



Jean Fajadet, MD
France



Flavio Ribichini, MD
Italy

Do you want to achieve the best outcome for those patients who present undilatable lesions? This new practical PCR Edu Online course is targeted to those Interventional Cardiologists and Cath Lab staff who want to learn how to treat undilatable/calcified coronary artery lesions with the rotational atherectomy system. This is still a challenging practice in coronary interventional cardiology and occurs in about 10% of all coronary interventional cases mainly due to very calcified or very fibrotic lesions.



[WATCH VIDEO »](#)

Key learnings:

- Understand what is an undilatable lesion
- What are the devices and technologies to treat these lesions
- A step-by-step presentation of different case procedures and patients with undilatable lesions
- How to avoid and manage complications related to specific technologies when treating undilatable lesions

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Educational Corner

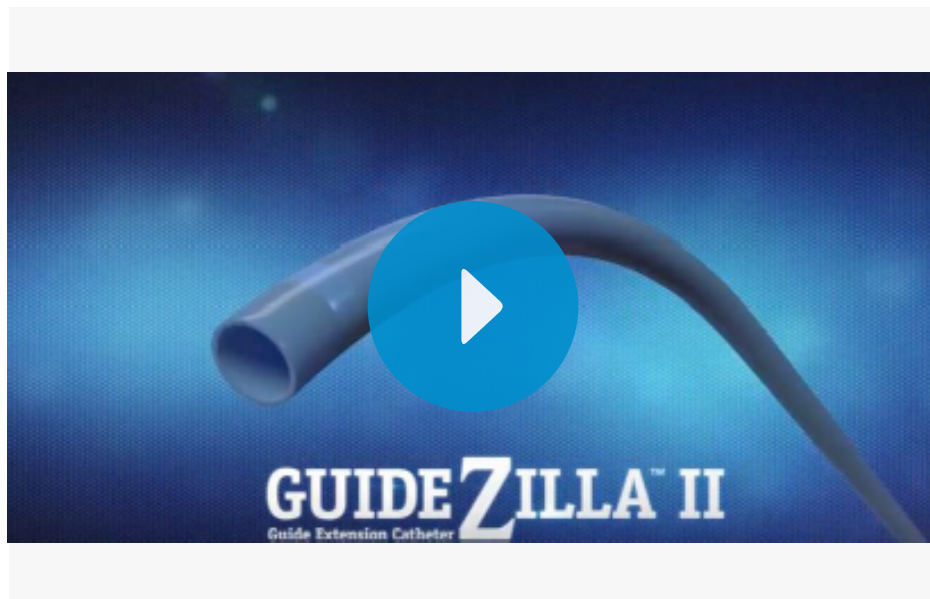
New GUIDEZILLA™ II Guide Extension Catheter: deliverability to new places, from routine to complex cases

The new GUIDEZILLA™ II Guide Extension Catheter provides additional back-up support and facilitates easy delivery to new places, from routine to complex cases.

Creating a smooth pathway for balloon or stent delivery by providing greater flexibility and enhanced lubricity, GUIDEZILLA™ II helps facilitate easy passage through complex lesions, calcium, tortuous vessels, distal lesions, anomalous arteries and transradial approach.

It delivers powerful reach, durability and a full size matrix of 6F, 7F, 8F and 6F long devices.

Watch the video and find out what makes GUIDEZILLA™ II such a unique device!



[WATCH VIDEO »](#)

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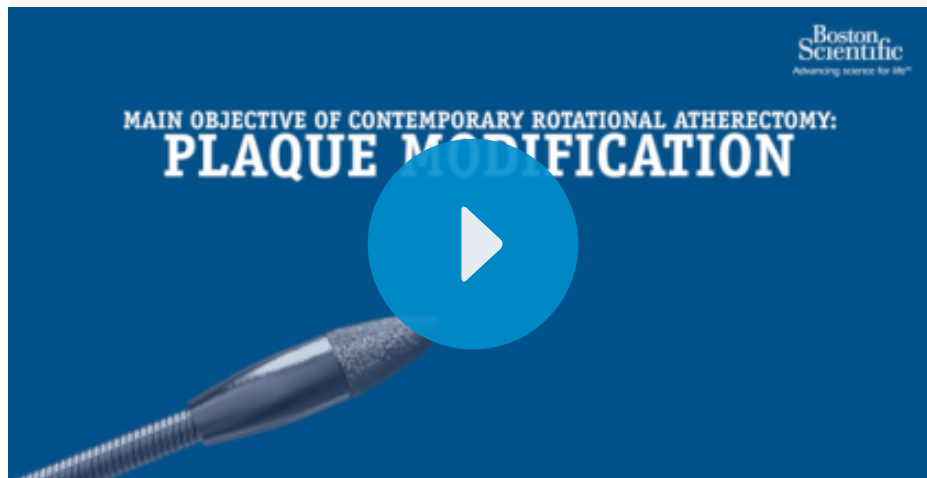
Educational Corner

Rotational Atherectomy in Contemporary PCI: European consensus statement

Cardiovascular News dedicated an article to explore the use of the rotational atherectomy (RA) in modern coronary percutaneous intervention (PCI). According to Emanuele Barbato (Cardiovascular Center Aalst, Belgium; University of Naples Federico II, Naples, Italy), RA represents “the technical solution” to enabling complete revascularization in heavily calcified coronary stenoses.

However, due to a lack of standardization about how it should be performed, he and other experienced operators came together to produce a consensus document (published in **EuroIntervention***) for the procedure. It provides a range of agreed opinion by experienced rotablation operators that can be disseminated as best practice.

See the Boston Scientific's video below and discover the main key points of the standardized protocol:



[WATCH VIDEO »](#)

As stated in the consensus document, for experienced users RA offers a safe and effective means of percutaneous treatment of highly calcified obstructive lesions.

*EuroIntervention 2016;12:1441-1442

Teresa Strisciuglio¹, MD; Emanuele Barbato^{1,2*}, MD, PhD, 1. Department of Advanced Biomedical Sciences, University of Naples Federico II, Naples, Italy; 2. Cardiovascular Research Center Aalst, Aalst, Belgium

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Educational Corner

Learning with clinical case: THREADER™ Catheter: treat severely diseased, tortuous and calcified coronary artery



Dr. Mudassar Ahmed, MD
Director, Transcatheter
Valve Program
St. Joseph's Hospital
Colorado, USA

In this case Dr. Mudassar Ahmed from St. Joseph's Hospital (Colorado, USA) illustrates the need for THREADER™ as a support for calcified, complex and tortuous anatomy.

Key learnings:

"A significant advantage of the THREADER™ balloon over other microcatheters is the ability to dilate the lesion to 1.2mm which aids subsequent delivery of balloon and stents, shortening procedure time and allowing success in complex anatomy".

Dr. Mudassar Ahmed, MD



[DOWNLOAD CASE STUDY »](#)

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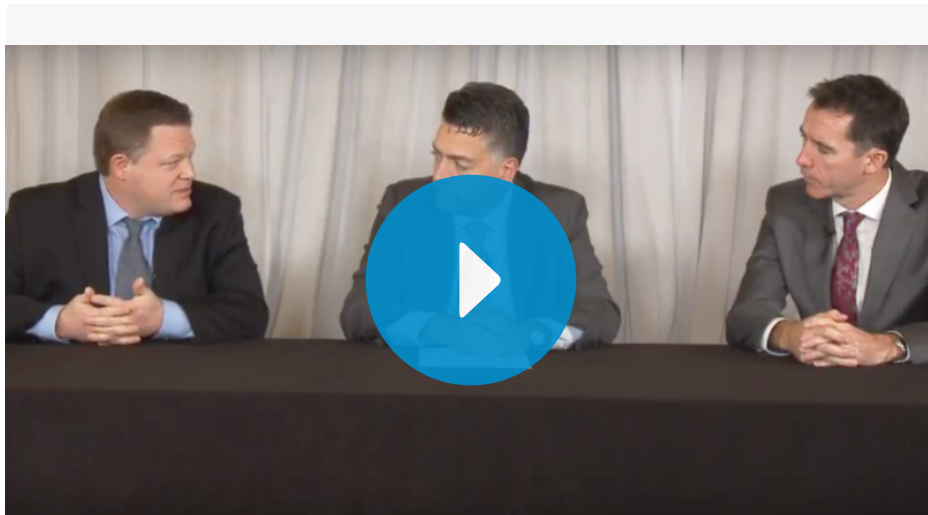


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Clinical Studies

Boston Scientific's Guidewire Footprint and the Future of Stenting

Chief Medical Officer C. Thompson along with Boston Scientific's VP of IC R&D, T. Girton, and Dr. C. Hanratty, Chief of Clinical Cardiology at Belfast Hospital Trust, discuss new technologies and examine the perspectives of both the engineers and the end users of PCI technologies.



[WATCH VIDEO »](#)

Watch the videos and learn more:

- Why do we continue to innovate in the Stent space?
- What engineering features of SYNERGY™ improve clinical outcomes?
- SYNERGY™ use in everyday complex patients
- Fully absorbable platforms – where are we going?
- Guidewires – demystifying wire technology

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Clinical Studies

TCTMD Webcast on LOTUS™ Valve: Reprise III data and beyond

Ted Feldman, MD; Michael Reardon, MD; Martin Leon, MD

A special webcast which describes the REPRISE III data with a dynamic discussion about the results, giving a look to the future of LOTUS™ Valve.



[WATCH VIDEO »](#)

Agenda:

- The REPRISE III Pivotal IDE Trial with the LOTUS™ Valve: an investigator's insight
- Reprise III Secondary Endpoints in Perspective and the path ahead for the LOTUS™ Valve
- Discussion: the complementary use of multiple TAVI Systems to Optimally treat the broadest population of aortic stenosis patients

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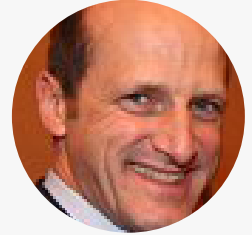
Clinical Studies

Comet™ FFR Trial: A randomized comparison of simultaneous data from Boston Scientific and St. Jude's Pressure Wires

This trial includes a randomized comparison of simultaneous data from COMET™ FFR Guidewire of Boston Scientific (BS) and the St- Jude Medical (SJ) PressureWire™, presented at EuroPCR 2017 by Dr. Nick Curzen and Dr. Rod Stables.



Dr. Nick Curzen
University Hospital of
Southampton, UK



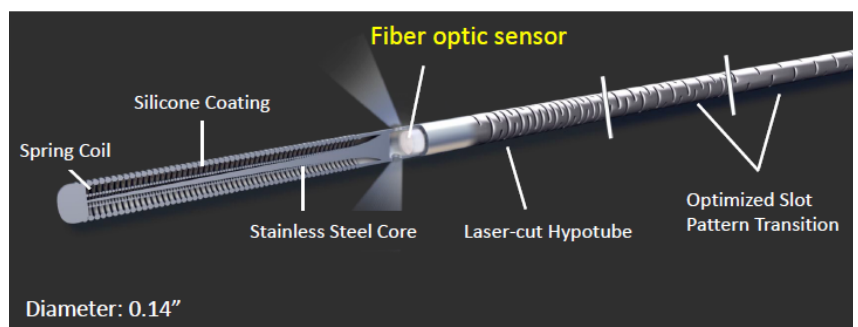
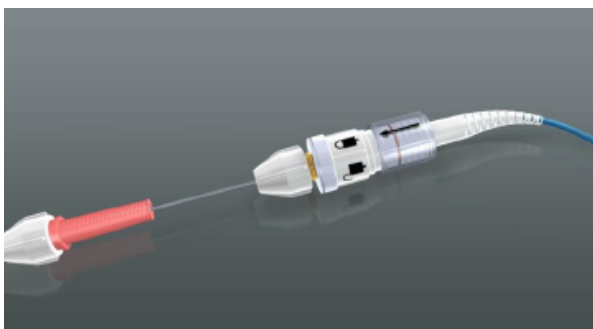
Dr. Rod Stables
Liverpool Heart &
Chest Hospital, UK

Background:

The evidence base for the use of FFR in the diagnosis and management of patients with chest pain is robust:

- Despite this, the uptake of pressure wire (PW) for routine assessment of coronary lesions remains low
- The most established PW systems available in clinical practice are the products of St Jude Medical (SJ) & Volcano Phillips
- Recently, the Boston Scientific COMET™ wire received CE Mark and has entered routine clinical practice
- There are, as yet, no suitably powered randomized trials using the PW systematically at the stage of diagnostic angiography and comparing outcome with management based upon angiography alone
- This is the gap that will be filled by the 1100 patient RIPCORD2 UK trial, which is using the COMET™ wire

COMET™ pressure wire:





Clinical Studies

Primary Hypothesis:

Is the magnitude of the difference observed in paired simultaneous recordings of coronary pressures any different with the use of BS & SJ PW when compared to 2 x SJ PW ?

Statistical Considerations:

- 100 patients – measuring FFR in 1.5 vessels per case = 150 vessels examined
- In each vessel: Baseline Pd/Pa + FFR = 300 paired observations (ie 100 in each group)

For the primary outcome (Magnitude of delta SJ/SJ v Magnitude of delta BS/SJ): assuming a control delta of 0.01 (SD 0.03) for 2 groups, each of 100 paired sets we have 90% power to detect a difference of 0.0135.

Method:

- ✓ Ethical approval granted for written informed consent in cases in whom FFR is clinically indicated
- ✓ Elective & NSTACS
- ✓ Web based randomization after diagnostic angiography
- ✓ 2 centres involved: Southampton & Liverpool
- ✓ Patients randomized to one of 3 paired wire options:
 - BS - BS n of Patients = 37 n of Paired Readings = 90
 - SJ - SJ n of Patients = 34 n of Paired Readings = 90
 - BS - SJ n of Patients = 35 n of Paired Readings = 108
(BS/SJ sub-randomised for wire to be passed first)
- ✓ For each vessel, 4 simultaneous pressure recordings were taken with the wires at the same position:
 1. Equalization at the guide catheter tip
 2. Baseline Pd/Pa at the target measurement site in the distal vessel
 3. FFR at the target measurement site
(steady state maximum hyperaemia using iv adenosine)
 4. Final Pd/Pa at the guide catheter tip (for estimation of "drift")
BS Drift estimation in 142 vessels ; SJ Drift estimation in 137 vessels



Clinical Studies

Primary Outcome

Observed absolute Δ (Irrespective of sign – Median and IQR)

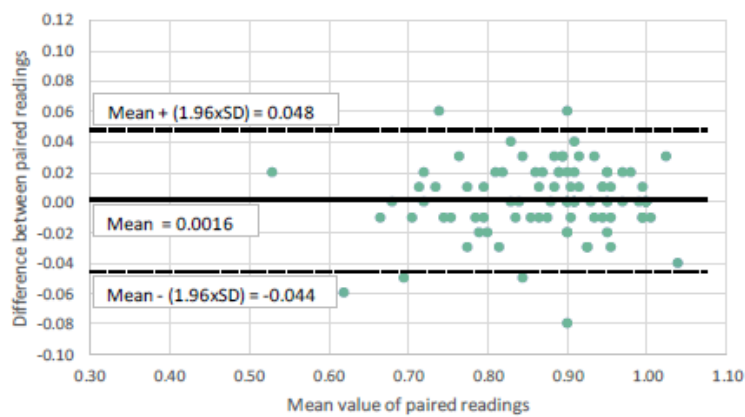
Paired Readings: Comet v Comet

n = 90

BS-SJ Median = 0.01
IQR (0.01 – 0.0225)

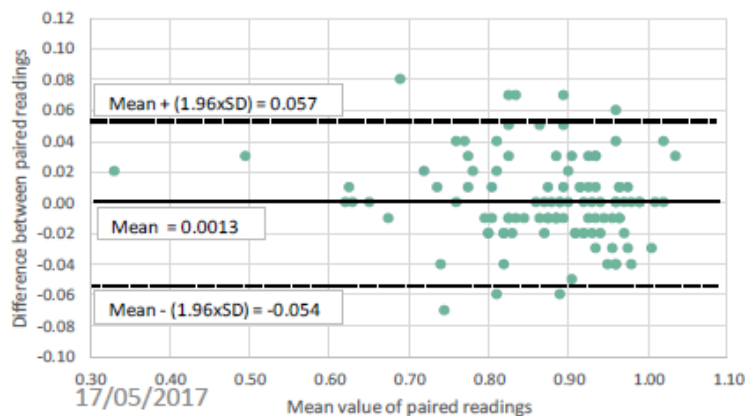
SJ-SJ Median = 0.015
IQR (0.01 – 0.03)

(p = 0.61
Mann-Whitney test)



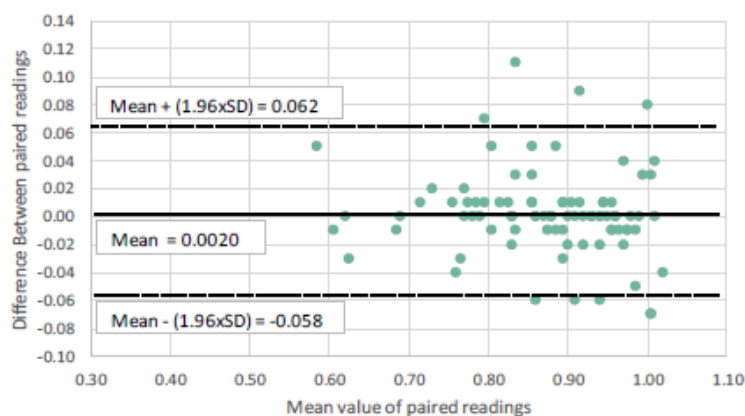
Paired Readings: St Jude minus Comet

n = 108



Paired Readings: St Jude v St Jude

n = 90





Clinical Studies

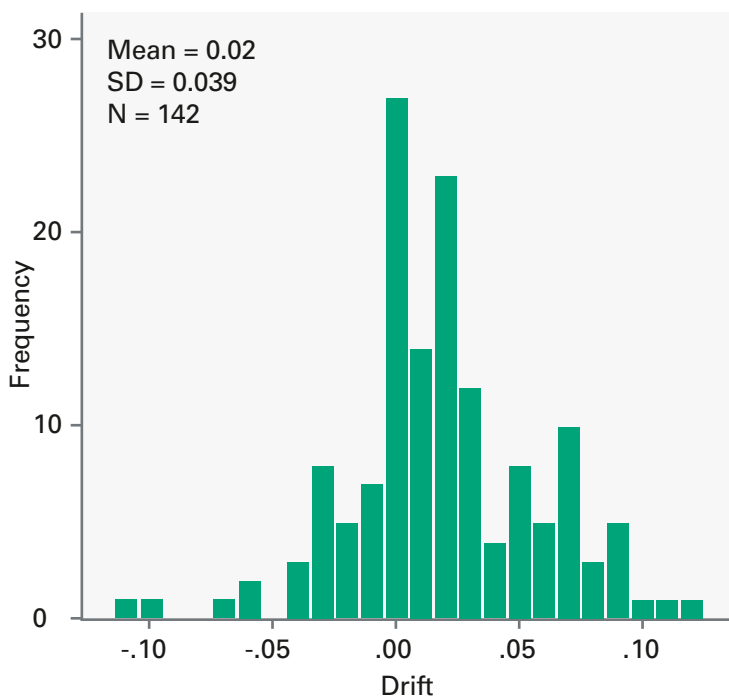
Primary Outcome

Observed absolute Δ from Pd/Pa=1.0 at equalisation (irrespective of sign - Median and IQR)

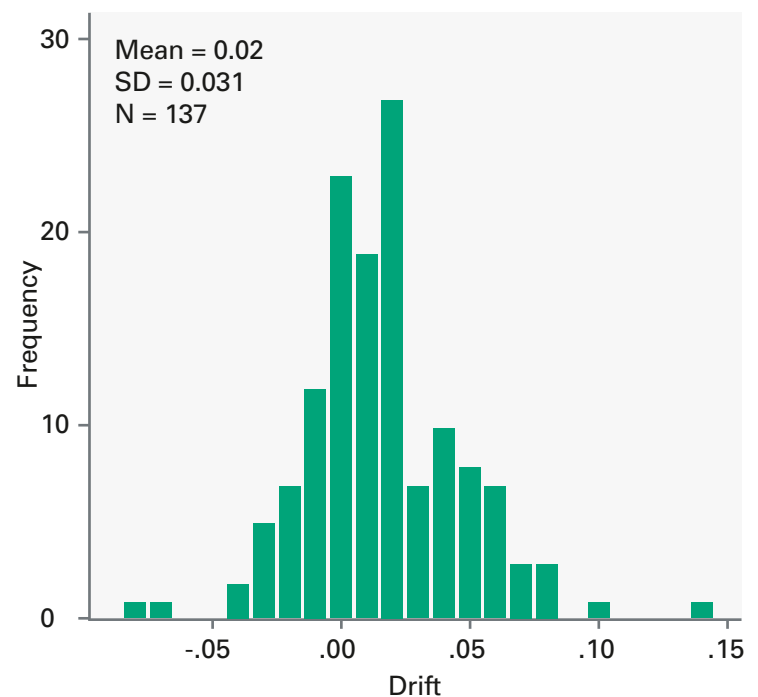
Boston	Median = 0.02	IQR (0.01 – 0.05)
St Jude	Median = 0.02	IQR (0.01 – 0.04)

($p = 0.14$ Mann-Whitney test)

Boston Comet



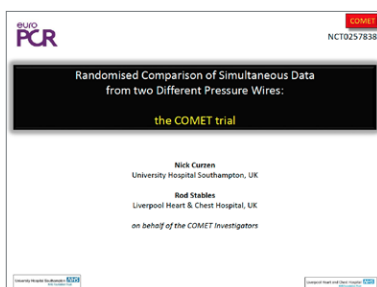
St Jude



Conclusion:

There is **no significant difference** in performance between the COMET and SJM Pressure Wires:

- We have used a novel method for comparison of 2 diagnostic devices
- The magnitude of the difference between BSC and SJ wires is no greater than between a pair of SJ wires
- Both types of PW tested in this trial exhibit a small degree of drift, but there is no significant difference between the magnitude of this drift observed using either wire



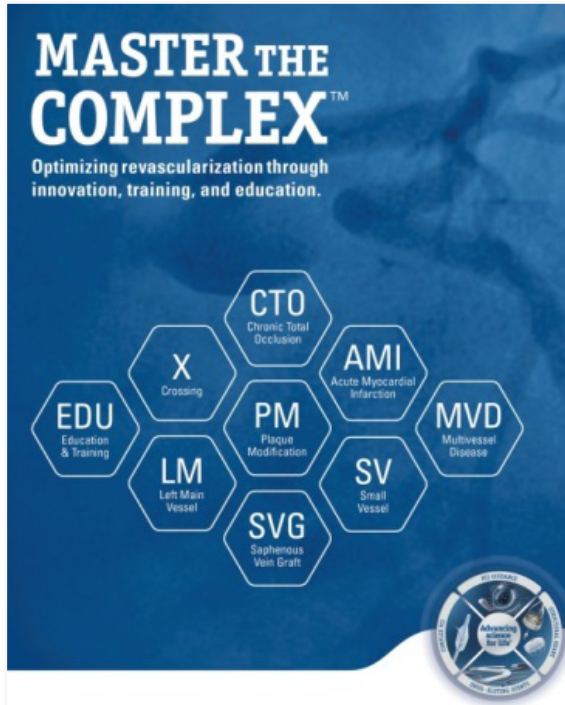
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WATCHMAN™: think outside the pill box

Find out the new European Watchman Campaign to learn more about the one-time procedure that may provide a long-term stroke risk reduction in NVAF patients.

[See the campaign »](#)



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