

endo graft

ENDOVASCULAR GLOBAL ROMAN
ARTERIAL FEATURED THERAPIES



May **18-19-20-2023**

Corsie Sistine

Borgo Santo Spirito, 2, 00193

ROME | ITALY

Official language | English

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ORGANIZING OFFICE

WOMBVAB

The second edition of the "Endograft" meeting (ENDOvascular Global Roman Arterial Featured Therapies) will place at the center of its educational activity the updating and active comparison between the players of Italian and international vascular surgery on all the innovations and the most interesting future prospects of arterial endovascular surgery.

This area of interest has the peculiarity of enjoying continuous currents of innovation, both in terms of "devices" and, above all, in terms of approach and use of these products, so much so that it is not uncommon for industries to adapt the "Instructions For Use" of their materials based on the evidence presented by the international scientific community. As in the first edition, a fundamental part of "Endograft" will include Recorded Live Cases presented by whom we believe to be the key opinion leaders in this field.

Presentation and sharing of "real world" experiences.

Indeed, this is the format that generates the most productive discussions and that really does provide something important to its participants, a "plus" to take home after attending.

Nicola Majidovich



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Nicola Mangialardi

Scientific Secretary

Matteo Orrico

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Corsie Sistine

The Hospital of the Holy Spirit (Italian: L'Ospedale di Santo Spirito in Sassia), considered one of the oldest hospitals in Europe, was built to assist the poor, the sick and abandoned infants, as testified by the Safe Haven Baby Box outside the building. Pope Innocent III (1198-1216) entrusted the Templar knight Guy of Montpellier, founder of the Hospitaller Order of the Holy Spirit, to manage the hospital, and the architect Marchionne d'Arezzo to build it.

The hospital, which later took the name of Corsia Sistina (Italian for "Sixtine Aisle"), was embellished with a cycle of frescoes, commissioned by the pope himself, with the aim of narrating the moments of his life and the history of the ancient Innocentian building. The sistine lane, surmounted by a lantern, houses an altar attributed to Andrea Palladio and a pictorial work by Carlo Maratti. The marble portal known as "of Paradise". In the second half of the 1900s the Corsia Sistina was divided into two sections, named respectively "Sala Lancisi" and "Sala Baglivi", in memory of the illustrious doctors Giovanni Maria Lancisi (1654-1720) and Giorgio Baglivi (1668-1707). Pius V (1566 - 1572) expanded the hospital with the construction of the Palazzo del Commendatore (Italian for "Palace of the Knight Commander"), by architect Giovanni Lippi (aka Nanni di Baccio Bigio) and managed by Monsignor Bernardino Cirillo. The Palace, built around an elegant quadrangular courtyard, is adorned with a fountain donated by Alexander VII (1655-1667) and a 19th-century six-hour clock commissioned by Commander Ludovico Gazzoli. The building houses the ancient Spezieria (pharmacy), the place where pharmaceutical research was conducted, medicinal herbs were ground, as nowadays testified by the collections of ancient vases and mortars.

On the main floor, the Commander's lounge overlooks the elegant loggia (balcony), magnificently decorated with frescoes, narrating the history of the ancient hospital.

Under the pontificate of Clement XI (1700-1721) the Lancisiana Library was founded by Giovanni Maria Lancisi, papal doctor and officer, for the benefit of young medical residents of the Holy Spirit Hospital. In 2003 the Lancisiana Library suffered serious structural damage, as a consequence to the damage to the Corsie Sistine; therefore, it became necessary to transfer the entire bibliographic heritage to a temporary deposit, pending restorations.

With Alexander VII (1655-1667) the hospital complex of Santo Spirito developed further, with the building of the Alessandrina hospital hall, today used as the seat of the Museum of the History of Healthcare Art. With Benedict XIV (1724-1730) it was further expanded with the construction of a third arm called "Corsia Benedictine". At the beginning of the 20th century the ancient Benedictine Lane was demolished, in favor of the arrangement of the Vittorio Bridge and the walls of the Tiber. The eastern elevation was rebuilt on the model of the ancient Sistine hospital and on the side of the Lungotevere in Sassia other buildings were added, home to the modern wards of the current Santo Spirito Hospital.

**The future
is now**



The Metaverse

The metaverse is a technological dimension in continuous growth and development that will cross the world of games and entertainment, generating profound transformations also in the healthcare industry.

A global survey of biopharma and medtech companies found that most companies are already experimenting with these technologies.

Current applications in the field of digital healthcare mainly concern the so-called 'extended realities', the combination of visual and immersive experiences offered by augmented reality, virtual reality and mixed reality, but they can also use the technologies and applications of the M-worlds, the virtual 'places' where we can meet, create content and promote training activities.

Existing technologies today enable comprehensive visualization of patient anatomy, which leads to improvement in error rates, speed, and outcomes. The development of the metaverse in the medical area will occur in three phases: the initial testing period, in which we are today, the growing adoption of use cases and the emergence of new cases supported by the ongoing technological progress, which will occur over the next five years, and the third phase, with new use cases on the one hand and the standardization of metaverse technologies in various areas of healthcare on the other.

The speed of development of the metaverse will in fact depend on the wider adoption of the underlying technologies in three key business areas: technological tools (such as the diffusion of virtual reality viewers), content and usage models.



Scientific Program



14.30 **Participants registration**

14.45 **"Corsie Sistine" Congress Venue Presentation**

Avv. Francesco Bernocchi

14.55 **OPENING REMARKS**

N. Mangialardi

SESSION 1

Thoracic Aortic Aneurysms

Chair: F. Benedetto, A. Motta, S. Vyshynska

15.00 Isolated aneurysm of the thoracic aorta – does the endovascular solution have unmet needs yet?

F. Verzini

15.07 Transapical access: tips & tricks

F. Grego

15.14 Approaches in the treatment of aberrant subclavian artery and Kommerell's diverticulum: insights from a contemporary international registry

M. D'oria

15.21 Urgent and emergent treatment of symptomatic and ruptured thoracic and thoracoabdominal aortic pathologies using physician modified stent-graft based on 3D aortic models

D. Branzan

15.28 TEVAR follow up – the storm after the quiet

G. Tinelli

15.35 Four-Dimensional flow MRI for evaluation of thoracic endografts

P. C. Righini

Starts Discussion | F. Verzini

Discussion



SESSION 2
Aortic Arch

Chair: S. Lepidi, R. Perkmann, S. Ronchey

- 16.00** Biomechanics in the arch and endovascular techniques: friends or foes?
W. Kuczmik
- 16.07** Ascending Aorta Update on endovascular treatment
A. Rizza
- 16.14** Off the shelf in the aortic arch: mirage or reality?
A. Lorida
- 16.21** Neurologic outcomes after aortic arch repair
P. Kasprzak
- 16.28** Zone 2 endo arch repair: preloaded branch endograft
S. Bonvini
- 16.35** Custom solutions to the aortic arch have reached a state of maturity. Different options for different pathologies
M. Orrico

Starts Discussion | P. Kasprzak

Discussion

Break

SESSION 3
Live in the Box of Aortic Arch

Outside CME area

Moderator: P. Kasprzak

- 17.30** Najuta case
N. Troisi
- 17.37** Jotec – Nexus case
M. Antonello
- 17.44** Home made fenestrated TEVAR
L. Canaud

17.51 Bolton branched for the arch
V. Riambau

17.58 Cook branched for the arch
M. Gargiulo

Discussion

SESSION 4 **Aortic Dissections**

Chair: M. Gargiulo, F. Intriari, G. Melissano

18.15 Revision of the latest guidelines and reporting standards:
how should we change our current clinical practice
M. Gargiulo

18.25 Arterial debranching through upper ministerotomy as a stage
of hybrid treatment of subacute type b aortic dissection
S. Vyshynska

18.32 My experience with the STABILISE approach
J. M. Alsac

18.39 Flow simulations: results in the thoracic and abdominal aorta
G. Genadiev, S. Camparini

DEBATE

18.46 Connective tissue diseases related dissections should be
addressed to open repair
G. Melissano

18.53 Connective tissue diseases related dissections should
be addressed to endo repair
M. Ferreira

Starts Discussion | J. M. Alsac

Discussion

19.30 Conclusion



SESSION 5
Aorto-Iliac Occlusions

Chair: T. M. Kaartama, M. Ruggeri, S. Tarantini

- 9.00** Why CERAB is my favourite way to approach aortoiliac occlusive disease
G. Accarino
- 9.07** Tips and tricks for aortoiliac occlusive disease
S. Ronchey
- 9.14** Aortoiliac occlusive disease should be approached with both covered stents and BMS
G. F. Fadda
- 9.21** Hybrid approach has a role in the treatment of aorto-iliac occlusive disease – my tips and tricks
Y. Tshomba
- 9.28** Focus on AFX endograft use to treat aortoiliac occlusive disease
R. Silingardi

SESSION 6
Live in the Box

Outside CME area

Moderator: M. Taurino

- 9.35** > AFX for aortoiliac occlusive disease
P. Sirignano
- 9.42** > Covered stents for aortoiliac occlusive disease
A. Gaggiano
- 9.49** > Kissing BMS for aortoiliac occlusive disease
G. F. Veraldi

Starts Discussion | Y. Tshomba

Discussion

10.30 Break

**SESSION 7
EVAR**

Chair: G. Maritati, M. Massucci, C. Pratesi, D. Razzano

11.00 Not so standard EVAR – new solutions for hostile IR neck
A. Gaggiano

11.07 Not so standard EVAR – AAA with associated aortoiliac occlusive disease
G. Torsello

11.14 Active prevention of T2EL – Is it worth it?
M. Taurino

11.21 Failed EVAR – tailored approach to late T1EL
R. Pulli

11.28 Failed EVAR – tailored approach to T2EL
A. Vona

11.35 AAA screening and right follow up after treatment
F. Stilo

11.42 Superiority of OR even in case of shrinkage: results at 15 years
S. Michelagnoli

11.49 Conversion after EVAR: results of a multicenter registry
A. Freyrie

Starts Discussion | A. Gaggiano

Discussion

SESSION 8
Live in the Box – EVAR

Outside CME area

Moderators: S. Michelagnoli, G. Torsello

- 12.00** Gore excluder conformable
R. Chiappa
- 12.07** Incraft case
W. Mansour
- 12.14** ALTO case
M. Marino
- 12.21** Terumo Treo case
C. Cavazzini
- 12.28** Endurant + endoanchors case
G. Pratesi
- 12.35** Cases of different IBE devices
A. Giaquinta

13.00 **Light lunch**

SESSION 9
Thoracoabdominal Aneurysms I

Chair: P. Cappiello, G. D'Arrigo, M. Farber

- 14.30** Creative treatment for graft and endograft infection
C. Ruotolo
- 14.37** A ZFEN is better than a minimum sealing standard EVAR
M. Lenti
- 14.44** Percutaneous axillary access for BEVAR should be the standard of practice
E. Rinaldi

- 14.51** Transfemoral approach with steerable catheter for BEVAR should be the standard of practice
R. Giudice
- 14.58** Difficult target vessels catheterization: what I have learned from my F-BEVAR experience
M. Ferreira
- 15.05** Insights from the IEM registry: what we concluded so far
A. T. Fargion
- 15.12** Insights from the IMBREED registry: what we concluded so far
M. Piazza
- 15.19** Thoracoabdominal aneurysms: patients selection for conservative, open or endovascular treatment
F. Torella

Starts Discussion | E. Ducasse

Discussion

SESSION 10 **Thoracoabdominal Aneurysms II**

Chair: E. Ducasse, L. Flora, G. Vigliotti

- 15.40** Residency programs and young vascular surgeons training
L. Di Marzo
- 15.47** Covera stents in BEVAR: what do they add – results from the COBRA registry
L. Bertoglio
- 15.54** What is challenging FEVAR for me
E. Ducasse
- 16.01** What is Challenging BEVAR for me
M. Farber

- 16.08** VBX in BEVAR: what do they add
E. Gatta
- 16.15** Does T2EL represent a real problem for F/BEVAR
P. Kasprzak
- 16.22** OTS device as first option to treat urgent and emergent TAAA
E. Gallitto
- 16.29** Ch-EVAR approach as first option to treat urgent and emergent J-PAAA
G. Torsello
- 16.36** Home-made FEVAR as first option to treat urgent and emergent J-PAAA
G. Parlani

Starts Discussion | M. Farber

Discussion

17.00 Break

SESSION 11
LIVE IN THE BOX
FEVAR/BEVAR/Ch-EVAR

Outside CME area

Moderator: M. Ferreira

- 17.30** FEVAR with Anaconda
P. Volpe
- 17.40** Complex BEVAR – tbranch
C. Ferrer
- 17.50** Complex BEVAR – E-nside
G. Isernia
- 18.00** Complex TAAA- Braille
F. Talarico

End of the meeting



COLLPRIMVASC SESSIONS

Presidents: A. Gaggiano, M. Lenti

SESSION 12
Femoro-popliteal lesions

Chair: G. M. Celoria, R. Cianni, P. Frigatti, G. Nappi

- 9.00** Indications for treatment: classifications, guidelines, real world
P. C. Righini
- 9.07** Drug eluting stent: superior primary patency in the treatment of PAD
G. Pratesi
- 9.14** Tips and tricks to treat long SFA lesions
F. Peinetti
- 9.21** How to treat calcified lesions
F. Fanelli
- 9.28** Optimal vessel prep for endovascular treatment
E. M. Marone
- 9.35** Endovascular treatment of acute ischemia
G. De Donato
- 9.42** Distal retrograde access when and how to do it/results
M. Manzi
- 9.49** Value of open surgery for complex femoro-popliteal lesions at present time
F. Spinelli



Live in a box

Outside CME area

Moderators: A. Ippoliti, D. Angiletta

10.05 > Supera case
G. Parlani

10.10 > Debulking
B. Migliara

10.15 > Shockwave case
A. Ippoliti, S. Fazzini

Starts Discussion | D. Angiletta

Discussion

10.30 **Break**

SESSION 13 **Carotid artery disease**

Chair: C. Setacci, A. Pannone, A. Schioppa

DEBATE

11.00 CEA is the best choice in most cases
E. Civilini

11.05 Nowadays CAS is the best choice in most cases
C. Setacci

11.10 Discussion

11.14 Gender related differences in pathology and outcomes
G. Lanza

11.21 Asymptomatic carotid stenosis in old patients:
when and how to treat (or: should we treat these lesions?)
A. Halliday

- 11.28** Cerebral protection devices and stents: which device for which lesions
F. Speziale
- 11.35** Carotid artery stenting: how to face complex anatomy
N. Compagnoni
- 11.42** Acute stroke: the role of the vascular surgeon
G. Faggioli
- 11.49** Carotid artery aneurysms: when open, when endo (when not to treat)
L. Chiche
- 11.56** Best treatment for carotid dissection: when open, when endo, when BMT
F. Setacci
- 12.03** Supra-aortic debranching using the sutureless telescoping anastomotic technique - viabahn open revascularization TECHnique (STAT-VORTEC) - long-term follow up
Z. Rancic

Live in a box

Outside CME area

- 12.10** > C-guard case: tips and tricks for accurate release
S. Bartoli, T. Castrucci
- 12.15** > Roadsaver case: tips and tricks for accurate release
E. Cappello

Starts Discussion | A. Halliday

Discussion

- 12.30** **FINAL REMARKS**
N. Mangialardi





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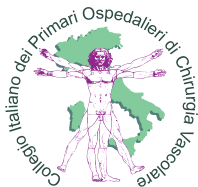
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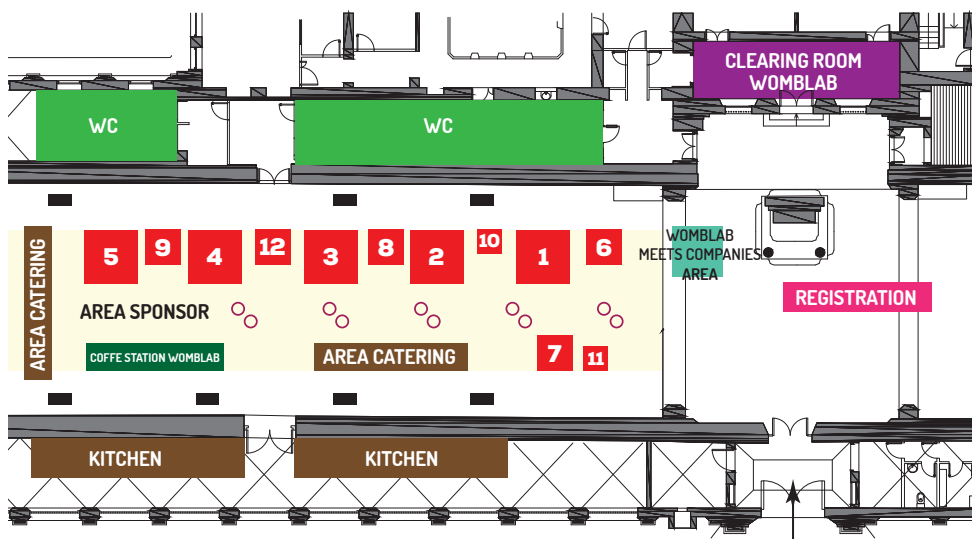
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