

62ND ESCVS REGENSBURG 2013

11th - 13th of April 2013, Regensburg-Germany



Dear Colleagues;

Welcome to the first newsletter of ESCVS.

Our aim is to provide periodic updates on what emerged from recent congresses, literature and on the dates of the most important meetings

The 62nd International Congress of the European Society for Cardiovascular and Endovascular Surgery (ESCVS) will be held in the beautiful and hospitable city of Regensburg – one of the UNESCO World Heritages - on April 11-13th, 2013

The main objective of the ESCVS annual congress is considered to highlight the recent scientific developments and knowledge in cardiovascular surgery on its way to implementation into clinical practice.

Cardiac and Vascular Surgeons, Cardiologists, Interventional Radiologists, Angiologists and all specialists involved in vascular medicine are invited to participate in the interdisciplinary 62nd ESCVS Congress.

Leading professionals will present most up-to-date and highly informative diagnostic methods, fundamental new surgical and endovascular treatment options, technical details of hybrid surgery, vascular related electrophysiology and the improvements of implantable devices based on latest clinical achievements and fundamental research.

The Organizing Committee invites you to discover the charming beauty of Regensburg - where historical and architectural monuments

of the past and present form a unique harmony. An exciting and exclusive Social Program has been planned for the accompanying persons.

Dear Colleagues, we are looking forward to welcome you in Regensburg!

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NEWS from VEITHsymposium 2012:

Christoph Nienaber presented the long-term results of the INSTEAD at VEITHsymposium in New York

In the 2009 results of the INSTEAD trial TEVAR + best medical therapy failed to improve 2-year survival and adverse event rates compared to best medical therapy only, despite a favorable aortic remodelling.

This last "effect" was underlined by some to indicate potential benefits for TEVAR in the long term follow-up, due to reduced risk of aneurysm degeneration, rupture with false lumen thrombosis and true lumen recovery. The long-term (3 and 5 year outcomes) seems to support this.

Follow-up data were available for 62 medical therapy only and 63 TEVAR with medical therapy patients at three years and 32 patients for each treatment at five years.

In TEVAR patients there was a benefit compared to medical therapy patients regarding aortic pathology progression with an overall hazard ratio of 0.55 (0.32–0.98, $p=0.04$). At five years, the possibility of the progression of aortic pathology was over 50% in medical therapy patients and "only" 25% in TEVAR patients.

For these reasons the long-term results of the INSTEAD trial suggest that TEVAR has benefits compared to medical therapy alone in terms of prevention of aortic progression.

Stated this, Nienaber suggested the use of TEVAR in uncomplicated chronic type B dissection with the aim of achieving aortic remodelling and decreasing the risk of long-term mortality.

Krassi Ivancev, University College and Royal Free Hospital, London, UK, presented complete endovascular graft exclusion of arch aneurysms using a non-custom-made branched arched device based on a TX2 stent graft (COOK Medical).

The unique design of the branched arch device is based on a TX2 thoracic stent-graft (Cook Medical) with two internal "branches" for the innominate and left carotid with large openings for cannulation. A left carotid to left subclavian bypass is still needed for preservation of the left vertebral artery.

40 patients have been treated with the device. The 30-day mortality rates was deeply affected from a learning curve with the device, in fact the first 10 cases had a mortality of 40%, and the second 10 cases of 10%.

No further deaths were observed in the last 20 cases.

The high mortality rate reflects not only the "learning curve effect" but also the poor clinical conditions of the patients selected for this procedure (all unfit for surgery).

Nevertheless the first results seem "encouraging.."



NEWS from press:

According to Medtronic Press release the Symplicity renal denervation system sustained significant drop in blood pressure in randomized patients treated compared to baseline at 24 months (-35/-13 mmHg; p<0.01)].

This fact seems to confirm reduction in blood pressure at 24 months. There were no severe adverse events (device related), no decline in kidney function or in kidney blood flow at 24 months.

The procedure should remain the "ultima ratio" in patients adherent to therapy with severe hypertension

Future research on renal denervation as a way to treat hypertension should address unresolved issues, such as the size and durability of the antihypertensive, renal, and sympatholytic effects; long-term safety; quality of life; the possibility to taper antihypertensive drug treatment after the procedure; cost-effectiveness;.

and, above all, the long-term benefit in terms of hard cardiovascular-renal outcomes" Jan A Staessen stated, (Division of Hypertension and Cardiovascular Rehabilitation, Department of Cardiovascular Sciences, University of Leuven, Leuven, Belgium) .

FA Lederle presented in New England Journal of Medicine the long term results of OVER trial

In the trial, 881 patients with asymptomatic AAAs who were candidates for open or endovascular repair were randomized to endovascular repair (n = 444) or open repair (n = 437). Follow-up is for up to 9 years (mean, 5.2 years). The primary outcome was all-cause mortality, and 146 deaths occurred in each group (hazard risk [HR] with endovascular repair vs open repair, 0.97; 95% confidence interval [CI], 0.77-1.22; P = .81).

There was a reduction in the in perioperative mortality with endovascular repair at 2 years (HR, 0.63; P = .04) and at 3 years (HR, 0.72; P = .05) but not thereafter.

A significant interaction was observed between age and type of treatment (P = .006). Survival was increased among patients <70 years of age in the endovascular repair group but tended to be better among those aged >70 years in the open repair group. The two groups did not differ significantly apart from the number of secondary therapeutic procedures, number of hospitalizations after repair, quality of life, or erectile dysfunction.

Perhaps the most surprising finding in this study was that endovascular repair appears to result in better outcomes among younger patients and in worse outcomes among older patients. The reasons for this are unclear, However, as the authors point out, it is somewhat weird that EVAR "does not yet offer a long-term advantage over open repair, particularly among older patients, for whom such an advantage was originally expected.

First ESCVS Winter School was a success!

Designing a Study, Writing And Presenting a Scientific Paper

In January 2013 was held the first ESCVS winter school in Courmayeur, Aosta Valley- Italy

Besides President of the ESCVES Prof Domenico Palombo and Past President

Prof Stephan Schueler the significant contribution was given by invited lecturers, prof Alfred Hagen, Head of the Cardiology Department of the Munich University Hospital, prof dr Maria Pia Sormani, professor of statistics at Genoa University. Workshop was organized in the Aosta Region, Courmayeur, with the help of Valle d'Aosta municipality.

The aim of the meeting was to improve writing scientific paper and presentation skills of participants (young cardiac and vascular surgeons). There were 10 participants from 5 countries (Ireland, Italy, Romania, Russia and Serbia), cardiac (4) and vascular (6).

trainees, which is consistent with the policy of our Society

The friendly atmosphere that has been created allowed a useful exchange between participants and tutors, everyone felt free to interact with each other animating pleasant and useful discussions. Each one brought home without doubts important guidelines on how to deal with the world of scientific research.

We believe that the objective has been achieved and we would like to take advantage of the enthusiasm that comes from this experience to repeat the event this summer as "summer school"!

35° CX International Symposium is ready to start!

From the 6th to the 9th of April 2013 the 35° CX symposium will take place in London UK. All the leading Vascular specialist will present and discuss the most interesting and innovative topics in Vascular surgery.



Future Congresses and Meetings

- 35th Charing Cross International Symposium (6–9 Apr 2013)
 - SITE – 10th International Symposium on Endovascular Therapeutics (8-11 May 2013)
 - ESVB 2013 – 8th European Symposium of Vascular Biomaterials (10-11 May 2013)
 - LIVE 2013 – Leading Innovative Vascular Education (23-26 May 2013)
 - MEET 2013—Multidisciplinary European Endovascular Therapy (9–11 Jun 2013)
 - 13 ISMICS – (12-15 June 2013)
 - SCV XXVIII Congress – Société de Chirurgie Vasculaire (21-24 June 2013)
 - European Society for Vascular Surgery Annual Meeting (18-21 September 2013)
 - XXIII MLAVS (3-5 October 2013)
 - XII SICVE Italian National Congress (6-8 October 2013)
 - VIVA—Vascular Interventional Advances (8–11 Oct 2013)
 - 2013 Endovascology (10-13 October 2013)
 - Surgery of the Thoracic Aorta (11-12 November 2013)
 - VEITHsymposium (19-23 November 2013)
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