

CME opportunity

# Vascular Surgery and Interventional Radiology Symposium: Advances and Innovations

September 27 – 28, 2024

Omni Bedford Springs Resort  
2138 Business 220  
Bedford, Pennsylvania 15522



Sponsored by:  
Allegheny General Hospital  
AHN Cardiovascular Institute and AHN Imaging Institute  
Allegheny Health Network  
Pittsburgh, Pennsylvania

# 100K TCAR Procedures



**Together, we're advancing the future of carotid intervention.**

This TCAR milestone is a testament to your passion and expertise in delivering a transformative, patient-preferred\* approach to carotid intervention. You are laying the foundation for healthier, brighter tomorrows.

**And we're ENROUTE to so much more.**



Scan to see how ENROUTE® TCAR has transformed lives on the journey to 100,000.

[silkroadmed.com/100K](https://silkroadmed.com/100K)



## WELCOME TO THE FUTURE OF VASCULAR CARE



**Innovation is part unmet need, part inspiration, part collaboration.**



**Get inspired.**

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\*Silk Road Medical. (2023) Patient Satisfaction Survey: TCAR vs. CEA. Sunnyvale, CA: Silk Road Medical (unpublished manuscript).

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**Together, improving life**



**AZUR HydroPack™**  
Peripheral Coil System

# SOFT PACKING LONG LASTING

In a category of its own



AZUR HydroPack is designed to be a soft coil that finds and fills empty space<sup>1</sup>



Hydrogel expansion creates a gel core for mechanical occlusion<sup>1</sup>



AZUR HydroPack has a wider range of microcatheter compatibility vs Pod Packing Standard Coil System<sup>1</sup>



**FIND OUT MORE**

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References:  
1. Data on file.

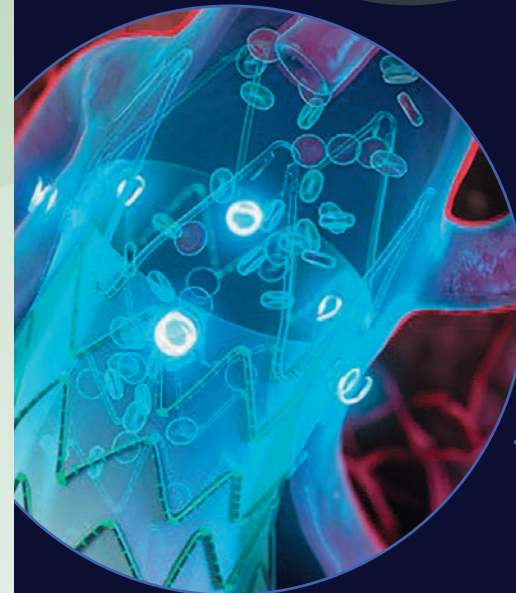
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**ESAR in wide necks:  
Reinforced seal, redefined outcomes.**

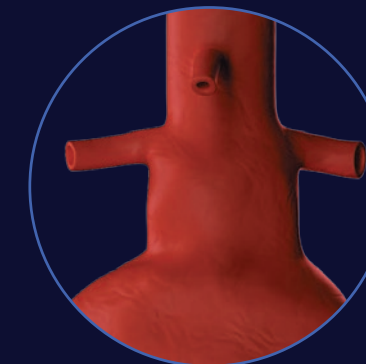
Recent published literature shows wide infrarenal aortic necks are at greater risk for loss of proximal seal.<sup>1-4</sup>



When compared to wide necks in literature at similar time intervals, patients who received ESAR with the Heli-FX™ EndoAnchor™ system at the index procedure experienced better outcomes.

**Wide necks\* are:**

**6.7X** more likely to have type Ia endoleak (p=0.001)  
**10X** more likely to have sac expansion (p=0.009)  
**5.1X** more likely to rupture (p=0.01)  
(n=6,602 f/u ranged from 2.7 years (mean) to 3.9 years)<sup>1</sup>



**Type Ia endoleaks**

**12.0%** (14/118) Type Ia endoleak in ≥28mm proximal neck diameter (mean f/u 37.9 months)<sup>2</sup>  
**14.8%** (16/108) Type Ia endoleak in 29.3mm mean proximal neck diameter (mean f/u 34.1 months)<sup>3</sup>

**Sac Regression**

**Wide\* vs. non-wide**  
**47.6% vs. 55.4%**  
(n=7,448 f/u range 2-5 years)<sup>4</sup>

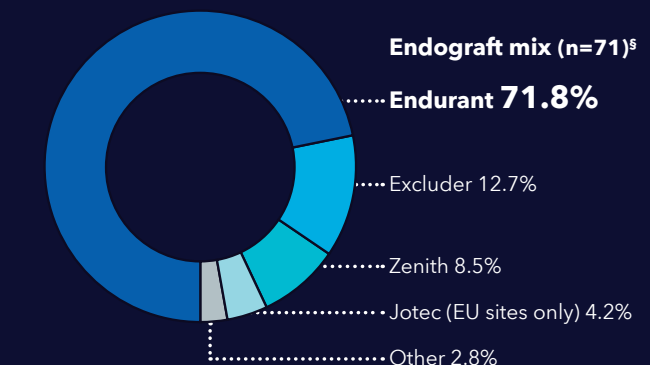
**Wide\* vs. non-wide**  
**11.3% vs 3.1%**, p<0.001  
(n=7,448 f/u range 2-5 years)<sup>4</sup>

**ESAR in wide necks<sup>2</sup> reinforces and protects the proximal seal leading to better outcomes**

**ANCHOR registry wide neck cohort 3Y data (n=72)<sup>†</sup>**

**98.5%** 3Y FF type Ia endoleak (1 patient presented with a type Ia at their 30 day follow up, self-resolved)  
**100%** 3Y FF secondary procedures to treat type Ia  
**100%** 3Y FF migration  
**100%** 3Y FF rupture  
**91.3%** (21/23)<sup>‡</sup> Sacs regressing/stable at 3Y  
**60.9%** (14/23)<sup>‡</sup> Sac regression at 3Y

<sup>2</sup> Wide necks ≥28mm and ≤32mm. Mean neck diameter 29.5mm



\* Wide neck definition varied from ≥25mm to ≥31mm.

<sup>†</sup> ANCHOR primary AAA arm. Wide neck cohort. Oct. 2020 data cut. Medtronic data on file.

<sup>‡</sup> Denominator is the number of subjects with maximum aneurysm diameter reported at both the 1-month post implantation measurement and 3-year follow-up time points.

<sup>§</sup> One endograft not reported.

**Medtronic**

# Medtronic

## A proven drug-coated balloon portfolio

### One proven formulation

Our drug-coated balloons feature a FreePac™ coating solution that has demonstrated impressive clinical data in the IN.PACT SFA<sup>1</sup> and IN.PACT AV<sup>2</sup> Access trials.

### Two vessel beds

Our drug-coated balloons have proven to be safe and effective in the superficial (SFA)<sup>1</sup> and popliteal arteries (PA) and the arteriovenous fistulas (AVF).<sup>2</sup>

### Three drug-coated balloons

Our comprehensive DCB portfolio includes:

IN.PACT™ 018 – 0.018" guidewire-compatible (SFA/PA)

IN.PACT™ Admiral™ – 0.035" guidewire-compatible (SFA/PA)

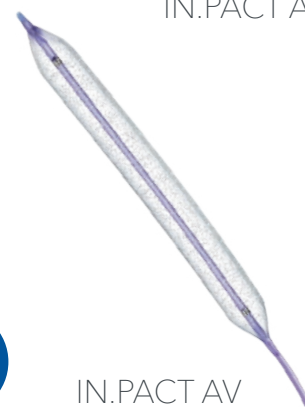
IN.PACT™ AV – 0.035" guidewire-compatible (AVF)



IN.PACT 018



IN.PACT Admiral



IN.PACT AV

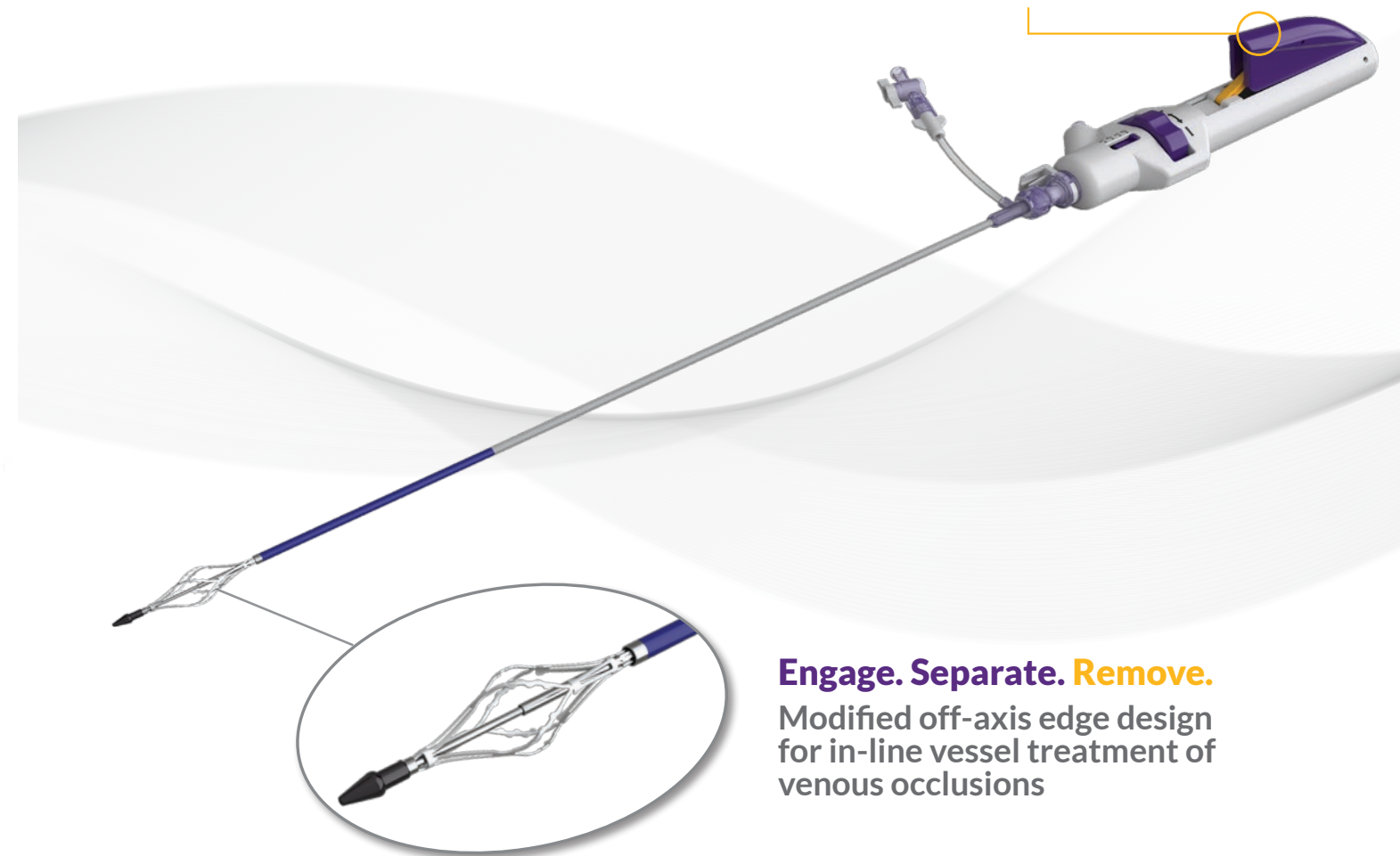
# VenaCore™

## Thrombectomy Catheter

### Designed to Address Challenging Venous Occlusions

#### Dynamic Control

Quick compress handle lever for element collapse and expansion



#### Engage. Separate. Remove.

Modified off-axis edge design for in-line vessel treatment of venous occlusions

**Indications For Use:** The VenaCore Thrombectomy Catheter is indicated for (1) The non-surgical removal of thrombi and emboli from blood vessels (2) Injection, infusion, and/or aspiration of contrast media and other fluids into or from a blood vessel. The VenaCore Thrombectomy Catheter is intended for use in the peripheral vasculature.

Refer to Indications for Use for complete Indications for Use, contraindications, warnings, and precautions.  
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## Conference overview and intended audience

The symposium on vascular surgery and interventional radiology aims to bring together experts, researchers and practitioners in the field to discuss recent advancements, emerging technologies, and best practices. This event will provide a platform for sharing knowledge, networking, and fostering collaborations to improve patient care and outcomes. Attendees will have the opportunity to engage in meaningful discussions, exchange ideas, and gain insights into the latest trends and research findings in vascular and interventional radiology. This event is ideal for attendees across multiple vascular and cardiac disciplines, including surgeons, PAs/extenders, RNs, residents, PCPs, cardiologists, radiologists, interventional radiologists, medical imaging technologists, trainees and residents in cardiology, radiology, and interventional radiology.

## Conference objectives

- Review the role of rivaroxaban in the management of peripheral artery disease.
- Describe renal denervation techniques.
- Discuss the use of transcatheter aortic valve replacement (TAVR) adjuncts, conduits, and lithotripsy.
- Discuss strategies for predicting aneurysm growth and rupture.
- Review of the challenges and strategies for managing left subclavian artery in transcatheter aortic valve replacement (TAVR).

## CME accreditation

### Physicians

Allegheny General Hospital is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. Approved for *AMA PRA Category 1 Credits™*.

Allegheny General Hospital designates this live activity for a maximum of 7.5 *AMA PRA Category 1 Credits™*.

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**American Nurses Credentialing Center (ANCC)** accepts *AMA PRA Category 1 Credits™* from organizations accredited by the ACCME.

**American Academy of Nurse Practitioners (AANP)** accepts *AMA PRA Category 1 Credits™* from organizations accredited by the ACCME.

**The National Commission on Certification of Physician Assistants (NCCPA)** states that the *AMA PRA Category 1 Credits™* are acceptable for continuing medical education requirements for recertification.

Allegheny General Hospital has approved this activity for contact hours for non-physicians.

## Program agenda

### Day 1 – Friday, September 27

<b>7:30 – 8:25 a.m.</b>	Registration, breakfast in Constitution Hall, visit exhibitors in Constitution Hall, First Ladies Lounge, and the Buchanan Room
<b>8:25 – 8:30 a.m.</b>	Welcome and program overview <b>Andrew J. Klobuka, MD; Satish Muluk, MD</b>
<b>8:30 – 9 a.m.</b>	TCAR outcomes – latest clinical data <b>Keynote speaker: Sumaira MacDonald, MD, PhD</b> (non-CME accredited)
<b>9 – 9:30 a.m.</b>	Portal vein thrombosis management <b>William Terrill, MD</b>
<b>9:30 – 10 a.m.</b>	Last resort options for limb salvage <b>Tarik Ali, MD, RPVI</b>
<b>10 – 10:30 a.m.</b>	What dressing for the wound? Optimizing local wound care in 2024 <b>Elisa Taffe, MD</b>
<b>10:30 – 10:45 a.m.</b>	Break and visit exhibits
<b>10:45 – 11:15 a.m.</b>	Acute DVT – data update from the two-year CLOUT registry <b>Danielle Peters, MD</b>
<b>11:15 – 11:45 a.m.</b>	Renal denervation <b>Andrew M. Rogers, MD</b>
<b>11:45 a.m. – 12:45 p.m.</b>	Lunch and visit exhibits
<b>12:45 – 1:15 p.m.</b>	Pulmonary embolism intervention – new techniques <b>William Billari, DO; Jean Jagiello, DO</b>
<b>1:15 – 1:25 p.m.</b>	Case presentation: Trans-venous arterialization <b>Henry Towery, MD</b>
<b>1:25 – 1:45 p.m.</b>	New frontiers in treatment of below-the-knee arterial disease <b>Anil Shah, MD</b>
<b>1:45 – 2:15 p.m.</b>	Pedal acceleration time in PAD – live demonstration <b>Nina Dongilli, RN, BSN, RVT</b>
<b>2:15 – 2:45 p.m.</b>	Break, visit with exhibitors
<b>2:45 – 3:05 p.m.</b>	Management of left subclavian artery in TEVAR <b>Bart Chess, MD</b>
<b>3:05 – 3:15 p.m.</b>	Case presentation: TBAD <b>Schae Saravitz, MD</b>
<b>3:15 – 3:45 p.m.</b>	Percutaneous arterial embolectomy – new devices <b>Andrew J. Klobuka, MD</b>
<b>3:45 – 4:15 p.m.</b>	Debate – Endo first line for ALI vs. open <b>Carlos Rosales, MD; Shruthi Thiagarajasubramanian, MD</b>
<b>4:30 – 6 p.m.</b>	Reception (Constitution Hall)

## Program agenda, continued

### Day 2 – Saturday, September 28

8 – 9 a.m.	Registration, breakfast, and visit exhibits
9 – 9:30 a.m.	Updates on embolics – new coil and liquid technology <b>Andrew J. Klobuka, MD</b>
9:30 – 10 a.m.	Chronic Venous Disease and Newer Therapies <b>Abdullah Shaikh, MD</b>
10 – 10:30 a.m.	Break with grab-n-go snacks, room check-out opportunity
10:30 – 11 a.m.	IVUS – Does its use improve outcomes of PAD intervention? <b>Satish Muluk, MD</b>
11 – 11:30 a.m.	Endovascular AVF in 2024, Where are we and where are we going? <b>Brandon Repko, MD</b>
11:30 a.m. – noon	Panel debate – Anticoagulation for VTE and PAD: Is there a consensus? <b>Andrew J. Klobuka, MD; Satish Muluk, MD; Abdullah Shaikh, MD</b>

## Course directors

### Andrew J. Klobuka, MD

Program Director, AHN IR Residency  
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Assistance Professor of Radiology,  
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### Satish Muluk, MD

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Medical Director, Noninvasive Vascular Laboratory  
Director, Vascular Surgery Residency Program  
Professor of Surgery, Drexel University  
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### Colleen Izzi

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Penn State Health

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