18th International Meeting
Integrated Management of Acute and Chronic Cardiovascular Disease

MAIN TOPICS:
Acute Coronary Syndromes
Antiplatelet Agents
Anticoagulants
Atrial Fibrillation
Biomarkers
Cardio-Oncology
Case Presentations
Coronary Artery Disease
Devices, New
Interventional Cardiology
Lipid Lowering Strategies
Master Lectures
Structural Heart Disease
Translational Medicine (Abstracts)

Innsbruck, Austria
Austria Trend Congress Hotel
January 21-24, 2017
FINAL PROGRAM
www.cardio-congress.com
Xarelto® 2.5 mg film-coated tablets (Refer to full SmPC before prescribing.) ▶ This medicinal product is subject to additional monitoring.

**Composition:** Active ingredient: 2.5 mg rivaroxaban. Excipients: Microcrystalline cellulose, croscarmellose sodium, lactose monohydrate, hypromellose, sodium lauryl lactate, magnesium stearate, macrogol 3350, titanium dioxide (E172).

**Targets** Prevention of atherothrombotic events in adult patients after an acute coronary syndrome (ACS) with elevated cardiac biomarkers, Prevention of recurrent DVT and PE in adults, Prevention of venous thromboembolism in risk factors for VTE, Prophylactic treatment of risk factors for VTE, Treatment of symptomatic deep-vein thrombosis (DVT), and prevention of recurrent DVT and PE in adults. Special populations: Patients with renally impaired patients (creatinine clearance <30 ml / min); in patients receiving concomitant treatment with strong CYP3A4 inducers unless the patient is closely observed for signs and symptoms of thrombosis; not recommended for patients receiving concomitant treatment with strong CYP3A4 inhibitors; in patients with moderate to severe renal impairment and concomitant receipt of other medicinal products which increase renal impairment concomitantly (creatinine clearance <15 ml / min); in patients receiving concomitant treatment with strong CYP3A4 inhibitors; in patients with increased bleeding risk; in patients concomitantly treated with dronedarone.

**Warnings and Precautions:** Clinical investigations in the use of antithrombotic practice is recommended throughout treatment. Xarelto should be discontinued if severe haemorrhage occurs, including gastrointestinal bleeding or if not recommended for patients receiving concomitant treatment with strong CYP3A4 inhibitors; in patients with increased bleeding risk; in patients concomitantly treated with dronedarone. Use with caution in conditions with increased risk of haemorrhage; in patients with severe renal impairment (creatinine clearance < 15 ml / min) or with renal impairment concomitantly receiving other medicinal products which increase renal impairment (creatinine clearance <30 ml / min); in patients receiving concomitant treatment with strong CYP3A4 inhibitors; in patients with increased bleeding risk; in patients concomitantly treated with dronedarone.

**Pharmacology:** Xarelto® is a direct factor Xa inhibitor. Inhibition of factor Xa is irreversible and leads to a reduction in the levels of activated factor X, prothrombin, thrombin and fibrinogen. Xarelto® is a direct anticoagulant. Calculation based on IMS Health MIDAS Database: DVT, deep vein thrombosis; NOAC, non-vitamin K antagonist oral anticoagulant. Calculation based on IMS Health MIDAS Database: 7 indications worldwide.

**Classification for supply:** Medicinal product subject to medical prescription. Marketing Authorisation Holder: Bayer Pharma AG, D-13342 Berlin, Germany. Further information available from: xarrelto.medinfo@bayer.com Version: EU5

Confidence from Evidence and Real World Experience

Evidence from clinical and real world studies in NVAF1–3 and PE/DVT4,5 makes Xarelto® the world’s most prescribed NOAC,6 with over 23 million patients treated across all 7 indications worldwide.7

**Xarelto® 10 mg / 15 mg / 20 mg film-coated tablets (Refer to full SmPC before prescribing.)** This medicinal product is subject to additional monitoring.

**Composition:** Active ingredient: 10 mg / 15 mg / 20 mg rivaroxaban. Excipients: Microcrystalline cellulose, croscarmellose sodium, lactose monohydrate, hypromellose, sodium lauryl lactate, magnesium stearate, macrogol 3350, titanium dioxide (E172), iron oxide yellow (E172). Indication: Prevention of arterial thrombotic events in adult patients after an acute coronary syndrome (ACS) with elevated cardiac biomarkers, concomitantly treated with oral anticoagulants or uncontrolled (assessed by the attending physician) or untreated (assessed by the attending physician) atrial fibrillation. Routine monitoring of exposure, rivaroxaban levels measured with a calibrated quantitative anti-Factor Xa assay may be useful in exceptional situations. Xarelto®, ticagrelor, clopidogrel, ticlopidine. Co-administered with acetylsalicylic acid (ASA) alone or with ASA plus clopidogrel in patients after an acute coronary syndrome (ACS) with elevated cardiac biomarkers. Frequency not assessable: angioedema and allergic reactions, cholestasis and hepatitis (incl. hepatic failure), rash, anaphylaxis, angioedema.

**Warnings:** Preparations of factor Xa inhibitors are not recommended for patients with moderate to severe renal impairment and concomitant receipt of other medicinal products which increase renal impairment (creatinine clearance <15 ml / min); in patients receiving concomitant treatment with strong CYP3A4 inhibitors; in patients with increased bleeding risk; in patients concomitantly treated with dronedarone.

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PREFACE

This international meeting celebrates its 18th anniversary. As in the past, the meeting is organized by the Association for the Promotion of Research in Arteriosclerosis, Thrombosis and Vascular Biology (ATVB), Vienna, Austria. It is patronized by the European Platelet Academy (EPA), and by the Working Group on Thrombosis and the Acute Cardiovascular Care Association (ACCA), both registered branches of the ESC, respectively.

In 2017, more 40 international and national experts will guarantee an interesting conference with important topics illustrating the most contemporary and topical clinical research data mainly in the field of acute coronary syndromes, acute cardiac care, atrial fibrillation, interventional cardiology and prevention (including new treatment strategies in lipid lowering and diabetes). A major focus will be on pharmacotherapy and devices as has been the case in prior meetings. Master lectures and interactive clinical case discussions will extend our knowledge and enhance the practical relevance of the program.

The number of attendees is limited to a maximum of 100 persons in order to stimulate intense discussions with international experts on case presentations and main topics – a rare situation in our world of mega-congresses.

The organizers will also invite the presenters of the best abstracts (a maximum of 24 abstracts will be accepted) to discuss their data with faculty members in moderated poster presentations. The “best-of- translational medicine” and “best-of-clinical medicine” posters will be awarded. This service will mainly refer to the group of young “cardiologists of tomorrow”. In addition, presenters of posters will have free access to the whole meeting.

We would welcome your participation at this meeting.

With best regards

Kurt Huber
(for the organizers)

DEADLINE FOR ABSTRACT SUBSTITUTION
January 10, 2017
(send your abstracts, A4 format, directly to kurt.huber@meduniwien.ac.at)
## FINAL PROGRAM SCHEDULE

### Saturday, January 21, 2017

*Arrivals*

19:30 **Welcome Cocktail** and Get-Together

### Sunday, January 22, 2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>09:00 - 11:00</td>
<td><strong>Symposium 1: Antithrombotic Therapy</strong>&lt;br&gt;chairs: D. Gulba (DE), C. Granger (US)</td>
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<tr>
<td>09:00 - 09:15</td>
<td>Case Presentation #1&lt;br&gt;(S. Harb, AT)</td>
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<td>09:15 - 09:35</td>
<td>DAPT Duration Prolonged: Indications and Practical Issues&lt;br&gt;(H. Schühlen, DE)</td>
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<td>09:35 - 10:00</td>
<td>DAPT Duration Shortened: When and How&lt;br&gt;(H. Darius, DE)</td>
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<tr>
<td>10:00 - 10:15</td>
<td>Case Presentation #2&lt;br&gt;(S. De Waha, DE)</td>
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<td>10:15 - 10:35</td>
<td>Bivalirudin vs. Heparin – Is the Book Closed?&lt;br&gt;(U. Zeymer, DE)</td>
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<td>10:35 - 11:00</td>
<td>Pre-Treatment in ACS&lt;br&gt;(P. Clemmensen, DE)</td>
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<td>11:00 - 11:30</td>
<td><strong>Break, Exhibition</strong></td>
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<tr>
<td>11:30 - 12:30</td>
<td><strong>Symposium 2: New Devices in New Indications</strong>&lt;br&gt;chairs: H. Thiele (DE), R. Welsh (CD)</td>
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<td>11:30 - 11:50</td>
<td>The New Magnesium Scaffold – First Experiences&lt;br&gt;(H. Schühlen, DE)</td>
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<td>11:50 - 12:00</td>
<td>Case Presentation #3&lt;br&gt;(S. Harb, AT)</td>
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<tr>
<td>12:00 - 12:10</td>
<td>Case Presentation #4&lt;br&gt;(A. Rab, AT)</td>
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<td>12:10 - 12:20</td>
<td>The Elderly in the Cath Lab&lt;br&gt;(K. Huber, AT)</td>
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<tr>
<td>12:30 - 13:30</td>
<td><strong>Lunch Break, Exhibition, Moderated Posters A</strong>&lt;br&gt;(moderators: H. Thiele, DE, D. Gulba, DE)</td>
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FINAL PROGRAM SCHEDULE

Sunday, January 22, 2017

13:30 - 14:30 Symposium 3: Edoxaban – The New Player on the Market  
(supported by Daiichi Sankyo)  
moderator: K. Huber (AT)

13:30 - 13:50 Case presentation #5  
(S. De Waha, DE)

13:50 - 14:10 The Safety Profile of Edoxaban in Patients with Antiplatelet Therapy  
(R. De Caterina, IT)

14:10 - 14:30 Current Evidence and Future Studies for Patients with NOACS Undergoing PCI  
(P. Vranckx, BE)

14:30 - 15:30 Symposium 4: What’s New in Arrhythmias  
chairs: I. Lang (AT), D. Scherr (AT)

14:30 - 14:55 Usefulness of Leadless Pacemakers and Will ICD Indications Change?  
(M. Borggrefe, DE)

14:55 - 15:10 Case Presentation #6  
(H. Domanovits, AT)

15:10 - 15:30 LIFEVEST – Experience in a Practice Setting  
(D. Scherr, AT)

15:30 - 16:00 Break, Exhibition
Sunday, January 22, 2017

16:00 - 18:20 Symposium 5: Atrial Fibrillation
chairs: M. Möckel (DE), R. De Caterina (IT)

16:00 - 16:25 Role of Device-detected, Clinically Silent AFib and Potential Impact of Population Screening
(B. Gersh, US)

16:25 - 16:45 Interplay Between AFib and SCD
(M. Borggrefe, DE)

16:45 - 17:00 Case Presentation #7
(M. Rohla, AT)

17:00 - 17:20 Anticoagulation in AFib – From Randomized Trials to Clinical Practice
(C. Granger, US)

17:20 - 17:40 The Concept of Net Clinical Benefit for Anticoagulants in AFib
(R. De Caterina, IT)

17:40 - 18:00 Triple Therapy after PCI: For Whom and for How Long?
(F.W.A. Verheugt, NL)

18:00 - 18:20 Managing AFib and ACS/PCI - Applying New Evidence to Clinical Practice
(R. Welsh, CD)
## FINAL PROGRAM SCHEDULE

### Monday, January 23, 2017

**09:00 - 11:00**  
**Symposium 6: Coronary Interventions**  
chairs: S. James (SE), U. Zeymer (DE)

- **09:00 - 09:15**  
  Case Presentation #8  
  (H. Thiele, DE)

- **09:15 - 09:35**  
  PCI vs. CABG for MVD and LM Disease: Do We Have the Evidence?  
  (O. Pachinger, AT)

- **09:35 - 09:55**  
  Culprit vs. Multivessel PCI in ACS – Where Do We Stand?  
  (P. Clemmensen, DE)

- **09:55 - 10:15**  
  Case Presentation #9  
  (B. Gersh, US)

- **10:15 - 10:35**  
  BMS vs. DES – Did NORSTENT Open a New Chapter?  
  (S. Kristensen, DK)

- **10:35 - 11:00**  
  Bioabsorbable Stents – a Current Update  
  (H. Schühlen, DE)

**11:00 - 11:30**  
Break, Exhibition

**11:30 - 12:30**  
**Symposium 7: NOACs – The Contribution of Real World Data**  
(supported by BMS/Pfizer)  
moderator: K. Huber (AT)

- **11:30 - 11:50**  
  From RCTs to Real World Data – Two Different Worlds?  
  (H. Alber, AT)

- **11:55 - 12:05**  
  Case Presentation #10  
  (B. Jäger, AT)

- **12:05 - 12:30**  
  The Puzzle of Oral Anticoagulation – Do We Know the Complete Picture?  
  (H. Darius, DE)

**12:30 - 13:30**  
Lunch Break, Exhibition, **Moderated Posters B**  
(moderators: U. Zeymer, DE, D. Gulba, DE)
Monday, January 23, 2017

13:30 - 14:30 Symposium 8: Pharma News in CV Disease
(supported by Boehringer Ingelheim)
moderator: K. Huber (AT)

13:30 - 13:50 Antidotes for NOACS – Current Status
(H. Darius, DE)

13:50 - 14:00 Case Presentation #11
(H. Alber, AT)

14:00 - 14:10 Case Presentation #12
(H. Alber, AT)

14:10 - 14:30 Oral Antidiabetics and CV Risk
(T. Wascher, AT)

14:30 - 15:30 Symposium 9: Miscellaneous
chairs: U. Zeymer (DE), S. James (SE)

14:30 - 14:45 Case Presentation #13
(J. Falkensammer, AT)

14:55 - 15:10 Interventional Treatment Option in PH
(I. Lang, AT)

15:10 - 15:30 Atrioventricular Valves: MV and TV
(H. Thiele, DE)

15:30 - 16:00 Break, Exhibition

16:00 - 17:20 Symposium 10: What We Should Know about Clinical Trials
chairs: H. Drexel (AT), J. Deanfield (UK)

16:00 - 16:25 Interpretation of Trial Results: Positive and Negative Trials
(S. Pocock, UK)

16:25 - 16:40 Trials vs. Registries
(C. Granger, US)

16:40 - 17:00 Lessons from SIMPLICITY-3 and Role of Sham Procedures
(B. Gersh, US)

17:00 - 17:20 Importance of DSMBs
(F.W.A. Verheugt, NL)

17:20 - 17:30 Short Coffee Break
Monday, January 23, 2017

17:30 - 18:30  Symposium 11: Master Lectures I  
chairs: Ch. Müller (CH), G. Friedrich (AT)

17:30 - 17:50  Cardio-Oncology – A New Medical Subspecialty  
(A. Lyon, UK)

17:50 - 18:10  All You Need to Know about Pre- and  
Post-Conditioning in STEMI  
(G. Heusch, DE)

18:10 - 18:30  Cardiac Evaluation and Risk Reduction for  
Noncardiac Surgery  
(S.D. Kristensen, DK)
<table>
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<tr>
<th>Time</th>
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| 09:00 - 11:00 | **Symposium 12: Master Lectures II**  
chairs: G. Heusch (DE), F.W.A. Verheugt (NL) |
| 09:00 - 09:20 | Lifelong Risk for Cardiovascular Disease  
(J. Deanfield, UK) |
| 09:20 - 09:40 | Oxygen Supplementation in Acute MI?  
(S. James, SE) |
| 09:40 - 10:00 | Takotsubo Syndrome – New Insights and New Challenges  
(A. Lyon, UK) |
| 10:00 - 10:20 | Coronary CT Angiography: Over- or Underuse?  
(U. Sechtem, DE) |
| 10:20 - 10:40 | Cardiovascular Consequences of Sleep Disordered Breathing  
(B. Gersh, US) |
| 10:40 - 11:00 | TAVR Udate – New Indications, New Devices  
(R. Welsh, CD) |
| 11:00 - 11:30 | Break, Exhibition |
| 11:30 - 12:30 | **Symposium 13: Biomarkers**  
*(partially supported by Brahms/ThermoFisher)*  
Moderator: C. Blankenberg (DE) |
| 11:30 - 11:50 | Biomarkers in Heart Failure: ANP, BNP and Procalcitonin (PCT)  
(Ch. Mueller, Basel, CH) |
| 11:50 - 12:10 | Biomarkers of Chronic Inflammation in CAD – What Should be Measured  
(J. Deanfield, UK) |
| 12:10 - 12:30 | The Dual Marker Strategy: Troponin and Copeptin  
(M. Möckel, Berlin, DE) |
| 12:30 - 13:30 | Lunch Break, Exhibition, **Moderated Posters C**  
(moderators: I. Lang, AT, D. Gulba, DE) |
Tuesday, January 24, 2017

13:30 - 14:30 Symposium 14: Optimal LDL-C Reduction
(partially supported by SANOFI)
moderator: T. Wascher (AT)

13:30 - 13:55 PCSK9-Inhibition: Learning from Nature
(H. Drexel, AT)

13:55 - 14:10 Case Presentation #14
(B. Jäger, AT)

14:10 - 14:30 From Surrogate Markers to Clinical Endpoints
(K. Huber, AT)

14:30 - 16:15 Symposium 16: The Heart Team Pros and Cons
chairs: M. Grimm (AT), O. Pachinger (AT)

14:30 - 15:15 TAVI for Aortic Stenosis with Intermediate Risk
for Surgery
CONTRA:
(H. Reichenspurner, DE)
PRO:
(R. Welsh, CD)
Rebuttal

15:15 - 16:00 PCI Is the Preferred Strategy for Treating
LM Disease
PRO:
(S. Blankenberg, DE)
CONTRA:
(H. Reichenspurner, DE)
Rebuttal

16:00 - 16:15 PCI vs. CABG in LM Disease –
The View of the Statistician
(S. Pocock, UK)

15:50 Poster Awards & Farewell
K. Huber (AT)
Meeting Organization
Association for the Promotion of Research in Arteriosclerosis, Thrombosis and Vascular Biology (ATVB)
Mariahilferstraße 49, A-1060 Vienna, Austria

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E-mail: congress@austria-trend.at

Congress Fee:
€ 600.–/300.– (reduced fee for residents)
2-day attendance: € 400.–/200.–
1-day attendance: € 200.–/100.–

Online Registration
https://registration.maw.co.at/coronary17

This meeting is credited with 24 credit points for advanced training diploma (DFP) by the Austrian Medical Association (ID 569633).

www.cardio-congress.com
**Information for Poster Presenters**

You will get notion of acceptance of your abstract latest until **January 15, 2017**. There will be free access to the whole meeting for poster presenters. Posters should be mounted on the indicated day (Sunday, Monday, or Tuesday) from 9:00 AM to 7:00 PM and removed at the evening of the respective day. Poster presentation (3 min) and discussion (3 min) will take part during the indicated poster moderation sessions. Poster size should not exceed 130x90 cm (height x width)

The best basic and clinical research posters will awarded on Tuesday, January 24, 2017 at the end of the meeting.
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