

Japan Endovascular Treatment Conference 2016

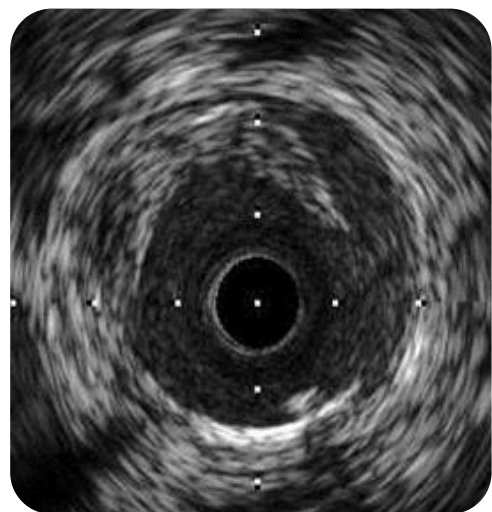
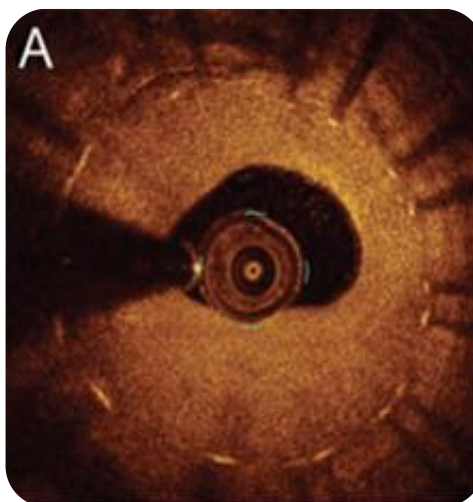
20th Feb 2016, 16:50-18:10 Hall 3

Hilton Fukuoka Sea Hawk



IMPACT - JAPAN

Imaging **M**odality for
Peripheral **A**rtery
Create new-**T**rends



*How do we incorporate imaging modalities
in SFA intervention?*

The initial success rate of SFA intervention was markedly increased due to the development of new devices, wires and various techniques. However, long-term patency after successful balloon or stent intervention is yet unsatisfactory. A unique characteristic of SFA treatment in Japan is the clinical availability of various imaging modalities. Many reports are being published in SFA intervention using IVUS, OCT and intravascular endoscopy. In these sessions, we would like to discuss how the incorporation of such imaging modalities can contribute to the improvement of long-term patency rates.

(Moderator, Masahiko Fujihara, Kishiwada Tokushukai Hospital)

Chairs:

Takafumi Ueno (Kurume University Hospital)

Masato Nakamura (Toho University Ohashi Medical Center)

Session 1 :IVUS

1. **Kojiro Miki** (Stanford University)

Improved patency rates by IVUS-assisted EVT

2. **Akiko Maehara** (Columbia University Medical Center/Cardiovascular Research Foundation)

IVUS assessment of peripheral arterial disease and the application of an atherectomy device to treat calcified lesions

Session2 :OCT

1. **Amane Kozuki** (Osaka Saiseikai Nakatsu Hospital)

Comparison of OCT findings between the bare metal stent and drug eluting stent

2. **Yusuke Tomoi** (Kokura Memorial Hospital)

Key Note Lecture :

Lawrence A. Garcia (St. Elizabeth's Medical Center)

The optimal atherectomy strategy based on IVUS and OCT findings

Session3: Angioscopy

1. **Daisuke Kamoi** (Nagoya Kyoritsu Hospital)

Angioscopic evaluation for stent thrombosis in PAD

2. **Takayuki Ishihara** (Kansai Rosai Hospital)

Optimal medical treatment after bare metal or drug eluting stent implantation based on angioscopic findings

Discussants:

Huang Hsuan-Li (Taipei Tzu Chi General Hospital)

Masahiko Fujihara(Kishiwada Tokushukai Hospital)

Masashi Fukunaga(Morinomiya Hospital)

Takashi Harada(Kitakyushu Municipal Yahata Hospital)

Tatsuya Shiraki(Kansai Rosai Hospital)

Shinjo Sonoda (University of Occupational and Environmental Health)