

Interventional Academy Interventional Training Program

COMPLEX PCI, TAVR, &
PERIPHERAL TRAINING

MARCH 8-10, 2020

ORGANIZING DIRECTOR

RAJESH M. DAVE, MD

WWW.INTERVENTIONALACADEMY.COM



**COMPLEX CORONARY INTERVENTION
PCI OPTIMIZATION: FFR, IVUS, OCT
PERIPHERAL VASCULAR INTERVENTION
TAVR SESSION**

**INTERVENTIONAL
ACADEMY FACULTY**

DR. ANDREAS U. WALI
DR. VENKATESH NADAR

INVITED FACULTY

DR. JAMES HARVEY
YORK HOSPITAL, YORK, PA

PLACE

THE ORTENZIO HEART CENTER
AT GEISINGER HOLY SPIRIT
CAMP HILL, PENNSYLVANIA

SPONSORED BY

INTERVENTIONAL ACADEMY

LEARNING OBJECTIVES

- MASTER THE LATEST CONCEPTS IN CORONARY INTERVENTION
- REVIEW THE LANDMARK CLINICAL TRIALS OF THE YEAR
- INTRODUCTION TO TREATMENT OF PERIPHERAL ARTERIAL DISEASE
- EXPERIENCE THE TAVR REVOLUTION

TARGET AUDIENCE

- INTERVENTIONAL CARDIOLOGISTS, STRUCTURAL HEART DISEASE, & VASCULAR INTERVENTION
- GENERAL CARDIOLOGISTS
- PHYSICIANS INTERESTED IN CARDIOLOGY AND VASCULAR MEDICINE
- RADIOLOGISTS
- VASCULAR SURGEONS
- NURSES AND TECHNOLOGISTS
- VASCULAR MEDICINE SPECIALISTS

CATHETERIZATION LABORATORY ACTIVITIES

- **LIVE CASE DEMONSTRATION**
 - **PCI OPTIMIZATION & CORONARY INTERVENTION**
- **ENDOVASCULAR INTERVENTION**
 - **CAROTID, RENAL, SFA, BTK, ABDOMINAL, VENOUS INTERVENTIONS**
- **STRUCTURAL HEART DISEASE INTERVENTION**
 - **PFO, ASD, LAA OCCLUSION**
- **TRANSCATHETER VALVE THERAPIES**

- **CATH LAB EXPERIENCE**
- **FREE DISCUSSION REGARDING INTERVENTIONAL STRATEGIES**
- **LUNCHTIME ACTIVITIES**
 - **PARTICIPANTS CHALLENGING CASE PRESENTATION COMPETITION. THE BEST 3 CASES WILL RECEIVE AN AWARD & FREE REGISTRATION TO THE 2020 C3 CONFERENCE**
- **HANDS-ON: INTRAVASCULAR IMAGING & CT MEASUREMENT FOR TAVR**

STATE-OF-THE-ART LECTURES

- **TECHNICAL TIPS & TRICKS**
 - LM & CORONARY BIFURCATION, PCI OPTIMIZATION, AND NEW STENTS
 - IMAGING: IVUS, OCT, FFR
 - ADJUSTIVE PHARMACOLOGY
 - UP-TO-DATE CLINICAL TRIALS AND REGISTRIES
 - TAVR

REGISTRATION AND CONTACT INFORMATION

ATTN: AISSA MILLER (AISSAMILLER@YAHOO.COM)

LOCATION: 503 N. 21ST ST.CAMP HILL, PA 17011

REGISTRATION FEE: USD \$5,000 PER 1 PARTICIPANT (INCLUDES TUITION, FOUR (4) NIGHTS OF ACCOMMODATION, BREAKFAST, AND LUNCH)

CANCELLATION POLICY: CANCELLATIONS WITHIN 6 TO 10 BUSINESS DAYS OF THE COURSE COMMENCEMENT WILL INCUR A 50% CANCELLATION FEE AND BETWEEN 0 TO 5 BUSINESS DAYS WILL INCUR A 100% CANCELLATION FEE.

CERTIFICATES WILL BE PROVIDED AFTER THE COURSE

IAIT PROGRAM

MARCH 8-10, 2020

DAY 1 MARCH 8, 2020

9:00AM - 10:00AM - CORONARY BIFURCATION INCLUDING LM:
THE MOST UP TO DATE CONCEPTS

- THE LATEST IN CLINICAL TRIALS
- TECHNIQUES IN BIFURCATION
- CASE REVIEWS

10:00AM - 11:00AM - PCI OPTIMIZATION

- OCT IMAGE INTERPRETATION
- OCT VS IVUS
- OCT AND FFR CORRELATION
- OCT IN DIFFERENT CLINICAL SUBSETS
- OCT FOR PCI GUIDANCE

11:00AM - 12:00PM - PHYSIOLOGICAL TESTING

- FUNDAMENTALS OF PHYSIOLOGICAL TESTING
- RESTING VS HYPEREMIA
- CLINICAL TRIALS
- TECHNOLOGIES AND NEW CONCEPTS

12:00PM - 1:30PM

LUNCH AND DELEGATE CASE PRESENTATIONS

1:30PM - 3:00PM - TAVR PROGRAM/GUEST LECTURES

GUEST LECTURES ON TAVR BY DR. JAMES HARVEY

- AORTIC STENOSIS: BASIC CONCEPT
- LOW FLOW LOW GRADIENT AST, BICUSPID VALVE
- LATEST CLINICAL TRIALS
- TECHNIQUES AND VALVE TYPES
- PREPROCEDURAL EVALUATION
- COMPLICATIONS AND CASE REVIEWS
- HANDS-ON MEASUREMENTS

DAY 2 MARCH 9, 2020

8:00AM - 3:00PM

CARDIAC CATH LAB LIVE OBSERVATION

DAY 3 MARCH 10, 2020

8:00AM - 3:00PM

CARDIAC CATH LAB LIVE OBSERVATION

Personal Data

Full Name

Full Name (as it appears on passport)

Date of Birth	Sex (Check One)		Nationality	Specialty
Month/Day/Year	Male	Female		

Contact Information

Present Organization			
Mailing Address	Address:		
	City:	State:	Zip Code:
Telephone			Fax:
Email Address			
Emergency Contact	Name:		Telephone:

Experience & Education (over the past 5 years)

Name of Organization	Start	End	Position
	Month/Year	Month/Year	

No.	Questions	Answers	Remark
1	Implementation of IVUS/OCT		Y N
2	Implementation of FFR/RFR/iFR		Y N
3	Volume of PCI / a year		Y N
4	Main Interests		Y N

Credit Card Information

Full Name (as it appears on card)			
Card Number			Expiration Date (MM/YY): /
Billing Address	Address:		
	City:	State:	Zip Code:
Phone Number			

Dietary Restrictions (i.e. vegetarian)

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