15th Annual Seminar of Interventional Cardiology

Focus on Complications

Rajaie Cardiovascular Medical & Research Center

پانزدهمین سمینار سالیانه اینترونشنال کاردیولوژی با تکیه بر عوارض

مرکز آموزشی، تحقیقاتی و درمانی قلب و عروق شهید رجایی

WEBINAR

با امتیاز بازآموزی

Focus on

- Coronary Artery
- Peripheral
- Structural & Congenital

لینک حضور در وبینار

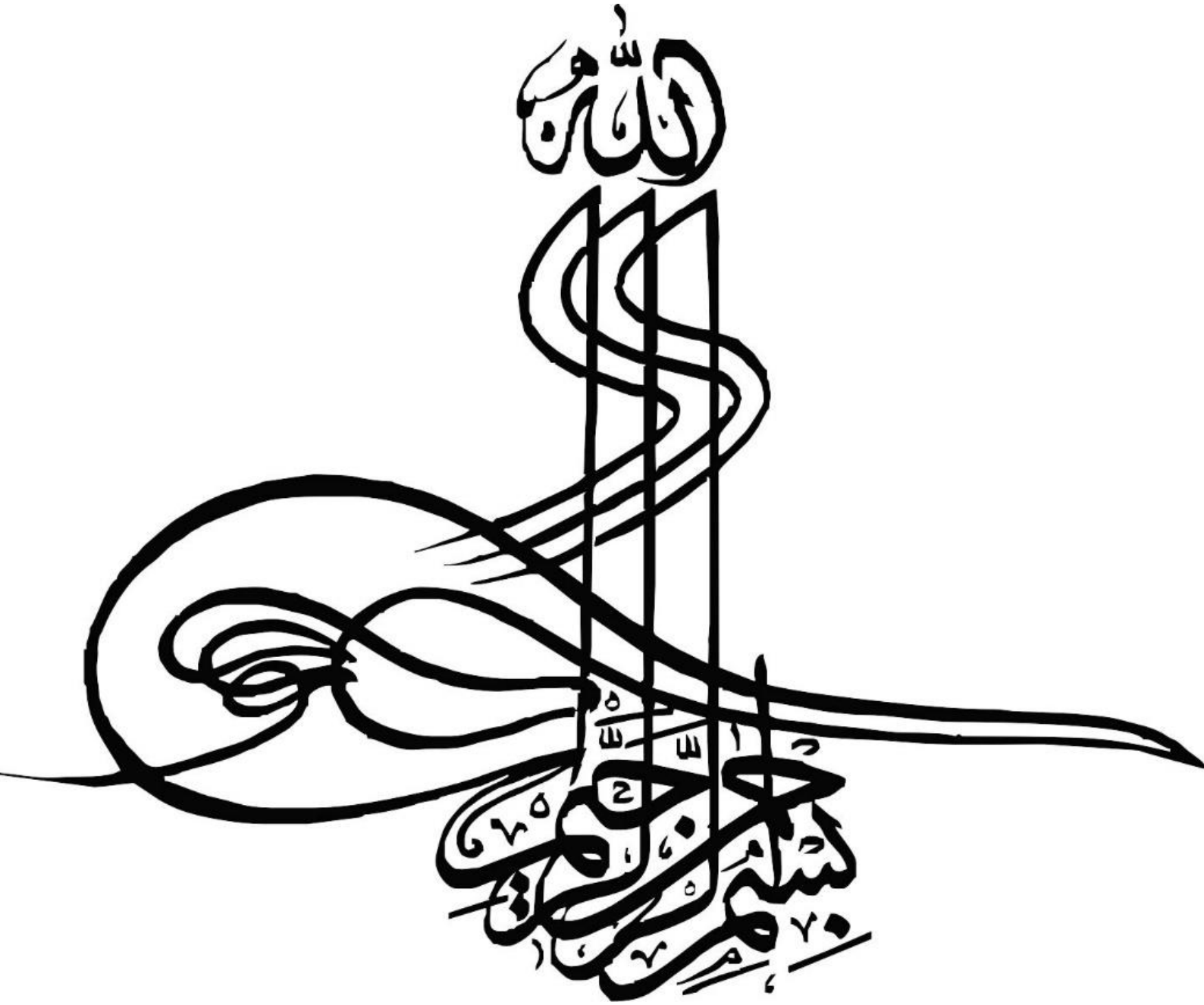
https://us02web.zoom.us/j/82160600772

SANOFI

13-14 January 2022

۲۴-۲۳ دی ماه ۱۴۰۰

جهت کسب اطلاعات بیشتر : ۰۲۱-۲۳۹۲۳۰۸۲ / ۰۹۳۶۳۶۸۱۲۴۷



In The Name of God

Dear colleagues

On behalf of the organizing committee, Iranian Society of interventional Cardiology and Iranian Heart Association, we are privileged to welcome you to the "15th annual Seminar of Interventional Cardiology" to be held in Rajaie Cardiovascular Medical and Research Center in Tehran, from 13-14 January 2022.

We plan to continue with the presentation of selected cardiac and not only coronary complication cases by the audience in collaboration with a panel of experts. State of the art lectures on related topics on interest are planned between the individual sessions. The additional focus on non-coronary complications (during peripheral vascular interventional or treatment of structural heart disease including valvular disease) will hopefully increase the attraction.

There are many opportunities for companies and organizations to exhibit or support this seminar.

We hope you will find it useful and help us make it better.

Have a "no-complication" year!

Abdi S. MD

Chairman

Firouzi A. MD

Scientific Secretary

Alemzadeh-Ansari MJ. MD
Hosseini Z. MD
Executive Secretary


diamond coated burr
1.25 mm - 2.5 mm
(0.25 mm increments)
drive shaft
guide wire


Predisposing Facto

Content

Committees and Secretaries

Chairman: Abdi S. MD

Scientific Secretary: Firouzi A. MD

Executive Secretary: Alemzadeh-Ansari MJ. MD
Hosseini Z. MD

Executive Committees

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Abdi S. MD
Basiri HA. MD
Firouzi A. MD
Alemzadeh-Ansari MJ. MD
Mohebbi B. MD
Moosavi J. MD
Hosseini Z. MD
Khalilipour E. MD
Sadeghipour P. MD
Baay MR. MD
Aziminia M.
Kalbasi N.
Ahmadi Kashani P.
Zarin-Sadaf M.

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Afshani M. MD
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Alipour Parsa S. MD
Alizadehasl A. MD
Aminian B. MD
Asareh AR. MD
Aslanabadi N .MD
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Firouzi I. MD
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Ghaffari S. MD
Ghasemi M. MD
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Gholoobi A. MD
Haghshenas D. MD
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Hashemi I. MD
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Hosseini Z. MD
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Kiani R. MD
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Kyavar M. MD
Madani M. MD
Maleki M. MD
Mansouri R. MD
Mohebbi B. MD
Moosavi J. MD
Mortezaeian H. MD
Nabavi A. MD
Namazi.MD
Nazeri I. MD
Nikfarjam S. MD
Noohi F. MD
Peighambari MM. MD
Pouraliakbar HR.MD
Sadeghipour P. MD
Saedi S. MD
Salarifar M. MD
Sezavar S. MD
Shabestari M. MD
Shafe O. MD
Shakerian F. MD
Tadayon N, MD
Tolouei M. MD
Zahedmehr A. MD

Our Surgical Colleagues:

Hosseini S. MD

Jalili J. MD

Our Anesthesiologist Colleagues:

Heydarpour A. MD

Totounchi MZ. MD

Sadeghi A. MD

Azarfarin R. MD

Design

Aziminia M.

13-14 January 2022

23-24 Day 1400

Thursday & Friday

Heart Hotel

Shaheed Rajaie Cardiovascular Medical and Research Center

Valiasr Ave, Hashemi Rafsanjani Hwy (Niayesh Intersection), Tehran, Iran

Registration Information

Registration and participation in this webinar is free for all delegates

You can use this webinar via this link in specific time (9:00-12:00 and 13:00-17:00)

https://us02web.zoom.us/j/82160600772

Shaheed Rajaei's Cardiovascular Medical and Research Center

انجمن قلب ایران
Iranian Heart Association

انجمن اینترونشنال کاردیولوژی ایران
ISOIC
Iranian Society Of Interventional Cardiology

مرکز تحقیقات مداخلات قلبی و عروقی
مرکز قلب و عروق شهید رجایی

SANOFI

abidi
Cardio Thrombosis

ایران بهداشت
Iran Behdasht

Edwards

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تولید و واردات تجهیزات پزشکی

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Program Overview

13 January 2022
23 Day 1400

Session	CME	Moderator	Time
Coronary Complication 1	175378	Madani M. MD Khalilipour E. MD	09:00-12:00
Structural and Congenital Complication	175427	Firouzi A. MD Hosseini Z. MD	13:00-16:40

14 January 2022
24 Day 1400

Session	CME	Moderator	Time
Peripheral Complication	175177	Sadeghipour P. MD Mohebbi B. MD	09:00-12:10
Coronary Complication 2	175417	Zahedmehr A. MD Kiani R. MD	13:00-17:00

13 January 2022

Opening Ceremony

Thursday 09:00-09:20

09:00-09:05	Opening	
09:05-09:10	Welcome Speech	Noohi F. MD
09:10-09:15	Welcome Speech	Basiri HA. MD
09:15-09:20	Welcome Speech	Abdi S. MD

Session 1 — Coronary Complication 1

Thursday 09:00-12:00

Chairperson: Kyavar M. MD, Nazeri I. MD, Hashemian M. MD, Aminian B. MD, Shabestari M. MD, Firouzi I. MD, Alemzadeh-Ansari MJ. MD, Abdi AR. MD

Moderator: Madani M. MD, Khalilipour E. MD

09:20-09:30	Case 1	Alipour Parsa S. MD
09:30-09:40	Q & A	
09:40-09:50	Case 2	Hashemi A. MD
09:50-10:00	Q & A	
10:00-10:10	Case 3	Fatehi GH. MD
10:10-10:20	Q & A	
10:20-10:30	Sponsor Clip	Sanofi
10:30-10:40	Case 4	Tolouei M. MD
10:40-10:50	Q & A	
10:50-11:00	Case 5	Mansouri R. MD
11:00-11:10	Q & A	
11:10-11:20	Case 6	Afifi S. MD
11:20-11:30	Q & A	
11:30-11:40	Case 7	Heidari A. MD
11:40-11:50	Q & A	

13 January 2022

Thursday 13:00-16:40

Session 2	Structural & Congenital Complication

Chairperson: Abdi S. MD, Haj Zeinali A. MD, Kojouri J. MD, Mortezaeian H. MD, Pouraliakbar HR.MD, Khosravi AR. MD

Moderator: Firouzi A.MD, Hosseini Z.MD

13:00-13:15	Case 1	Shabestari M. MD
13:15-13:25	Q & A	
13:25-13:40	Case 2	Mortezaeian H. MD
13:40-13:50	Q & A	
13:50-14:05	Case 3	Khajali Z. MD
14:05-14:15	Q & A	
14:15-14:25	Sponsor Clip	Abidi
14:25-14:40	Case 4	Alizadehasl A. MD
14:40-14:50	Q & A	
14:50-15:05	Case 5	Hosseini Z. MD
15:05-15:15	Q & A	
15:15-15:25	Sponsor Clip	Jahan Gostaresh Tejarat
15:25-15:40	Case 6	Saedi S. MD
15:40-15:50	Q & A	
15:50-16:05	Case 7	Ghaderian M. MD
16:05-16:15	Q & A	
16:15-16:30	Case 8	Hosseini Z. MD
16:30-16:40	Q & A	

14 January 2022

Friday 09:00-12:10

Session 3	Peripheral Complications

Chairperson: Moosavi J. MD, Gheydari M.MD, Shafe O. MD, Hosseini S. MD, Tadayon N, MD

Moderator: Sadeghi pour P. MD, Mohebbi B. MD

09:00-09:20	Case 1	Jenab Y. MD
09:20-09:30	Q & A	
09:30-10:10	Case 2 & 3	Tadayon N. MD& Mousavizadeh M. MD
10:10-10:30	Q & A	
10:30-10:40	Sponsor Clip	Cinnagen
10:40-11:00	Case 4	Ahmadieh A. MD
11:00-11:10	Q & A	
11:10-11:30	Case 5	Ray AR. MD
11:30-11:40	Q & A	
11:40-12:00	Case 6	Baharvand F. MD
12:00-12:10	Q & A	

14 January 2022

Session 4 — Coronary Complication 2

Friday 13:00- 17:00

Chairperson: Peighambari MM. MD, Ghasemi M. MD, Namazi.MD, Sezavar S. MD, Ghaffari S. MD, Shakerian F. MD, Aslanabadi .MD, Farshidi. MD, Salarifar M. MD, Adel MH. MD

Moderator: Zahedmehr A. MD, Kiani R. MD

13:00-13:15	Case 1	Kojouri J. MD
13:15-13:25	Q & A	
13:25-13:40	Case 2	Asareh AR. MD
13:40-13:50	Q & A	
13:50-14:05	Case 3	Gholoobi A. MD
14:05-14:15	Q & A	
14:15-14:30	Case 4	Haghshenas D. MD
14:30-14:40	Q & A	
14:40-14:50	Sponsor Clip	Iran Behdasht
14:50-15:05	Case 5	Afshani M. MD
15:05-15:15	Q & A	
15:15-15:30	Case 6	Nabavi A. MD
15:30-15:40	Q & A	
15:40-15:55	Case 7	Khosravi AR. MD & Ebrahimifar P. MD
15:55-16:05	Q & A	
16:05-16:20	Case 8	Hashemi I. MD
16:20-16:30	Q & A	
16:30-16:45	Case 9	Nikfarjam S. MD
16:45-16:55	Q & A	
16:50-17:00	Closing	

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- 20 Years of clinical experience[2]
- Less major Cardiovascular events[3]
  - MI
  - Stroke
  - CV death

References

1.Sanofi R&D-Periodic Benefit Risk Evaluation Report (PBER).15 Jan 2019
2. Plavix PI
3.CAPRIE Study/MACE: Composite of MI, Stroke and CV death

Plavix® 75 mg Abbreviated Prescribing Information

1. NAME AND PRESENTATION: Plavix® 75 mg is available as film-coated tablets, each containing 75 mg of clopidogrel (as hydrogen sulphate). **2. THERAPEUTIC INDICATIONS:** Prevention of atherothrombotic events Clopidogrel is indicated in: • Adult patients suffering from myocardial infarction (from a few days until less than 35 days), ischaemic stroke (from 7 days until less than 6 months) or established peripheral arterial disease. • Adult patients suffering from acute coronary syndrome: - Non-ST segment elevation acute coronary syndrome (unstable angina or non-Q-wave myocardial infarction), including patients undergoing a stent placement following percutaneous coronary intervention, in combination with acetylsalicylic acid (ASA). - ST segment elevation acute myocardial infarction, in combination with ASA in medically treated patients eligible for thrombolytic therapy. Prevention of atherothrombotic and thromboembolic events in atrial fibrillation In adult patients with atrial fibrillation who have at least one risk factor for vascular events, are not suitable for treatment with Vitamin K antagonists (VKA) and who have a low bleeding risk, clopidogrel is indicated in combination with ASA for the prevention of atherothrombotic and thromboembolic events, including stroke. **3. POSOLOGY AND METHOD OF ADMINISTRATION: Posology** Adults and elderly Clopidogrel should be given as a single daily dose of 75 mg. In patients suffering from acute coronary syndrome: – Non-ST segment elevation acute coronary syndrome (unstable angina or non-Q-wave myocardial infarction): clopidogrel treatment should be initiated with a single 300-mg loading dose and then continued at 75 mg once a day (with acetylsalicylic acid (ASA) 75 mg-325 mg daily). Since higher doses of ASA were associated with higher bleeding risk it is recommended that the dose of ASA should not be higher than 100 mg. The optimal duration of treatment has not been formally established. Clinical trial data support use up to 12 months, and the maximum benefit was seen at 3 months. - ST segment elevation acute myocardial infarction: clopidogrel should be given as a single daily dose of 75 mg initiated with a 300-mg loading dose in combination with ASA and with or without thrombolytics. For patients over 75 years of age clopidogrel should be initiated without a loading dose. Combined therapy should be started as early as possible after symptoms start and continued for at least four weeks. The benefit of the combination of clopidogrel with ASA beyond four weeks has not been studied in this setting. In patients with atrial fibrillation, clopidogrel should be given as a single daily dose of 75 mg. ASA (75-100 mg daily) should be initiated and continued in combination with clopidogrel. Paediatric population Clopidogrel should not be used in children because of efficacy concerns Renal impairment Therapeutic experience is limited in patients with renal impairment Hepatic impairment Therapeutic experience is limited in patients with moderate hepatic disease who may have bleeding diatheses. Method of administration For oral use It may be given with or without food **4. CONTRA-INDICATIONS:** Hypersensitivity to the active substance or to any of the excipients Severe hepatic impairment. Active pathological bleeding such as peptic ulcer or intracranial haemorrhage. **5. SPECIAL WARNINGS AND PRECAUTIONS FOR USE:** Bleeding and haematological disorders Blood cell count determination and/or other appropriate testing should be promptly considered whenever clinical symptoms suggestive of bleeding arise during the course of treatment. As with other antiplatelet agents, clopidogrel should be used with caution in patients who may be at risk of increased bleeding from trauma, surgery or other pathological conditions and in patients receiving treatment with ASA, heparin, glycoprotein IIb/IIIa inhibitors or non-steroidal anti-inflammatory drugs (NSAIDs) including Cox-2 inhibitors, or selective serotonin reuptake inhibitors (SSRIs), or other medicinal products associated with bleeding risk such as pentoxifylline. Patients should be followed carefully for any signs of bleeding including occult bleeding, especially during the first weeks of treatment and/or after invasive cardiac procedures or surgery. The concomitant administration of clopidogrel with oral anticoagulants is not recommended since it may increase the intensity of bleedings. If a patient is to undergo elective surgery and antiplatelet effect is temporarily not desirable, clopidogrel should be discontinued 7 days prior to surgery. Clopidogrel prolongs bleeding time and should be used with caution in patients who have lesions with a propensity to bleed (particularly gastrointestinal and intraocular). Thrombotic Thrombocytopenic Purpura (TTP) Thrombotic Thrombocytopenic Purpura (TTP) has been reported very rarely following the use of clopidogrel, sometimes after a short exposure. Acquired haemophilia Patients with a confirmed diagnosis of acquired haemophilia should be managed and treated by specialists, and clopidogrel should be discontinued. Recent ischaemic stroke In view of the lack of data, clopidogrel cannot be recommended during the first 7 days after acute ischaemic stroke. Cytochrome P450 2C19 (CYP2C19) Pharmacogenetics: In patients who are poor CYP2C19 metabolisers, clopidogrel at recommended doses forms less of the active metabolite of clopidogrel and has a smaller effect on platelet function. Since clopidogrel is metabolised to its active metabolite partly by CYP2C19, use of medicinal products that inhibit the activity of this enzyme would be expected to result in reduced drug levels of the active metabolite of clopidogrel. The clinical relevance of this interaction is uncertain. As a precaution concomitant use of strong or moderate CYP2C19 inhibitors should be discouraged. CYP2C8 substrates Caution is required in patients treated concomitantly with clopidogrel and CYP2C8 substrate medicinal products. Cross-reactions among thienopyridines Patients should be evaluated for history of hypersensitivity to thienopyridines (such as clopidogrel, ticlopidine, prasugrel) since cross-reactivity among thienopyridines has been reported. Patients who had developed a previous allergic reaction and/or haematological reaction to one thienopyridine may have an increased risk of developing the same or another reaction to another thienopyridine. Renal impairment Therapeutic experience with clopidogrel is limited in patients with renal impairment. Therefore clopidogrel should be used with caution in these patients. Hepatic impairment Experience is limited in patients with moderate hepatic disease who may have bleeding diatheses. Clopidogrel should therefore be used with caution in this population. Excipients Plavix contains lactose. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicinal product. This medicinal product contains hydrogenated castor oil which may cause stomach upset and diarrhoea. **6. INTERACTIONS:** Medicinal products associated with bleeding risk, Oral anticoagulants, Glycoprotein IIb/IIIa inhibitors, Acetylsalicylic acid (ASA), Heparin, Thrombolytics, NSAIDs, SSRIs. Other concomitant therapy: Since clopidogrel is metabolised to its active metabolite partly by CYP2C19, use of medicinal products that inhibit the activity of this enzyme would be expected to result in reduced drug levels of the active metabolite of clopidogrel. The clinical relevance of this interaction is uncertain. As a precaution concomitant use of strong or moderate CYP2C19 inhibitors should be discouraged. Medicinal products that are strong or moderate CYP2C19 inhibitors include, for example, omeprazole and esomeprazole, fluvoxamine, fluoxetine, moclobemide, voriconazole, fluconazole, ticlopidine, carbamazepine, and efavirenz. Other medicinal products: CYP2C8 substrate medicinal products: Clopidogrel has been shown to increase repaglinide exposure in healthy volunteers. In vitro studies have shown the increase in repaglinide exposure is due to inhibition of CYP2C8 by the glucuronide metabolite of clopidogrel. Due to the risk of increased plasma concentrations, concomitant administration of clopidogrel and drugs primarily cleared by CYP2C8 metabolism (e.g., repaglinide, paclitaxel) should be undertaken with caution. **7. PREGNANCY AND LACTATION: Pregnancy:** As no clinical data on exposure to clopidogrel during pregnancy are available, it is preferable not to use clopidogrel during pregnancy as a precautionary measure. Breast-feeding: As a precautionary measure, breast-feeding should not be continued during treatment with Plavix. **8. UNDESIRABLE EFFECTS:** Haematoma, epistaxis, gastrointestinal haemorrhage, diarrhoea, Abdominal pain, dyspepsia, bruising, bleeding at puncture site. For uncommon, rare and very rare side effects see full prescribing information. **9. OVERDOSE:** Overdose following clopidogrel administration may lead to prolonged bleeding time and subsequent bleeding complications. Appropriate therapy should be considered if bleedings are observed. No antidote to the pharmacological activity of clopidogrel has been found. If prompt correction of prolonged bleeding time is required, platelet transfusion may reverse the effects of clopidogrel. **10. PHARMACODYNAMIC PROPERTIES:** platelet aggregation inhibitors excl. heparin, ATC Code: B01AC-04 Date of Revision of API: Aug 2017 based on the smpc as of Jan 2017

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30 min Brilavus onset of Inhibition of Platelet Aggregation (IPA): (180 mg loading dose): ~%41 with in 30 minutes VS 8 hour with 600 mg Clopidogrel[2]

■ Reference
1. N Engl J Med 2009; 361(11):1045-1057
2. Circulation 2009; 120(25):2577-2585

abidi
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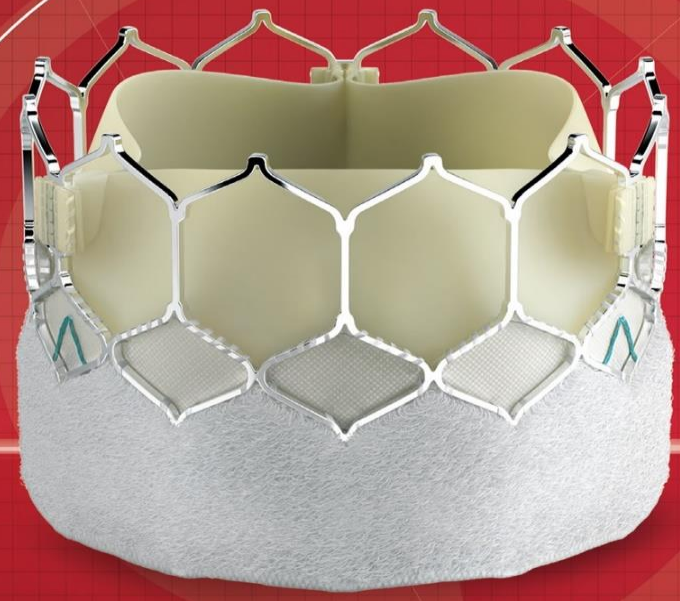
IR-0122-BRL-A371-PO



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