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Preview Edition of CIT2008



中国介入心脏病学大会合作伙伴 Partner of China Interventional Therapeutics





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CIT2003~2008, a Six-year's Development

XU Bo, Kevin Chen

Time flies, it's been the sixth year since I joined in the CIT organizing team. During the past 5 years, we went through a lot of difficulties though, memories are always beautiful and enjoyable. For each success of CIT, there are a lot people to be thanked, among whom, doctors and professors we offered assistance to, sponsors and exhibitors we cooperated with, team staffs we worked with. No pains, no gains. After 5 years great effort, we witnessed CIT's growth, and we are proud that CIT, so far, has become one of the biggest and most educational teaching courses in interventional cardiology in China.

CIT's growth could be elaborated in the following four aspects: Firstly, the increasing number of participants



Second, plan of the Scientific Program

It's a good tradition that CIT keeps in the past 5 years to make Meeting Evaluation among the attending participants, whose feedback will be handled very carefully by the LOC (Local Organizing Committee) after the Congress, according to which, modifications will be made in the next year's scientific plan to better meet our attendee's taste and requirements.

Third, the cooperation with International Organization

At the Faculty Dinner of CIT2007, Vice Minister of MOH, China, Mr. Wang Longde presented, and made a toast, in which he pointed out that the cooperation with TCT and EuroPCR fully demonstrated the international cooperative spirit in the interventional cardiology field.

Since the joining-in of TCT@CIT from 2005, CIT has made its determination to step down the road of international cooperation (the chart below).

Year	Sponsors and Co-Sponsors
CIT2003-CIT2004	Chinese Medical Association Chinese Society of Cardiology
CIT2005	Chinese Medical Association Chinese Society of Cardiology Cardiovascular Research Foundation / TCT
CIT2006-CIT2007	Chinese Medical Association Chinese Society of Cardiology Cardiovascular Research Foundation / TCT EuroPCR
CIT2008	Chinese Medical Association Chinese Society of Cardiology Cardiovascular Research Foundation / TCT EuroPCR CCT SOLACI

The internationalization of CIT demonstrates the latest information of the development in interventional cardiology around the world, which makes it possible that local participants could quickly obtain the first-hand information. Meanwhile, CIT also offered such a chance for local delegates to have face-to-face interaction and academic exchange with overseas well-known professors and experts, which we believe will definitely enrich their knowledge and be applied in their daily operation that is of great importance to increase the standard of treating interventional cardiology diseases in general.

Finally, the participation of industrial partners

We consider a well-planned scientific program and a sufficient industrial sponsorship two key factors to the success of each CIT Congress. For the past 5 years, we have also witnessed a constant increase in industrial support both in number of exhibitors and financial commitments to CIT.



Every year, CIT LOC, Scientific Committee, and CIT Board of Directors present new highlights to all the attendee. The upcoming CIT2008, which is to be held from March 19-23 at Beijing International Convention Center will bring us more than 17 scientific highlights including Live case – following specialists to learn techniques, First report of prospective clinical study, Breakfast meetings, etc, which, we believe, will make CIT2008 another great event in the field of interventional cardiology to be looked forward to within China, and Asia-Pacific region.

The Future of Interventional Cardiology

Interviewed with Course Director GAO Run-lin

The Future of Interventional Cardiology

In the past 30 years, interventional cardiology got ripid development.

Drug-eluting stent (DES) is a breakthrough in the development of percutaneous coronary intervention (PCI) because DES significantly reduced the rates of restenosis and revascularization.

First, following the era of percutaneous transluminal coronary angioplasty (PTCA) and bare metal stent, DES is the third milestone in the development of

interventional treatment for coronary heart disease (CHD). Although DES is efficient in reducing restenosis, the increasing rate of late stent thrombosis remains limitation for DES. DES slightly but statistically significantly increased rates of late stent thrombosis by 0.4%-0.6%. Therefore, to decrease

the incidence of late stent thrombosis is the future direction for studies of DES in the treatment of CHD. On one hand, we need to improve PCI techniques; On the other hand, we need to improve the production technology of DES and to develop new DES. For the latter one, it could come to be true by changing drugs imbedded in polymer or altering polymer such as biodegradable polymer, even without using polymer. Total degradable DES may be the development direction of DES.

Second, it couldn't be denied that PCI has become an effective treatment for CHD. However, both coronary artery bypass graft and medication have their own advantages. How can we combine the three strategies



efficiently for the treatment of CHD? It may be a new trend in the treatment of CHD. For example, It is infeasible for treating a CTO of left anterior descending artery disease by interventional strategy, we could combine small-incision CABG for LAD lesion and PCI for other vessels lesions (called "onestop hybrid procedures"), which could get better clinical outcomes. At present, some international hospitals including Fu Wai Hospital have begun to apply this method, and it may become a practical

strategy for some special patients.

Third, for some patients with late stage of CHD, either CABG or PCI may not be suitable for these patients. But the symptoms of patients are serious and could not be alleviated by medication. Under such

circumstance, two alternative strategies including angiogenesis and stem cell transplantation may play an important role, which are hotspots of scientific research.

The results of vascular endothelial growth factor or vascular endothelial growth factor gene are not satisfactory in enhancing angiogenesis for ischemic myocardium. The preliminary results of stem cell transplantation showed the improvement of LV function, however, there are still many problems to be solved.

Fourth, the identification and screening of vulnerable plaque: Acute coronary syndrome and myocardial infarction are the main cause of death for CHD.

The issue of preventing myocardial infarction is very important in practice. Vulnerable plaque is the local manifestations of atherosclerosis which is a diffuse and systemic disease. Early identification and intervention on vulnerable plaque have important meaning for the prevention of acute cardiovascular events. How to screen vulnerable plaque? Many methods were employed for detecting vulnerable plaque, including coronary angiography (CAG), intravascular ultrasound (IVUS), optical coherence tomography (OCT), mult-detector computed tomography (MDCT), magnetic resonance imaging (MRI), thermography and Raman spectroscopy, etc. This field is an important area of study. If we could identify vulnerable plaque with specified treatment by comprehensive methods we may provide substantial improvement on prognosis of CHD.

Of course, interventional therapy includes not only PCI but also interventional therapy of peripheral vascular disease that has made great progress, for example, carotid artery stenting, grafted stent for abdominal aortic aneurysms and, stenting for aortic dissecting aneurysm, etc. More and more interventional therapy appeared in these fields. Interventional treatment will take the place of surgery in some patients.

Clinical application of transcatheter occlusion is feasible in the treatment of congenital heart disease, including comparatively small atrial septal defect, ventricular septal defect and patent ductus arteriosus. The development of interventional technique could expand the indication in practice; Percutaneous valvular transplantation may become an alternative strategy for valvular heart disease, such as aortic valve disease. Certainly, some problems are inevitable which need to be improved, however, it is the trend for the future.

All in all, an extensive use of interventional treatment in CHD has a bright future. Generally speaking, the operations are tending toward minimal invasive. For tailor-made strategy in the treatment of CHD patients, we need a skillful combination of medication, surgery

and PCI.

Development of CIT

The first CIT congress was hold in 2003, while there were only 1,000 audience, including 50 foreign guests who were our invited experts .The academic program included invited lecture, live case session, case reviews and other sessions. The live case demonstration was mainly in Fu wai hospital and several domestic hospitals.

With the enlargement of CIT, the content of scientific communications is increasing rapidly; 2500 representatives had registered at CIT2007. More than 300 foreign colleagues registered to be participants except 100 foreign experts invited to be the faculty of CIT congress. More and more hospitals were involved into live case demonstration in 2007 four hospitals from abroad and seven from domestic hospitals were included. The demonstration covered CHD, cardic electrophysiology, valvulor intervention and peripheral artery intervention, etc. CIT has come into the range of large international conference in the world.

We estimate it will be up to more than 3,000 representatives this year, including nearly 600 come from abroad, out of which 400 persons have been registered. The scientific communications cover all aspects of interventional cardiology. In addition, we especially emphasized on the medication treatment and prevention of cardiovascular disease.

The hospitals from China, United States, the Netherland, Janpan and, Singapore will take part in live demonstration at CIT2008. In general, CIT is getting more stronger, extensive and specific than before. However, great efforts should be made in the future.

More Education, More Knowledge of IVUS Needed in China

Interviewed with TCT Course Co-Director Dr. Gary S. Mintz from **Cardiovascular Research Foundation** By Dr. LIU Jian

Dr. LIU Jian : From the CIT2008 final programme, I know that you will give an lecture the title is "Why IVUS underutilized clinically and why should it be used more often? ". And what you will talk about it? Dr. Gary S. Mintz: This lecture is going to be a part of satellite symposium. We used IVUS a lot and we learned a lot from IVUS. Quite frankly, we can learn something almost every case. People who have



IVUS does not improve patients outcomes. But I think if you look at the total data in the bare metal stent era, it clearly improved the patient's outcomes. We now also have two studies, that

Dr. Gary S. Mintz and Dr. LIU Jian

in last 6 months or so, showing that IVUS improves the patient's outcome even the patient treated with drug-eluting stents. There are many ways in which IVUS will help. It will help you assessing the lesion preintervention to determine how server it is, if the intervention is necessary. Most importantly, in the drug-eluting stent era, it is for sure the stent should be properly implanted. That is fully expanded. Secondly, the stenosis at the proximal to the distal edge should be properly covered. These are the two things we believe in will mostly impact the patient's outcome.

Dr.LIU Jian: In China now, the usage of IVUS is

very low. What kind of suggestion you will give us to improve this situation?

Dr. Gary S. Mintz: There 're several reasons for low usage of IVUS. And China is not unique. Let me just give you some background. In Japan, the usage of IVUS is about 70% of all the cases, Korea is about 30%, US is 15% and is growing. There are several reasons why IVUS usage is low, the first reason is the knowledge of education. If the people do not understand the value of IVUS and how to use the information, it is difficult for them to use. The second reason which is very common and vary among countries, is the cost issue. If IVUS is expensive relative to intervention equipments. It is obviously not to be used this much. Third, I believe that the equipment is not so friendly to use now. So I think combine all these things, better education, better knowledge of IVUS. Tells you , that the better knowledge of how to use these information of IVUS, working with some of the more endorsement and reducing the cost of the procedure, and getting equipment in the laboratory that is easy to use. I believe these would be a part of solutions. We Cardiovascular Research Foundation(CRF) are working with IVUS manufactures to improve the education of Chinese physicians. We have an programme which we plan to invite more Chinese physicians come to US to learn IVUS. We will try to turn them into an IVUS experts after 1 year of training. Hopefully that when they go back to China, they will become thought leaders and experts in using of IVUS and to improve interventional procedures in China.

Two Latest Original Research from China

Atorvastatin Improves Microenvironments to Facilitate the Survivals and Activities of Implanted Mesenchymal Stem Cells in Post-infarct Swine Hearts

Yue-Jin Yang^{1*}, Hai-Yan Qian1, Ji Huang², Yong-Jian Geng³, Run-Lin Gao¹, Ke-Fei Dou¹, Guo-Sheng Yang¹, Jian-Jun Li¹, Rui Shen⁴, Zuo-Xiang He⁴, Min-Jie Lu⁵, Shi-Hua Zhao⁵

From the¹Department of Cardiology, ⁴Department of Nuclear Medicine, ⁵Department of Radiology, Fu Wai Hospital, Peking Union Medical College and Chinese Academy of Medical Sciences, Beijing, P.R. China; ² Emergency Center of Heart, Lung and Blood Vessel Diseases, Beijing Anzhen Hospital, Beijing 100029, P.R.China. ³Department of Internal Medicine, The University of Texas, Health Science Center at Houston, Medical School, Texas Heart Institute, Houston, Texas, USA.

Key words: Mesenchymal stem cells; Acute myocardial infarction; Transplantation; Atorvastatin

Aims: To investigate whether Atorvastatin treatment can improve cardiac microenvironments to facilitate the survival of implanted bone marrow-mesenchymal stem cells (MSCs).

Background: Recently, many experimental animal studies and clinical trials have shown the potential of stem cells for regenerating and repairing the myocardium and blood vessels with ischemic injury, and for improving post-infarct perfusion and function of the damaged cardiac tissue. A major challenge to the success of MSC therapy is that the low rates of survival and differentiation of implanted MSCs in the damaged tissue. Statins are one of the most prescribed drugs with multiple biological activities independent of cholesterol-lowering action.

Methods and Results: Twenty eight Chinese swine were divided into four groups (n=7 per group), including group control, group 2 (Atorvastatin alone), group 3 (MSCs transplantation alone) and group 4 (Atorvastatin + MSCs, n=7). Then autologous bone marrow MSCs (3×10^7 cells / animal) were directly injected into post-infarct myocardium immediately after acute myocardial infarction (AMI). Cardiac function and perfusion were detected at 1 week and 6 weeks after transplantation by single photon emission computed tomography (SPECT) and magnetic resonance imaging (MRI). Six weeks later, there were less fibrosis and inflammatory cell infiltration in group Atorvastatin + MSCs compared with control group. In group Atorvastatin + MSCs, the potential of survival and differentiation of implanted MSCs was significantly more than that in group MSCs alone (P<0.0001). MRI showed that regional wall thickening and global left ventricular ejection fraction increased, while infracted size decreased in group Atorvastatin + MSCs compared with control group (P<0.05). SPECT showed that the area of perfusion defect significantly decreased in group Atorvastatin alone and Atorvastatin + MSCs. Furthermore, Western blot showed the expression of inflammatory factors within the infarcted region decreased in group Atorvastatin alone and Atorvastatin + MSCs.

Conclusion: For the first time, this study has documented experimental evidence showing that a combination of

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pharmaceutic intervention with statin and stem cell transplantation may have a synergism in regeneration and repair of normal myocardial function and morphology post infarction. Ator treatment could effectively enhance survival of implanted MSCs in the infarcted tissue, accompanied by functional benefits resulting from cell transplantation. The data from the present study also provide a potentially new method for application of stem cell transplantation in AMI patients who are the candidates for emergent coronary intervention.

Intracoronary Bone Marrow Stem Cells Transplantation in Acute Myocardial Infarction Patients

HUANG Rong-chong. The department of Cardiology of Zhongshan Hospital, Fudan University

Post-infarction heart failure still remains a leading risk factor for cardiac morbidity and mortality. During recent years, treatment with autologous stem cells from bone marrow has been suggested to reduce myocardial damage in patients with acute myocardial infarction (AMI). However, it is still unknown when is the optimal timing of stem cell transfer. In our previous randomized, double-blinded, controlled pilot study, it was suggested that it might be safe and feasible to perform bone marrow stem cell (BMCs) transplantation during the first 24 hours after primary percutaneous coronary intervention (PCI)for AMI patients. Thus, in this prospective, randomized, controlled study, we evaluate the safety and efficacy of BMCs treatment in AMI patients in a larger cohort. A total of 271 patients with a first ST-segment-elevation myocardial infarction who had undergone stenting of the infarct-related artery were randomly assigned to receive either unselected BMCs (n=137) transplant or saline (n=134) within 3 hours after successful primary PCI to the distal vessel of the infarct-related artery. All patients were followed up within 12 months. Intracoronary BMCs application did not incur cardiovascular events, including ventricular arrhythmias or syncope, occurred during 12-month follow-up. By quantitative LV angiography at six months, LV ejection fraction (LVEF) significantly increased (p<0.001) and the change of LVEF significantly higher than that in the control group (p<0.001). Contrast-enhanced magnetic resonance imaging after one year revealed an increased EF (7.7%±6.9%), reduced infarct size (-7.0%±7.5%). The data from SPECT showed significant improvement in myocardial perfusion from the baseline to 12-month follow-up (p<0.001). In conclusion, in patients with AMI, intracoronary infusion of BMCs within 3 hours after primary PCI is effective and safe in long-term follow-up.

An Introduction of Multi-Center Registry of EXCEL BiodegrAdable Polymer Drug EluTing StEnt (CREATE)

HAN Ya-ling . Department of Cardiology, Cardiovascular Institute, General Hospital of Shenyang Military command

As a milestone of interventional cardiology, drug eluting stents (DES) have been demonstrated effectively in reducing coronary artery in-stent restenosis (ISR). However, an increased risk of late and very late stent thrombosis after DES implantation remains controversy. According to previous studies, the residual of durable drug carriers on DES surface was considered as a major reason of delayed focal endotheliazation and thrombogenic response. The EXCELTM sirolimus-eluting stent (JW^{MS}, China), coated with a novel biodegradable polylactic acid (PLA) polymer as drug carrier, is thereby considered more biocompatible and safer than the first generation DES. We conducted the first large scale, multi-center prospective clinical registry (Multi-Center Registry of EXCEL BiodegrAdable Polymer Drug EluTing StEnt CREATE) after the EXCEL stent became available in China, to assess the efficacy of this new DES in reducing both major adverse cardial events (MACE) and ISR in "real world" PCI practice, as well as the safty of 6-month dual antiplatelet therapy after EXCEL stent implantation.

A total of 58 centers from 4 countries (China, Indonesia, Thailand and Malaysia) have participated in CREATE. The primary investigation center is department of cardiology, Shenyang general hospital of PLA. To be included in the study, patients must have exhibited clinical symptoms and signs of myocardial ischemia and exclusively treated with EXCEL stents. Patients with hybrid stenting of other kinds of DES, contraindications for dual antiplatelet therapy, heart function worse than NYHA class 3 or who had a planned upcoming non-cardiac surgery were excluded. Informed consent was obtained from each patient. The primary outcome was MACE at 12 months, defined as the composite of cardial death, non-fatal myocardial infarction and target lesion revascularization. The secondary outcome included (1)MACE at 30 days and 6 months; (2)Angiographic binary restenosis and in-stent late lumen loss at 6~12 months; ③Cumulative thrombosis events during 12 months after index procedure. Post procedural aspirin was continued indefinitely and clopidogrel was maintained for 6 months. Quantitative coronary angiography (QCA) were performed at an independent core laboratory (Catheterization Lab, Cardiovascular Institute and Fu Wai Hospital, Beijing, China). At least 15% of data were monitored and all events were adjudicated by an independent Clinical Event Committee.

Between Jun. 6, 2006 and Nov. 30, 2006, a total of 2077 patients were enrolled in CREATE study. 12-month clinical follow-up and 6~12-month angiographic follow-up had completed on Dec. 2007. The final 12-month outcomes of CREATE, which will be released at CIT2008 and ACC2008, would provide the latest evidences for such scientific hypothesis——"the Chinese domestic biodegradable polymer coating DES might achieve the double optimization of reducing the incidences of both ISR and late in-stent thrombosis".

FIREMAN Trial

LI Yan, WANG Haichang, The department of Cardiology of Xijing Hospital

With the publication of many kinds of large-scale clinical trials which involved all kinds of patients and all types of lesions, the first generation drug-eluting stent, among which sirolimus-eluting and paclitaxeleluting stents are the representatives, has showed good efficacy in reducing restenosis and other adverse clinical events. Therefore the application of the first generation DES has greatly expanded toward offlabel use, such as multi-vessel lesions, CTO lesions, unprotected left main lesions and small vessel lesions and so on. Whether DES also has good performance in complex coronary lesions, what are the long-term clinical and angiographic results, what is difference between different DES in different complex lesions, are to be answered. Therefore more and more largescale clinical results in this field are expected.

Based on the above background, A Prospective, Single-arm, Multi-center Evaluation of Long Term Clinical and Angiographic Outcomes of FIREbirdTM Sirolimus-Eluting Stent In CoMplex CoronAry LesioNs, that is FIREMAN study has been conducted. The primary investigator is professor Haichang Wang of Department of Cardiology of Xijing Hospital, Fourth Military Medical University. 1078 patients were enrolled between September 2006 and July 2007 in 45 clinical centers in China. 1029 study patients with complex coronary lesions(by protocol definition) implanted FIREBIRD stents only were given clinical follow-up at 30 days, 180 days and 1 year, and angiographic follow-up was at 8 months. The primary endpoint is MACE at 12 months. The secondary endpoints include angiographic binary restenosis, late loss, TVR, stent thrombosis and cerebrovascular events. The study invited several famous interventional experts---Professor Junbo Ge, Weiyi Fang, Shubin Qiao, Weimin Wang and Bo Xu to compose executive committee. It is one trial that selectivly enrolled most extensive types of complex coronary lesions in China and has independent angiographic core laboratory, statistics and CRO. The primary 30-day results showed that Firebird has good performance in complex coronary lesions. Total MACE at 30 days is 1.07%, total stent thrombosis (by ARC definition) is 0.68%. And FIREMAN study will first report its 6 month results at 2008 CIT as latebreaking clinical study. We hope it bring us exciting results. We expect that FIREMAN study would push more and more large multicenter clinical trials in China and Asian, establish profound interventional databases and promote the development of interventional therapy and evidence-based medicine.

Prospective Multicenter Randomized Trial Comparing Physician Versus Patient Transfer for Primary Percutaneous Coronary Intervention in Acute ST-segment Elevation Myocardial Infarction

ZHANG Qi, ZHANG Rui-yan, QIU Jian-ping, ZHANG Jun-feng, WANG Xiao-long, JIANG Li, LIAO Min-lei, ZHANG Jian-sheng, HU Jian, YANG Zheng-kun and SHEN Wei-feng

Key words: acute myocardial infarction; percutaneous coronary intervention; transfer; major adverse cardiac event; door-to-balloon time

Background Primary percutaneous coronary intervention (PCI) has been identified as the first

therapeutic option for patients with acute ST-segment elevation myocardial infarction (STEMI). The strategy

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of transferring patient to a PCI center was recently recommended for those with acute STEMI who were present to PCI incapable hospitals, which are lack of facilities or experienced operators. In China, some local hospitals have been equipped with PCI facilities, but they have no interventional physicians qualified for performing primary PCI. This study was conducted to assess the feasibility, safety and efficacy of the strategy of transferring physician to a PCIequipped hospital to perform primary PCI for patients with acute STEMI. **Methods** Three hundred and thirty-four consecutive STEMI patients with symptom presentation ≤ 12 hours in five local hospitals from November 2005 to November 2007 were randomized to receive primary PCI by either physician transfer (physician transfer group, n=165) or patient transfer (patient transfer group, n=169) strategy. Door-to-balloon time, inhospital and 30-day major adverse cardiac events (MACE, including death, non-fatal re-infarction, and target vessel revascularization) were compared between the two groups.



Gary S. Mintz, MD

Dr.Mintz: I don't think it is any secrete I have watched CIT grow and I have watched the educational programme improve. I think it is in the same power to any similar meeting and in any other place of the world. And this happens very quickly. I think the efficaciess of the meeting and the organization commitment is outstanding. I expect it can continue to the future.

Greetings from Overseas

Dr.Saito: I am very honored and glad to write this greeting message to CIT 2008 from Kamakura, Japan in the year of Beijing Olympic Games. I have almost 20 years' personal history of communication with China. When I first visited China, everything in Beijing was so different from now that no body could imagine the differences. China has achieved great advancement in all aspects. As one of the closest friends to China, I would really admire the nation as well as people in China. I believe that CIT 2008 will go further and become bigger and bigger every year. I also believe that CIT 2008 will continue to contribute a lot to the development of Interventional Cardiology as well as the friendship between people across racial, regional or religious differences. Congratulation!



Shigeru Saito, MD

11

Live Case Sites

The Introduction of Live Case Sites in China

Beijing An Zhen Hospital:

Cardiology is among the national key disciplines and the specialty departments in Beijing An Zhen Hospital, which has developed into an academic specialty integrated with medical care, scientific



Beijing An Zhen Hospital research, teaching, training and counseling.

Human Resource

Cardiology Dept. opens 146 beds, 4 wards and 1 CCU. It has 141 staffs, including 67 physicians and 61 nurses.

Features

Cardiology Dept. covers five components: coronary heart disease and interventional therapy, interventional therapy of EPS and arrhythmia, of rheumatic and congenital heart disease, clinical findings and research on arteriosclerosis and related diseases and clinical pathology of cardiovascular diseases. In 2007, over 10646 coronary angiographic cases were completed, more than 4751 coronary stenting, nearly 1091 radiofrequency ablation cases such as atrial ablation, almost 550 permanent pacemaking, and more than 397 rheumatic and congenital heart disease operations were carried out. Anzhen is taking the lead in terms of operation cases among all hospitals in China. New programs over recent years include: intracoronary ultrasound, percutaneous transluminal septal myocardial ablation (PTSMA)(21 in 2007), percutaneous transluminal ventricular septal defect repair(39

in 2007), radiofrequency ablation for atrial fibrillation(more than 600 in 2007), ventricular arrhythmia, ICD(19 in 2007), CRT and CRTD for heart failure patients.

Fu Wai Hospital:

The Cardiovascular Interventional Center in Fuwai Hospital is profound of cardiovascular angiography and interventional therapy. The center has come into the range of large international centers both in the number of cases and their effectiveness as the mortality and morbidity rate. Hospitalization rate is

significantly lower than that of international standards. The center has conducted many national scientific research programs in the last 20 years. The center pays more attention to international communications, and has organized many international conferences on interventional treatment

which attracted many famous experts on interventional treatment from home and abroad. Demonstration of live case have been transmitted to interventional theraputics



Fu Wai Hospital

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conferences in Singapore, Europe, America, Japan and Korea.

Guangdong Cardiovascular Institute :

Guangdong Cardiovascular Institute is one of our



Guangdong Cardiovascular Institute

national famous centers for cardiovascular diseases. With large numbers of first-class cardiovascular experts and up-to-date equipment, Guangdong Cardiovascular Institute provides diagnosis and treatment for coronary heart disease, hypertension, arrhythmia, rheumatic heart disease, congenital heart disease, myocardiopathy and many other cardiovascular diseases. Also in the field of diagnosis and treatment for blood-vessel diseases, cardiac rehabilitation, disease prevention and health protection, etc.

In 1998, Guangdong Cardiovascular Institute successfully took the lead in undergoing heart transplantation of South China. In addition, it has set up 21 departments, such as special outpatient and inpatient departments, cardiovascular surgery department , department of cardiology, pediatric cardiac department, the department for cardiac rehabilitation, key provincial-level laboratories, etc. Meanwhile, Guangdong Cardiovascular Institute is a research and training center for cardiovascular prevention and treatment of WHO in China. It is the only one PHD authorization center among all provincial scientific research institutions. Each year it takes about 50 national key scientific and technological projects or provincial research projects. Up to now, 96 results have received prizes from the state.

Ruijin Hospital, Shanghai Jiaotong University School of Medicine:

The department of cardiology, Ruijin Hospital, Shanghai Jiaotong University School of Medicine, was established in 1954, and has been nominated to be the key cardiology unit by Shanghai Municipal Education Committee since 1990. The department has 22 professors or associate professors, 11 of whom are supervivors for Master or PhD degree candidates. The department is comprised of six sections, including clinical wards (90 beds) and cardiac care unit (10 beds), catheterization laboratories for cardiovascular intervention and electrophysiological and pacing studies, echocardiography, non-invasive electrocardiographic examination, and cardiovascular biochemical and molecular biology. The department was nominated to be the key cardiology unit by Chinese Ministry of Education in 2007, and it is also the major center of pharmacological testing designated by Chinese Ministry of Public Health. The institute of Cardiovascular Disease, Shanghai Jiaotong University School of Medicine and Center of Quality



Ruijin Hospital

CIT2008

Control for Cardiac Intervention Shanghai, are located in Ruijin Hospital, and the department is also the center for training specialists of electrophysiology and pacemaker implantation. The annual number of coronary angiography and PCI was 3500 and 1000, respectively. Catheter therapy for congenital heart disease, resynchronization therapy for congestive heart failure, and radiofrequency ablation for AF have also been performed as routine.



Shenyang Northern Hospital Shenyang Northern Hospital:

The Cardiology Department of Shenyang Northern Hospital, China has experienced medical experts and professional staff as well as advanced medical equipments. In 2007, approximately 2400 PCI procedures were performed. In addition, other cardiovascular interventions such as 600 cases of radiofrequency catheter ablation of tachyarrhythmia and 200 cases of permanent pacemaker

including ICD implantations were carried out. It is the largest Interventional Cardiovascular Center in northeast China that had successfully fulfilled the PCI Live Demo Case transmission on CIT and CCT from the year 2005 to 2007.

Xijing Hospital:

Cardiovascular department of Xijing Hospital is a key discipline of the army, intervention therapy training center of international treatment of coronary artery disease, the branch of the emergency medical centre of Asia, Assigned Institution of International Emergency Assistance, conferrer subject of PHD and postdoc station. Now there are one tutor for doctor degree, 3 tutors for graduate, 4 professors and chief physicians. Fourteen doctors have experience of overseas study,

and 28 of them are PHD. The clinic feature of intervention therapy of cardiovascular disease of our department has been formed since the first percutaneous translumind coronary angioplasty (PTCA) was carried out successfully in 1985. We carry out the following items now: percutaneous coronary interventions (PCI) and peripheral artery intervention, pace and cardiac electrophysiology, congenital heart disease intervention and valvular disease intervention. We have three common units and one ICU/CCU. There are 150 beds in those common units and 18 ICU/CCU beds. Five catheter labs are available. We have a greenpathway of treatment for patients with acute myocardial



Xijing Hospital

infarction and angina to ensure them to get the most effective treatment in the shortest time.

Zhongshan Hospital, Fudan University:

The department of Cardiology of Zhongshan Hospital,

CCheart Review

Fudan University was founded in the year 1957. Now it is one of the most important medical centers of both clinical and scientific research in China.

The department has a qualified faculty of over 60 cardiologists, including one academician of the Chinese Academy of Engineering, two lecture professors of the Cheungkong Scholars Program, 10 chief and 17 associate professors. The current director is Prof. Junbo Ge and the co-director is Prof. Juying Qian.In early 1988, the department was authorized the National Key Academic Disciplines. It is also the National Clinical



Zhongshan Hospital

Pharmacology Center of cardiovascular diseases, the key discipline of Shanghai Leading Medical Centers. It was appointed the Shanghai Clinical Medical Center of Cardiovascular Diseases in 2001. In 2007, it was successfully reelected as the National Key Academic Discipline and was appointed the Clinical Quality Control Centre of cardiovascular diseases of Shanghai.

CIT Young Investigator Award

Three Investigator will be presented " CIT Young Investigator Award " from the following nine nominees.

CMJ-0011 Changes of Clinical Features of Aortic Dissection over Ten Years	XUE Ling
CMJ-0019 Is Adjunctive Balloon Postdilatation Necessary with Drug-Eluting Stents? - One	e Center Experience in
Chinese Patients	GAO Zhan
CMJ-0020 Clinical Outcomes, Health-Related Quality of Life and Cost after Sirolimus-Elu	iting Versus Bare Metal
Stent Implantation	ZHAO Fu-hai
CMJ-0058 Neointimal Coverage of Sirolimus-Eluting Stents 6 Months and 12 Month	hs after Implantation:
Evaluation by Optical Coherence Tomography	YAO Zhu-hua
CMJ-0062 Relationship between t-PA and Coronary Vulnerable Plaque in Patients	with Acute Coronary
Syndrome Virtual Histology Study	WANG Hai-bin
CMJ-0065 Transplantation of Magnetically Labeled Mesenchymal Stem Cells Improves	Cardiac Function in a
Swine MI Model	QI Chun-mei
CMJ-0069 A Randomized Prospective Comparison of CartoMerge Versus CartoXP to 0	Guide Circumferential
Pulmonary Vein Isolation for the Treatment of Paroxysmal Atrial Fibrillation	TANG Kai
CMJ-0082 Cardialprotective Effects of Simvastatin on Reversing Electrical Remodeling I	Induced by Myocardial
Ischemia-Reperfusion in Normocholesterolemic Rabbits	DING Chao
CMJ-0107 Clinical and Coronary Artery Angiographic Characteristics of Premenopau	ısal Women Coronary
Artery Disease Patients	DOU Ke-fei

CIT Young Investigator Award Oral Presentation 2:00 PM-4:15 PM, March 20, 2008, Hall #307

TCT at CIT Part 1

8:00 AM-11:30AM, March 21, 2008, Hall #1

Live Case Session
8:00 AM NewYork Presbyterian Hospital/ Columbia University Medical Center, New York
9:00 AM Cardiovascular Institute and Fu Wai Hospital, Beijing
The Best of TCT07
10:00 AM PCI in the Modern Era: Indications and Accomplishments – a COURAGE Rebuttal!
Gregg W. Stone
10:15 AM PCI in the Future: Ten Top"Crystal Ball" Predictions
Martin B. Leon
10:30 AM Synthesis of TCT07:Perspectives on the Most Impactful Late-breaking Clinical Trials
Roxana Mehran
10:45 AM A Critical Appraisal of "Next" Generation DES: Will They Be Safer and As Effective?
Ian T. Meredith
11:00 AM Lessons from the CTO Summit 2008 : The Columbia Experience
Martin B. Leon

TCT at CIT Part 2

10:30 AM-12:30AM, March 22, 2008, Hall #2

Transcatheter Aortic Valve Replacement (AVR)

10:30 AM Critical Appraisal: A Global Update of Transcatheter AVR Clinical Outcomes

Eberhard Grube

10:45 AM Controversy: Transcatheter AVR Will Replace Surgery in the Future!

Martin B. Leon

Vulnerable Plaque Identification and Treatment

11:00 AM Critical Appraisal: New Invasive Imaging Techniques to Identify Vulnerable Plaque Lesions

Gary S. Mintz

11:15 AM Controversy: Vulnerable Plaque Identification Is Problematic but Transcatheter Treatment Is Realistic! *Gregg W. Stone*

PCI of Bifurcations Revisited Debate:

11:30 AM Provisional Stenting Is the Overwhelming Favorite!

Roxana Mehran

11:42 AM Dedicated Bifurcation Stents and Two Stent Approaches Will Predominate in the Future!

Martin B. Leon

What's New! Brief Reports from the First-in-Man Capitals of the World

12:00 PM Sao Paulo, Brazil – Dante Pazanese

12:15 PM Siegburg, Germany –Helios Heart Center

CCheart Review

EuroPCR at CIT

3:00 PM-6:00 PM, March 21, 2008, Hall #1

3:00 PM Percutaneous Valve Therapy: State of the Art *flec Vahanian*

3:20 PM Live Case 1 From Rotterdam: Percutaneous Aortic Valve Replacement
Patrick W. Serruys and Colleagues
4:05 PM DES Practice: A Global or Selective Use?
Bernard R. Chevalier
4:25 PM Update of Left Main Stenting
Jean Fajadet 4:45 PM Live Case 2 From Rotterdam: Magnetic Navigation Assisted PCI
Patrick W. Serruys and Colleagues
5:35 PM Highlights of Interventional Cardiology at the Last ESC Congress
Eric Eeckhout
5:55 PM Take Home Message

CCT at CIT

8:30 AM-10:30 AM, March 22, 2008, Hall #2

Basics for CTO Angioplasty

8:30 AM Device Selection: Set Up for Catheter Laboratory; Selection of Guiding Catheters; Drilling and Penetrating Techniques; How to Use Conquest-Pro Guidewire?

tlideo Tamai

9:00 AM Basic Wiring Techniques: How to Bend the Guidewire? Double Guidewire Technique; Side Branch Technique; Role of Hydrophilic Guidewire; Tornus, Anchor, etc.

Etsuo Tsuchikane

Advanced Technique

9:30 AM Retrograde Approach: Background; Selection of Retrograde Route; Device Selection; CART Technique

Osamu Katoh

10:00 AM Complications and Its Managements: What Complications Happen? How to Manage the Complications? How to Prevent the Complications? *Takahiko Suzuki*

SOLACI at CIT

8:30 AM-10:30 AM, March 22, 2008, Hall #3

8:30 AM DES Penetration and Preliminary Results of a New Generation DES Approved in Latin America *Alexandre Abizaid*8:50 AM How to Treat Late Stent Thrombosis? Case Presentation and Discussion *Liliana P. Grinfeld*9:10 AM Unusual Treatment of Late DES Thrombosis: Case Presentation and Discussion *Fabio S. Brito* 9:25 AM Diabetes, Multivessel Disease and Stent Thrombosis *filejandro Fajuri*9:40 AM Discussion: How to Prevent SAT? *fll Speakers*

Session Introduction

Peripheral and Endovascular Therapy

ZHANG Rui-yan.Department of Cardiology, Shanghai Jiao Tong University, School of Medicine, Rui Jin Hospital

Atherosclerosis is a systematic disease involving large arteries in the body. Angioplasty, firstly used in the management of peripheral artery narrowing, has now been widely applied in global atherosclerotic disease with the development in techniques and devices. In China, currently, many interventional cardiologists, who perform coronary interventions, are also interested in trans-catheter therapy for peripheral artery disease. However, it should be noticed that, compared with coronary angioplasty, the indication and technical skill are different. Furthermore, the number of peripheral procedures is still small, indicating that a learning curve is required for many operators. From the very beginning, China Interventional Therapeutics (CIT) has paid great attention to peripheral artery intervention, and organizes several training and continuous educational courses for the participants.

session will be held on March 21 with lectures and live demonstration. Many well-known experts around the world will be invited to address series of topics on the latest advances in trans-catheter peripheral therapy for carotid, renal artery, and limb artery disease. Meanwhile, advances in endovascular management for thoracic and abdominal aneurysm will also be discussed.

The style of peripheral session this year is improved, particularly by including debate on indication selection for carotid and renovascular intervention and Live demonstration of carotid stenting and angioplasty for under-the-knee artery narrowing transmitted from Fuwai Hospital during the session. We believe that peripheral and endovascular therapy session in CIT 2008 will provide the most update academic knowledge and will be useful for all participants in their daily practice.

This year, CIT peripheral and endovascular therapy

Didactic Session 1	Didactic Session 2
2:00 PM Treatment Options for Multilevel Obstructive	3:30 PM Endovascular Therapy in Thoracic Aortic
Disease	Aneurysms: State of the Art
Giancarlo Biamino	Zaiping Jing
2:20 PM Endovascular Recanalization of Carotid	3:45 PM Endovascular Therapy in Abdominal Aortic
Occlusion	Aneurysms: State of the Art
Paul Hsien-Li Kao	Weiguo fu
2:35 PM Percutaneous Intervention for CTO of Renal	4:00 PM Cardiologist Should Pay Attention to
Arteries	Peripheral Artery Disease
fitul D. fibhyankar	Tianlun Yang
2:50 PM How to Do PTA of Aorto-Iliac Occlusive	Debate 1
Disease?	Indication for Renal Artery Intervention
Rosli Mohd Ali	Debate 2
3:05 PM Endovascular and Surgical Approaches in	Indication for Carotid Artery Intervention
Critical Limb IschemiaHaizal Haron Kamar	
18	

March 21, 2008, Hall #2

Interventional Pharmacology

LI Jian-jun.Department of Cardiology, Fuwai Hospital

Current therapeutics of coronary artery disease consists of risk factor control, pharmacological therapy, and revascularization. Interventional pharmacological strategies have provided the effective therapy for a huge number of patients with coronary artery disease, and it will play a more important role in current therapeutics of coronary artery disease. In fact, it has been demonstrated that pharmacological therapy influences not only the short-term efficacy of percutaneous transluminal intervention (PCI) for patients with coronary artery disease, but also the major adverse cardiac events (MACE) of PCI. The COURAGE may commonly be such an example. Based on this background, we launch a new section in CIT2008, called as Interventional Pharmacology, aim to provide a conventional course in which interventional-relative pharmacological information will be focused. This section will be also in consistent with the concept of Translation Medicine. The topics of this section, CIT-2008, will pay attention to the role of pharmacological therapy in PCI-relative status, and cover the restenosis, vascular biology, plaque rupture, anti-thrombotic as well as anti-platelet therapy, and statin applications. We very much look forward to your participation in this special section.

March 22, 2008, Hall #305

Interventional Pharmacology and Cardiovascular Prevention - Part 1

Section1: Fundamental Knowledge and Clinical Relatives

8:30 AM Arteriosclerosis and Restenosis: Strategies of Drug Prevention and Therapy

8:50AM Vascular Biology Following PCI: Pathophysiology and Drug Intervention

9:10 AM Unstable Plaque and Plaque Stabilization: Role of Drug Therapy

9:30 AM Application of Antithrombin Agents Following PCI

Section 2: Cardiovascular Comprehensive Risk Factor Interventions

10:30 AM Bridging the Gap on CHD Secondary Prevention: The Latest Results of BRIG Research

11:00 AM BP Lowering Strategy for CHD Patient: 2007ACC/AHA Statement for the Treatment of Hypertension in the Prevention and Management of Ischemic Heart Disease **11:30 AM** Lipid-Lowering Strategies in High Risk Patients: What Was Known, What Is New and What Is Next?

12:00 PM The Crucial Role of Evidence-Based Studies in the Prevention and Treatment of Cardiovascular diseases

Interventional Pharmacology and Cardiovascular Prevention - Hot Lunch, Hot Debate

12:45 PM Introduction and Objective Topic: Revascularization or Medication, Which One We Should Choose for CHD Therapy?

Interventional Pharmacology and Cardiovascular Prevention - Part 2

2:05 PM From Intervention to Prevention2:35 PM Antithrombotic Therapy in PCI Patients3:05 PM PCI and Drug Therapy Strategy in Diabetic Patients

Case Review

WANG Wei-min.Department of Cardiology, People's Hospital of Peking University

The criterion of selecting cases in CIT is very strict. Generally, there are two principles to comply with: Typical cases: including standard operating ,selecting of the devices of intervention and special technique. The discuss about these cases is very helpful for the interventional physicians' clinical practice. For example, for the bifurcation cases, we should pay attention to how to select strategy according to the lesions' character; how to select appropriate devices and technique. For another example, for the left main lesions, we should grasp the indications strictly and operating normally. Further more, we should use IVUS to help us judging. For one more example, for CTO cases, we emphasize the selecting of wires and operating technique, such as the using of special wires, parallel wire technique and retrograde wire technique,

etc. In one word, these cases should be top-quality and high-level and similar to those of international conferences.

Disputing cases: the dispute about these cases includes indications' selection, devices' selection, standard operation and special technique. These cases are all complicated ones. Although it is successful, there are hidden-troubles. We hope to learn lessons and experiences from these cases, especially lessons. These cases can help us to be unanimous in the intervention of complicated cases. The purpose is to make the indications of intervention clear, standardize our operating, and make the development of intervention of coronary heart disease healthier.

Case Reviews

March 20, 2008, Hall #2AB

2:00 PM-4:00 PM Chronic Total Occlusion4:00 PM-6:00 PM Left Main and Bifurcation

March 21, 2008, Hall #2AB

2:00 PM-4:00 PM Western Meets Eastern4:00 PM-6:00 PM Clinical Follow-up of CIT 2007Live Cases: The Best or the Worst

March 22, 2008, Hall #201

8:30 AM-10:30 AM IVUS Case Review Session10:30 AM-12:30 PM Endovascular Case Reviews

March 23, 2008, Hall #2AB

8:30 AM-11:30 AM Specific Lesions and Patients8:30 AM-11:30 AM Complications

Coronary Case Reviews: Western Meets Eastern

GE Lei.Department of Cardiology, Zhongshan Hospital, Fudan University

"West see East", that's to say, we presented our cases to be discussed by the western cardiologists in the past; whereas, this time we start to discuss western cases from the view of Chinese experts. I believe it is really a good start. There are many differences between East and West, not only in the culture but also in the academic fields. Through this forum, we could eliminate, at least in partly, these differences and bridge the gap.

On the demand of the organizing committee, all the

domestic experts are younger with fluent English. We believe all the participants will learn a lot from this forum.

From my point of view, this forum is really a good beginning, and I wish more similar forums with more substantial contents will emerge in CIT in the future. CIT is now becoming an important international conference, it is hardly conceivable such an international conference without East and West Exchange.

Coronary Case Reviews: Western Meets Eastern

2:00 PM-4:00 PM, March 21, 2008, Hall #2AB	2:45 PM Emergency PTCA with Stenting of ULMCA
Moderator	Hitesh Shah
Shuyang Zhang	3:00 PM A Case of Multivessel Intervention in the
Lei Ge	Setting of Emergent PCI in the Patient with NSTEMI
Discussant	in Impending Cardiogenic Shock
Jingyu Hang	Jun-flee Lee
Jianping Li	3:15 PM A Case of Ipsilateral Retrograde Approach
Lang Li	Yoshimi Ota
Zhujun Shen	3:30 PM A Case of Chronic Total Occlusion Treated
2:00 PM Pan Vascular Intervention	with Newly Developed 0.010 Wire and Compatible
Rajesh Vijayvergiya	Balloon System under IVUS Guidance
2:15 PM Non-Conventional Extraction of a Massive	Norimasa Taniguchi
Intracoronary Thrombus	3:45 PM Coronary Perforation: Perfect Is the Enemy
Gustavo Samaja	of Good
2:30 PM Simultaneous Dual Coronary Arteries	Jack P. Chen
Subacute Stent Thrombosis (CS-0203)	
Jingvu Hang	

CIT2008 Factoid

Factoid Topics for CIT2008

Bifurcation Lesion and Percutaneous Aortic Valve Replacement.



GE Lei

This year, I am mainly in charge of the factoid of the session of bifurcation lesion and percutaneous aortic valve replacement.

Coronary artery bifurcation lesion remains a challenge for interventional cardiologists nowadays. The optimal

strategies for the treatment of coronary bifurcation lesion are still in the debate, although the stent is widely utilized in the practice, which is in a state of "a hundred schools of thought contend". There is no definite conclusion, which is a better strategy on the field of coronary bifurcation lesion.

Currently, from the aspects of economy and short- or mid-term efficacy, all strategies trend to be simplified. But we still need to consider clinical practice; some patients need 2 stents strategy. While how to select the optimal 2 stents strategies, there is no definite conclusion. Some doctors proposed to make the choice according to anatomic variants. In my opinion, it's really a good idea and I will add such contents into my factoid this year.

Lots of physicians take great interest in crush technique. But it is important to point out that lots of questions remain unsolved regarding the classical crush technique itself, either high rate of in-stent restenosis in the side branch or high incidence of stent thrombosis. Under the circumstance, the utilization of mini-crush technique continues to rise. Regarding the mini-crush technique, it should keep in mind that double kissing balloon technique is very important. I will add more relative contents into this section.

The issue of percutaneous aortic valve replacement has become a focus for many physicians. Although this technology hasn't been adopted yet in China, I think many doctors have begun to pay a close attention to it. At first, due to the lack or primitive of instruments, lots of complications occurred. I ever took part in the primary process of PAVR with Dr. Antonio Colombo. During that period, I always connected different catheters to one (for the pipe not long enough) for the procedure. At that time, the selected patients were high risk for the surgery with severe aortic valve calcified. The primary results of PVAR was not so good, the mortality as high as 25%. However, since 2005, due to the improvement of instruments and the increase of the operator's experience, the situation has been changed significantly. I do believe this technology will be certainly successful. In order to give all the participants a better understanding of PAVR procedure, I will put the process of PAVR in detailed.

Vulnerable Plaque

VP refers the vulnerable plaque and it is the first killer of ACS. It can be appeared in any age and results

in tragedy. So it is the hot point in the field of Cardiology.

Why is it so hot in Cardiology? Because there is no consensus regarding the clinical prediction of VP. The routine coronary



JIN Zening

CCheart Review

angiography is almost no use for VP. IVUS detection of VP is still limited. The Volcano Company develops a technology called Virtual Histology and it is till in validation.

Chinese scholar is using elastography to mimic the change of plaque in vivo through different stress and strain because our heart is beating and it want to show the physical response of plaque during the heart cycle.

Many peers are trying to delineate the characteristic of VP through the change of temperature. Since the inflammation is always existed in VP, the change of inflammatory cell is accompanied by temperature change.

Many different style scholar and ideas are undertaking. In the predicted 5-10 years, the VP will still be the hot topic in Cardiology.

Vein Graft and LIMA Graft

I believe, there will be a significant increase in PCI

of vein graft and lima graft in China in the future. In general, it's the same for PCI of native coronary artery and vein graft or lima graft diseased lesions. But it's characteristic for intervention of vein graft or lima graft in some areas.



LI Lang

First, there is quite high incidence of distal embolization complication rate during intervention of graft diseased lesions, about 20%~40% who would have poor longtime outcome once distal embolization complication occur.

Second, there is some argument on the longtime outcome of intervention in graft lesion. From the latest clinical trail results, the efficacy and safty of DES in graft diseased lesion was demonstrated. The longtime outcome of DES in graft lesion is significantly better compared to BMS and cover stent. Third, there is not doubt of the efficacy and safty of distal protection device in vein and lima graft even though it's been disputed in native coronary artery. That's why the distal prtocetion device must be deployed during the intervention of vein or lima graft disesed lesion according to the guideline of ACC/AHA based on the coronary intervention, which is Ia grade indication.

Fourth, it's difficult for graft diseased lesion intervention in some special situation such as the anastomotic diseased part of graft and native coronary artery. It's impossible for deploying distal protection device due to the lack of park area for the distal protection device. It's also need to improve the technique and device of distal protection idea in the future.

Finally, how to make revascularlization when it's very hard to do intervention for graft diseased lesions in some situation such as graft CTO and so on. It' s valuable and necessary to make discussion on the strategy of revascularization native coronary.

DES-Xience V and FIREBIRD

As working group member of CIT2008, I prepared two parts of factoid this time. One is Xience V, which is the newest drug-eluting stent designed by abbott vascular corporation; the other one is FIREBIRD, which is the first domestic designed drug-eluting stent.

Xience V is Everolimus-eluting stent and is called the second generation DES. The polymer and balloon design or stent design are all remarkably improved. And Xience V-SPIRIT serial studies which from SPIRIT I to SPIRIT V and the newest SPIRIT Women are being conducted. Up to now many exciting results have achieved. These results showed that Xience V showed its unique advantages in reducing late lumen loss and MACE rate, etc. compared with the first

CIT2008



generation DES.

The effects of Firebird stent has been gradually accepted in the field of coronary intervention along with its wide uses. However what we still care about

LI Yan is its performance in the off-label uses. What is the performance of the domestic FIREBIRD stent in more complex and high-risk patients? FIREBIRD stent also conducted many large-scale clinical trials, from the first registry study--Firebird In China (FIC) to Firebird 2 registry study, to FIREMAN study which is on-going now. Although these studies enrolled more and more complex lesions, Firebird stent showed quite well performance. The 6 month results of FIREMAN study will be first reported on 2008 CIT at latebreaking clinical study session. We expected that our domestic DES could conduct more and more largescale and well-designed clinical trials and get our results publication on the important international conferences.

Coronary Artery Disease – Diabetes

Technique, stent or medication in the treatment of coronary artery disease may reach a plateau during the process of development. Physician may pay more attention to subgroup patients such as left main disease, bifurcation lesions, chronic total occlusive lesions concomitant with other disease including choronic renal dysfunction, diabete mellitus etc. Diabete mellitus is "equivalent" of coronary artery disease.

For the therapy on coronary heart disease concomitant with diabetes mellitus, there is a tendency that is to do some special research on this subgroup population alone in abroad. I am really glad to find 24

that China has begun to realize this problem, and now many organizations including our hospital (Rui Jin Hospital) want to develop some special stent, which aiming at coronary lesions of patients, together with some scientific institutes. There are a lot of studies on the efficacy of drug-eluting stent for the treatment of patients with diabete mellitus. It suggests that the development trend of international research is aiming at coronary heart disease concomitant with a kind of disease, but not the whole population. Because plateau period may hinder the development of the study on the whole patients, we will get some positive information if we aim at some special patients.

About Factoid, I am mainly in charge of the research on diabetes mellitus concomitant with coronary heart disease. The content covers from theory to practice, from the mechanism of coronary heart disease to



ZHANG Qi

the relationship between coronary heart disease and diabete mellitus and current status of treatment, from medication to interventional therapeutics, and all these researches will be listed in my presented power point. Up to now, all needed materials have been collected and sorted out, I should be able to present a satisfying ppt for CIT congress.

CIT2008 Overview of Submission

CIT Secretariat Joya Zhang

1.Abstract Review :

This year we received 632 abstracts, 57 of them are from overseas, such as Argentina, Chile, India, Japan, and the United States, etc. The topic of the abstracts involved in ten filed such as coronary heart disease, peripheral vascular disease, congenital heart disease, and valvular disease etc; 369 of them in the coronary heart disease field, it takes 58% of the total; The second is the fundamental research, it takes 13% of the total. (Figure 1). All abstracts are double-blind reviewed by CIT specialists, and it undergone the strict selection procedure. We selected 41 for the Abstract Oral Presentation and 202 for electronic posters, 367 of them are published, and 22 of them are titled.

The Abstract Oral Presentation session will be held between March 20th and March 21st in the Hall #2AB in Beijing International Convention Center; all selected electronic posters will be published in the E-poster section. (For more information please check the CIT08 Official Website: www.citmd.com)(Figure 1)



Type of submission

CIT2008

The top 5 hospitals of submission for abstracts include: An Zhen Hospital, Beijing (91), Shenyang Northern Hospital, Shenyang (62), Fu Wai Hospital, Beijing (49), First Affiliated Hospital of Harbin Medical University(19), and Xi Jing Hospital, Xi An (17). (Figure 2)



The top 5 hospitals of submission

2. Cases: This year we received 14 cases from overseas (include: the United States, Japan, Korea, India, and Argentina etc.); 105 cases from China, 119 cases in total. Through the strict selection by CIT08 specialists, 44 selected cases are involved in the field of coronary heart disease, peripheral vascular disease, and complications, etc. The selected cases will be presented in the six different sessions respectively: The Chronic Total Occlusion Case Reviews, the Left Main and Bifurcation Case Review, the Western Meets Easter Case Review, the Endovascular Case Review, the Specific Lesions and Patient Case Review, and the Complications Case Review.

3. CIT Theme Issue of CMJ: We received 59 CIT Themes Issue of CMJ, through the strict selection by the CIT08 specialists, 15 of them are selected and will be published in "CIT08 Theme Issue of CMJ" which is the result of cooperation of CIT Congress and "the Chinese Medical Journal" (the "CIT08 Theme Issue of CMJ" will be published in March).

Background of CIT Award

TIAN Meng, Associate Secretary General of CIT

China Interventional Therapeutics (CIT) 2008 will be held in March 19th -23rd, in Beijing International Conference Center. During the opening ceremony on March 20th, "CIT Award." will be presented to 113 doctors..

For more than 20 years, thousands of intervention cardiologists devoted to the development of PCI, they strenuously studied abroad and took back the newest technology to serve the motherland. In order to spread the technology of the cardiovascular interventional therapy and solve the difficult cases promptly, they give up their spare time, take the long journey to the suburban and underdeveloped regions, their efforts facilitate the local development of the PCI. To honor those experts who made the great contribution to the cardiovascular interventional therapy, CIT 2008 will award golden medal to them in the opening ceremony.

After CIT Board's discussion, in order to honor those pioneers who devoted in the Chinese cardiovascular interventional therapy, CIT sets up the "Lifetime Achievement Honorary Award" to 12 cardiologists; For those famous specialists who made the great contribution to the cardiovascular intervention and the congress of CIT, CIT sets up "Outstanding Contribution Award" to 19 cardiologists; CIT sets up "Generalization and Popularization Award" to 30 experts who generalize and promote the cardiovascular interventional techniques. In the mean while CIT sets up the "Selfless Devotion Award to 1 expert who made outstanding contribution to CIT; "Background Heroes Award" to 13 cardiologists. In addition, to acknowledge the number of enterprises' strong support, CIT set the "Vigorous Support Award"

to six companies and one people in particular.

As an international congress, CIT has got great support from many foreign experts since it first held in 2003; it fully demonstrated the spirit of international academic cooperation. Last year, CIT presented "CIT Contribution Award" to 9 experts who were on behalf of TCT, EuroPCR, CCT and other internationally well-known academic intervention congress and enthusiastically supported CIT. This year CIT will award 22 experts who consistently support CIT. Furthermore, one American doctor who generously cultivated Chinese physicians and made contribution to the development of PCI in China in the early stage will be honored the "Educational Career Achievement Award". Honorary Chairman, Prof. Nanshan Zhong and the Course Director of CIT, Prof. Runlin Gao will present the awards to the winners in the opening ceremony.

After 5 years growth, CIT has developed from China to the world and becomes one of the world's famous cardiovascular interventional congresses. Today's success is the combination of works from domestic and foreign experts, doctors, association staffs; it is the result of their joint efforts.

Opening ceremony of CIT 2008 will be held at 6:00pm on March 20th in the Beijing International Conference Center, we are looking forward to meeting you there!