

The Daily Wire

THE OFFICIAL EUROPCR COURSE NEWSPAPER

EDITION TWO, 20 MAY 2026



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PCR's Got Talent – the competition where everyone gains

The annual PCR's Got Talent abstract competition continues today, providing a unique platform for young practitioners to showcase their research and gain presentation skills.

The competition began yesterday when 24 early-career presenters gave 3-minute pitches in Round 1. Those who succeeded most in engaging the jury and audience have progressed to Round 2 where they are granted more time and the opportunity to use additional slides. Six competitors will then be chosen to give their presentations in the grand final tomorrow. The winner will take to the stage once more when they present their abstract in the Main Arena on Friday. They will also be invited to attend EuroPCR 2027 as Guest Faculty.

PCR's Got Talent goes far beyond abstract presentation. Participants benefit from professional coaching between rounds, gaining valuable insight into both content and delivery, and learning how to distil complex ideas and communicate them with maximum impact. For each round, a jury of four Guest Faculty, including former PCR's Got Talent awardees, is in charge of judging the contestants' work and performance. Presenters' research and on-stage performance are also evaluated by audience vote.

In 2025, Natalija Odanović (Institute for Cardiovascular Diseases 'Dedinje' - Belgrade, Serbia) impressed the jury with her presentation entitled 'vpFFR – a novel benchmark for FFR surrogates'. Find out how much winning PCR's Got Talent means to her:

What inspired you to submit to EuroPCR?

After moving back to Europe from the USA where I trained in internal medicine, cardiology and interventional cardiology, I was looking to connect with the European interventional community. My

colleagues recommended EuroPCR and I found it to be exactly as promised – a cosmopolitan hub of interventional cardiology.

How did you prepare?

I decided to apply for PCR's Got Talent and it was the best decision ever. We received comprehensive training on the art of presentation. I always thought I was a decent presenter and I had no idea how much I could learn and improve. The things I learned while taking part in PCR's Got Talent will continue to shape my every presentation going forward.

What was the most memorable moment?

For me, the people were the most memorable. I was inspired by the other finalists: Yuril Vahis who came from a warzone in Ukraine to share his research on endovascular treatment of mine explosive injuries, Jenny Namkoong from Canada who shares my passion for coronary functional testing, Francisco Barbas de Albuquerque from Portugal who demonstrated the power of machine learning in prediction models, Johannes Todt from Sweden who presented an impressive dataset on surgical aortic valve interventions from the SWEDEHEART registry and Kimberley Hemelrijk from the Netherlands who taught us about TAVI in small annuli.

What opportunities resulted from your win?

During the competition and after my win, I was approached by people congratulating me and inviting me to collaborate on research and commercial projects. It also resulted in local glory – my hospital's CEO was very happy with my win, which he told me in person!

What advice would you give to someone considering submitting?

I would tell them, "Don't think twice!" I would especially encourage all young investigators to apply for PCR's Got Talent. It is an amazing experience you can learn so much from, not only from the educators, but also from your peers.

How has this achievement shaped you personally?

It has encouraged me to continue to pursue my interest in how the concept of wisdom of the crowd can help in medical decision-making. It has also shaped the way I present anything nowadays, using the pearls I learned during PCR's Got Talent coaching sessions.

How do you describe the value of EuroPCR in your journey?

EuroPCR is the course that I think about all year round. When there is an interesting case in the cathlab I think, "We can show this at the next EuroPCR." When I am considering a new research project I often think, "If we can get it done by December, we can submit it as an abstract for the next EuroPCR."



DON'T MISS

PCR's Got Talent - Round 2 - Session 1
Wednesday, Room Arlequin, 11:15 – 12:15

PCR's Got Talent - Round 2 - Session 2
Wednesday, Room Arlequin, 15:00 – 16:00

PCR's Got Talent Award, Best Abstract & Best Case Awards
Friday, Main Arena, 10:30 – 11:00

PCR's Got Talent - Round 3 - Final
Thursday, Room Arlequin, 11:15 – 12:15



TODAY'S MUST-ATTEND EVENTS

Jon DeHaan Foundation Award & Michele Pighi Young Investigator Award Main Arena, 10:15 – 10:45

Personalised Vascular Care Award - Ceremony Room Maillot, 12:25 – 12:30

Fellows Meet-Up PCR Companions Square, 10:45 – 11:15

Welcome Companions PCR Companions Square, 14:45 – 15:00



Eugene Braunwald
1929–2026

“In the pre-internet era, when global congresses were essentially limited to the AHA and ACC, the writings of Eugene Braunwald were our daily compass in cardiology. His vision has profoundly shaped modern cardiology, particularly in the prevention and treatment of coronary disease.”

– Jean Marco

The world of cardiology and medicine mourns the loss of **Eugene Braunwald**

Eugene Braunwald, whose work reshaped cardiovascular medicine into the rigorous, evidence-based discipline we know today, leaves behind an extraordinary scientific legacy. He transformed how we think about the heart: not just as an organ to observe, but as a system to understand, measure and treat through science.

In his earlier years, he was the clinical director of the American National Institutes of Health, National Heart, Lung and Blood Institute where his leadership in cardiology and research were instrumental in many foundational trials and discoveries. Then followed a long tenure as the Chair of the Department of Medicine at Brigham and Women’s Hospital of Harvard Medical School. With his textbook, ‘Braunwald’s Heart Disease’, and his many decades of editorship of ‘Harrison’s Principles of Internal Medicine’, Dr Braunwald has been an immeasurable force in the development of medical education and in the advancement of cardiology practice throughout the world.

There are few if any in the healthcare community today who have not been touched by some part of what he has accomplished: his conception of heart failure, his research in coronary artery disease, his founding of the TIMI academic research group, and so very much more. Dr Braunwald seemed to be omnipresent in all aspects of modern practice.

He will be deeply missed, but his work – at the heart of what we do each day – will never be forgotten by the generations of physicians who follow in his footsteps and the countless patients he has helped through his dedication and vision.

Tributes will be paid to Eugene Braunwald at the beginning of today’s TAVI aortic regurgitation LIVE Educational Case at 15:00 in the Main Arena.

PCR London
VALVES

22-24
November 2026
London

SUBMIT NOW!

**PRESENT YOUR SCIENCE, SHARE YOUR CASE,
INSPIRE YOUR PEERS**

Advancing structural heart interventions through
multidisciplinary education

Deadline 1 September 2026



#PCRLV

LIVE CENTRES IN FOCUS

LIVE Educational Cases demonstrate the clinical excellence of renowned centres across the world, providing an unparalleled experience to learn best practices.



"EuroPCR gives us the unique opportunity to combine innovation with education to connect us with the cardiovascular world."

University Medical Center - Mainz, Germany

Centre established in 1959

Practitioners include 30 cardiologists, 20 cardiovascular surgeons, more than 100 residents and fellows in cardiology and cardiac surgery, and more than 200 NAPs

Most frequent types of interventions/procedures: The full spectrum of transcatheter procedures: including TAVI (with dedicated devices for aortic regurgitation and stenosis), mitral and tricuspid TEER and valve replacement, as well as transcatheter pulmonary valve replacement. Our structural portfolio also includes transfemoral closure of PFO, ASD and LAA, as well as innovative interventional therapies for heart failure and arterial hypertension

In the field of coronary interventions, we provide innovative diagnostics and complex PCI, including functional assessment, advanced intracoronary imaging, calcium modification, CTO interventions and coronary sinus reducer implantation

How would you describe your centre?

Our vision is to innovate, constantly, to bring the best therapies to our patients. We embody the spirit of a true Heart Team, dedicated to delivering innovative and patient-centred therapies through a fully integrated interdisciplinary approach

Number of times the centre has participated in EuroPCR: This is our third participation as a LIVE centre at EuroPCR – we are truly thrilled to be part of this unique experience



Institut Cardiovasculaire Paris Sud - Massy, France

Centre established in 1995

Practitioners include 11 interventional cardiologists, 9 interventional electrophysiologists, 10 cardiologists and more than 40 NAPs

Most frequent types of interventions/procedures: 3,500 coronary angiographies, PCI, 510 TAVI, 630 FA ablations, 97 LAAC, 48 MitraClip and TriClip in 2024

How would you describe your centre? We are a leading reference centre in interventional cardiology, cardiac electrophysiology and cardiac imaging. Our multidisciplinary expertise, combining cutting-edge technology with a patient-centred approach, and our commitment to innovation and research ensure we remain at the forefront of European cardiovascular care

"We are truly honoured to be part of the EuroPCR programme and grateful for the opportunity to share our expertise in daily practice and complex interventions."



Clinique Pasteur - Toulouse, France

Centre established in 1957

Practitioners include 35 cardiologists and 6 surgeons

Most frequent types of interventions/procedures: All types of coronary and structural percutaneous interventions

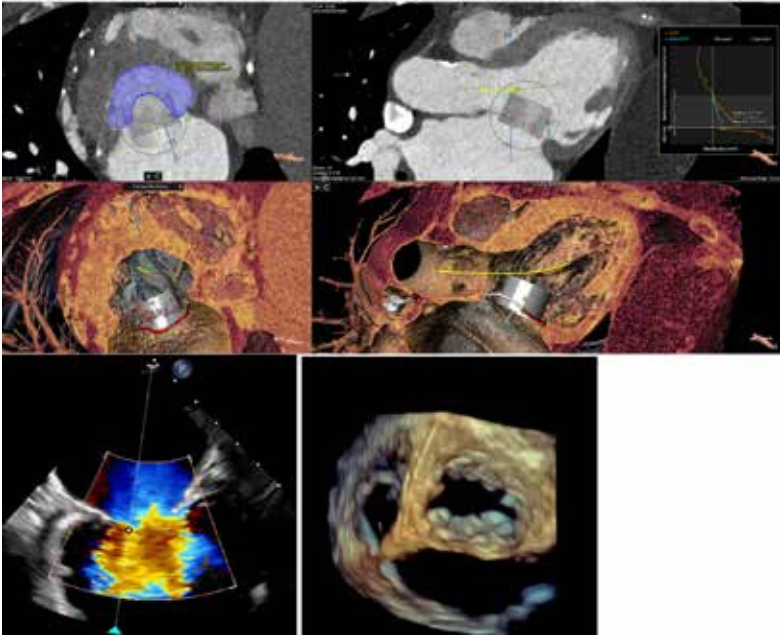
How would you describe your centre? We are focused on education in interventional

cardiology and training through an active international fellowship programme in interventional cardiology and LIVE case education

Number of times the centre has participated in EuroPCR: For as long as EuroPCR has existed – each year since 1989!

"Sharing experiences in interventional cardiology through LIVE case education."

LIVE EDUCATIONAL CASES TODAY!



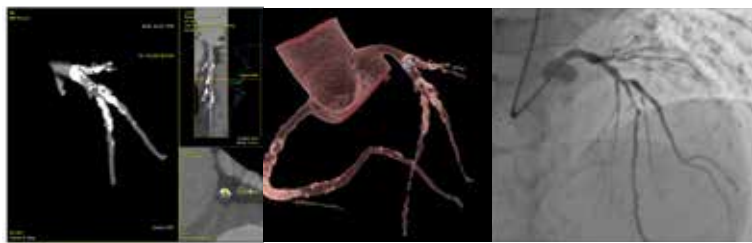
LIVE with simulator

Transcatheter mitral valve replacement

LIVE from University Medical Centre - Mainz, Germany

- Repair or replace? What is the optimal transcatheter strategy in mixed Carpentier IIIa/IIIb severe MR with heavy calcification?
- Can TMVR overcome the limitations and stenosis risk associated with M-TEER in this anatomy?

Main Arena, 08:30 – 10:00



Calcified coronary

LIVE from Clinique Pasteur - Toulouse, France

- How would you approach revascularisation of this heavily calcified LAD-Diagonal bifurcation lesion after recent STEMI?
- Which calcium-modification and bifurcation strategy would provide the safest and most durable PCI result in this anatomy?

Main Arena, 10:45 – 12:15

CTO BASIC Level I

LIVE from Institut Cardiovasculaire Paris Sud, France & University Hospital Basel, Switzerland

- Would you proceed directly with PCI in this symptomatic low J-CTO RCA occlusion – and which crossing strategy would you choose first?
- In a short, apparently simple CTO, what are the hidden predictors of procedural failure or complication?

With the collaboration of the Euro CTO Club

Theatre Bordeaux, 08:30 – 10:00



DON'T MISS TODAY'S OTHER LIVE CASES

CTO BASIC Level II: LIVE from Institut Cardiovasculaire Paris Sud, France & University Hospital Basel, Switzerland
Theatre Bordeaux, 10:30 – 12:15

TAVI aortic regurgitation: LIVE from University Medical Centre - Mainz, Germany
Main Arena, 15:00 – 16:30





Simulation-based learning: Its reach continues to spread



Francesco Maisano

Cardiac surgeon
IRCCS San Raffaele Hospital - Milan, Italy

At EuroPCR, simulation-based learning is not restricted to the Simulation Learning Room. Francesco Maisano, PCR's coordinator of simulation-based learning activities, explains:

"From only a handful of simulation-based learning sessions during 1 day of the course a few years ago, there are now over 40 of these sessions across the 4 days at EuroPCR 2026! Today, for example, we have simulations in the Simulation Learning Room, the Imaging Skills Labs, the Calcium Skills Lab, the Hands On Lab and as part

of the NAPs Track. Following last year's success, simulation is also back in a LIVE educational case in the Main Arena, when some of the action in a transcatheter mitral valve replacement will be reproduced using a simulator to help explain certain details.

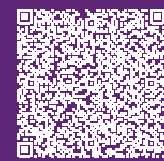
It is interesting that many other congresses and courses are beginning to introduce simulations into their programmes. **We are proud of the range of simulation-based sessions that we have already established – and continue to grow.** We have built long-standing relationships with our industry partners and also with the simulation industry, which help us to refine the learning experiences that we offer. The models themselves have evolved from one-directional teaching models to platforms that facilitate an exchange of ideas. And the continuum has been extended to certified courses – the Advanced



Course on Transseptal Puncture and Advanced Mitral and Tricuspid TEER: Alfieri's Bootcamp – at the Università Vita-Salute San Raffaele in Milan.

Every operator or surgeon faces challenges performing their first-in-human procedures and simulation-based learning is essential to bridge that gap."

Find all the sessions in the programme:



PCR simulation based learning

Enjoying the simulation-based learning at EuroPCR?

Discover 2 great opportunities to finetune and certify your skills!

ADVANCED COURSE ON TRANSEPTAL PUNCTURE

Master the full strategy to access any left heart target with optimal trajectory and coaxiality

15-16 September 2026 - Rio de Janeiro

ADVANCED MITRAL AND TRICUSPID TEER:
ALFIERI'S BOOTCAMP

From the basics to mastering perfection of Edge to Edge

9-11 November 2026 - Milan

Stay connected on pcronline.com



Imaging Skills Labs: Hands-on learning with expert guidance

There is a packed programme in the two Imaging Skills Labs today and tomorrow.

"Imaging is becoming such an integral part of clinical practice, that it's no longer a 'nice to have', it's a 'must'!" says Coordinator, Natalia Pinilla. "Guidelines provide Class 1A recommendations for using imaging in our procedures so being confident is essential." She continues, "The focus of these sessions is not data review – the main aim is to provide hands-on experience of using the imaging tools in different interventional settings, supported by a team of highly experienced facilitators. There is no better way to learn!"

With two Imaging Skill Labs in parallel, sessions on different imaging technologies are running simultaneously across a range of different clinical scenarios. Today, Imaging Skills Lab 1 is all about OCT, while Imaging Skills Lab 2 is home to IVUS, with various aspects covered across both, including PCI guidance and optimisation, calcified lesions and bifurcations. The kind support of Abbott is acknowledged for OCT today and tomorrow. IVUS sessions are generously supported by Boston Scientific today and by Philips tomorrow. "We suggest you plan

ahead to assess which sessions best meet your needs in terms of imaging modality, equipment and topics – these sessions are always very popular and spaces are limited," Dr Pinilla notes. Registration is not required but it's first come, first served.

Beyond OCT and IVUS, other modalities will be in the spotlight tomorrow afternoon. Coordinator, Frédéric Bouisset explains, "Cardiac CT has become the standard of care for planning structural heart interventions. More recently, we have also realised how valuable CT can be in planning coronary PCI, especially as an increasing number of patients now arrive in the cathlab with a CT scan already available as part of their diagnostic work-up." Sessions in the Imaging Skills Lab have been designed to help interventional cardiologists make the most out of opportunities provided by CT. **"This is clearly where the field is moving, and as a community we need to be ready for it," notes Dr Bouisset.** Yesterday, participants learned how to interpret cardiac CT in a simple and practical way to better plan and guide PCI.

Looking ahead to a simulation-based learning session tomorrow, and to the future, Coordinator, Nicolo Piazza said, "We can take our learnings



from CT-guided fluoroscopic viewing angles from TAVI and use these in coronary interventions. In time, operators will be able to identify patient-specific fluoroscopic viewing angles to treat challenging lesions such as ostial and bifurcation lesions." These opportunities will be discussed tomorrow afternoon, along with a simulation-based session on CT-guided TAVI planning.

Find all the sessions in the programme:



Bailout options and techniques during PCI: Build your skills at the Hands-On Lab



Tom Johnson

*Interventional cardiologist / Cardiologist
Bristol Heart Institute - Bristol, United Kingdom*

Do you know how to tackle stent dislodgement, distal perforation or mid-vessel perforation? Spending time at the Hands-On Lab means that you are well equipped to confidently deal with these complications should they arise.

Coordinator, Tom Johnson, explains why the Hands-On Lab is such a

key component to the EuroPCR 2026 programme: "Although a wide range of devices, bailout options and techniques are available when encountering PCI complications, operators are often unfamiliar with how to use them at the point of crisis, due to the relative infrequency of their occurrence. A recently published survey we conducted at EuroPCR 2023 and 2024 showed that many operators were not confident in managing complications.¹ **But we also found that structured simulation-based learning – as provided in the Hands-On Lab – helped to increase operator knowledge on complication prevention, recognition and management.**"

In the Hands-On Lab, delegates get to hone their practical skills at one of six stations, each overseen by

experienced clinician facilitators. The nature of the sessions means that numbers are limited and participants are admitted on a first-come-first-served basis. "The popularity of these sessions – which often see people queuing at the door – has led to the team putting on extra sessions this year," says Professor Johnson. Each of the three scenarios is featured in sessions on several days, giving participants ample opportunity to take part. Professor Johnson acknowledges the crucial role of "the most fantastic group of expert facilitators" who share their skills and the continued support of Terumo Learning Edge in enabling these important sessions to take place.

"Hands-on simulation-based training is not something that you should do only once. Operators should

practise on a regular basis to ensure they know how to avoid and how to treat complications in the future," he concludes.

1. Fukamizu J, et al. Catheter Cardiovasc Interv. 2026;107:960-968.

Find all the sessions in the programme:





Looking beyond the angiogram...



Marie-Claude Morice

*Clinical researcher
CERC - Massy, France*



Roxana Mehran

*Interventional cardiologist / Cardiologist
Icahn School of Medicine at Mount Sinai -
New York, USA*

Two conditions that occur most frequently in women, MI with non-obstructive coronary arteries (MINOCA) and spontaneous coronary dissection (SCAD), are the main focus of today's session in collaboration with Women As One.

Founded in 2019 by Marie-Claude Morice and Roxana Mehran, the mission of Women As One is to provide unique professional opportunities to women physicians, aiming to both shift the future of healthcare and transform women's health.

"PCR has always been a strong supporter of women, encouraging us to contribute to courses, and has championed Women As One from the beginning," says Professor Mehran. "We are pleased to hold this session at EuroPCR not only to help the field move forward in the diagnosis and

optimal treatment of MINOCA and SCAD, but also to showcase the talents of the expert panel. **We all need role models and we hope the panel will inspire others to know they can take to the stage and present one day.**

Raising awareness of the non-occlusive causes of ACS is a key aim. Dr Morice notes, "At this international course for interventionalists, it is important to highlight that patients should not be dismissed if there is no visible lesion. Intra-coronary imaging can play a crucial role in providing an early diagnosis. And although the patient may not need a procedure, they should still be monitored over time. During the session we will discuss prognosis, which may be poor in some cases, but can improve with medical treatment and vigilance."

Who should attend? "There are key insights to be gained by all – women and men – and we encourage everyone interested in improving

women's health to participate and share their knowledge," concludes Professor Mehran.

DON'T MISS

When the angiogram shows no answer for your AMI patient: what's next?

Wednesday, Room 252A,
15:00 16:00

*With the collaboration of
Women As One*



Promoting talent in medicine

To learn more about Women As One and its initiatives, visit:



Major Late-Breaking Trials session: Important clinical questions answered today

EuroPCR is where education meets evidence and where analyses of the latest trial data will be revealed this morning.

EuroPCR Course Director, Nieves Gonzalo, explains how today's three presentations were chosen: "While there are some really interesting results being presented in specialist areas as part of the Hotline/ Late-Breaking Trials programme, we tried to select presentations for this morning's session that have direct relevance for most participants at EuroPCR."

In the first presentation, Roberto Scarsini will reveal the results of a meta-analysis of four randomised trials investigating revascularisation in patients with CAD undergoing TAVI. "CAD is common in patients referred for TAVI and yet there is still a lot of debate about if and how to proceed with PCI," notes

Dr Gonzalo. "Practices currently vary widely from one interventional cardiologist to another and between centres. The meta-analysis will provide the science to guide us towards a more standard approach."

Next, Brian Bergmark will present long-term follow-up data comparing PCI with DES vs. CABG in patients with left main disease. "This represents another highly discussed topic that impacts many of the patients that we all see day to day," comments Dr Gonzalo. "Having a much-needed long-term perspective will help inform our practice when there is a choice between PCI and CABG and will also inform discussions with patients."

Finally, Jens Erik Nielsen-Kudsk will compare outcomes with LAA closure vs. NOAC in patients with atrial fibrillation across different age groups.

"We are now reaching a turning point regarding the LAA closure indication, with new trial data being published in different populations," notes EuroPCR Course Director, Thomas Cuisset. "Today's presentation by age group is timely and will add clarity where uncertainty currently exists."

DON'T MISS

Major Late-Breaking Trials from EuroPCR 2026

Wednesday, Theatre Bleu,
09:45 – 10:45



The AI Lab: Present realities, future possibilities



Thomas Modine

Cardiac surgeon
CHU De Bordeaux - Bordeaux, France



Juan Granada

Interventional cardiologist / Cardiologist
Cardiovascular Research Foundation -
New York, USA

Brought to you by a PCR and TCT collaboration, the AI Lab in the Innovation Hub aims to educate on the basics of today and the opportunities for tomorrow.

“AI is moving very quickly in our field, creating excitement for some, but also fear and uncertainty for others,” says Juan Granada, AI Lab Coordinator. “We have created a series of sessions that aims to span the spectrum from education on the fundamentals of AI – for those who are at the start of their learning journey – to more forward-looking sessions for those who are early adopters.” Thomas Modine, AI Lab Coordinator, adds: “We aim to cover the AI tools that are on our phones and laptops and also those in the cathlab and operating theatre, considering how to use them effectively and safely now, and how

they might best be implemented to maximum effect in the future.”

After yesterday’s sessions on LLMs and using AI for academic reports and literature searching, the first session today evaluates opportunities for AI in procedural planning and guidance. “In practical-based, discussion-rich sessions, we will cover several tools that are currently available and how they can add value. The respective roles of physician judgement and algorithmic support will be discussed,” notes Dr Granada.

Everyone is encouraged to join the debate session on how AI will change the cardiology landscape in the next 5 years. “For new innovations, we often consider the changing perspective over 10 years, but for AI, the timeframe of impact is much shorter,” comments Dr Granada.

The final two sessions today will discuss AI adoption in the cathlab of tomorrow, focusing on intravascular imaging and risk prediction. “We will discuss the realistic contribution of AI to OCT interpretation, as well as the practical and regulatory barriers that still limit implementation,” concludes Professor Modine. “Examples including prediction of in-stent restenosis, early adverse events following MitraClip procedures and target lesion revascularisation will illustrate both the promise and the limitations of the predictive models currently emerging in cardiovascular medicine.”

Visit the Innovation Hub on Level 4 (Paris Side)



IN THE AI LAB TODAY!

PCR-TCT Partners in Learning initiative

AI in imaging & the cathlab - opportunities in procedural planning & guidance

08:30 – 09:30

Debate: how will AI change the cardiology landscape in the next five years?

09:45 – 10:45

AI adoption in the cathlab of tomorrow - Intravascular imaging applications

11:15 – 12:15

AI adoption in the cathlab of tomorrow - Risk prediction applications

15:00 – 16:00

Details are available here:



Cycling for change: Raising awareness of valve disease on the road to Paris



Courageous representatives from the UK charity, Heart Valve Voice, made it to the Palais des Congrès de Paris yesterday after a mammoth 240-km cycle trip. Heart Valve Voice Executive Director, Wil Woan, and patient advocate, Phill Read, left Brighton Hospital on Friday.

They were met today by 12 UK patients who came to Paris to share their perspectives after TAVI. Their main aim is to raise awareness of the symptoms of valvular heart disease to help improve early diagnosis and treatment. A tired but elated Mr Woan said, “The ride has been about sharing real stories and showing what is possible when



valvular heart disease is treated successfully. Far too many patients still face barriers to treatment and I’m thrilled to share that message with our patient advocates at EuroPCR.”

Heart Valve Voice is an affiliate of the Global Heart Hub, an international non-profit organisation established

to provide a voice for those living with or affected by cardiovascular disease. Global Heart Hub will hold a collaborative session at EuroPCR on Thursday, which explores a different kind of journey – that of women’s experiences with cardiovascular disease across their lifecycle and how they can be improved.

DON'T MISS

Beyond the diagnosis: a qualitative exploration of women’s experiences with cardiovascular disease

Thursday, Room 252A, 09:45 – 10:45

With the collaboration of Global Heart Hub

PCR Global Interventional Academy

Worldwide expert training pathways tailored to local practice



This one-of-a-kind academy offers independent, cutting-edge training pathways for ambitious interventionalists who have been in practice for a few years and are looking to grow – both personally and professionally. Two recurrent high-level one-year tracks on coronary interventions and TAVI are already underway, with further opportunities planned for the future.

Medical advancement happens fast, and for over 35 years PCR has been dedicated to accelerating the sharing of knowledge, skills and experience among the interventional cardiovascular community worldwide. In addition to the annual PCR Courses held around the globe – such as EuroPCR – many other educational PCR initiatives contribute to the lifelong learning of practitioners, including PCR Seminars, PCR Fellows Courses, Certifications, PCR Webinars, The PCR Textbook, EuroIntervention... In line with the founding vision of Honorary Chairman, Jean Marco, PCR consistently tailors educational content and format to the daily practice and identified needs of each region, with the active participation of local practitioners as faculty.

High-level training programmes

Launched in 2025, the PCR Global Interventional Academy (PCR GIA) is a prime demonstration of how PCR is committed to continuing education and the ongoing improvement of patient care across all continents. Selected applicants benefit from high-value independent training programmes.

Andreas Baumbach, Director of the current PCR GIA programme sums up the PCR GIA as **“a forum for interventional cardiologists who have completed their training but want three things: to keep learning new skills to expert level; to advance their own standing and presentation in meetings; and to network in a global group.”**

This unique concept is therefore different to a full-time fellowship programme in a host centre, and PCR GIA participants have generally been in practice for approximately 3 to 5 years, with some up to 10 years.

Sharing insights that go beyond textbooks

In parallel with their usual practice, PCR GIA pathways offer participants the rare opportunity to learn how to master high-level techniques and technology from leading international facilitators during regular in-person workshops, interactive online modules and expert-led case discussions. Throughout, in the true spirit of PCR's ethos of education built 'by and for' practitioners, everyone contributes their know-how. "Rather than learning the ropes, it's about experienced interventional cardiologists exchanging with best-in-class operators about good practice for the management of patients and cases: complications, techniques, technology... We drive it all to expert

level, and it makes a huge difference in the type of discussions. When it comes to innovative techniques, we have top-class operators who come along to share what's done, what works, what doesn't... sharing cutting-edge practice that will take five years to get in the textbooks," says Andreas Baumbach.

A strong focus on personal development

When asked about the 'soft skills' aspect of the programme, Andreas Baumbach remarks that "soft skills should be called hard skills, as it's something that nobody teaches us doctors. It's just not out there!" The training therefore includes a whole section dedicated to personal development, such as professional coaching on how to put together slides, deliver a presentation and improve panel work. "It's all packed into a case competition where participants have to present one of their own cases. They learn how to get better at it, what to look out for. They also get to score their peers' presentations and learn a lot that is relevant if you are faculty somewhere: how to behave on a panel, how to ask questions, how to answer questions. These are really relevant things despite the fact that nobody talks about them. There's always the assumption that everyone up there on stage is a natural, but in fact most have had coaching!"

Networking on a global scale

These one-of-a-kind PCR GIA training programmes gather participants from across the world and enable them to become part of a global network of peers and mentors. Over the years alumni will be given the means to reach out and connect. "We call it a global academy and we mean it!" says Andreas Baumbach. Indeed, the first edition of the TAVI track counts, for example, 109 participants from 39 countries across 4 continents. "One of the objectives I like to point out at the very beginning of a programme is that I want everyone to go away with at least one new friend from another continent. It opens their eyes to different practices, exchanges can be initiated, and for example, one of the first groups has already started an international research network."

Closing session of the first Coronary Track

Yesterday, PCR GIA took advantage of EuroPCR to hold the closing session of its first training programme's Coronary Track, led by the Coronary Track Co-Director, Gabor G. Toth. There was a review of the year; an inspirational talk about the history of angioplasty by PCR Honorary Chairman Jean Fajadet; and an award ceremony for the 3 winners of the case competition – whose prizes include joining EuroPCR as faculty in 2027. When asked for feedback about their experience, participants



underlined not only the outstanding and precious interventional training, but also praised the professional tips and tricks for presentations and panel work, which they say will serve them throughout their careers. The Coronary Track is one of two launched in 2025, the other focusing on TAVI and led by the TAVI Track Co-Director, Ole De Backer. Both tracks were supported by an unrestricted educational grant from Meril. The tracks are part of a recurrent training programme taking place over a period of 5 years. With 150 participants per track per academic year, this dual training programme alone will therefore give rise to a total of around 1,500 PCR GIA alumni by 2030.

A promising future for high-level training in small groups

In addition to the Coronary and TAVI Tracks already lined up, Andreas Baumbach shares that PCR GIA will explore the tailoring of similarly structured training programmes that cover specific fields of interventional cardiovascular medicine: "When you're a post-graduate with a few years practice, you run out of long-term programmes or certifications for that stage of your career, but you still want to get better. The PCR Global Academy brand is there to fill that void, with a completely different engagement compared to a fellows course or a teaching session. It's a model that must be actively pursued and it holds a lot of promise for the worldwide interventional community in the coming years."

The first academic year of the TAVI track will close with a dedicated session at PCR London Valves in November. The second academic year for the Coronary and TAVI Tracks will be kicking off shortly. For these and upcoming PCR GIA training programmes, it seems likely that there will be no lack of motivated candidates eager to take up the challenge and contribute thereby to the enhancement of patient care worldwide.

Find out more:



Come and watch your peers share their work

Submissions to the PCR GIA Coronary Track turned out to be of such high quality that the EuroPCR Course Directors found a space for some of them!

Complex PCI - Best cases from PCR Global Interventional Academy

Wednesday, Room 351,
08:30 – 09:30
Thursday, Room 251,
08:30 – 09:30



Recognising excellence in today's Award Ceremony

The winners of the Jon DeHaan Foundation Award and the Michele Pighi Young Investigator Award will be announced in the Main Arena this morning. But what did winning mean to last year's recipients?



Peter Bauer received the 2025 Jon DeHaan Foundation Award

The **Jon DeHaan Foundation Award** is given to the best innovation submitted to PCR Innovators Day. Last year's recipient of the \$200,000 grant was **Peter Bauer** of VisCardia, who received the award for VisCardia's work on synchronised diaphragmatic stimulation therapy.

What did it mean to you to win the award?

Winning the Jon DeHaan Foundation Award was a tremendous honour and a very prestigious recognition of our work. It validated the outstanding innovation behind our out-of-the-box therapy concept, which leverages the diaphragm as a cardiac assist in a complex heart failure population unserved by medical treatment alone.

How has the award helped to progress your innovation?

The award has helped the cardiology community and investors see that this novel technology is greatly appreciated and that it has the potential to be a game changer in heart failure management. The award greatly increased our international exposure and strengthened awareness of the sizeable unmet need for new treatment options in symptomatic patients whose condition is not adequately addressed by medical therapy alone.

Last year, **Edoardo Zancanaro**, resident at the San Raffaele Hospital - Milan, Italy, received the **Michele Pighi Young Investigator Award** for his research on transcatheter treatment of degenerated surgical mitral bioprosthesis with balloon-expandable valves (mitral valve-in-valve).

What did it mean to you to win the Michele Pighi Award?

It has a double value. Michele was always in my heart to be a super caring and wonderful person, and an incredible doctor. Having an award with his name brought me deep joy. Also, it gave me the opportunity to show the best of our team project.

How has the award shaped your career?

The award helped me to continue my hybrid path as a fellow at the

University Hospital in Mainz. I feel so grateful since, as a cardiac surgeon, I learned the real value of the hybrid field and the award defined my hybrid role even more strongly. I think that without it, it would have not been possible. I would like to thank Philipp Lurz, Ralph Stephan von Bardeleben and Hendrik Treede and all the wonderful people who have helped me there – I will be forever grateful.

DON'T MISS
Jon DeHaan Foundation Award & Michele Pighi Young Investigator Award
 Wednesday, Main Arena,
 10:15 – 10:45



Edoardo Zancanaro working with Ralph Stephan von Bardeleben and Philipp Lurz at University Hospital, Mainz, Germany

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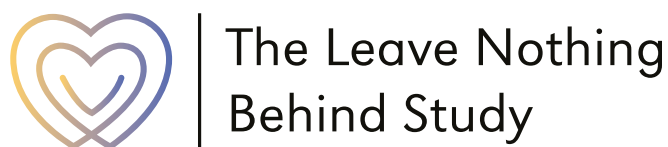
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ViTAL®: Training the Trainers, Transforming Education

PCR's long-standing commitment to educational excellence

“From the very beginning, purposeful education has been a major part of PCR’s DNA: it has never been just about knowledge transfer, but about intentionally creating well-thought-out conditions for physicians to learn from one another, reflect on practice and grow together.

ViTAL® – Visionary Transformative Adult Learning was born to truly support this philosophy and help physicians throughout their teaching journey – before, during and beyond PCR courses.

Over time and behind the scenes, ViTAL has grown into a unique, structured programme, designed to give physicians tools to become better educators. It relies on a wide portfolio of training formats and tailored pathways, built with care and intention through close collaboration between Europa teams and the community. Thanks to the essential involvement of evaluators and members of the Teaching Assessment Board (TAB), observation and honest debriefing

help close the educational loop – turning each experience into a genuine opportunity for reflection and improvement.

ViTAL strengthens teaching and communication skills on stage but also influences clinical practice at the hospital – in the way physicians explain, interact, decide and reflect. This collective journey is built on sharing experience, observing each other, analysing practice and learning collaboratively. It requires openness, humility and the willingness to leave ego aside – ego is not your amigo! In return, it offers something rare: a supportive, stimulating – and genuinely enjoyable – space in which educators can grow together. By investing in those who teach, PCR does more than deliver courses – it nurtures a living educational culture, ensuring that the values at the heart of PCR education continue to thrive.”

– Michael Haude, on behalf of PCR Board



ViTAL meeting, March 2026

“My first encounter with the ViTAL approach within PCR was a genuine ‘wow’ moment – refreshing, intellectually stimulating and very different from traditional, lecture-based teaching.

What immediately struck me was its truly learner-centred philosophy. The focus shifts away from simply delivering content, towards addressing real clinical challenges, through structured interaction, reflection and discussion.

As an educator, ViTAL has profoundly influenced the way I design and facilitate sessions. It encouraged me to move beyond the role of content expert and to embrace that of a facilitator of clinical reasoning – not only

at PCR events, but across my wider educational activities. This change is particularly visible in how I now approach discussions: prioritising decision-making, actively engaging participants and embracing uncertainty as an essential part of the learning process. These principles resonate not only during meetings, but also in daily clinical practice.

Beyond methodology, being part of the ViTAL community has been deeply enriching on a personal level. It has fostered meaningful connections, shared educational values and a strong sense of belonging within the PCR family – elements that continue to shape the way I teach, learn and collaborate.”

– Ali Nazmi Calik

This philosophy is now captured in writing! In his newly published book **ViTAL**, Professor Jean Marco offers a clear and tangible expression of the principles that have shaped PCR education from the outset. It is available on PCRonline for those who are curious to explore the ViTAL journey further:



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2026 Andreas Grüntzig Ethica Awardee: Roxana Mehran

The Andreas Grüntzig Ethica Award – the highest honour in the interventional cardiology community – is presented to individuals who have contributed in an extraordinary way to the PCR mission.

Tomorrow, Roxana Mehran (Icahn School of Medicine at Mount Sinai - New York, USA) will receive the award for her impactful work in improving outcomes for patients undergoing interventional procedures.

What do you consider to be your main achievements?

If I have to pick out some milestones that I'm most proud of, I'd start with my work on evaluating patterns of in-stent restenosis (ISR)¹ and developing a risk score for procedure-related acute kidney injury.² I believe that a focus on ensuring our procedures are not only effective but also safe – by minimising complications and understanding how to manage them – is paramount to extending the reach of interventional treatment.

In addition, advancing the field requires the highest-quality clinical evidence. I learned so much about clinical trials during my involvement in conducting the HORIZONS-AMI study³ with Greg Stone. This experience proved invaluable when I later pursued independent research, first examining adherence to dual antiplatelet therapies (DAPT) post-PCI treatment through the PARIS registry⁴ and subsequently investigating aspirin withdrawal in high-risk patients in the TWILIGHT trial.⁵

Over the past 30 years, one of the most rewarding aspects of my work has been translating insights gained from individual patients in the cathlab into strategies that improve outcomes across broader patient populations.

What are you currently working on?

Recently, I have been leading a number of trials in both the structural and the coronary fields. These include the SMART trial,⁶ comparing balloon-expandable with self-expanding valves in patients with a small aortic annulus undergoing TAVI, and SELUTION4ISR,⁷ investigating drug-eluting balloons for the prevention of ISR.

A key priority for me is ensuring that the procedure is only the beginning of treatment – it must be integrated with prevention strategies to optimise long-term outcomes and patient longevity. It is important to follow patients after the cathlab, making sure they are receiving guideline-directed risk factor management and maintaining the durability of the procedure. To this end, I am involved in trials on lipid-lowering therapies, anti-inflammatory treatments and renal denervation for hypertension.

What important things have you learned along the way?

Definitely the most important lesson has been that removing barriers and borders – by understanding ethnic, cultural and sex differences – and working collaboratively is the most effective way to get things done well. We already do this in interventional cardiology, working across Heart Teams and learning from each other's expertise for the benefit of the patient, as demonstrated two decades ago in the SYNTAX study.⁸ I think this is how we can move the needle for the world, and that is one of my aims as President of the American College of Cardiology: to break down silos.

PCR provides such a wonderful example of a collaborative environment. I will never forget, all those years ago, when Jean Marco and Jean Fajadet asked me – an interventionalist just a couple of years out of my fellowship – to moderate LIVE cases. I was one of the only women in that position at the time and I seized the moment. And my advice to everybody is when you're given an opportunity, grab it, because it's how you can shine.

How does it feel to win the Andreas Grüntzig Ethica Award?

I've been very, very lucky to have been recognised on many levels, but this one is incredibly special – to be acknowledged in such a way by the peers with whom I began my journey. It is a huge but unexpected honour and I feel so humbled and grateful beyond words. I also hope this award empowers other women to continue pursuing a career in interventional cardiology – we need your contributions to our community.

1. Mehran R, et al. *Circulation*. 1999;100:1872–1878.
2. Mehran R, et al. *Lancet*. 2021;398:1974–1983.
3. Stone GW, et al. *N Engl J Med*. 2008;358:2218–2230.
4. Joyce LC, et al. *JACC Cardiovasc Interv*. 2019;12:983–992.
5. Mehran R, et al. *N Engl J Med*. 2019;381:2032–2042.
6. Herrmann HC, et al. *N Engl J Med*. 2024;390:1959–1971.
7. Cutlip DE, et al. *Am Heart J*. 2025;284:11–19.
8. Ong ATL, et al. *Am Heart J*. 2006;151:1194–1204.

DON'T MISS

Andreas Grüntzig Ethica Award
Thursday, Main Arena, 10:00 – 10:15



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A half baked idea

What important idea presented in the American Journal of Cardiology 12 years ago is still often ignored?

- A. Complex cases can cause operator hypertension and migraines
- B. Asymmetrical incidences of glioblastoma multiforme (GBM) in operators
- C. All cardiologists should have an Andy Warhol picture of themselves in the lab

Answer: B

An American Journal of Cardiology study¹ showed 85% left-sided GBM occurrence in operators with brain and neck tumours. Place this image in the lab to remind everyone to use effective head shielding.

1. Roguin A, et al. Am J Cardiol. 2013;111:1368-372.

Author: Ison G.¹

1. St George Hospital, NSW, AUSTRALIA

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What's new with The PCR Textbook?



Robert Byrne

Editor-in-Chief of The PCR Textbook
Mater Private - Dublin, Ireland

The new leadership team behind the PCR Textbook has a common mission: to deliver chapter content that is both comprehensive and practical.

Robert Byrne aims to build on the legacy of previous Editor-in-Chief, Stefan Windecker, and his renowned predecessors. "It is a great pleasure and honour to take over as Editor-in-Chief of this prestigious textbook," says Professor Byrne. "I would like to acknowledge the expert input and hard work of Deputy Editors, Piera Capranzano, Franz-Josef Neumann and Fabien Praz – we hope to bring dynamism to our role as the new core

editorial team." The dual focus of the textbook will continue to be firstly, evidence-based recommendations for good clinical practice to improve patient safety and outcomes, and secondly, practical skills, tips and tricks that are relevant in the cathlab on a day-to-day basis.

As a living document, Professor Byrne notes that the new edition of the PCR Textbook will be frequently updated to incorporate overviews and interpretations of the rapidly expanding evidence base. He also highlights that visual impact and the quality of display items will be a key pillar of the textbook going forward. "Perhaps the most noticeable manifestation of this will be the central illustrations that will accompany new chapters," he says, "As well as providing useful summaries, the central illustrations will enable people to learn more about the content through social media channels, with links to the textbook if they want to explore in further detail."

In parallel with the *fil rouge* of EuroPCR 2026, an entirely revised chapter on the prevention and management of PCI complications has been published. "The previous chapter was always very popular, but as practice evolves, so do the complications that we encounter. The remarkable new chapter is a great testament to the dedication and knowledge of Eric Eeckhout and Jonathan Yap, who have delivered what can almost be considered a mini textbook in itself."

Highlighting that the scope of the PCR Textbook is not limited to coronary interventions, a new chapter on transcatheter tricuspid valve repair describes recent advances and explores future directions. Looking ahead, work is ongoing on chapters related to cardiovascular pharmacology and antiplatelet therapy and on dyslipidaemia management for the interventional cardiologist.

Professor Byrne concludes that interventional cardiology is

characterised not only by innovations and incremental developments in practice, but also by progress through accumulated evidence from clinical trials. "We will continue to work closely with the PCR Trials Book and EuroIntervention to promote greater and swifter integration across these educational publications."

During EuroPCR, enjoy free access to chapters on transcatheter tricuspid valve repair, optical coherence tomography, left main coronary artery disease and coronary revascularisation in patients with chronic kidney disease.

And don't forget the special chapter on the prevention and management of PCI complications, exclusively available to all PCR Companions!

Visit The PCR Textbook at:



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PCR Companions: More than a place – a community



Yesterday, many discovered the PCR Companions Square on Level 2. Today brings a dedicated moment for the community: the **Welcome Companions** event taking place at **14:45 in the PCR Companions Square**. Live music, a gourmet break, an AI-powered photobooth transporting participants back to 1920s Paris and additional surprises await – all designed to reflect the spirit of connection and shared experience that defines the initiative.

PCR Companions stands at the heart of the PCR community. Open to all healthcare professionals involved in interventional cardiology, PCR Companions is designed as an accessible entry point into a worldwide network that strengthens connections across roles and specialties. At its core, the programme rewards meaningful engagement. Members earn points through active participation: attending courses, submitting and presenting cases, engaging in programme activities and contributing to the community. These points accumulate and determine each participant's Companion level.

Reaching 100 points unlocks **TOP Companion** status, with additional benefits and recognition. At EuroPCR, TOP Companions can enjoy exclusive access to the Guest Lounge on Level 3 – a quieter, more intimate space that is accessible throughout the course.

EuroIntervention Subscription: All PCR Companions attending EuroPCR can benefit from a free one-year subscription to the EuroIntervention Journal. Activate it now in the PCR Companions Square or via the PCR app!

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Wednesday, PCR Companions Square,
14:45 – 15:00

Fellows Meet-Up
Wednesday, PCR Companions Square,
10:45 – 11:15

Top Companions only: Group photograph
Wednesday, Guest Lounge,
12:15



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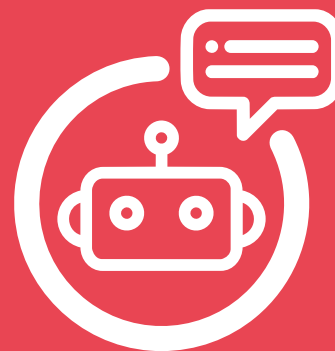
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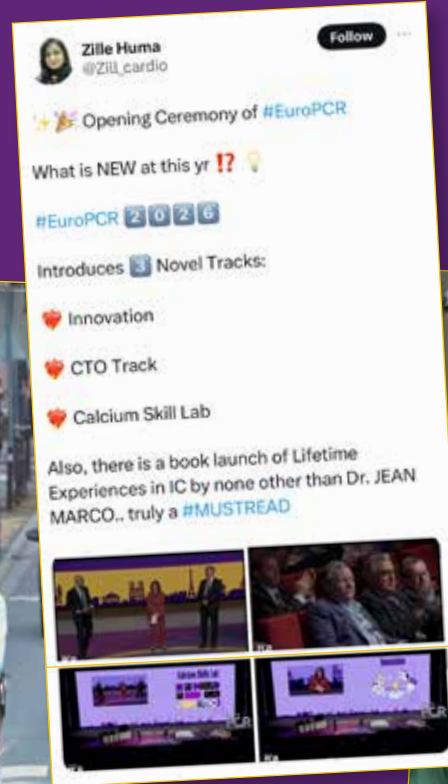
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POSTS OF THE DAY



THANK YOU TO ALL OUR CONTRIBUTORS

The official newspaper of EuroPCR, the Daily Wire, is created by PCR with input from many international experts who give their time generously to create and review content.

The Daily Wire would like to thank all contributors, with a special mention of appreciation for our medical reviewers, Luigi Biasco and Elad Asher, for their continued support.

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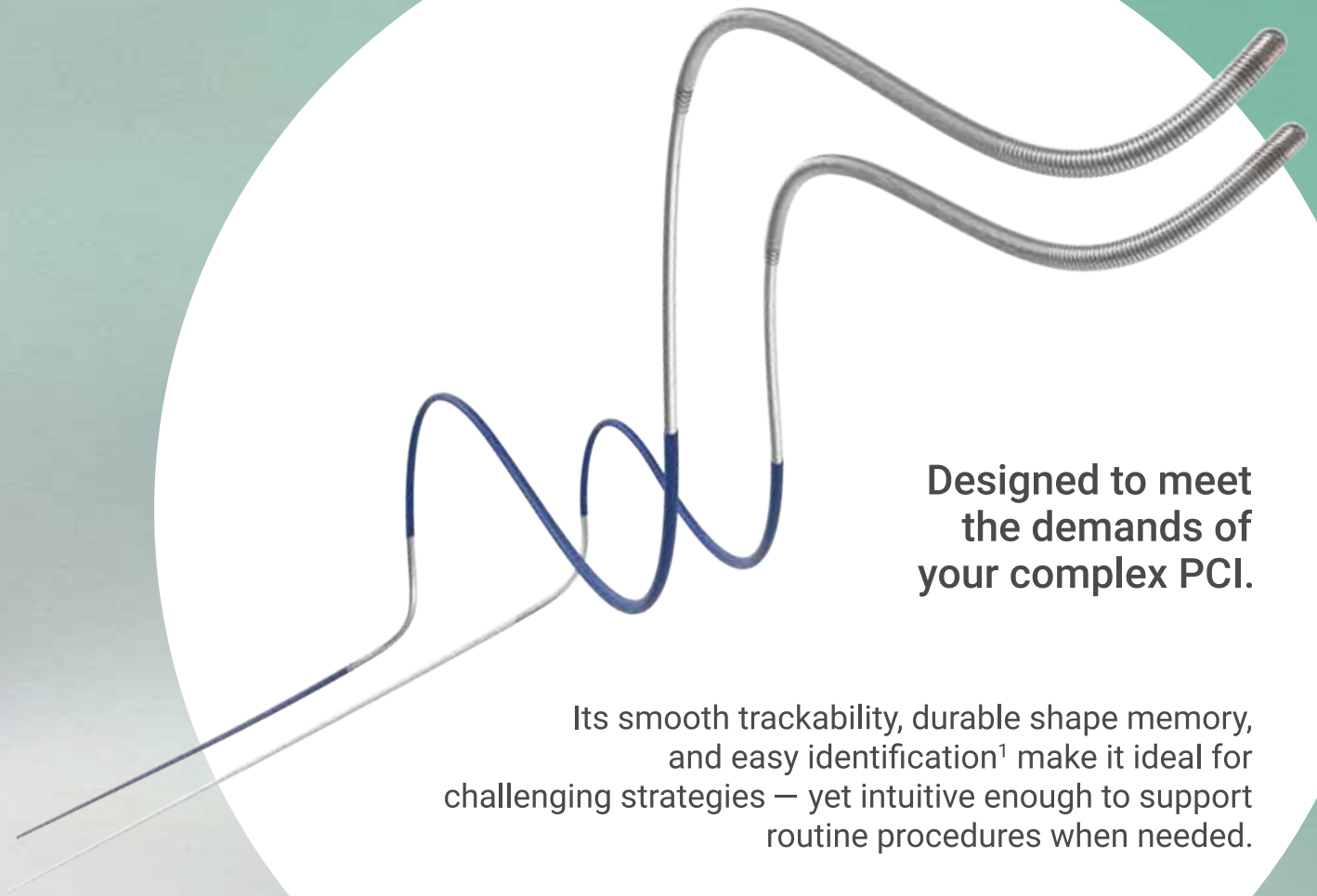
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1. Data on file at Terumo Corporation. Technical Documentation for Runthrough NS Izanai – DC-0136404.

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