

The Daily Wire

THE OFFICIAL EUROPCR COURSE NEWSPAPER

EDITION THREE, 21 MAY 2026



Major LBTs

**IMPORTANT
QUESTIONS
ANSWERED**

EuroPCR 2026

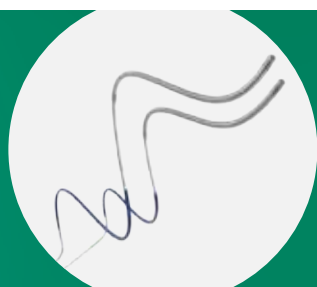
12,147

PARTICIPANTS

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PTCA Guide Wire

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the complex.
Proficient for
the routine.



Symposium with LIVE case

Left main and complex bifurcation stenting

Thursday, May 21 | 12:30 – 14:00 | Théâtre Bleu | LIVE Massy

Anchorperson: Goran Stankovic | Spokesperson: Tom Johnson

TERUMO INTERVENTIONAL
SYSTEMS

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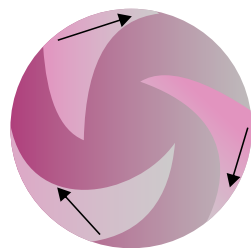
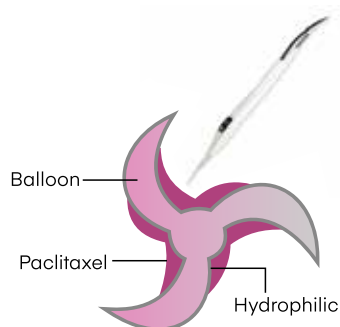
Protégé

Paclitaxel Coated Coronary
Balloon Dilatation Catheter



Available in

Semi Compliant & Non-Compliant versions



UNIQUE DRUG APPLICATION

- Application of drug within the folds using auto pipette technology

WING SEAL TECHNOLOGY

- Protects the drug between the balloon folds, resulting in negligible drug loss prior to inflation
- The corrugation increases flexibility of the balloon ensuring better trackability & crossability

M3i STUDY*

- Multiple drug release up to 3 times with the same device

*Data on File
Cheng et al., 2022, J. Invasive Cardiol. 34(6) – Pearl Registry: Paclitaxel Coated balloon in PCI practice

PCR's Got Talent – meet the finalists!

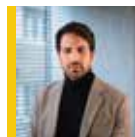
After 2 days of impressive presentations, the competition reaches its peak with the final today. Watch the young investigators in action, ask questions and decide for yourself – who should win?



**Judit
Andreka**

Judit Andreka completed fellowships in Hungary at the Military Hospital Budapest and the University of Szeged, and at the University Heart Center Graz, where she is currently practising. Her clinical and research interests span coronary and structural interventions, particularly left main disease, bifurcations, bench tests and TAVI.

Abstract: Stent elongation during proximal optimisation with dedicated and non-compliant balloons



**Simone
Fezzi**

Simone Fezzi is an interventional cardiologist at the University Hospital of Verona. He previously completed a senior fellowship in coronary and structural interventional cardiology and translational research at the University of Galway. He focuses on physiology- and imaging-guided PCI, intracoronary imaging, angiography-derived coronary physiology, DCBs, bioresorbable technologies and the optimisation of coronary interventions.

Abstract: Prognostic implications of angiography-derived radial wall strain in non-culprit lesions of STEMI



**Ioannis
Skalidis**

Ioannis Skalidis is an interventional cardiologist at Fribourg Cantonal Hospital & University of Fribourg and honorary lecturer at the University of Crete. He completed a fellowship at the Institut Cardiovasculaire Paris Sud and has a PhD in coronary physiology. His interests include coronary physiology, digital health, CTO PCI and structural heart interventions.

Abstract: Aorto-ostial right coronary artery CTO PCI: technical outcomes and predictors of failure from ERCTO registry



**Marco
Tagliafierro**

Marco Tagliafierro graduated from the Sapienza University of Rome and has completed several exchanges abroad, including at Sorbonne Université, Cardiff University, Université de Montréal and Columbia University. He is currently working as a postdoctoral research fellow in the cardiothoracic surgery department of Columbia University.

Abstract: Nationwide long-term outcomes of aortic valve replacement in US dialysis patients: TAVI vs. surgical AVR



**Nitin Chandra
Mohan**

Nitin Chandra Mohan is a registrar at the Bristol Heart Institute and is studying for a PhD. His research focuses on intracoronary imaging with an emphasis on operator behaviour during PCI and how imaging is translated into decision-making. He is involved in the ILUMIEN-V AERO OCT-guided PCI study linking imaging assessment with operator-level decision patterns and clinical outcomes.

Abstract: Operator adherence to OCT-guided PCI metrics and outcomes: insights from ILUMIEN-V AERO



**Isabel
Mattig**

Isabel Mattig is a board-certified specialist in internal medicine and cardiology at the Deutsche Herzzentrum der Charité and a clinician scientist at the Berlin Institute of Health. Her research focuses on valvular heart disease and cardiomyopathies. Clinically, she is currently active in the fields of coronary interventions and echocardiography.

Abstract: National trends in the treatment of tricuspid regurgitation in Germany from 2018 to 2023



**Robert
Sykes**

Robert Sykes is a clinical lecturer in cardiology at the University of Glasgow and an academic specialty registrar in the West of Scotland. His research centres on coronary and myocardial physiology and the pathophysiology of myocardial injury, with a focus on novel diagnostics to better recognise and stratify disease and point toward tailored, mechanism-directed therapies.

Abstract: Myocardial bridge is associated with epicardial coronary spasm



DON'T MISS

**PCR's Got Talent
Round 3 - FINAL**

Thursday, Room Arlequin,
11:15 – 12:15



TODAY'S *MUST-ATTEND EVENTS*

Andreas Grüntzig Ethica Award

Main Arena, 10:00 – 10:15

"Roxana Mehran is without doubt one of the most consequential voices in interventional cardiology – a clinician-scientist whose landmark research has profoundly shaped the field of antithrombotic therapy and whose visionary initiatives have set numerous novel standards. Beyond her prolific professional achievements, Roxana is an exceptional human being: her enthusiasm is infectious, her energy boundless, her generosity unmatched – qualities that draw people irresistibly to her. Above all, she is devoted to recognising talent in others and lifting it with grace, leaving everyone deeply inspired."

– Stephan Windecker

EuroIntervention Journal annual editorial board and award ceremony

Room Maillot, 17:45 – 18:45

LIVE CENTRES IN FOCUS



"EuroPCR provides an opportunity to exchange knowledge, clinical experiences and the latest research at the cutting edge of interventional cardiology."

Rigshospitalet Heart Centre - Copenhagen, Denmark

Practitioners include 60 cardiologists, 15 interventional cardiologists (10 coronary interventions, 3 structural heart interventions), 2 congenital-paediatric interventions), 2 structural interventional imagers and 30 cardiothoracic surgeons

Most frequent types of interventions/procedures: The complete range of coronary and structural heart interventions, including complex PCI, TAVI, M-TEER/TMVR, T-TEER/TTVR, LAA closure, ASD closure, PFO closure and TEVAR

How would you describe your centre?

We foster an innovative academic environment, with a long tradition of participating in first-in-human and early feasibility studies, developing and evaluating novel procedural techniques and technologies, and supporting a long-standing international fellowship programme, active since 2009

Leipzig Heart Centre - Leipzig, Germany

Practitioners include >40 cardiologists, >30 cardiac surgeons, >150 residents and fellows in both cardiology and cardiac surgery, and >200 NAPs

Most frequent types of interventions/procedures: >5,000 coronary angioplasties, >2,500 PCIs, >1,000 TAVIs per year, around 300 mitral/tricuspid procedures and a wide range of congenital and GUHD interventions. We also have one of the world's largest cardiac surgery programmes

How would you describe your centre?

The pillar of our centre is teamwork – dedication, responsibility, innovation and adaptation are realised by a fantastic interdisciplinary approach and outstanding staff



"EuroPCR provides an outstanding one-of-a-kind educational experience for the whole Heart Team."



Cleveland Clinic - London, UK

Practitioners include 40 cardiologists (12 interventionalists), 7 cardiac surgeons, 1,400 employees (including NAPs and Fellows)

Most frequent types of interventions/procedures: Coronary and structural interventions, advanced electrophysiology

How would you describe your centre? Our team is composed of cardiologists and surgeons from London's leading teaching hospitals who collaborate closely to provide a high volume of cathlab and surgical procedures, incorporating research and innovation programmes in a modern, high-tech facility

"EuroPCR is the world's biggest and best interventional meeting – we hope to add a fresh and dynamic educational offering with global appeal."



University Hospital Basel - Basel, Switzerland

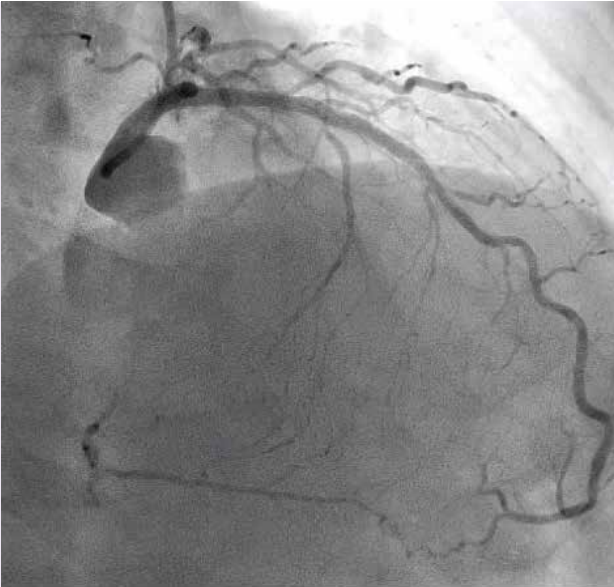
Number of practitioners: 90

Most frequent types of interventions/procedures: PCI including CHIP and CTO PCI

How would you describe your centre? The interventional team covers 5 cathlabs across 3 different hospitals. The department is a training centre for cardiology fellows including subspecialty training in interventional and structural cardiology. The Cardiovascular Research Institute Basel is an internationally recognised research department

"EuroPCR brings together experts in interventional cardiology from around the world. We are proud to be a LIVE centre for the first time!"

LIVE EDUCATIONAL CASES TODAY!



CTO ADVANCED Level II

LIVE from Cleveland Clinic London, UK & University Hospital Basel, Switzerland

- What is the optimal CTO crossing strategy when the distal cap is adjacent to a critical PDA/PLV bifurcation?
- How do you manage severe calcification and tortuosity while preserving distal bifurcation integrity in complex RCA CTO PCI?

With the collaboration of the Euro CTO Club

Theatre Bordeaux, 10:30 – 12:15



Complex bifurcation PCI

LIVE from Leipzig Heart Centre - Leipzig, Germany

- How would you approach a complex LAD–Diagonal bifurcation after failed side-branch wiring and recent TAVI?
- Does TAVI-first strategy simplify or complicate subsequent complex coronary bifurcation PCI?

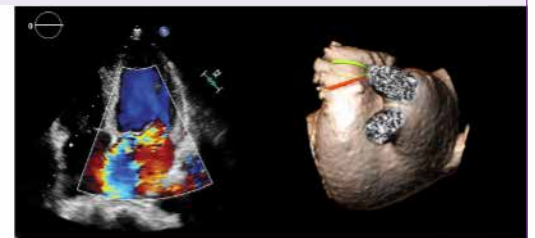
Main Arena, 16:30 – 18:00

Combined mitral intervention and LAA closure

LIVE from Rigshospitalet Heart Centre - Copenhagen, Denmark

- Can combined M-TEER and LAAC safely address both severe MR and bleeding risk in a single procedure?
- How does a reverse chicken-wing LAA anatomy influence device selection and procedural strategy during combined intervention?

Main Arena, 15:00 – 16:30



TODAY'S OTHER LIVE CASES

TAVI: LIVE from Cleveland Clinic - London, UK
Main Arena, 08:30 – 10:00

Complex calcified lesion: LIVE from Rigshospitalet Heart Centre - Copenhagen, Denmark
Main Arena, 10:45 – 12:15

CTO ADVANCED Level I
Theatre Bordeaux, 08:30 – 10:00

CTO ADVANCED Level III
Theatre Bordeaux, 15:00 – 17:00

Major late-breaking trials: Generating evidence to optimise clinical practice

EuroPCR is not only about sharing practical information but is also about discussing the latest science. Results from three major late-breaking trials presented yesterday answered important questions to inform clinical practice.

Coronary revascularisation in patients undergoing TAVI: An IPD meta-analysis of four randomised trials

“Despite the high burden of CAD in patients referred for TAVI, optimal management remains uncertain,” noted the first presenter, Roberto Scarsini (University of Verona - Verona, Italy). “Contemporary trials with distinct designs, endpoints and inclusion criteria have investigated the role of PCI vs. optimal medical treatment (OMT) in patients with CAD undergoing TAVI. However, interpretation is hindered by limited sample sizes and methodological heterogeneity. To address this

knowledge gap, we conducted the ARTICA meta-analysis in which we identified four key RCTs – NOTION-3, ACTIVATION, TCW and FAITAVI¹⁻⁴ – and analysed individual participant data from these trials.”

The primary endpoint was major adverse cardiovascular events (MACE), which included all-cause death, MI, any coronary revascularisation and stroke at 1 year. The co-primary endpoint was net adverse clinical events (NACE), defined as MACE plus major bleeding at 1 year.

Data from 1,050 patients were combined and stratified in three groups: FFR-guided PCI (n=439), angiography-guided PCI (n=255) and OMT (n=356). The mean age was around 83 years and approximately 36% were female.

Overall, PCI was associated with lower risk of MACE at 1 year compared with OMT (8.4% vs. 14.3%; hazard ratio [HR] 0.70; 95% CI 0.49–0.99; p=0.049).

The lower incidence of MACE was driven by a lower risk of any revascularisation (0.7% vs. 4.5%; HR 0.34; 95% CI 0.14–0.80). Other individual components of the primary endpoint were similar in both groups. The risk of NACE was also similar (HR 1.01; 95% CI 0.74–1.38), with no significant difference in the incidence of major bleeding for PCI vs. OMT (10.2% vs. 12.6%; HR 1.21; 95% CI 0.81–1.82).

FFR-guided PCI demonstrated a lower risk of MACE (HR 0.58; 95% CI 0.37–0.91) and NACE (HR 0.68; 95% CI 0.51–0.90) compared with OMT. No significant differences in MACE or NACE were observed between angiography-guided PCI and OMT. Major bleeding occurred in 8.2% of patients with FFR-guided PCI, 13.7% with angiography-guided PCI and 12.6% with OMT.

Dr Scarsini concluded: “Routine PCI provides limited advantage compared with OMT. Physiology-guided PCI may improve the outcome of patients with CAD undergoing TAVI.”



1. Lønborj J, et al. *N Engl J Med.* 2024;391:2189–2200.
 2. Patterson T, et al. *JACC Cardiovasc Interv.* 2021;14:1965–1974.
 3. Kedhi E, et al. *Lancet* 2025;404:2593–2602.
 4. Ribichini F, et al. *Eur Heart J.* 2025;ehaf974. doi: 10.1093/eurheartj/ehaf974.

Long-term mortality following PCI with DES vs. CABG for left main disease

"Long-term follow-up comparing DES PCI and CABG in patients with left main disease is now complete, providing the opportunity to evaluate their effects on outcomes over an extended period," explained Brian A. Bergmark (Brigham and Women's Hospital, Harvard Medical School - Boston, USA) as he discussed the rationale behind a new meta-analysis of four randomised trials. Individual patient data (n=4,394) on all-cause mortality were pooled from SYNTAX, PRECOMBAT, NOBLE and EXCEL, which randomised patients with left main disease considered suitable for either PCI or CABG. The meta-analysis included 10-year data for SYNTAX, PRECOMBAT and NOBLE, and 5-year data for EXCEL.

Rates of all-cause mortality did not differ between patients randomised to PCI or CABG (23.5% vs. 23.1%; HR 1.04; 95% CI 0.90–1.19; p=0.62).

Bayesian analysis indicated a 5.0% probability that the mortality difference between PCI and CABG was $\geq 2.5\%$ over 10 years, and there were no apparent differences between the treatments for various subgroups, including baseline SYNTAX score (≤ 22 , 23–32 and ≥ 33). Furthermore, a similar result was obtained when analysis was restricted to trials with 10-year follow-up (22.3% vs. 23.3%; HR 0.94; 95% CI 0.80–1.12; p=0.5), and results were also confirmed in landmark analyses of all four trials at 0–5 and 5–10-year timepoints.

Dr Bergmark concluded: "The results of this long-term meta-analysis indicate that either PCI or CABG may be considered for left main revascularisation in patients deemed appropriate for either approach by a multidisciplinary team."



Outcomes of LAAC vs. DOAC in patients with atrial fibrillation across different age groups

Earlier this year, results were published from the CHAMPION-AF trial comparing device-based left atrial appendage closure (LAAC) with direct oral anticoagulant (DOAC) therapy among 3,000 patients with atrial

fibrillation who were candidates for anticoagulation.¹ The primary efficacy endpoint of death from CV causes, stroke or systemic embolism at 3 years was noninferior for LAAC vs. DOAC therapy, while LAAC was superior to

DOAC for the primary safety endpoint of non-procedure-related bleeding at 3 years. Yesterday, Jens Erik Nielsen-Kudsk (Aarhus University Hospital - Aarhus, Denmark) presented results from a prespecified subanalysis that evaluated the efficacy and safety of LAAC vs. DOAC in patients aged <75 years (n=1,915) and ≥ 75 years (n=1,085).

Results from both age groups were consistent with those observed in the overall analysis.

The incidence of the primary efficacy endpoint was similar for LAAC vs. DOAC in patients aged <75 years (4.0% vs. 3.8%; HR 1.07; 95% CI 0.67–1.71; log rank p=0.7789) and ≥ 75 years (8.8% vs. 6.6%; HR 1.34; 95% CI 0.85–2.12; log rank p=0.2036; p interaction=0.5014). Significantly lower incidence of non-procedural ISTH major and modified ISTH clinically relevant non-major bleeding was observed with LAAC vs. DOAC in patients aged <75 years (11.2% vs. 17.2%; HR 0.64; 95% CI 0.50–0.82; log rank p<0.0001) and ≥ 75 years (15.6% vs. 22.4%; HR 0.68; 95% CI 0.51–0.91; log rank p=0.0002; p interaction=0.7281).

In the ITT analysis, ischaemic stroke was higher in LAAC vs. DOAC in patients aged ≥ 75 years, but Professor Nielsen-Kudsk remarked that "this difference was no longer significant among patients who received their assigned therapy as intended, suggesting the observed signal is likely influenced by factors beyond the device itself." He noted that disabling ischaemic stroke rates were very low (0.2–0.3% per year) and similar across treatment arms and age groups.

Professor Nielsen-Kudsk concluded, "LAAC procedural performance was consistent across age groups, with high implant success and low rates of procedural complications. Our results indicate that age alone should not preclude the use of LAAC in otherwise suitable candidates. The choice between LAAC and DOAC should be made on an individualised basis in a shared decision-making process with patients."

1. Doshi SK, et al. *N Engl J Med*. 2026 Mar 28. doi: 10.1056/NEJMoa2517213.



DON'T MISS today's Hotline sessions with further new evidence presented on TAVI, coronary revascularisation and coronary physiology for microvascular assessment.



Translating TOP coronary trials into practice

A critical appraisal of SELUTION DeNovo and OPTIMAL will take place this morning, asking whether the results of these trials are having an impact.

Keen to highlight that new trial presentations mean more than just data, Thomas Cuisset, Course Director, describes the thinking behind the 'Translate the TOP trials into practice' sessions: "It's part of the PCR philosophy to reflect on newly published data and discuss their clinical impact: if and how the results are integrated into best practice. Each session begins with the presentation of a case, designed to set the scene and highlight the gold standard before the new trial was presented. The new trial design and data are then described and the management of

the case is re-evaluated. Discussions between the panel and audience at each step enable a range of viewpoints to be shared," he notes.

Yesterday's session on PRO-TAVI and CHAMPION-AF is reported on page 11. Today, important trials in the coronary field will be under the spotlight. First to be discussed will be early results from SELUTION DeNovo, a trial that compared drug-coated balloons vs. drug-eluting stents in *de novo* coronary lesions.¹ Session Facilitator, Emanuele Barbato, comments, "The idea of performing PCI without permanent stenting has been a tantalising prospect for so long. For the first time, results from SELUTION DeNovo at 1 year were in the right direction, but questions remain and it will be useful to discuss these together in an open forum." Secondly, findings of the OPTIMAL trial assessing

IVUS guidance in left main PCI will be interpreted.² "The results were unexpected," says Professor Barbato, "and the session will provide the perfect opportunity to have a critical look at the study design and details to help correctly position this trial in the context of the rest of the currently available evidence."

A session on complex PCI this afternoon will reflect on the IVUS-CHIP trial investigating imaging³ and discuss how results from CHIP-BCIS3 will impact on the use of left ventricular support devices.⁴

1. Presented at TCT 2025. Read more at: pcronline.com/News/Congress-coverages/TCT
 2. Testa L, et al. *N Engl J Med.* 2026 Mar 30. doi: 10.1056/NEJMoa2600440.
 3. Diletti R, et al. *N Engl J Med.* 2026 Mar 30. doi: 10.1056/NEJMoa2601521.
 4. Perera D, et al. *N Engl J Med.* 2026;394:1779-1789.

DON'T MISS

Insight from recent evidence in coronary artery disease: value of DCB for de novo lesions (SELUTION) and imaging for left main PCI (OPTIMAL)

Thursday, Room Maillot, 08:30 – 09:30

Insight from new evidence for complex PCI: value of imaging (CHIP IVUS) and left ventricular support (CHIP BCIS 3)

Thursday, Room 252B, 16:45 – 17:45



Beyond the diagnosis: A qualitative exploration of women's experiences with CVD



Global Heart Hub, the international alliance of heart patient organisations, returns to EuroPCR for a special session on women's cardiovascular health experiences.

CVD remains the leading cause of death among women worldwide, and yet women continue to experience late, missed and misdiagnosed heart disease, driven by gaps in symptom recognition, male-centred diagnostic pathways, underrepresentation in research and fragmented care.

During the session, participants will explore the "silent differences" and the unique challenges in women's care pathways, from diagnosis through to cardiac rehabilitation. The session will highlight preliminary findings from Global Heart Hub's patient-led qualitative research project focusing on the experiences of women with cardiovascular conditions

such as ASCVD, elevated LDL-C, elevated Lp(a), heart valve disease and cardiomyopathy. Preliminary findings are based on 15 groups in 6 countries: Australia, Canada, China, Germany, Italy and the USA. Early results highlight the need for improved symptom recognition and patient education to support earlier identification and more equitable, patient-centred care across cardiovascular settings.



"Importantly, women have additional risk factors related to gynaecological conditions, pregnancy and menopause

that contribute to CVD, which are often overlooked. Given most CVD is preventable, **we must overlook no more and act now** not only to save their lives but also to improve their quality of life," says anchorperson, Vijay Kunadian (Newcastle University & Hospitals - Newcastle, UK).



Spokesperson Caroline Verhage founded the Dutch patient organisation Stichting VrouwenHart after

suffering a spontaneous coronary artery dissection in 2016, followed by open-heart surgery in 2017. She explains: "Real care arises where medical knowledge and experience come together: listening, deciding together and learning from each other make the difference."

Find out more about Global Heart Hub, a non-profit organisation established to provide a voice for those living with, or affected by, CVD:



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



SESSION IN THE SPOTLIGHT



TAVI durability:

Contemporary evidence and future directions

Developed in collaboration with TCT, this afternoon's session brings together experts from both sides of the Atlantic to discuss the latest long-term data on TAVI durability.

In a PCR-TCT Partners in Learning session today, participants can immerse themselves in the latest data on TAVI durability from trials and registries, hear international experts discuss the data's broader implications and be part of discussions on what lies ahead.

Bernard Prendergast, PCR Chairman, explains why this is a 'must attend' session: "Firstly, the presentations and

discussions will provide an important opportunity to combine perspectives from our friends in the US with European opinion, allowing us to compare and contrast transatlantic practices. Secondly, the panel and audience will reflect on a series of milestones in the development of TAVI, including the publication of 7-year data comparing TAVI and surgery in low-risk patients. While the results have been largely reassuring, they have also generated a lot of discussion and reflection on how we demonstrate durability and assess this vital endpoint comprehensively within randomised trials. The data emphasise the need for long-term surveillance, not only for TAVI but also for other new medical devices.

Conventionally, trials report their outcomes over the first few years – but maintaining the database and sustaining follow-up efforts out to 10 years and beyond is a major scientific and practical challenge for investigators.

This afternoon's session is all about discussing these hurdles and their implications for future trial design. The session includes world-renowned specialists in imaging, interventions and surgery who will take a broad, forward-looking approach to this important contemporary issue – I urge you to join us."

DON'T MISS

Spotlight - TAVI durability: contemporary evidence and future directions

Thursday, Room Maillot,
15:00 – 16:00

PCR-TCT Partners in Learning



FROM YESTERDAY



Winner of the 2026 Michele Pighi Young Investigator Award: Lene Andreassen



The Michele Pighi Young Investigator Award is more than just an award – it pays tribute to a very special colleague and provides the opportunity for a young professional to spend time at a European interventional centre of their choosing.

Open only to young physicians under the age of 40 years, the winner of the abstract competition was announced yesterday. Hear from Lene Andreassen who has claimed this year's prize:

What was the topic of your submission?

My submission focused on outcomes and predictors of 1- vs. 2-stent techniques in true coronary bifurcation PCI using data from the OCTOBER trial. We also looked into how OCT guiding may improve procedural outcomes.

What does it mean to you to win the award?

Winning the Michele Pighi Award is a huge honour and very meaningful to me as a young female researcher in interventional cardiology. It is incredibly motivating to have my work recognised in an academic field where women remain underrepresented among researchers and operators, and it encourages me to continue

working to improve both patient care and clinical research in interventional cardiology.

Do you have a destination in mind for your European visit?

I would love to visit Imperial College London where Rasha Al-Lamee and her work have been a major inspiration to me. I greatly admire her ability to combine innovative clinical research with leadership as a woman in interventional cardiology.

What will this award mean for your future in research?

This award motivates me to continue building an academic career within interventional cardiology and to develop international collaborations. I also hope to help inspire and support more women entering the field in the future.

Get your **CME, attendance** and **presentation certificates** in your My PCR account from **29 May!**



FROM YESTERDAY

From entry to exit: Managing arterial access for NAPs

A session from the Nurses and Allied Professionals Track provided valuable insights into access sites, with a focus on NAPs' roles, particularly in closing access.

Building around a clinical case, the session began with David Rodrigues discussing some of the advantages and disadvantages of radial access. He provided some tips on the use of compression bandages and compression devices and gave a demonstration on how to correctly use TR Bands. The importance of nonocclusive 'patent' haemostasis and not prolonging haemostatic

compression were emphasised as key to preventing radial access occlusion.

The correct origin and course, anatomical position, clinical significance and safe zone were covered for femoral access. John Steele discussed the options for femoral access closure, providing guidance on how to correctly apply direct manual pressure and demonstrating how to use a suture-based closure device (Perclose ProStyle) and a collagen-based closure device (ANGIO-SEAL). The session concluded with the advice that there is no single best solution for femoral closure: the optimal strategy depends on the access site, vessel anatomy, sheath size and clinical

context, in essence, "choosing the right tool for the right patient."

Ahead of today's session on how to build a functional training programme, facilitator, Angeliki Kolyda said: "High-performing cathlabs rely on more than technical expertise – they depend on coordinated, confident teams trained for real-world complexity. As procedures become more complex, structured training is essential to ensure consistency, safety and excellence across the multidisciplinary team. This is a must-attend session to learn how to design and implement a structured, competency-based training programme tailored to the realities of the cathlab."

DON'T MISS

CTO PCI: understand it, love it
Thursday, Room 351,
09:45 – 10:45

From wires to knives: CABG essentials every cathlab nurse and allied professional should know

Thursday, Room 351,
11:15 – 12:15

Let's train! How to build a functional training programme for our team?

Thursday, Room 351,
15:00 – 16:00



euro
PCR

Nurses and Allied Professionals
Enjoy 10 dedicated sessions

➔ **Head to Room 351 - Level 3**

Get the full Programme on the
PCR App by using the **Focus on** filter

Winner of the 2026 Jon DeHaan Foundation Award: Susheel Kodali

Yesterday, Susheel Kodali from the New York-Presbyterian/Columbia University Medical Center, USA received the Jon DeHaan Foundation Award and a \$200,000 grant.

At PCR Innovators Day, he presented the first-in-human experience with the CARLEN System to treat functional mitral regurgitation. Dr Kodali spoke to the Daily Wire after the award ceremony:

What does it mean to you to win the Jon DeHaan Foundation Award competition?

Winning the Jon DeHaan Foundation Award is an incredible honour for Azeem Latib, Edwin Ho and myself, as well as for the team at Nyra Medical. We have been fortunate to have

worked closely with co-founders, Murali Padala and Eric Sarin, as well as CEO Lori Chmura over the last several years to bring this technology forward. It is especially meaningful because the award recognises innovations with the potential to fundamentally change the treatment paradigm for patients with functional mitral regurgitation, advancing therapies that can meaningfully improve outcomes, quality of life and the overall standard of care.

How will your innovation help to address an unmet need?

Our innovation is focused on addressing the significant unmet need in patients suffering from functional mitral regurgitation. CARLEN is designed to treat a broader patient population with a more predictable approach that minimises transmitral gradients, preserves

native anatomy and maintains future therapeutic options for transcatheter interventions. By expanding access to therapy while preserving treatment flexibility over a patient's lifetime, we believe CARLEN has the potential to establish a new paradigm in the management of functional mitral regurgitation and meaningfully improve patients' quality of life.

How do you plan to use the award to progress your innovation?

The award will help accelerate critical development and clinical activities as we continue advancing our technology. It also lends vital visibility and validation to our programme, backed by the prestigious endorsement of our peers and the Jon DeHaan Foundation. Most importantly, it reinforces momentum behind our mission to bring a potentially transformative therapy forward.



Translating TOP trials into practice: PRO-TAVI and CHAMPION-AF

A session yesterday morning discussed the recent PRO-TAVI and CHAMPION-AF trials in the context of other trial data and with reference to two interesting cases.

Daniel Blackman began by describing the case of an 82-year old woman who was admitted to hospital with heart failure, cardiac chest pain and a slight rise in troponin levels. She was found to have severe aortic stenosis and a small annulus. In addition, she also had critical ostial/proximal RCA stenosis with an eccentric RCA ostium close to the RCC/NCC commissure.

The design and results of the PRO-TAVI trial were then presented.¹ As published in March, PRO-TAVI randomised TAVI patients with CAD to deferral of PCI or PCI before TAVI. The primary endpoint was a composite of all-cause mortality, MI, stroke and major bleeding at 1 year. Deferral of PCI was found to be noninferior to PCI before TAVI for the primary endpoint. Deferral was also associated with a 61% reduction in major bleeding but with no increase in the incidence of MI.

Returning to the case, Dr Blackman described how the female patient was actually treated in clinical practice. She had initial TAVI with a self-

expanding supra-annular valve and staged in-patient PCI of the RCA was planned. However, following the TAVI, the patient declined the coronary procedure, reporting no ongoing chest pain. She was discharged 4 days after TAVI with PCI now planned if she develops recurrent symptoms.

The discussions centred on how the results of the PRO-TAVI trial vary from those of NOTION-3,² with the different primary endpoint raised as an important factor: NOTION-3 included urgent revascularisation while PRO-TAVI included major bleeding. The panel, which included Ole De Backer, Liesbeth Rosseel, Xavier Freixa and Thomas Pilgrim, concluded that the priority should be "treating the most significant stenosis first." Unless the coronary artery stenosis is very severe, they agreed that, in line with the PRO-TAVI findings, they would generally choose to perform TAVI first, then monitor for signs of angina improvement, before deferred PCI is considered, weighing up other individual patient factors.

Attention then switched to the comparison of LAAC and DOAC therapy. Philippe Garot presented the case of a 66-year old man with a previous ischaemic cerebral event (amaurosis) who had paroxysmal AF but refused to take DOACs, citing his

very active lifestyle. He had a CHA₂DS₂-VASC score of 4 and a HAS-BLED score of 3.

The design and results of the recent CHAMPION-AF trial were presented, in which patients with AF who were eligible for DOACs were randomised to receive LAAC or DOACs.³ The primary efficacy endpoint was death from cardiovascular causes, stroke or systemic embolism, while the primary safety endpoint was non-procedure-related bleeding. LAAC was found to be noninferior to DOACs with respect to the primary endpoint and superior to DOACs for non-procedure-related bleeding at 3 years.

Returning to the case, Dr Garot described how attempts to convince the patient to take DOACs had failed and the patient received a LAAC device and was discharged the next day. The panel discussed how this

case is more representative of the current situation in US practice than in Europe where LAAC is usually reserved only for those at high bleeding risk. Issues relating to demonstrating the cost-effectiveness of LAAC for reimbursement were raised. The panel also cited the results of the CLOSURE-AF trial, which demonstrated that LAAC was not noninferior to medical therapy in a higher-risk population.⁴ They concluded that results from the prespecified endpoint of stroke/systemic embolism at 5 years in the CHAMPION-AF trial would be important to guide the future use of LAAC in patients who are eligible for DOACs.

1. Delawi R, et al. *Lancet*. 2026;407:1429-1438.
2. Lønborj J, et al. *N Engl J Med*. 2024;391:2189-2200.
3. Doshi SK, et al. *N Engl J Med*. 2026 Mar 28. doi: 10.1056/NEJMoa2517213.
4. Landmesser U, et al. *N Engl J Med*. 2026;394:1270-1280.





What's new with the PCR Focus Groups?

The newly created PCR Mitral Focus Group and PCR Mechanical Circulatory Support (MCS) Focus Group are building on the considerable success of the PCR Tricuspid Focus Group. Find out more about their aims and achievements:

PCR Mitral Focus Group



Led by Philipp Lurz and Thomas Modine, the PCR Mitral Focus Group includes over 40 experts – from cardiologists, cardiac surgeons, imaging specialists and heart failure specialists to innovators and strategists – who are working across five groups: anatomy and imaging, innovations, interventions, evidence and therapy adoption.

Thomas Modine comments, "More than 20 years after the first transcatheter edge-to-edge repair, we are still navigating without a clear direction. Adoption is slow, guidelines implementation is poor and there are disparities within and between countries. The Focus Group was created to fill the void and help shape mitral valve therapy to reach its full potential. The only way to see improvements is to collaborate and we aim to create a common framework, unifying definitions, standardising practice and also providing education on disease

awareness, procedural techniques and imaging. We are now working on our first publication: a state-of-the-art consensus-style document describing where the field stands and detailing our short- and long-term priorities for moving forward. There is no limit to the ambitions of the group!"

DON'T MISS

Mitral valve interventions: mastering procedure-specific transeptal punctures

Thursday, Theatre Havane - Simulation Learning Room, 08:30 – 10:00

Seeing, aligning, and treating: integrating TEE and fluoroscopy to optimise mitral TEER

Thursday, Room 152 - Imaging Skills Lab 2, 15:00 – 16:00



PCR MCS Focus Group



Also launched in 2025, the PCR MCS Focus Group is led by directors from three different specialties, reflecting its interdisciplinary approach: Roberto Lorusso, a cardiac surgeon, Sascha Ott, a cardiac intensivist, and Flavio Ribichini, an interventional cardiologist. Together with another 40 expert healthcare professionals, the group is working in five main areas: patient and MCS device phenotyping, implantation and complication management, shock network and patient care, MCS evidence and outcomes, and innovation.

Flavio Ribichini notes: "There is a huge need to improve the outcomes of patients at risk of, or with, acute heart failure requiring MCS. Although MCS is a well-established therapy, there are still many uncertainties around its use. Drawing on the knowledge of leading experts across all related fields, we aim to raise awareness of the issues, bring about alignment among stakeholders and drive appropriate implementation

through structured educational programmes and evidence-based publications. Watch this space!"

DON'T MISS

Spectrum of cardiogenic shock
Thursday, Room 153, 15:00 – 16:00

Identifying and planning protected temporary mechanical circulatory support-based procedures in high-risk patients

Thursday, Room 242AB, 16:15 – 17:15



PCR Tricuspid Focus Group

Serving as a blueprint for the two new groups, the PCR Tricuspid Focus Group continues to go from strength to strength. Directors Marianna Adamo, Julien Dreyfus, Francesco Maisano, Fabien Praz and Marta Sitges lead an enthusiastic team of over 120 core members and regional chapter members.

Francesco Maisano says: "For 5 years or so, we have been very active in raising awareness of tricuspid valve disease and bringing together specialties to

find consensus in a field where clinical practice is evolving. We have created webinars, run sessions at courses, led numerous awareness meetings, published consensus statements and contributed to the new valvular heart disease guidelines, all aiming towards alignment of knowledge and unifying practice. As the field – and our group – has moved into a more mature era, we are revisiting our original state-of-the-art publication to provide updates now that new technologies have been developed. We are also working on

booklets for referring cardiologists and will continue to try to reach and support as many different colleagues from as many different countries as possible. Raising patient awareness of tricuspid disease symptoms and treatment options is another important aim for the coming months."



DON'T MISS

Tricuspid valve - Repair, replacement or none?

Thursday, Room 342AB - Learning Room (Structural), 08:30 – 09:30



Full-on commitment to interventional cardiology – today and in the future



Bernard Prendergast

PCR Chairman

Few areas of medicine have evolved as rapidly as interventional cardiology. Since Andreas Grüntzig performed the first coronary angioplasty nearly five decades ago – an anniversary that we look forward to celebrating in 2027 – the field has expanded incredibly.

Today, our speciality is defined not only by technical progress (and prowess) but also by a global community dedicated to learning from one another and improving patient outcomes.

Almost four decades ago, PCR was born in this spirit. From early LIVE demonstration courses in Toulouse to the creation of EuroPCR by pioneer Jean Marco and the subsequent evolution of a global network of educational initiatives, it now provides an impressive platform of worldwide courses, digital activities, academic publications, training programmes and collaborative initiatives supporting physicians, nurses and other healthcare professionals.

PCR is people

Our strength derives from the friendship, commitment and enthusiasm of those who share the goal of improving patient care through education, science and collaboration. In this spirit, 70 healthcare professionals gathered in late January for the PCR Winter Retreat to reflect on the organisation's strengths and weaknesses. We created a comprehensive road map and task list that will define our trajectory for the next five years as we incorporate the next generation of leaders and learners.

Supporting the next generation – and a global community

Our multidimensional commitment to supporting physicians, nurses and other healthcare professionals involves the extension and strengthening of existing communities – and expansion to incorporate newcomers with initiatives that maximise education and exchange. The PCR Companions network was created in 2019 and, remarkably, now connects more than 17,000 members. Built upon this success, PCR will continue to strive to connect peers wherever and whenever we can.

In parallel, the newly established Exchange Fellowship Programmes for young colleagues in Europe, Japan, China, Australia and New Zealand and the rapidly growing Global

Interventional Academy will allow a whole new generation of trainees and their mentors to benefit from PCR structured curricula for educational and personal development whilst simultaneously creating their own network of friends and peers.

Meanwhile, our calendar of Courses and Seminars goes from strength to strength, with the sustained growth and maturity of existing events, strong partnerships with National Societies and Working Groups, and new emerging collaborations in China, India, Central and Eastern Europe, Australia and Latin America.

Evidence, expertise, experience – the three pillars of present and future practice

Interventional cardiology evolves continuously as a result of scientific advances, procedural refinement and device innovation – and simultaneously needs to address the challenges of expanding indications, increasingly complex procedures and healthcare environments, inequitable market access and growing patient expectations. Furthermore, whilst trials and guidelines direct our practice, implementation in the clinic or on the ward (or in the cathlab or operating room) requires interpretation and application of individual and collective experience. The transmission and dissemination of scientific evidence and best clinical practice via the highest-quality education is PCR's core

focus – be it via courses, seminars and webinars, EuroIntervention and its newly established stablemate, EuroIntervention Case Reports, mentoring partnerships with the next generation or peer-to-peer exchange.

Bringing it all together at EuroPCR 2026

And so, we gather in Paris as a worldwide community for scientific discourse, dynamic and clinically oriented education, lively exchanges, reunions and celebration. Regardless of your background, specialist interest or level of experience, the programme has something for everyone as we hear the latest data, share knowledge and clinical experience, improve patient care and (importantly) enjoy each other's company.

Looking ahead

The coming years present an era of new opportunities for PCR. Building on the strongest foundations, our wide range of activities and offerings provide a global platform for education, scientific exchange and innovation. But above all, our success will continue to depend on the energy and commitment of our community.

Because PCR has always been – and will always remain – about people.

PCR Seminars: Addressing local needs through global medical education

Istanbul. Cairo. Manila. Delhi. PCR Seminars continue to expand their global footprint, delivering interventional education directly to local medical communities. Their format remains deliberately consistent: intimate groups of physicians, 2 days and a single focused topic – structured to encourage open and rigorous discussions.

The approach departs from traditional case-based learning. Facilitators guide participants through in-depth exchanges, encouraging them to articulate their clinical reasoning and engage with the varied perspectives

present within the group. Cases presented during the seminars are drawn from local real clinical practice and discussions unfold in real time.

This highly interactive setting aims to sharpen clinical judgement while fostering meaningful professional connections. The group format allows for sustained dialogue, often resulting in the formation of peer networks that extend beyond the duration of the seminar.

Held throughout the year in diverse international locations, PCR Seminars reflect a growing emphasis on localised, experience-driven medical education tailored to the realities of everyday clinical practice.

In 2025, 7 seminars took place around the world, underscoring the programme's sustained growth and international reach. In 2026, the initiative continues to expand its interactive training model globally, with 5 confirmed seminars already planned across multiple regions.

More information on PCR Seminars is available here:

PCR seminars



★ PCR Seminars aim at helping you answer the question:

What is the **best management and technical strategy** for each patient considering their clinical situation, in light of **local experience** and **best available evidence**?



Jean Marco
Retired interventional cardiologist - Martres Tolosane, France

➤ *“The philosophy of PCR Seminars is to help you build the most appropriate decision-making process for each individual patient by undertaking an integrated and global appraisal of patient information and a critical appraisal of the available knowledge in light of both local and personal experience.”*

PCR

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EuroIntervention: Better and stronger than ever



Davide Capodanno

*Editor-in-Chief of EuroIntervention
University of Catania - Catania, Italy*

Editor-in-Chief, Davide Capodanno, describes 2025's ground-breaking year for EuroIntervention and outlines plans for continued success.

"2025 was the best year to date for submissions to EuroIntervention, with a remarkable 16% increase on the previous year. Part of this is undoubtedly due to the increase in the Impact Factor to 9.5, placing it in the first quartile of cardiology journals and attracting a large audience, keen to publish their data in an increasingly respected journal. Our increase in submissions inevitably comes at the expense of lower acceptance rates – currently 7.5% overall – which should not act as a deterrent but highlights the excellence needed to achieve publication. The rise in submissions has been mirrored by increases of around 15% in visits to the website and in downloads. 2025 also saw impressive visibility across the different social media

sites and audiences, including X, LinkedIn and Facebook, and with a huge 64% increase in followers on Instagram, further extending the reach of EuroIntervention.

We now need to manage the growth of the journal to ensure that it continues to deliver the high-quality, cutting-edge advances demanded by our readers. It's about building on our reputation and growing it in a way that is proactive and forward-looking, but sustainable. To help us shape EuroIntervention's future, we are pleased to welcome our new Deputy Editor, Frederick Zimmerman, whose expertise in the coronary physiology space has already proven to be invaluable. In another change, Case Reports and Flashlights will now not appear in EuroIntervention as these article types sit comfortably within our new sister journal, EuroIntervention Case Reports.

We are constantly looking for ways to maximise the journal's service to authors and readers. An example is the introduction of professional illustrations in our State-of-the-Art publications. The collaboration between authors, illustrators and editors has resulted in illustrations that summarise important messages in a clear, comprehensive and appealing way, while enhancing the visibility of the article. We are also delighted with our Editor's Choice podcast series, which showcases major papers from each issue through discussions with the authors, adding

extra context in an accessible format.

The partnership between EuroIntervention and EuroPCR continues, not only with an all-time high number of simultaneous publications, but also in terms of sessions within the course. After a successful session with the Lancet yesterday, we are delighted to collaborate with JACC and JACC: Cardiovascular Interventions this morning where we discuss, 'Publishing in interventional cardiology: aligning authors, editors and impact'. A unique aspect is the opportunity to compare the perspectives of different stakeholders – authors, editors, reviewers and readers – and look at how the process can be improved. Later today, our annual editorial board and awards ceremony will give contributors and readers the opportunity to provide feedback about EuroIntervention and discuss suggestions for the way forward. Alongside the traditional awards, the session will feature a brand new award for the most impactful paper based on recommendations from Cory, our AI assistant, and validated by the team. Which paper will Cory choose?

This has been a fantastic year for EuroIntervention – we look forward to making 2026 even better."

EuroIntervention

DON'T MISS

Publishing in interventional cardiology: aligning authors, editors and impact

Thursday, Room 251,
09:45 – 10:45

With the collaboration of EuroIntervention and JACC and JACC: Cardiovascular Interventions

EuroIntervention Journal annual editorial board and award ceremony

Thursday, Room Maillot,
17:45 – 18:45

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Euro4C strides forward with a new president



Euro4C – the Contemporary Care of patients with Calcified Complex lesions initiative – aims to improve clinical outcomes for patients with advanced, diffuse and calcified atherosclerotic CAD.

The important mission of Euro4C is achieved through activities including an Annual Meeting, educational sessions held during Courses, dedicated webinars, the publication of clinical cases and research initiatives. Yesterday, Mohamed Abdel-Wahab was announced as the new Euro4C president for 2026–2028 and here he outlines some plans for his tenure:

“It is an honour and a privilege to take on the role and to build on the great work of Beatriz Vaquerizo, our outgoing president, who has led the group so well over the last 2 years. The initiative is still relatively young and the need to gather interested individuals together to standardise practice and promote education remains as important as ever for this growing group of patients who have distinct needs.

It was under Professor Vaquerizo’s leadership that Euro4C held its first Annual Meeting in February. Around 250 participants met in Madrid for a successful 2-day event organised by Professor Vaquerizo and Professor Flavio Ribichini. The main feedback received was related to how highly practical the event was. We have plans to hold a second Annual Meeting in November 2027 where we hope to attract even more participants. Professor Vaquerizo also introduced new dedicated Research and Educational Working Groups, which have helped to increase the visibility of these functions within Euro4C.

An aim of my presidency is to further support research efforts. For many years, the treatment of calcified CAD has been driven by expert opinion and it was considered very difficult to conduct clinical studies. We now have established registries and scientific evidence is being generated to guide practice further. It is my ambition that prospective randomised studies are initiated by the group, but for this to happen, we first need to define endpoints and outcome measures. This will take considerable efforts by the group and involve other stakeholders, but we must work together to standardise definitions, as our structural heart disease colleagues

have done, to provide a backbone for robust clinical studies.

It seems that the field is in a period of transition at the moment where one generation of interventional cardiologists is handing over responsibility to the next generation. I think it is important that we address this transition as a group and set the standards for education. Courses like EuroPCR, with the Calcium Skills Lab and collaborative sessions, help in this regard. Establishing online educational programmes will also be key to ensuring that knowledge is passed on in a structured way. Sharing expertise and gaining insights from fellow professionals enhances our practice and the Euro4C group is always happy to have input from new members who share our vision to improve the treatment of patients with complex calcified lesions.”

Find out more about Euro4C here:



Mohamed Abdel-Wahab becomes the Euro4C president for 2026–2028

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The right therapy for right heart failure and tricuspid regurgitation: fixing my patient congestion, not just a valve

Dr. Ángel Sánchez-Recalde

Dr. Martin Swaans

Dr. Rishi Puri

Dr. Ahmed Rezaq

Dr. Sam Dawkins

Dr. Amir Abbas Mahabadi

Dr. Nadira Hamid

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PCR Webinars: Hot topics in a digital format



Dejan Milasinovic

Medical Director, PCR Webinars
University Clinical Centre of Serbia - Belgrade, Serbia

PCR Webinars bring the latest news, trends and innovations in interventional cardiology to a worldwide audience in engaging and informative formats. Medical Director, Dejan Milasinovic, highlights some of the key features to look out for over the next few months:

"With PCR Webinars, we hope to match the fast-paced evolution of percutaneous interventions with the timely and broad availability of digital

learning. To achieve this, we have developed dedicated digital formats, aiming to bring the latest news to your home computer and mobile devices.

How can we be comprehensive in a fleeting digital world?

With PCR Digital Education, we have developed the Essentials series, which combines PCR Webinars with state-of-the-art short scientific reports and case submissions, all posted together on the dedicated PCRonline webpage. This year, we are covering LAAC, as well as proposing a special focus on TAVI and how to implement new clinical practice guidelines, which advocate an expansion of TAVI towards younger patient populations. The 2026 TAVI Essentials will run throughout the year, consisting of six webinars, scientific articles, summaries of recent evidence and clinical case submissions, all on PCRonline.

How can we use digital learning to provide timely reflections on new developments?

Our PCR Heart-to-Heart Conversations are available both as videos and podcasts to address new evidence and ongoing debates in an open format with leading experts in the field. These conversations appear to have reached a wide audience, with more than 10,000 combined live and on-demand views of some of our most recent episodes.

How do we set our priorities with regard to the topics covered?

Our primary mode of operation has been to cover the hot topics and emerging therapies. This year's PCR Webinars lineup reflects this notion by featuring transcatheter valve therapies, mechanical circulatory support, drug-

coated balloons, angiography-derived physiology and beyond. In addition, PCR aims to offer education that matters worldwide for our peers at all stages of their careers. In line with this, and building on our audience's needs, surveys have identified topics that webinar participants indicate they would like to hear more about. Based on your feedback, we are developing an independent mini-series to be aired in the summer covering CTO, modern applications of intracoronary imaging, calcified lesions and more."

Visit PCR Webinars online to see upcoming webinars plus existing webinars and Heart-to-Heart Conversations that can be replayed at your convenience, and why not join the WhatsApp community?

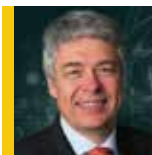


Transdisciplinary education to improve heart function



Emanuele Barbato

*Interventional cardiologist
Sant'Andrea University Hospital - Rome, Italy*



Alexandre Mebazaa

*Anaesthesiologist
Université Paris Cité - Paris, France*

The treatment of heart failure is the focus of several sessions at EuroPCR 2026, including yesterday's session in collaboration with the Improving Heart Function (iHF) initiative.

iHF Steering Committee member, Emanuele Barbato, explains how iHF was conceived: "A couple of years ago, we came to the realisation that we were discussing the same patients

at different subspecialties meetings, but with varying perspectives. We decided to join forces to create iHF, an innovative educational project dedicated to promoting comprehensive care for heart failure patients across all specialties. The transdisciplinary approach is very much aligned with the PCR ethos and also consistent with providing education that is patient centred and practice relevant."

iHF held its first annual course in March with discussions focusing on how to choose between drugs and devices and when to implement them together to obtain synergy. These discussions continued yesterday with a collaborative session at EuroPCR 2026.

iHF Steering Committee member and session faculty, Alexandre Mebazaa, explains: "It is not enough to insert cardiac resynchronisation therapy (CRT) and send the patient home. We also need to tailor the dose of guideline-directed medical therapy as the patient adjusts to the heart's improved pumping efficiency." The session also covered what to do when guideline-directed medical therapy is not tolerated. Professor Mebazaa

notes, "We need to consider the cause of intolerance and take advantage of the interplay between devices and drugs, where appropriate." He also explains that it is sometimes possible to increase drug doses after CRT, when the patient was intolerant before.

A session today addresses the other end of the pathway, when the patient enters hospital in a decompensated and haemodynamically unstable state. "This session gives a deep dive into how to select patients for left ventricular assist devices, how to manage the device itself, how to optimise medical therapy, when and how to remove the device, and how to manage anticoagulation," notes Professor Barbato.

Further insights into mechanical circulatory support (MCS) for cardiogenic shock are provided in the final heart failure session of the day, led by a panel of international experts. Professor Mebazaa concludes, "Attend and participate in this afternoon's session if you would like to know more about MCS selection, how to install unloading tools, and how to assess and treat persistent congestion despite MCS."

Find out more about the iHF initiative here:



DON'T MISS

Advanced heart failure: left ventricular assist device as bridge to optimise guided-directed medical therapy

Thursday, Room 243, 08:30 – 09:30

The pearl of unloading with mechanical circulatory support

Thursday, Room 243, 16:15 – 17:15



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TOMORROW'S MUST-ATTEND EVENTS

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

EuroPCR 2026 Closing Ceremony Main Arena, 12:30 – 12:45

DON'T MISS TOMORROW

Learn from the best!

With the collaboration of the latest addition to the community's journal family – EuroIntervention Case Reports – some of the best clinical case submissions on complications will be discussed in sessions tomorrow. Two of the sessions' facilitators tell us what we can expect:



**Salvatore
Brugaletta**

*Editor-in-Chief of EuroIntervention Case Reports
Hospital Clínic de Barcelona - Barcelona, Spain*

"We have carefully selected eight cases for two sessions – one on coronary and one on structural interventions – which will provide high-quality learning points to advance everyone's practice.

The presenter will provide details of the case and the complication, then we will tease out the solution in a very interactive way, with discussion and audience participation. When a complication arises, your patient hasn't got time for you to stop and think – they need an immediate reaction. These sessions will help you prepare in an interesting and dynamic way."



**Eric
Eeckhout**

*Interventional cardiologist / Cardiologist
Hirslanden - Clinic Cecil - Lausanne, Switzerland
University Hospital UZ-VUB - Brussels, Belgium*

"The session on best coronary complications is particularly timely given the publication of the **revised PCR Textbook chapter on the prevention and management of complications during PCI**. Jonathan Yap and I, together with a team of co-authors, have rewritten the chapter to reflect today's contemporary practice. The update covers a lot of ground – from technical aspects to human factors – but with 'Focus Boxes' to bring out the main points for easy reference. We emphasise the importance of understanding how and why a complication happened so it does not happen again. And that will be the essence of the sessions tomorrow: learning from mistakes and mishaps with constructive dialogue between facilitators, presenters and the audience."

EI CASE REPORTS

Visit the journal's website here:



**THE PCR
TEXTBOOK**

Access the PCR Textbook chapter on PCI complications here:



DON'T MISS

Best coronary complications
Friday, Room Maillot, 09:00 – 10:00

Best structural complications
Friday, Room Maillot, 10:15 – 11:15

*With the collaboration of
EuroIntervention Case Reports*



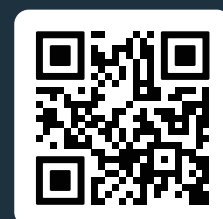
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**The prevention and management
of complications during percutaneous
coronary intervention**

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What do participants think about EuroPCR 2026?



Ana Rita Caldeira Da Rocha
Portugal

"I have been to EuroPCR before, primarily to learn about coronary interventions. This year, I will mostly be focusing on the structural sessions and refining my knowledge in coronary interventions in a few areas. I am soon starting mitral interventions and the step-by-step approach of the Learning sessions is really perfect for me. I thought they might be too advanced but the level is just right. Advice about imaging has been really useful and I will share it with my colleagues at my centre. The main challenge at EuroPCR is making choices from all the sessions!"



Janah Zantout
Lebanon

"My colleagues and I travel from hospitals in Saida in Lebanon with a focus on the coronary interventions activities at EuroPCR. We all participate in different sessions across the programme then discuss what we have learned together when we return home. This year, the Calcium Skills Lab sessions are very useful."



Arianna Cristina Lissoni
Italy

"I have been practising for 4 years and am starting CTO this year. I enjoyed the session on preventing and managing complications in CTO, learning how to anticipate and troubleshoot. I specialise in coronary interventions and the LIVE cases are great."



Charles Skarbek, Abigaelle Vieira, Uchral Otgonbayar and Anthony Malherbe
France

"We are here to present our new technology in the Innovation Hub and it is great to discuss how and why our novel approach is needed. It is easy to forget that all therapies started with innovation and it is important for everyone to discuss the processes. We represent the fields of chemistry and material science, and the Innovation Hub is a real eye opener for us."

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**WATCH
REPLAY**

When **#EuroPCR** ends, the learning experience carries on, thanks to **1 month of Videos On Demand!** (until 22 June)



Recognising Top Companions



2026 Top Companions

Recognition and rewards for dedication to learning and sharing

During a special gathering in the EuroPCR Guest Lounge yesterday, Thomas Cuisset congratulated some of the **Top Companions** who have earned 100+ points for their active contribution to the advancement of education in interventional cardiology.

As a PCR Companion, you earn points every time you proactively contribute during PCR activities, such as when you submit, attend or present at a PCR Course. Once you attain 100 points, you automatically become a Top Companion for one year, with fantastic advantages for yourself and a colleague.

Did you know?

By becoming a PCR Companion, you can activate a free one-year subscription to the print and/or digital edition of EuroIntervention! Activate here:



Yesterday's Welcome Companions event at the PCR Companions Square brought participants together.

An accordionist set the tone, filling the space with familiar Parisian melodies, while fresh crêpes added a warm, convivial touch. The AI photobooth invited participants to step into a reimagined Paris of another era, capturing moments that blended nostalgia with innovation.

The energy of the community stood out, reflecting what the space is about – bringing people together, creating opportunities to connect and making connections come alive.



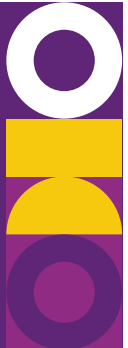
Not yet a PCR Companion?

Sign up now, become part of the community and pick up your exclusive goodies.

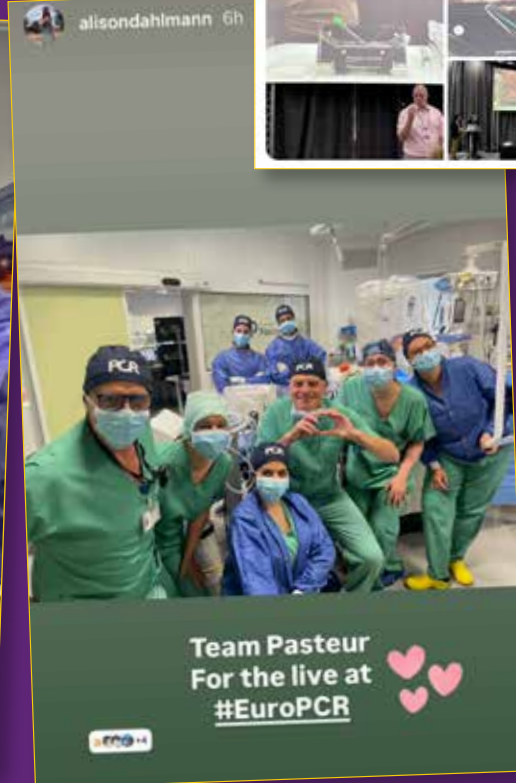


SHARE YOUR INSIGHTS

CAPTURED MOMENTS



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.

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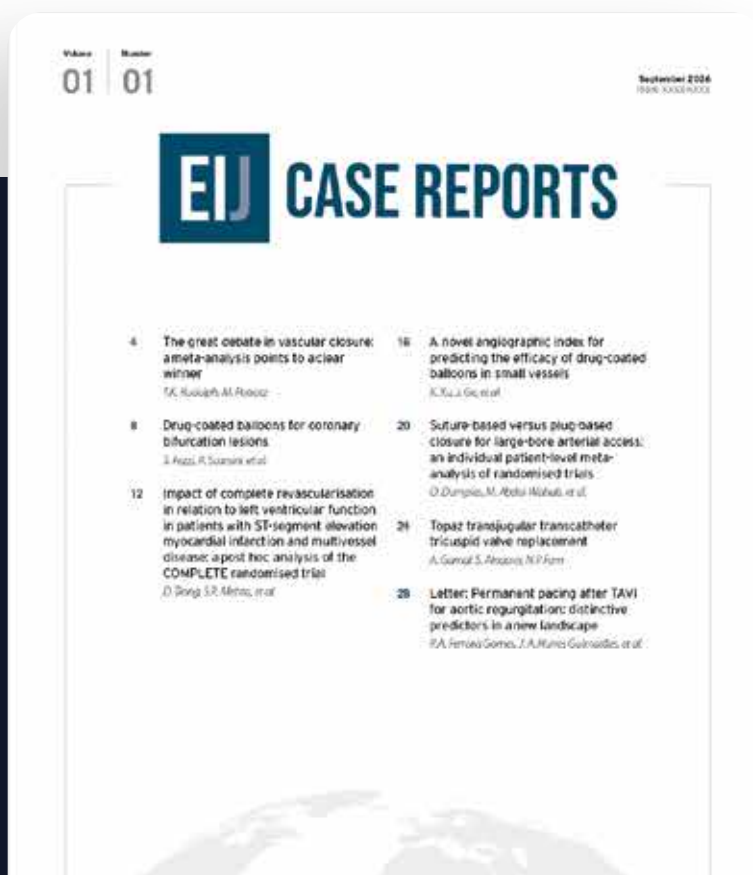
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