

The Daily Wire

THE OFFICIAL EUROPCR COURSE NEWSPAPER

EDITION ONE, 19 MAY 2026

Complication management:

**LEARN.
PREVENT.
SOLVE.**



Rethinking Stentless PCI strategy – improving outcomes with Bioadaptor

Today (Tuesday, May 19) • 13:10-14:10, Room 252A

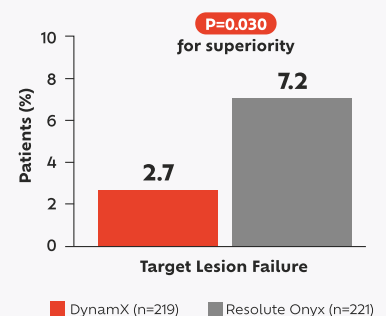
Faculty:

S. Verheye; D. Capodanno; N. Werner; K. Kozuma
G. Sobieszek; A. Mangieri; G. Palaniappan

Join ELIXIR MEDICAL booth M37

1. Saito S et al. 36-month Outcomes BIOADAPTOR-RCT; PCR 2025
The DynamX® Coronary Bioadaptor System is CE mark approved and is not available for sale in the United States.
Caution: The DynamX Sirolimus Eluting Coronary Bioadaptor System is an investigational device in the United States. Limited by Federal (or United States) law to investigational use. DynamX Coronary Bioadaptor System is CE Mark approved and not for sale in the US. PMN 2458 Rev A

DynamX Bioadaptor: Superior Outcomes at 3 Years



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Education saves lives

Preventing and solving
complications



Learning together – with patients at the heart



Thomas Cuisset, Bernard Prendergast, Nieves Gonzalo, Nicolas Dumonteil

Welcome to Paris!

Preparing for EuroPCR 2026, we have been inspired by lessons learnt from William Wijns and Jean Fajadet who relinquished their roles as EuroPCR Course Directors at the end of 2025. It is our privilege to build on their legacy and maintain the educational philosophy established by Jean Marco in creating a programme of practically orientated, patient-centred education for the entire global interventional cardiology community.

Sharing problems, sharing solutions

It is said that 'a problem shared is a problem halved'. This year we have chosen to highlight the importance of education in the prevention and management of complications. By sharing our problems – not only our successes – we can help each other to reduce the frequency of complications and lessen their impact, refine our practice and improve patient safety. Read more on page 4 about the range of learning opportunities related to complication management that are interwoven throughout this year's course.

Advancing practice

As interventional cardiology evolves, techniques that were once practised by a select few operators are increasingly in demand. Additions to this year's programme include the Calcium Skills Lab and a dedicated CTO Track. In carefully curated sessions, international experts will pass on their specialised knowledge and technical know-how in interactive learning environments.

In another first, the Innovation Hub on Level 4 aims to extend the bright ideas and concepts discussed at PCR Innovators Day across the whole EuroPCR programme, offering individual zones that showcase innovation in different ways – the AI Lab, Innovation Theatre and Innovations Showroom.

Yesterday saw another new course added to the traditional EuroPCR warm-up calendar. As well as PCR Innovators Day and the ever-popular PCR Fellows Course, The Physiology Course (TPC) expanded the learning opportunities available in Paris. Embedding coronary physiology into decision making has never been so important and TPC represents the benchmark for training in this field.

Discussing cutting-edge science

We are delighted by the huge number, high quality and broad scope of this year's scientific submissions, which came from more than 65 countries across the world. Late-breaking trial submissions continue to grow, highlighting the fact that EuroPCR is not only a platform for the exchange of practical progress, but also a place to share scientific advances. In addition to the major late-breaking trial and Hotline sessions, 'Translate the Top Trials into Practice' sessions will address the clinical impact of recently published data.

Practical learning

Our industry partners play a vital role in shaping the learning experiences available at EuroPCR and we are very grateful for their continued support in providing a wide range of opportunities for participants. The Training Village on Level 1 hosts more than 150 hands-on workshops, which complement sessions in the Imaging Skills and Hands-On Labs. Simulation-based learning remains central to our educational approach and simulators will again support some of the LIVE Educational Cases.

Rewarding excellence

We encourage you to join us on Thursday in the Main Arena for the Andreas Grüntzig Ethica Award, which recognises the outstanding achievements of a trailblazer in our field. And it is always a privilege to be part of the Jon DeHaan Foundation Award to the best new submission at PCR Innovators Day. The Michele Pighi Young Investigator Award and PCR's Got Talent competition acknowledge the tremendous ambition of the next generation, while the NAPs Awards Ceremony this afternoon recognises the vital contributions of nurses and allied professionals to our community and our patients.

Interventional cardiology – and the EuroPCR Course – continue to flourish because of your contributions. With over 1,100 faculty, more than 500 sessions and 3,494 submissions, the 2026 edition promises to be a very special event that will further advance the boundaries of possibility.

Thomas Cuisset, Nicolas Dumonteil, Nieves Gonzalo, Bernard Prendergast

TODAY'S MUST-ATTEND EVENTS

Welcome to EuroPCR 2026 Main Arena, 09:45 – 10:00

Nurses and Allied Professionals Awards Ceremony Room 351, 17:45 – 18:00

Education Saves Lives: Preventing and solving complications



Nicolas Dumonteil

EuroPCR Course Director
Clinique Pasteur - Toulouse, France

The programme at EuroPCR 2026 has been designed to maximise opportunities to share experiences on preventing and managing complications. Course Director, Nicolas Dumonteil, tells us why this *fil rouge* was chosen:

“At last year’s course, we discussed how the complexity of procedures is increasing. We are all striving to make complex procedures as predictable and safe as possible, but inevitably, due to the invasive nature of our work, complications happen. Education tends to focus on how to achieve procedural success but we felt there is an important need to learn how to prevent and how to deal with complications when they arise.

Some complications are thankfully rare – we might only face a particular complication once in our entire careers – but that may be once more than another operator, particularly a young operator who is at the beginning of their learning journey. **By gathering together in Paris to share our experiences as a global community, we will gain knowledge on risk factors and determinants so we can avoid complications in the future.** We will also share how we overcame a complication so that others will have ideas on how to tackle a similar situation in their own practice.

Acting as the foundations for our Complications Track are case-based sessions that have been built from your submissions, across the broad spectrum of interventional cardiology and from National Societies and Working Groups around the world. These reach a peak on Friday with two Best Complications sessions that will be presented in collaboration with our new journal, EuroIntervention Case Reports.

The Learning Track has several sessions that discuss complications for

early-career operators while sessions in collaboration with our specialist partners, Euro CTO Club and the Euro4C Group, provide granularity on complication management during very complex procedures. The Calcium Skills Lab and the Simulation Learning Room have interactive sessions discussing some of the more common complication scenarios. In addition, the Hands-On Lab is the perfect place to develop your own practical skills and be ready should the need arise. Sessions in the NAPs Track acknowledge the key role of nurses and allied professionals in maintaining patient safety, with a TAVI complications session tomorrow.

Improving patient care is at the heart of EuroPCR – sharing your own experiences for the benefit of others and returning to the cathlab equipped with your own new knowledge. When you prevent a serious problem or recognise a complication early and deal with it effectively, it is at that moment that education will have saved a life.”

DON'T MISS

Selected sessions from the complications track today!

Managing life-threatening TAVI complications

Tuesday, Theatre Bleu, 11:55 – 13:00

Best complications in primary PCI

Tuesday, Abstract & Case Corner 2D, 13:30 – 14:30

Choosing the right tool to treat calcified bifurcation

Tuesday, Theatre Bleu, 15:00 – 16:00

With the collaboration of the Euro4C Group

Find all the sessions in the programme:



EuroPCR 2025



Remembering Amir Lerman

At the beginning of today’s Physiology-Guided PCI LIVE session, tributes will be paid to Amir Lerman, Director of the Cardiovascular Research Center at Mayo Clinic, Rochester, USA, who sadly passed away on 23 February 2026.

His research reshaped our understanding, diagnosis and treatment of vascular injury and ischaemic heart disease. Dr Lerman’s loss is felt not only by his patients and colleagues, but also by the wider cardiovascular community.

Join us at the Physiology-guided PCI LIVE Educational Case in the Main Arena at 14:45.

Submissions to EuroPCR 2026: A record-breaking year!



Nieves Gonzalo

*EuroPCR Course Director
Hospital Universitario Clinico San Carlos -
Madrid, Spain*

With an increase compared with 2025, and with higher quality than ever before, submissions to EuroPCR 2026 continue to go from strength to strength.

The EuroPCR programme is built by the community for the community, with 40% of the scientific programme based on submissions. Here, Course Director, Nieves Gonzalo, highlights just some of the many outstanding features of this year's contributions:

"With around 3,500 submissions in total, we have seen an amazing 16% increase on 2025. The rise was evident across all categories – abstracts,

clinical cases, late-breaking trials, images and innovation. **This reflects the course's emphasis not only on sharing practical information but also on presenting and discussing scientific content.** It is really encouraging to see that we attracted these submissions from more than 65 countries across the world. In addition to Europe, we had more than 50 submissions each from India, the United States, Turkey, China, Japan, Bangladesh, Brazil, Mexico and Egypt. We are also pleased to see the growing level of interest from nurses and allied professionals.

As usual, we have had a lot of submissions on interesting topics related to coronary and structural interventions. In both fields, the community's interest in sharing their experiences of complications – particularly as cases – links well with our *fil rouge* this year. As a result of your submissions, we have been able to build a rich and varied series of sessions based on your cases, incorporated into the Complications Track.

There has been an almost 70% increase in the number of innovation-based submissions, notably surrounding TAVI, tricuspid and mitral valve interventions in the structural intervention field, but also with new devices in heart failure and imaging.

We had 168 late-breaking trials submissions – these continue to grow, year on year – covering a very broad range of topics and truly reflecting the interests of today's interventional cardiologist. We have been able to build sessions at the forefront of research on areas including drug-coated balloons, coronary physiology, pharmacology, LAA closure and pulmonary embolism. The three Major Late-Breaking Trials being presented tomorrow were selected due to their potential to impact clinical practice, answering important questions that represent common clinical conundrums in our daily practice.

In our rapidly evolving field, your submissions provide the very best way to keep informed."



3,494
submissions



1,900+
cases



1,100+
abstracts



168
late-breaking trials



50
countries made
≥10 submissions



EuroPCR Selection Meeting, 11 February 2026



Keep your learning flowing
between PCR Courses



PCR
webinars

LIVE CENTRES IN FOCUS

This year, eight renowned LIVE Centres open their cathlabs for learning opportunities. Each day, we will find out more about these expert establishments.



“Sharing experiences in interventional cardiology through LIVE case education.”

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!



Sant'Andrea University Hospital - Rome, Italy

Centre established in 2001

Practitioners include 35 cardiologists, 8 cardiac surgeons, 40 NAPs, 40 cardiologists in training, 6 international fellows

Most frequent types of interventions/procedures:

Invasive coronary angiography, PCI, coronary intravascular imaging, coronary physiology, complex PCI, structural heart interventions, TAVI, mitral and tricuspid TEER, left atrial appendage occlusion, patent foramen ovale / atrial septal defect closure

How would you describe your centre? Highly specialised in the treatment of complex PCI, calcific coronary lesions and structural heart interventions, our centre has an emphasis on advanced techniques and innovation. With a strong team dynamic we work closely together across all levels of care, combining clinical expertise, continuous training and a shared commitment to improving patient outcomes, enhancing both our procedural success and the experience of patients and fellows

“We have had wonderful experiences at EuroPCR as faculty and presenters – great opportunities for education and sharing – and now we are delighted to be a LIVE centre!”

WiFi: **EuroPCR2026**

Password: **@europcr26**

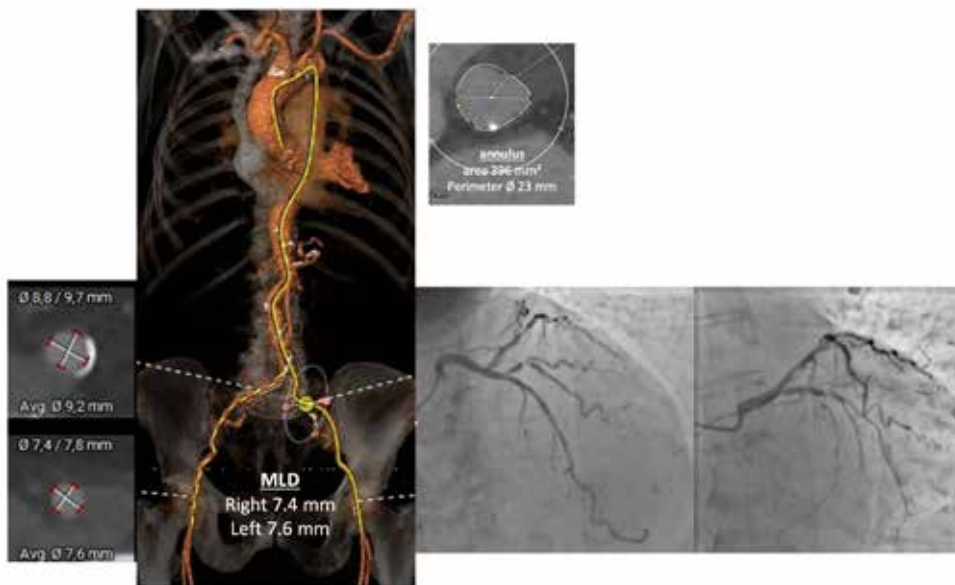


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Edwards

LIVE EDUCATIONAL CASES TODAY!

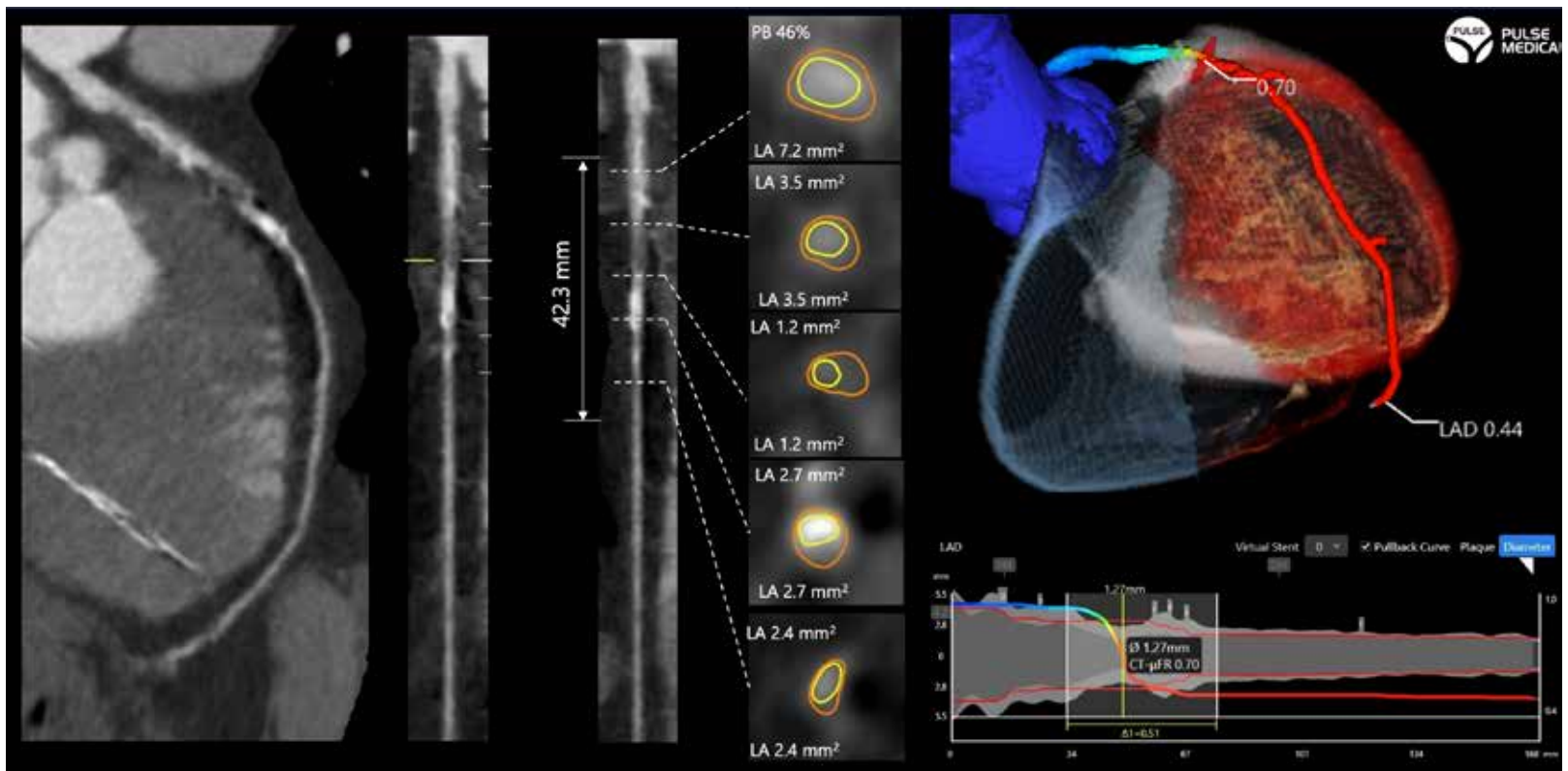


TAVI

LIVE from Clinique Pasteur - Toulouse, France

- When is coronary revascularisation indicated before TAVI in a patient with concomitant two-vessel CAD?
- How do you size the valve when the annulus and LVOT dimensions differ significantly?
- How does atrial fibrillation impact your anticoagulation strategy peri-TAVI in a patient already on a NOAC?

Main Arena, 10:00 – 11:30



Physiology-guided PCI

LIVE from Sant'Andrea University Hospital - Rome, Italy

- In multivessel disease, how do you integrate CCTA and angio-based physiology to decide the revascularisation strategy?
- What is your step-by-step FFR-guided strategy when treating long lesions?

Main Arena, 14:45 – 16:15

DON'T MISS TODAY'S OTHER LIVE CASE

PCI of left main stenosis: LIVE from Sant'Andrea University Hospital - Rome, Italy

Main Arena, 11:30 – 13:00

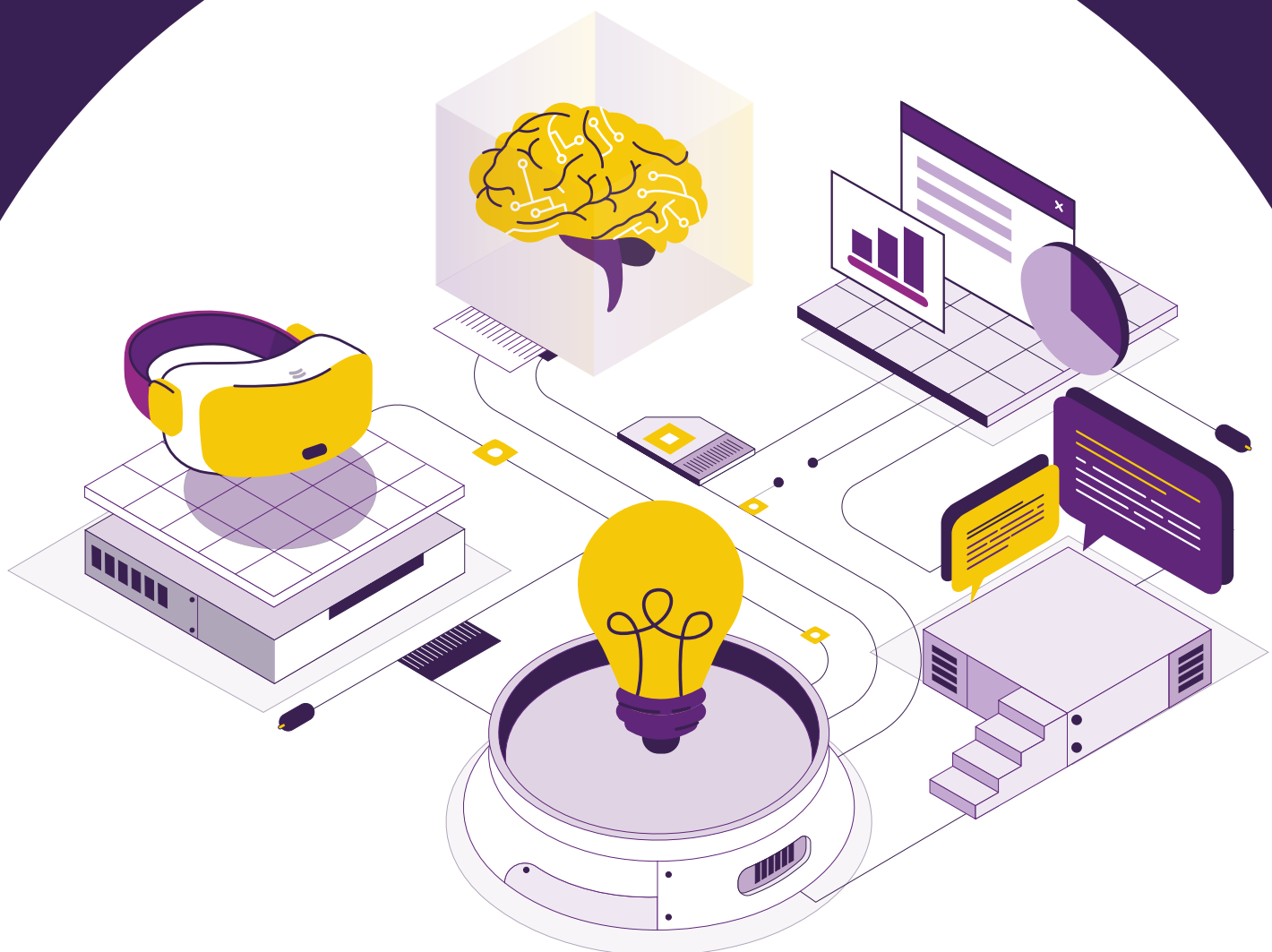
NEW!

The Innovation Hub

A new space for innovation and advances in AI

Introducing the Innovation Hub - a dedicated space with distinct zones, where today's ideas could become tomorrow's clinical practice. Connecting the full innovation ecosystem, it creates new opportunities to explore emerging technologies.

**Open on Tuesday 19 and Wednesday 20 May
on Level 4 (Paris Side)**



Innovation at the heart of EuroPCR



Azeem Latib

*Interventional cardiologist / Cardiologist
Montefiore Medical Center Moses Division -
New York, USA*

EuroPCR has long been a platform for innovation. In 2026, this commitment is strengthened further with a newly expanded focus and, for the first time, a dedicated space: the Innovation Hub.

Coordinator, Azeem Latib, explains: "For over 10 years, PCR Innovators Day has very successfully showcased new devices and, more recently, has evolved to also provide a place for discussions on issues related to developing new therapies, for example, gaining funding, navigating the regulatory road and securing reimbursement. This year, in response to the community's thirst for more, we are extending our platform for innovation beyond PCR Innovators Day and into the first 2 days of the EuroPCR programme with a range of activities at the new Innovation Hub."

The **Innovation Hub** on Level 4 (Paris Side) is made up of 5 distinct zones, each supporting innovation in a

different way. The **AI Lab** – a PCR–TCT Partners in Learning initiative – focuses first on AI fundamentals for busy cardiologists and ends with sessions on adoption in the cathlab of tomorrow. The **Innovation Theatre** includes sessions designed by Azeem Latib and Radoslaw Parma, sessions built from innovation submissions and also industry-sponsored sessions. A curated session tomorrow morning provides a practical update on the most promising coronary pipeline devices, with discussions on which are closest to changing practice. The current evidence on AI-derived coronary physiology, CT-based PCI planning and AI-powered intravascular imaging tools will also be explored. Another session provides an overview of how structural heart devices travel from concept to cathlab, highlighting the innovation pathway from prototyping and first-in-human studies to regulatory clearance (both European and US) and market adoption. Dr Latib notes, "The panels of the submission sessions in the Innovation Theatre will include not only physicians, but also business experts who will share different perspectives, for example, giving feedback on next steps and commercialisation."

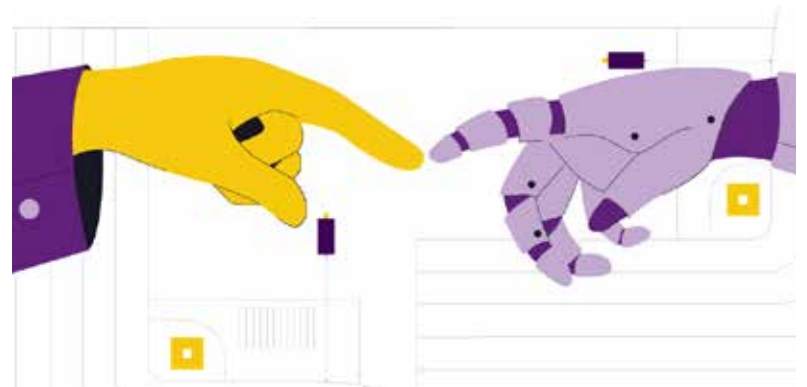
In the **Innovations Showroom**, participants don't just get to hear about the latest innovations, they get to 'test and interact'. Sessions

today focus on AI technologies, new structural and valvular innovations, and new endovascular and pulmonary devices. The **Connecting Zone** is a space where stakeholders can book face-to-face meetings with each other to discuss ideas and stimulate collaborations. The **Digital Innovation Display** area showcases submitted e-Innovations across several topics including LV support, stable CAD, multivessel disease, bifurcation lesions and TAVI.

Concluding, Dr Latib says: "It is a necessity that we perpetuate innovation in our specialty to address unmet needs and bring new solutions to our patients. The Innovation Hub will provide greater opportunities for EuroPCR participants not only to learn about new technologies but also to interact with others from within the innovation ecosystem –

the entrepreneurs, the engineers, the investors, etc. – and to explore ideas together. Some of the best ideas began as scribbled sketches, sparked by a presentation, developed by discussions and then made into a clinical reality by collaborations between innovators. Head to the Innovation Hub to join the conversations on how today's ideas could become tomorrow's clinical practice."

Details of the Innovation Hub sessions are available here:



How lessons from the past should shape the future



Tom Johnson

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

Tomorrow's 'Back to the future' session reflects on how knowledge from previous generations can inform and shape research and practice going forward.

Coordinator, Tom Johnson, explains: "Forty years since Andreas Grüntzig's seminal work, we have come almost full circle, via bare-metal stents, drug-

eluting stents and bioresorbable scaffolds, back to re-considering balloons, albeit drug-coated ones. Many of the techniques integral to today's practice are based on learnings made sometimes decades ago, but there is still much to understand as we find ourselves asking the same questions as the pioneers of intervention. The aim of this session is to bring us back to a point of reflection where we can review learnings from the past that can help us achieve our therapeutic aims most effectively."

The session starts with a presentation from Patrick Serruys on returning to an era of adjunctive stenting. This is followed by a look at the continuum of PCI innovation from

Marie-Claude Morice, and then a question from Antonio Colombo on vessel preparation – how much is enough? The final talk, from Renu Virmani, presents a pathologist's view of learning from interventional failure and the session is wrapped up by Joanna Wykrzywska. There is plenty of opportunity for discussion throughout the session and audience interaction is actively encouraged.

Professor Johnson concludes: "With such an incredible panel of speakers, who have vast combined expertise, this not-to-be-missed informative session is likely to influence the daily practice of experienced and early-career interventionalists alike."

DON'T MISS

Back to the future - Lessons from the past that can guide contemporary practice
Wednesday, Room 242AB,
08:30 – 09:30





Learning at EuroPCR 2026: The best of both worlds



Thomas Cuisset

*EuroPCR Course Director
APHM HOPITAL LA TIMONE ADULTES -
Marseille, France*



Ali Nazmi Calik

*Interventional cardiologist / Cardiologist
Dr. Şiyami Ersek Göğüs Kalp Ve Damar Cerrahisi
Eğitim Ve Araştırma Hastanesi - Istanbul, Turkey*

You will notice big changes in this year's Learning programme, including two dedicated rooms and a fusion with the NextGen programme.

"Previously we have had separate Learning and NextGen Tracks, but we have combined the best of both worlds this year," explains Thomas Cuisset, Course Director and Learning Coordinator. "Sessions will be led by both a senior faculty member and a NextGen faculty member, bringing together extensive experience with new, innovative perspectives for a well-balanced, yet dynamic, learning environment."

Learning Coordinator, Ali Nazmi Calik, describes another notable change: "We will now have two dedicated rooms – one focusing on coronary interventions and the other on structural heart disease," he says, continuing, "This decision reflects the increasing complexity, specialisation and rapid evolution of both fields. While they share common

interventional principles, coronary and structural interventions now require distinct skill sets, technologies and clinical decision-making pathways. The two rooms allow for more targeted, in-depth discussions and ensures that participants can fully engage with content most relevant to their daily practice and level of expertise."

Each session is structured around case-based learning. Real-world clinical scenarios will be presented, often highlighting challenges, decision-making strategies and potential complications, with much discussion between the facilitators and audience to provide practical learning rather than purely theoretical knowledge transfer. "By focusing on interactive and experience-driven education, and by fostering dialogue across different levels of experience, the sessions aim to bridge the gap between guidelines and real-life application while also supporting mentorship and the development of future leaders in interventional cardiology," notes Dr Calik.

Another key new feature is a dedicated 30-minute discussion period following each session to provide additional exchange of perspectives between faculty and participants. "Participants can ask for clarification and also share their own views about the different techniques and approaches mentioned," says Professor Cuisset. "We hope this enhances both knowledge retention and clinical confidence," he concludes.

Find details of all the Learning sessions here:



Learning session at EuroPCR 2025



Learning session at EuroPCR 2025

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NEW AT EUROPCR

Demystifying the treatment of calcified lesions: EuroPCR's Calcium Skills Lab



Mohamed Abdel-Wahab

Interventional cardiologist / Cardiologist
Heart Center Leipzig at Leipzig University - Leipzig, Germany

New for EuroPCR 2026, expert-led, simulation-based learning sessions will provide step-by-step guidance on the imaging, devices and complication management needed to successfully tackle calcified coronary lesions.

Explaining why the Calcium Skills Lab has been added to this year's programme, Coordinator, Mohamed Abdel-Wahab, says: "We are encountering increasing numbers of patients with calcified lesions in clinical practice. It is essential that we all learn the special skill set required to manage these common, yet challenging, lesions. The training that currently exists is often focused on one device in isolation when, in practice, interventional cardiologists need to learn how to manipulate and integrate different tools and devices for different situations."

Together with Coordinator, Angela McInerney, a series of sessions have been devised that link imaging with the set-up and safe use of several different tools that mimic real-life practice. One set of sessions covers IVUS, rotational atherectomy and modified balloons, while another set of sessions covers OCT, orbital atherectomy and intravascular lithotripsy. Dr McInerney explains: "In a step-by-step manner, expert facilitators will demonstrate exactly how each device should be used, what each device offers for any particular lesion or patient, and the thought processes behind integrating imaging and multiple devices together."

A third set of sessions will help participants deal with some of the more common complications, including safely removing an entrapped burr and dealing with a perforation. Dr McInerney notes,

"The use of coils for the management of perforation can be tricky – they are not used often and operators may not know the correct techniques. We are trying to equip people with the toolbox of skills needed to solve any problems that arise."

The three sessions run four times over the next few days to provide ample opportunity for participants to take part across the series. "Anyone interested in calcium modification should try to attend each of the three sessions for the full educational experience," concludes Professor Abdel-Wahab. "Participants should leave not only with new skill sets to take back to their cathlabs, but also having an understanding of the strategic thinking needed to fit all the pieces of the puzzle together to successfully tackle calcification."



Angela McInerney

Interventional cardiologist / Cardiologist
University Hospital Galway - Galway, Ireland

DON'T MISS

Calcium Skills Lab (Room 143)



Imaging and devices in calcified lesions (IVUS - Rotational atherectomy - Cutting)

Tuesday 12:00 – 13:00
Wednesday 09:45 – 10:45
Thursday 09:00 – 10:00
Thursday 16:15 – 17:15

Imaging and devices in calcified lesions (OCT - Orbital atherectomy - Intravascular lithotripsy)

Tuesday 15:00 – 16:00
Wednesday 11:15 – 12:15
Thursday 11:00 – 12:00
Friday 09:00 – 10:00

Complication management in calcified lesions (entrapment, perforation)

Wednesday 08:30 – 09:30
Wednesday 15:00 – 16:00
Thursday 15:00 – 16:00
Friday 10:15 – 11:15

Find the sessions in the programme:



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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

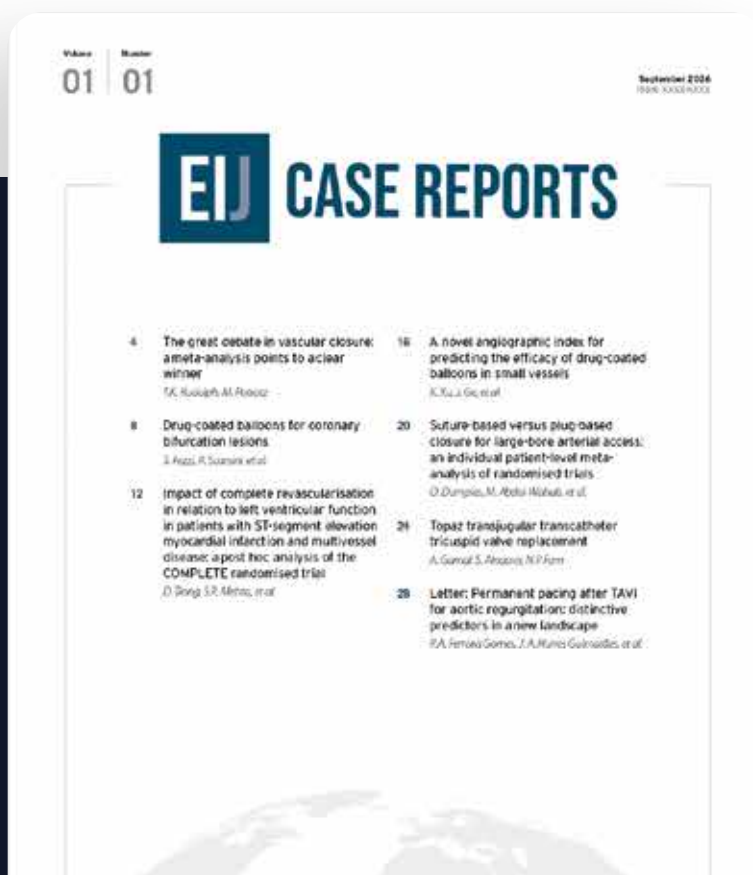
EIJ CASE REPORTS

The first and only reference case report journal in interventional cardiology

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Discover the journal



Cover for illustrative purposes only

Get your CTO skills on the right track



Thomas Hovasse

Interventional cardiologist / Cardiologist
Hopital Prive Jacques Cartier - Massy, France



Kambis Mashayekhi

Interventional cardiologist / Cardiologist
MediClin Heart Center Lahr - Lahr, Germany

For the first time at EuroPCR, CTO-PCI has its own track, with a range of session formats designed to span the spectrum from fundamentals to advanced techniques.

Speaking about the need for the new track, Coordinator, Thomas Hovasse, explains: "People are now convinced that CTO is feasible when you have the training, the knowledge and the experience. But as a new operator, it is not easy to make that first step, and once you've made it, there are multiple stages to learn before you

can master the techniques needed to perform CTO successfully and safely." He notes that the CTO field is now "much more democratised" saying: "Expert CTO operators have gained a wealth of knowledge over the years – they are able to simplify the steps and explain them clearly – and it is time that this expertise is passed on to others in a dedicated format at this international course attended by so many interventional cardiologists."

One of the highlights is a series of 10 LIVE cases within 5 LIVE Educational sessions, which will take place in the 'CTO room', Theatre Bordeaux, in collaboration with the Euro CTO Club.

The level of complexity rises across the LIVE case sessions: two basic-level LIVE sessions tomorrow will be followed by three advanced LIVE sessions on Thursday. Kambis Mashayekhi, Coordinator and President of the Euro CTO Club, says, "Many techniques needed for CTO-PCI are very different from those used in other coronary interventions. The LIVE cases that have been planned from Basel, London and Paris Massy cover the most important of these techniques and involve internationally

renowned experts who are highly experienced as operators and as trainers." Professor Mashayekhi urges everyone interested in CTO to also attend two simulation-based learning sessions, one focusing on IVUS and one on antegrade techniques: "Learning CTO techniques through simulation-based learning elevates understanding of various aspects of these complex procedures – these sessions have been very popular in the past so take your place early!" He notes the impressive number of cases submitted to EuroPCR, which is "testament to the increasing attention that CTO is gaining." In addition to a clinical case submissions session in Theatre Bordeaux, the CTO Track includes eight sessions in the Abstract & Case Corner.

Complication management is covered in many of the sessions. "It is important to share not only our successful procedures but also those that have gone wrong," explains Dr Hovasse. "CTO-PCI is so complex that it is impossible to perform it without the occasional complication. But we can learn to anticipate them, detect any problems early and deal with them quickly and effectively."

Dr Hovasse concludes: "If you become skilled at CTO-PCI, you will also excel

at other complex procedures. It's a long journey – but EuroPCR can help, and being able to effectively treat patients with debilitating total closure makes it worth it."



DON'T MISS

Highlights from the CTO Track today:

Best clinical CTO cases

Tuesday, Theatre Bordeaux, 12:00 – 13:00

CTO PCI: How to prevent and manage complications effectively?

Tuesday, Theatre Bordeaux, 15:00 – 16:00

With the collaboration of the Euro CTO Club

Find all the CTO Track sessions in the programme:



Stent – Save a Life!

The Stent – Save a Life! (SSaL) initiative held its annual forum yesterday and hosts a collaborative session at EuroPCR today. Here its Chairs discuss SSaL's progress and describe what participants can expect to gain from their interactive case-based discussion later.



Jan J. Piek

Chair, Stent – Save a Life!

"Following improved STEMI care across most of Europe, we made the conscious decision to focus SSaL's efforts on low- and middle-income countries given the large unmet need and lack of structured networks. Our global expansion aligns with the aims of the American College of Cardiology's Global Heart Attack Treatment Initiative (GHATI) and we are pleased that our collaboration continues to grow.

SSaL's Tanzania project is well underway. With the help of the national champion, Robert Mvungi, and project manager, Khuzeima Khanbhai, we are applying SSaL's Blueprint and STEMI India's hub-and-spoke model, adapted to Tanzanian needs. From a central hub at the Jakaya Kikwete Cardiac Institute, Dar es Salaam, regional hubs are now being developed.

Expanding access is a key focus in Latin America, where one of the main barriers is that a small number of centres, often in large cities, provide cover for vast remote areas. We were delighted to welcome Ecuador to the SSaL-GHATI partnership at the signing ceremony yesterday. We also hope to establish a national project, similar to the Tanzania project, in Mexico.

STEMI care varies widely across Asia. Representatives from Sri Lanka, Indonesia and the Philippines were present at our official signing ceremony and the inclusion of these new member countries is encouraging as we try to promote participation across the region. It is our aim to establish a national project in Asia and we hope plans for a project in Indonesia will be finalised soon.

We are grateful for the new funding support of the Virtutis Opus Foundation in the Netherlands and the Philips Foundation and send our heartfelt thanks to all our partners for their continued collaboration."



Thomas Alexander

Chair, Stent – Save a Life!

"For many years, we have been focused on a 'stopwatch' approach to STEMI and how rapidly we can open a vessel. As we are achieving results relatively quickly now, our focus shifts to considering how to get the best results possible once the vessel is open. In the SSaL session today, we will be discussing the 'precision revolution' and how the landscape is increasingly moving towards more complex decisions, for example, whether to enhance diagnosis using advanced technologies, the ideal extent of revascularisation, whether to use imaging to define physiology under time pressure and how to individualise antiplatelet use in an unstable patient.

After state-of-the-science presentations from international

experts, we will discuss a nightmare case – the 'midnight multivessel disaster' – following the real-world journey of a patient from the moment the ambulance arrives to the complex decisions made at the table in the middle of the night. We will test the audience's ability to consider the evidence and the options while the clock is ticking in a lively session that will provide important learnings for participants to take back to their everyday practice."



DON'T MISS

STEMI 2026 - The precision revolution

Tuesday, Room 252A, 11:30 – 13:00

With the collaboration of Stent – Save a Life!



FROM YESTERDAY

PCR Fellows Course 2026: A patient-centred educational journey



Yesterday's lively PCR Fellows Course gave a new generation of interventional cardiologists the skills to navigate the technical and human challenges of the cathlab.

"Reflecting the *fil rouge* of EuroPCR 2026 – with a focus on preventing complications to improve benefit and outcomes – the success of yesterday's course was driven by the sharing of real-life clinical scenarios encountered by interventional cardiologists in the cathlab every day," said Course Coordinator, Chiara De Biase. "There is more than one way to handle any particular situation, and the essence of reflecting and learning through the experience of others is the most effective way to try to achieve the best for our patients."

With its goal of ensuring that participants gained practical insights

directly applicable to their daily clinical work, the core topics covered in this case-based educational experience – including acute coronary syndromes, multi-vessel disease, calcified lesions and left main disease – reflected both the complexity and the evolving nature of coronary interventions. In addition, an exciting new session invited participants to consider 'Nightmares and dilemmas in the cathlab', based on fellows' presentations of challenging cases that highlighted real-world complications, uncertainties and critical decision-making moments. "The interactive nature created a safe environment in which to discuss difficulties that are often underrepresented in traditional teaching formats and it stimulated a great deal of knowledge exchange," observed Course Coordinator, Ali Nazmi Calik. The three cases chosen

for presentation – out of a tremendous 107 submissions – will be published in the *Fellows Corner* of EuroIntervention Case Reports.

The opportunity to brush up their presentation and communication skills in a dedicated session once again proved popular, recognising the importance of effective engagement both for clinical practice and professional development.

Ahead of the post-course networking event, designed to enable fellows and faculty "to connect, exchange experiences and build lasting professional relationships," the course concluded with a talk by one of EuroPCR's pioneers, Jean Fajadet. He provided a unique perspective on his career and lifelong learning in the field, leaving fellows inspired to go out and make their own mark on the world of interventional cardiology.



Attending the Fellows Course for the first time, Arzu Neslihan Akgun and Nazli Turan Serifler, from Turkey said: "We found it highly educational and interactive. The course covered a lot of our interests including left main disease and calcified lesions. Learning more about the role of IVUS was particularly useful."

THE PCR TEXTBOOK
Where science meets practice - your educational reference textbook in interventional cardiology

As a Fellow, you can benefit from a one-year digital subscription to The PCR Textbook for only 95€, down from 225€

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PHILIPS

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Join our booth experience and see how our innovations can help treat complex cases with more confidence

19 May, 13:10-14:40, Room 241
Contemporary workflow for Class IA PCI

20 May, 16:35-18:05, Room 251
Seeing differently, treating better: advanced imaging shaping modern structural heart practice

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PCR Fellowship Programmes: A new international stepping stone in PCR's educational universe

PCR has developed an independent educational framework to facilitate the worldwide training of the next generation of interventional cardiologists in host centres that are renowned for their expertise. This new initiative supports practitioners at all stages of their career – promoting professional growth, geographical mobility and cultural exchange.

These comprehensive 1- to 12-month fellowship programmes **complement PCR's already extensive educational ecosystem**, which notably includes PCR Courses, PCR Seminars, PCR Webinars, Certifications and PCR Scientific Publications such as The PCR Textbook and EuroIntervention. PCR Fellowship Programmes are tailored for the 5,000+ fellows in the PCR community, many of whom have already taken part in annual 1-day PCR initiatives tailored for their educational needs. For example, the PCR Fellows Course held the day before EuroPCR has gathered 200 participants per edition for over 12 years, while up to 150 have joined the more recent PCR Fundamentals Course at PCR London Valves in the last 3 years. PCR Fellows Courses during AICT-AsiaPCR in Singapore have counted up to 200 attendees for 3 years; during ISICAM 2024 and 2025 in Jakarta they rallied 200 attendees; and the first edition to be held at GulfPCR-GIM in Dubai this year is likely to meet with equal success.

JOIN AN EXCLUSIVE NETWORKING EVENT FOR FELLOWS!

With special guests!

Wednesday, PCR Companions Square, 10:45



Martine Gilard is an enthusiastic chair of the dedicated Task Force behind the new PCR Fellowship Programmes, alongside Flavio Ribichini, Gabor G. Toth and Mirjam Wild. Delighted to have the opportunity to develop this fresh initiative, she says "It's a new, real and major complement to PCR's educational universe. **Because for me, a fellowship is a very important part of our life and career: a turning point.** To be able to go to another centre, to understand a second vision of how to treat our patients for a specific disease, to gain experience and high-level skills – it's great!" She also highlights how PCR has the know-how and is providing the means to ensure that these fellowships are set up smoothly and to everyone's benefit. Describing the three types of PCR Fellowship Programmes, open to all nationalities, Martine Gilard explains:

Standard clinical fellowship – Up to 1 year in the host centre: "This is a hands-on training programme where participants actively engage in real-world tasks within a professional setting, to build applied skills. It's tailored more for those at an early stage of their career and the age limit is 40-years old to cater for the countries where becoming an interventionalist takes time."

Standard research fellowship – Up to 1 year in the host centre: "There is no age limit for this advanced graduate or postdoctoral training in an area of academic scholarship. In some countries you need to have research in order to become a professor, so interventionalists can use this opportunity to work full time on research and publishing. It's a win-win system for both the centre and the fellow."

Observational micro-fellowship – Up to 3 months: "PCR has initiated this new concept of fellowships, where no age limit applies. It's a learning experience where participants primarily observe experts in action to gain insights into a technique or procedure that is not practised in their own centre, for example, CTO. It's a fantastic way for the fellow and for the home centres to elevate their skills, and is very easy to set up."

This year's pilot phase will be in collaboration with European centres, but subsequent 'Calls for applications' will **promote fellowships literally worldwide**. Martine Gilard is looking forward to deploying the fellowships on an international scale and enabling fellows to gain experience in a different healthcare system alongside colleagues of different cultural background. She explains however that "some fellows will not necessarily have to travel abroad for their programme. For example, in some countries such as Argentina, you find small centres as well as huge high-level centres. Practitioners in the smaller ones can benefit immensely from a structured fellowship organised in one of the country's larger centres."

She goes on to underline that the selected host centres will always be of **renowned expertise in the required field or procedure**. They must meet the Task Force's long list of clearly defined quality criteria and be able to host fellows whilst providing them with a high standard of focused interventional training by experienced operators. "Thanks to PCR's institutional reputation and longstanding global connections, it's not so difficult to find volunteer centres that are keen to deliver education, but they have to tick absolutely all of the boxes."

What are the other advantages for practitioners who join a PCR Fellowship Programme? For Martine Gilard, over and above admission to PCR Courses and subscriptions to the PCR Textbook and EuroIntervention, it is without a doubt the **access it gives to a long-lasting alumni network in the PCR universe**. "A network within the network... It opens up doors and provides opportunities to take on key roles in PCR activities, become a future KOL and actively contribute to advancing better patient care worldwide."

The goal of PCR Fellowship Programmes is to **tailor format and content to identified educational needs and target audiences**, such as a particular specialty or world region. When asked to share an example, Martine Gilard was thrilled to speak of WAVE – Women in AV valves – a 6-month international PCR Mentorship Programme directed by Marta Sitges and Mirjam Wild,

with support from the PCR Mitral and Tricuspid Focus Groups. "It is addressing the under-representation of women in structural heart disease, particularly in mitral and tricuspid valve interventions – combining mentorship, structured education and clinical exposure. All of the mentors and fellows are women. It's transformative education... a tangible way to increase the number of women experts in this field. We need to begin somewhere because in France for example, we have 1,100 interventional cardiologists, and only 75 of these are women."

Martine Gilard describes her own fellowship back in 2001, fairly late in her career, in the department of Augusto Pichard at the Washington Hospital Centre. "I could never have achieved all that I have without that training and the discussions we had among the team. It opened my eyes and my mind to a whole new universe: other ways to treat people, different devices and patient pathways, showed me I could understand and create research. I'm so happy that at PCR we are now giving our colleagues this same chance, this opportunity."

Scan the QR code below to learn more and register your interest.

PCR IS LAUNCHING

PCR Fellowship PROGRAMMES

Discover this new initiative

PCR Fellowship Programmes promote professional development, geographical mobility and cultural exchange in the interventional community

Express your interest

FROM YESTERDAY

PCR Innovators Day: Connecting key stakeholders in innovation

The entire ecosystem came together yesterday – from engineers, inventors and physicians to industry leaders, venture capitalists and regulators – to drive innovation and shape the future of cardiovascular care.

The day began with a Keynote Lecture by Peter J. Fitzgerald on how AI will transform the process of innovation. Built from some exceptional submissions, sessions followed that focused on the next generation of aorta and valve therapies. Topics covered in lively roundtable discussions during the Innovators Exchange Hubs included accelerators and challenges for early-stage start-ups and dilemmas of funding and reimbursement for late-stage start-ups.

In partnership with MedTech Strategist, participants came together to further understand what differentiates successful start-ups from those that fail. Key factors highlighted for success included developing a device for a large and growing market, building an experienced team, ensuring that the company's board is aligned, seeking feedback from several independent physician advisors, carefully selecting the right trial designs and maintaining robust dialogues between all stakeholders throughout the process.

During the second Rapid Fire session of the day, presentations described a biodegradable metallic stent, a microneedle balloon catheter, ultrafast laser atherectomy, pressure-controlled perfusion for limb ischaemia and a continuous hypertension monitoring device. The bright ideas continued to fly in Innovators Exchange Hubs in the afternoon, considering innovation in emerging markets, new technologies for heart failure treatment and the next frontiers in coronary interventions.

Always an exciting part of the programme is the Jon DeHaan Foundation Award competition, which aims to promote innovations in the cardiovascular arena. This year's finalists were:

- Kunal Sarkar: TriFlo, a unique answer to tricuspid regurgitation
- Mitchell Krucoff: Extravascular ventricular assist device (eVAD System)
- Susheel Kodali: First-in-human experience with the CARLEN System to treat functional mitral regurgitation

And who is the winner of the \$200,000 prize for the best innovation? Find out at tomorrow's award ceremony!



DON'T MISS
Jon DeHaan Foundation Award ceremony
 Wednesday, Main Arena,
 10:15 – 10:45



The Physiology Course comes to Paris!

For the first time in its more than 20-year history, The Physiology Course (TPC) was held yesterday in collaboration with EuroPCR.

“The TPC is the brainchild of Bernard De Bruyne and Nico Pijls – the founding fathers of contemporary applied invasive coronary physiology – who successfully ran the event over 2–3 days for many years,” explained Coordinator, Emanuele Barbato. “The patient-centred, participant-oriented educational approach of TPC fits well with the ethos of EuroPCR and Bernard De Bruyne and myself, together with Carlos Collet, devised a programme that maintains the essence of the original TPC in a 1-day format.”

“Invasive coronary physiology techniques are sophisticated and there are a lot of concepts that interventional cardiologists do not know simply because they have not received the right training,” said Coordinator, Bernard De Bruyne. “Like EuroPCR, TPC is very much a course and not an academic congress. With clear explanations and an

interactive format, we were able to deliver a unique opportunity to learn the fundamentals and much, much more.”

The opening session reinforced the foundations of coronary physiology, providing an overview of what every modern operator should know. Participants then learned about the full range of tools to assess coronary function and how to use them. In the afternoon, participants learned about ‘the next frontier’, the microcirculation, and heard the latest evidence on the treatment of coronary microvascular dysfunction. Participants appreciated the blend of theoretical knowledge with practical advice, such as how to organise an ANOCA clinic. Two hands-on sessions – providing the chance to gain practical experience in handling wires and catheters during epicardial and microvascular assessments – were very popular.

“By combining practical tips and hands-on experience with state-of-the-art knowledge and advice on implementation at TPC, we set the scene well for what’s to come in Paris,” concluded Professor Barbato.



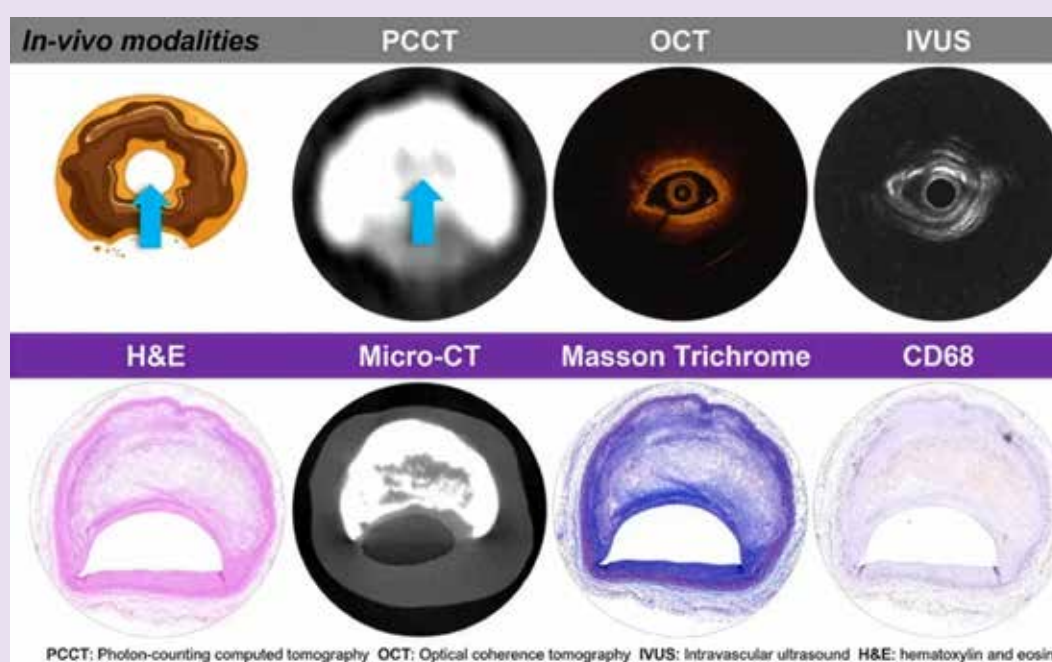
AN IMAGE IS WORTH A 1,000 WORDS

Test your knowledge with one of the most puzzling images selected from your submissions.

What is behind the doughnut?

What is the true calcium architecture that explains the doughnut sign from comprehensive *in-vivo* imaging modalities (PCCT, OCT & IVUS)?

- A. Continuous circumferential calcific sheet/ring
- B. Discontinuous calcific ring with microfracture
- C. Focal nodular protrusion toward lumen



Answer: A

A post-mortem human coronary artery was evaluated using *in-vivo* imaging surrogates and subsequently by *ex-vivo* reference standards including micro-CT and histopathology. PCCT demonstrates a high-density "doughnut-like" ring. OCT delineates its circumferential extent. IVUS shows heterogeneous backscatter within the calcific arc. Pathologically, calcium deposition begins along the peripheral margin of the necrotic core, the central compartment of which may remain non-calcified. The cholesterol clefts observed in H&E offered a plausible tissue correlate for this process. PCCT appears to be the only *in-vivo* modality in our dataset that clearly depicts this distinctive signature.

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The latest trials at your fingertips: The PCR Trials Book



THE PCR Trials Book



Robert Byrne

Editor of the PCR Trials Book
Mater Private - Dublin, Ireland



Simon Redwood

Editor of the PCR Trials Book
St. Thomas' Hospital - London, UK

Sourced from the leading medical, cardiology and interventional cardiology journals, the PCR Trials Book provides a concise overview of the latest trials relevant to every practising interventional cardiologist. Robert Byrne and new co-editor, Simon Redwood, explain why this resource continues to be so popular:

“In the busy lives of healthcare professionals working in interventional cardiology, it is easy to become overwhelmed with the huge amount of information published daily.

The PCR Trials Book recognises the fast pace of new data generation and also the need to keep up-to-date with the latest evidence-based treatments. As editors, we filter out the most important randomised trials from high-impact journals, selecting only those with robust study designs that are powered for clinical outcomes. The hardworking, talented team create summaries of the key details and data, with as quick a turnaround as possible. Thanks to your feedback, we know readers enjoy accessing the free content online and also look forward to receiving the printed hard copy every year at the course. **Look out for the 2026 printed edition on the racks!”**

Now with **14 NEW CLINICAL TRIALS!**

Visit the PCR Trials Book at:



Symposium:

Wednesday 20th May | 13:40 – 14:40 | Room 252B



Large-Bore Thrombectomy in PE Practice: When Intervention Matters



Prof Thomas Cuisset
France
Spokesperson



Prof Felix Mahfoud
Switzerland
Anchorperson
From Evidence to Action: Optimising PE Decisions with the Latest Clinical Insights



Prof Gilles Lemesle
France
Patient Selection in PE: Key Success Factors for Building Your Service



Dr Pablo Salinas
Spain
Large-Bore PE Intervention: A Practical Step-by-Step Guide



Dr Catalin Toma
USA
Practical Tips for Procedural Success

Join us if you want to:

- Gain an overview of the latest clinical insights in pulmonary embolism (PE).
- Learn from European experts about patient selection for interventional PE treatment.
- Understand the benefits of large-bore thrombectomy through case-based discussions.

Scan or click to visit our PE Hub



PRO-2859-EMEA-EN-v1



EuroIntervention Case Reports has launched!



Salvatore Brugaletta

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

The first and only peer-reviewed case report journal dedicated entirely to interventional cardiovascular medicine: EuroIntervention Case Reports.

EuroIntervention and AsiaIntervention have now been joined by a new journal: EuroIntervention Case Reports. Editor-in-Chief, Salvatore Brugaletta, is delighted to see the first cases published on the journal's website ready for EuroPCR. **The concept behind the new journal is having a dedicated space for the community to share high-quality cases associated with important learning points.** "Our profession is very practical," says Dr Brugaletta. "The journal will bring together technical excellence, procedural innovation and clinical relevance on a specialised peer-reviewed platform, with the aim of advancing practice for the benefit of our patients."

Salvatore Brugaletta is accompanied by Valeria Paradies, Darren Mylotte and Andrea Scotti, who have Deputy Editor roles covering coronary interventions, structural and valvular interventions, and innovation, respectively. "We aim to attract educationally valuable cases across the field of interventional cardiovascular medicine and from everyone involved: from early-career interventionalists to experienced experts," notes Dr Brugaletta. He highlights one section of the journal – the *Fellows' Corner* – which publishes articles from fellows in training, with the article-processing charge waived, chosen by the editorial board for their high teaching value. Each peer-reviewed article from a fellow will be accompanied by an editorial commentary from an invited expert, providing contextualisation and educational perspective.

In addition to case reports, the new journal will also publish Flashlights – a memorable finding in interventional cardiology, such as an exceptional, high-quality image, paired with a description. Related to innovation, first-in-human and early reports are encouraged when 30-day follow-up is complete. The aim of *My Treatment Strategy* articles is to describe how to perform a diagnostic or therapeutic procedure step-by-step so that readers can easily follow and reproduce the technique without prior experience. Clinical Case Series will consist of 2–10 clinical cases on the same condition, while Focused Reviews will provide

practical overviews on high-priority topics related to devices, techniques and procedures.

Dr Brugaletta concludes, "We hope readers will access the journal regularly to enhance their own practice and submit their case reports and other articles to advance the work of others."

Visit the website to see the very first cases:



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*

Rethinking coronary artery disease: From ischaemia to atheroma

EuroIntervention



Davide Capodanno

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

Davide Capodanno, Editor-in-Chief of EuroIntervention, explains why tomorrow's session in collaboration with the Lancet is a must-attend event:

"The recent Lancet Commission for Interventional Cardiology publication discusses changing

the paradigm from looking at ischaemia as the target of PCI to thinking about atheroma as the substrate for the ischaemia.¹ The focus of medical care has predominantly been on the recognition of symptoms and treatment of acute events, missing opportunities for primary prevention, early detection and secondary prevention. Reframing aims to enable the identification and management of atherosclerotic cardiovascular disease much earlier in its progression, using medical therapies, not just devices.

Tomorrow's session will explore the reasons behind the paradigm shift and use case-based discussions to

illustrate how it can be translated into interventional decision making. Experts will provide their opinions and encourage dialogue on the value of this transition. Is it right, is it wrong? What is the role of plaque burden? How does PCI fit within a lifelong systemic model of atherosclerotic disease? Participants will benefit not just from the theory behind the document but also from examples provided by interventional practice where changing the paradigm might make a difference to treatment."

1. Zaman S, et al. Lancet. 2025;405:1264–1312.

DON'T MISS

Rethinking coronary artery disease: from ischaemia to atheroma - Implications of the Lancet Commission for Interventional Cardiology

Wednesday, Room 251
08:30 – 09:30

*With the collaboration
of EuroIntervention
and the Lancet*

FOCUS ON INTERNATIONAL COLLABORATION

EuroPCR is proud to collaborate with 76 National Societies and Working Groups across 6 regions, enriching the programme with 28 joint sessions on a wide range of topics from multivessel disease to tricuspid valve repair/replacement.



Bernard Prendergast

PCR Chairman

“PCR and the National Societies and Working Groups have always enjoyed a strong partnership,” says Bernard Prendergast, PCR Chairman. “Joint sessions have been a dominant feature of the programme for many years and we are pleased to see so many national representatives participating at

EuroPCR 2026.” Professor Prendergast notes that while maintaining relationships with national groups can sometimes be tricky – due in part to lost connections when national leaders change – new efforts are being made to ensure that these vital partnerships are sustained: “Continued engagement with the National Societies and Working Groups is very important to us, not just within Europe but across the world, and this year we’ve held a series of virtual meetings to discuss how we can strengthen our connections.” In addition, senior members of the PCR leadership team

will participate directly in the sessions and have worked closely to support the National Societies and Working Groups in preparation for EuroPCR 2026.

Professor Prendergast notes that the National Societies and Working Groups have had more scope to choose their partners for the joint sessions this year. “Beyond regional clusters, we also have some interesting cross-continental combinations where countries have chosen to partner with a group from a geographically distinct area. In addition, some national groups

have chosen to partner with another of a comparable size or at a similar stage in terms of their expertise and availability of technology, which again, will generate very insightful comparisons on daily practice.”

Professor Prendergast concludes: “Whilst we are maintaining the traditional case-based format, I think we will have an even richer mixture of shared experiences this year. I’d like to thank everyone for their involvement and contributions as we aim to improve patient care as a community.”

AFRICA

- **Algerian** Group of Interventional Cardiology
- **Egyptian** Working Group of Interventional Cardiology
- **Moroccan** Society of Cardiology
- **South African** Society of Cardiovascular Interventions
- **Tunisian** Group of Interventional Cardiology

AMERICA

- **Argentinian** College of Interventional Cardioangiologists
- **Brazilian** Society of Hemodynamics and Interventional Cardiology
- **Canadian** Association of Interventional Cardiology
- Sociedad **Chilena** de Cardiología
- **Colombian** College of Hemodynamics and Cardiovascular Intervention

ASIA

- **Armenian** Working Group of Interventional Cardiologists
- Interventional Working Group of **Azerbaijan** Society of Cardiology
- **Bangladesh** Society of Cardiovascular Intervention
- Cardiac Society **Brunei Darussalam**
- **Chinese** Society of Cardiology
- Interventional Working Group of **Hong Kong** College of Cardiology
- **Indonesian** Society of Interventional Cardiology
- **Japanese** Association of Cardiovascular Intervention and Therapeutics
- **Kazakhstan** Society of Interventional Cardiologists
- **Korean** Society of Interventional Cardiology

- **Kyrgyz** Society of Cardiology
- Interventional Cardiology Society of **Malaysia**
- **Pakistan** Society of Interventional Cardiology
- **Philippine** Society of Cardiac Catheterisation and Interventions
- **Taiwan** Society of Cardiovascular Interventions
- Cardiovascular Intervention Association of **Thailand**
- Association of Interventional Cardiologists and Endovascular Surgeons of **Uzbekistan**
- **Vietnam** Interventional Cardiology Society

EUROPE

- **Albanian** Society of Cardiology
- Working Group for Interventional Cardiology, **Austrian** Society of Cardiology
- **Belgian** Working Group of Interventional Cardiology
- Working Group on Interventional Cardiology, Association of Cardiologists of **Bosnia and Herzegovina**
- **Bulgarian** Society of Interventional Cardiology
- Working Group on Invasive and Interventional Cardiology, **Croatian** Cardiac Society
- **Cypriot** Interventional Cardiology Working Group
- **Czech** Interventional Cardiology Association
- **Danish** Society of Cardiology
- **Estonian** Society of Cardiology
- Working Group for Interventional Cardiology / **Finnish** Cardiac Society
- **French** Group of Atheroma and Interventional Cardiology
- **Georgian** Association of Interventional Cardiologists

- **AGIK/DGK - Germany**
- Working Group of Interventional Cardiology of the **Hellenic** Cardiology Society
- Working Group on Interventional Cardiology, **Hungarian** Society of Cardiology
- **Icelandic** Cardiac Intervention Group
- **Irish** Cardiac Society Interventional Cardiology Working Group
- **Italian** Society of Interventional Cardiology
- **Kosovo** Cardiac Society
- Working group on Interventional Cardiology of the **Latvian** Society of Cardiology
- **Lithuanian** Society of Cardiology
- **Luxembourg** Society of Cardiology
- Working Group of Interventional Cardiology, **Macedonian** Society of Cardiology
- **Maltese** Cardiac Society
- Society of Interventional Cardiology and Radiology of the Republic of **Moldova**
- **Netherlands:** Dutch Working Group on Interventional Cardiology
- **Norwegian** Working Group on Interventional Cardiology
- Association of Cardiovascular Interventions of the **Polish** Cardiac Society
- **Portuguese** Association of Cardiovascular Intervention
- **Romanian** Working Group for Interventional Cardiology
- **Scottish** Cardiac Society
- Working Group of Interventional Cardiology, Cardiology Society of **Serbia**
- **Slovak** Society of Cardiology - Invasive and Interventional Cardiology

- **Slovenian** Society for Cardiology, Working Group for Interventional Cardiology
- Association of Interventional Cardiology of the **Spanish** Society of Cardiology
- **Swedish** Working Group on Interventional Cardiology
- **Swiss** Working Group of Interventional Cardiology
- **Ukrainian** Association of Interventional Cardiology
- **UK: British** Cardiovascular Intervention Society

MIDDLE EAST

- Working Group of Interventional Cardiology / the **Iraqi** Cardiothoracic Society
- Working Group for Interventional Cardiology, **Israel** Heart Society
- **Jordan** Working Group of Cardiovascular Interventions
- **Lebanese** Society of Cardiology
- **Saudi Arabian** Cardiac Intervention Society
- **Turkish** Working Group of Interventional Cardiology

OCEANIA

- Interventional Council, Cardiac Society of **Australia and New Zealand**

There are eight ‘Focus on International Collaboration’ sessions today – which one will you participate in?

Check out the programme for further details:



RESIL-Card: A new tool to strengthen cardiovascular care pathway resilience

As cardiovascular care pathways involve more stakeholders and increasingly complex coordination, maintaining consistent performance across the system is becoming more challenging.

Variability in care organisation across teams and departments, communication gaps and limited preparedness for unexpected situations remain common across Europe, often only becoming apparent when crises disrupt continuity of care. Ensuring this continuity, in the context of growing uncertainty and system-wide pressures, is now a key priority for healthcare teams.

The **RESIL-Card tool**, launched in mid-March, responds to this need by supporting a structured, team-based approach to assessing and

strengthening pathway resilience. Designed as a proactive exercise led by hospital cardiology professionals, it enables multidisciplinary teams to take a step back and evaluate the robustness and adaptability of their care pathways as a whole.

RESIL-Card offers a practical framework to guide structured evaluation and discussions across key dimensions of pathway performance and resilience. It supports teams in identifying weak points and defining targeted actions to strengthen preparedness. By translating vulnerabilities into shared, actionable priorities, the tool facilitates systematic reflection without adding complexity to existing workflows. Importantly, it reflects a 'by and for' approach, integrating the perspectives of clinicians and other stakeholders directly involved in managing cardiovascular care pathways.

Just two months into its dissemination, RESIL-Card is already being implemented by several centres across Europe. Early experience is positive regarding the creation of a shared language around resilience, helping to align cardiologists, nurses and other stakeholders involved in cardiovascular patient pathways. As one early adopter noted: **"The value of the RESIL-Card tool is that it gives our team a structured way to identify gaps we had intuitively recognised but never formally addressed."**

A dedicated session at EuroPCR today will feature a live demonstration of the tool. Practical, real-world insights from early adopters – including national implementation efforts in Italy – and perspectives on patient engagement will be shared, alongside updates on emerging national and European support. Interactive discussions will invite participants to reflect on how

the tool could best be applied in their own setting.

Everyone is encouraged to explore RESIL-Card online and begin using it in their own institutions to engage their teams in multidisciplinary discussions and take a first step towards building more resilient systems of care.

DON'T MISS

RESIL-Card in action: early European experience and lessons from the first users

Tuesday, Room 252A, 15:00 – 16:00

With the collaboration of RESIL-Card Consortium and We Care

CONTINUITY OF CARDIOVASCULAR CARE IS KEY AT ALL TIMES. HOW RESILIENT IS YOUR CARE PATHWAY UNDER PRESSURE?

Crises affect healthcare systems, as shown by the impact of the COVID-19 pandemic on cardiovascular care and patient outcomes:

<p>Delayed hospital presentations and fewer admissions</p> 	<p>Reduction of interventional procedures</p> 	<p>Increased morbidity and mortality</p> 	<p>More long-term complications and reduced life expectancy</p> 	<p>Increased societal costs</p> 
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THE RESIL-CARD TOOL HELPS HOSPITAL CARDIOVASCULAR PROFESSIONALS IMPROVE SYSTEMS' RESILIENCE AND ENSURE CONTINUITY OF LIFESAVING CARE DURING CRISES.



The tool addresses **6 key resilience dimensions...**

<p>Workforce</p> <ul style="list-style-type: none"> Health protection and well-being Shortages Reallocation 	<p>Care delivery</p> <ul style="list-style-type: none"> Flexible infrastructure CV organisation Care reorganisation Innovations
<p>Governance</p> <ul style="list-style-type: none"> Rules, processes Tools Trust 	<p>Communication</p> <ul style="list-style-type: none"> Patients, public Professionals Other sectors
<p>Medical devices</p> <ul style="list-style-type: none"> Supply chain management Flexibility 	<p>Data</p> <ul style="list-style-type: none"> Pre-defined data collection Data interoperability

... and includes:

- A care pathway & stakeholder mapping exercise
- A preparedness checklist generating a heatmap
- Resources to develop an action plan

BE PREPARED FOR THE NEXT CRISIS. USE THE RESIL-CARD TOOL.

Co-funded by the European Union



Connect. Reflect. Advance.

Uniting multidisciplinary specialists for unified global advancement



PCR Companions Square: Where connections come to life



The PCR Companions Square has just opened! There is a version of Paris inside the Palais des Congrès right now. No need to step outside – it is on Level 2 and it's yours for the entire EuroPCR.

The PCR Companions Square is the community hub of EuroPCR 2026, with something very special this year: a Parisian terrace, complete with a sweeping bay window that opens onto the city skyline. Warm, unhurried and entirely separate from the rhythm of the sessions. A place where you can think – or stop thinking entirely – for a few minutes.

PCR Companions is the community built around the PCR world – a global network of interventional cardiologists, NAPs and other cardiovascular professionals who believe that education and connection should not stop at the course doors. If you are at EuroPCR,

you are already part of the world this community was built for.

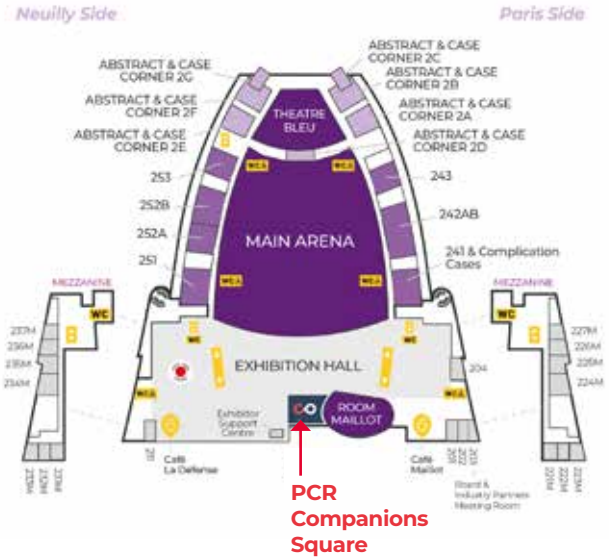
The Square is your base. Come for a coffee between sessions. Catch up with a colleague. Meet new people. Let the conversations flow. **And pick up your exclusive PCR Companions goodies!**



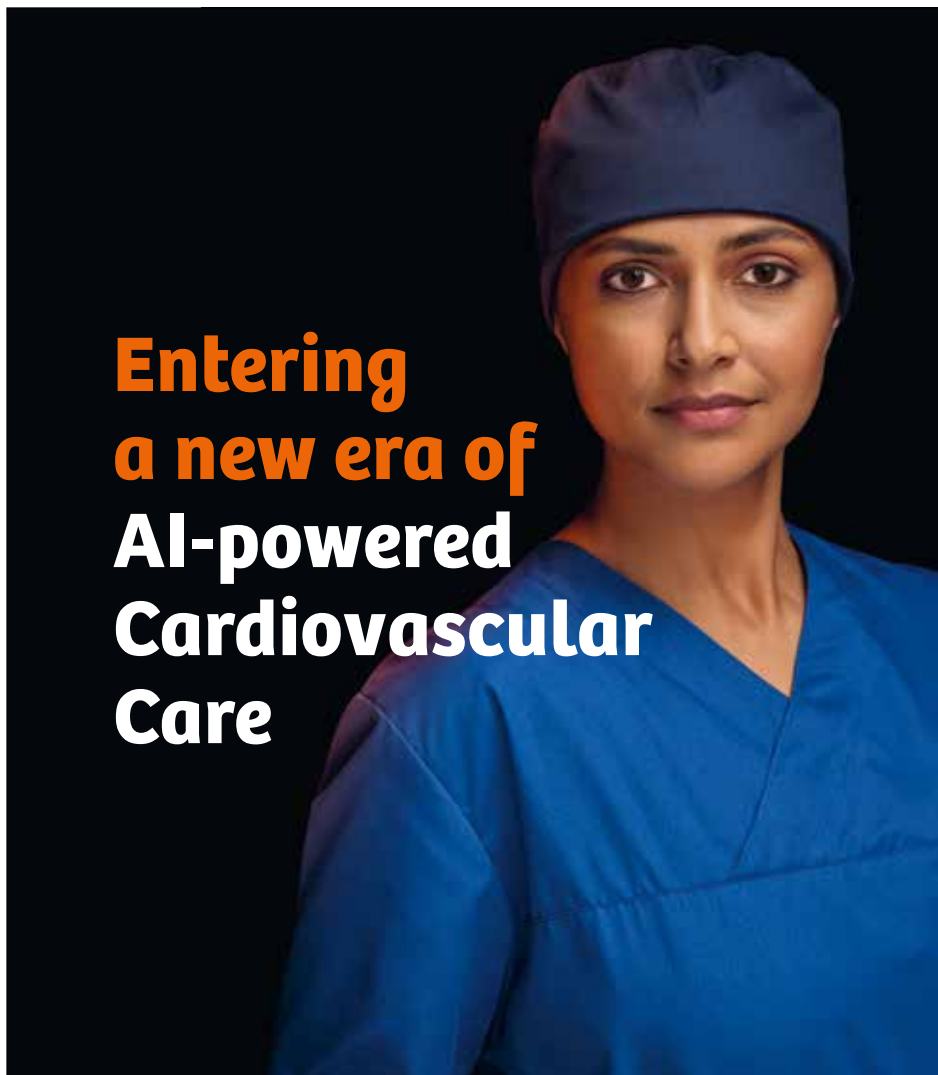
If Paris itself is calling – a restaurant reservation, a show, a car to get across the city – the Square is home to a brand new **concierge service**. Tell them what you need and they will handle the rest.

Only for Top Companions:

Those who have reached Top Companion status can also access the Guest Lounge on Level 3. Head up when you need a quieter space and to make new connections.



Not yet a PCR Companion? Scan the QR code and join in a few minutes. The Square gets better when you are officially part of it.



**Entering
a new era of
AI-powered
Cardiovascular
Care**

Launch

Join our unveiling ceremony and get ready for intelligent image-guided therapy
May 19, 12:45 pm | Booth #F19, Level 1

Symposium

AI-powered precision: CT-guided PCI and the future of image-guided therapy
May 19, 4:30 pm | Room 153

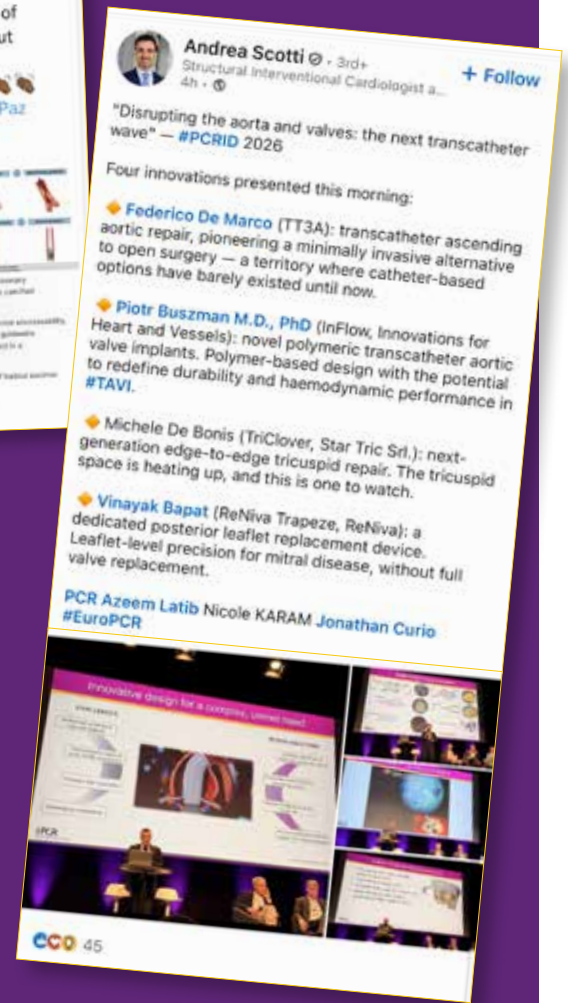
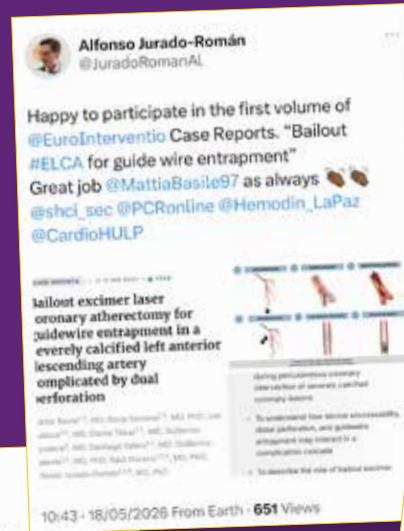
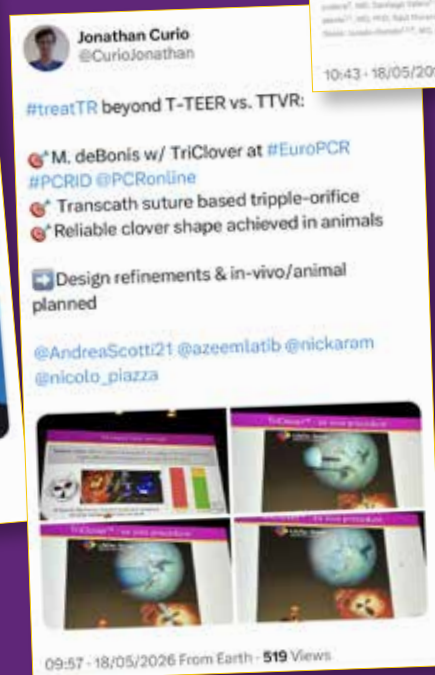
Joint symposium

Angiography-based physiology: time to change your routine clinical practice?
Co-sponsored with Pie Medical Imaging
May 20, 1:40 pm | Room 242 AB

Find out more:
Meet-the-Experts
& Symposia



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.

ARE YOU ON SOCIAL MEDIA?

Join the conversation





**RADIAL.
CHANGE THE COURSE
OF CARE.**

Symposium with LIVE case

Management of a patient with complex multivessel disease involving bifurcations

Tuesday, May 19 | 13:10-14:40 | Théâtre Bleu | LIVE Toulouse

Anchorperson: Thomas Cuisset | Spokesperson: Jean Fajadet