

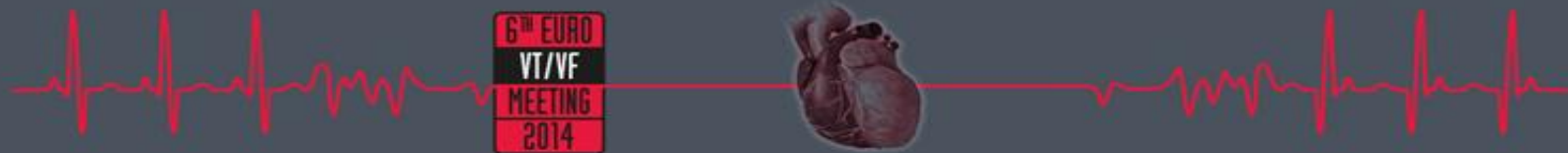


## Preliminary Program

05 <sup>th</sup> December 2014	FRIDAY	
8:30	<b>Welcome and introduction</b> KH. Kuck (Germany)	
	<b>1. Sports and arrhythmias</b>	
8:45	Ventricular remodeling by chronic exercise	H. Heidbuchel, Leuven, Netherlands
9:05	ECG abnormalities in sports	M. Antz, Oldenburg, Germany
9:25	SCD in athletes	G. Thiene, Padua, Italy
9:45	ICD in athletes at risk	M. Ackermann, Rochester, USA
10:05	Sports in patients with genetic arrhythmogenic disorders	S. Priori, Pavia, Italy
10:25	What does help to prevent SCD beyond the ICD - AED and...?	C. Israel, Bielefeld, Germany
10:45 – 11:05	<b>Coffee Break</b>	
	<b>2. Rotors in VT/VF</b>	
11:05	Bordeaux Experience	- P. Jais, Bordeaux, Frankreich
11:25	Göttingen Experience	- S. Luther, Göttingen, Germany
11:45	Hamburg Experience	- E. Wißner, Hamburg, Germany
	<b>3. Life vest</b>	
12:05	- Clinical need/data	NN
12:25	- Scientific evidence needed to become a class I indication	A. Epstein, Philadelphia, USA
12:45	- Patients at risk with the potential to improve LV-Function	NN
13:05 – 14:05	<b>Lunch</b>	
	<b>4. ICD/CRT</b>	
14:05	- High energy cardioversion/defibrillation in standard ICD's/CRT'S - what is the mechanism which increases mortality?	L. A. Saxon, California, USA
14:25	- Low energy cardioversion/defibrillation in future ICD's – where to go?	S. Luther, Göttingen, Germany
14:45	- Imaging techniques to improve CRT results	J. Bax, Leiden, Netherlands
15:05	- Body surface mapping based on 3-D imaging identifies sites of improved CRT pacing	P. Bordachar, Bordeaux, Frankreich
15:25	- Impact of complete substrate ablation for VT in patients with an ICD	P. Jais, Bordeaux, Frankreich



15:45 – 16:05	<b>Coffee Break</b>	
	<b>5. Outflow tract VT</b>	
16:05	- The anatomy	Y. Ho, London, England
16:25	- Anatomical and electrophysiological considerations	K. Shivkumar, Los Angeles, USA
16:45	- RVOT/ LVOT/ Aortic Cusp	D. Wilber, Marywood, USA
17:05	- LV Summit	F. Ouyang, Hamburg, Germany
17:25	- Multicenter study on catheter ablation of idiopathic PVC's	F. Bogun, Ann Arbor, Michigan, USA
	<b>6. The best approach for VT ablation in CAD</b>	
17:45	- The conventional pace / map approach	W. Stevenson, Boston, USA
18:05	- Channel identification during VT with high density mapping	H. Nakagawa, Oklahoma City, USA
18:25	- Late potentials during sinus rhythm	P. Della Bella, Milano, Italy
18:45	- LAVA	P. Jais, Bordeaux, Frankreich
19:05	- Scar homogenization	A. Natale, Austin, Texas
<b>06<sup>th</sup> December 2014</b>	<b>SATURDAY</b>	
	<b>7. Imaging for VT ablation</b>	
8:30	- MRI	T. Dickfeld, Baltimore, USA
8:50	- CT	F. Marchlinski, Philadelphia, USA
9:10	- ICE	K. Zeppenfeld, Leiden, Netherlands
<b>9:50 – 10:10</b>	<b>Coffee Break</b>	
	<b>8. VT ablation – new technologies</b>	
10:10	- Force sensing	P. Della Bella, Milano, Italy
10:30	- High resolution scar mapping	H. Nakagawa, Oklahoma City, USA
10:50	- Assist devices	V. Reddy, New York, USA



	9. New Treatment for VT/VF	
11:10	- The role of the autonomic nervous system Different approaches:	P. S. Chen, Indianapolis, USA
11:30	- Thorascopic sympathetic ganglionectomy	K. Shivkumar, Los Angeles, USA
11:50	- Stimulation (vagal, carotid sinus, spinal cord)	NN
12:10	- Renal Denervation	V. Reddy, New York, USA
12:30	- Long Term Outcome Data (DCM - Direct cardiac GP-ablation	NN S. Ernst, London, England
<b>12:30 – 13:30</b>	<b>Lunch</b>	
	10. Update ongoing VT trials	
13:30	Berlin-Study	- K. H. Kuck, Hamburg, Germany
13:45	Prevent VT	- Shivkumar, Los Angeles, USA
14:00	Aspire	- Dr. Wilber, Marywood, USA
14:15	Rescue VT	- V. Reddy, New York, USA
14:30	Partita	- P. Della Bella, Bordeaux, Frankreich
	11. Epicardial ablation	
14:50	- Clinical and ECG predictors of epicardial VT-location	F. Marchlinski, Philadelphia, USA
15:10	- The standard approach for pericardial assessment and it's limitations	A. d Àvila, Florianopolis, Brasilien
15:30	- A perspective on future technology to assess the pericardial space and to apply treatment	K.-H. Kuck, Hamburg, Germany
15:50	- What is the best energy source and ablation tool How much experience should one have to start and maintain epicardial ablation skills	W. Stevenson, Boston, USA G. Hindricks, Leipzig, Germany