

VASCULAR & ENDOVASCULAR Consensus Update

FIRST ANNOUNCEMENT

5-8 April 2014

NEW VENUE Grand Hall, Olympia, London, UK

Featuring separate Main Auditorium

Programme Organising Board

Chairman

Roger Greenhalgh

Co-Chairmen

Frans Moll and Peter Taylor

Aortic

Frans Moll

Peter Taylor

Matt Thompson

Andrew Holden

Janet Powell

Peripheral

Cliff Shearman

Michael Edmonds

Iris Baumgartner

Venous

Ian Franklin

Alun Davies

Mark Whiteley

Honorary Faculty: Barry Katzen,
Edward Diethrich, Frank Veith,
Jean-Pierre Becquemin, John Reidy

International Advisors: Eric Verhoeven,
Gunnar Tepe, Jan Brunkwall, Krassi
Ivancev, Patrick Peeters, Ross Naylor

Parallel Sessions

**CX St George's
Vascular Access
Course**

Eric Chermia

cxileg

Collaboration Day

Cliff Shearman

Michael Edmonds

Iris Baumgartner

**CX Office-based
Vein Practice 2-day
Course**

Ian Franklin

Mark Whiteley

**CX Complex Edited
Live Cases & Case
Reports**

**CX Vascular &
Advanced Hybrid
Imaging Course**

CX Renal

Denervation

Neil Poulter

**CX Paediatric
Vascular Issues**
George Hamilton
Malcolm Simms

**CX Vascular
Malformations
Management**
Iris Baumgartner

**CX Catheter-
directed
Thrombolysis &
Thrombectomy**
Frans Moll

**CX Non-
cardiovascular
Advanced
Imaging Day**

**CX Meets Latin
America**

**European Vascular
Surgeons in
Training: Stars of
the Future**

Hubert Stepak

LINC @ CX

Dierk Scheinert

**CX Thrombosis
& Haemostasis
Course**
Beverley Hunt

**CX Innovation
Showcase**

Nick Cheshire
Stephen Greenhalgh

**CX Vascular
International**
Hans-Henning Eckstein
Afshin Assadian

**CX Meets the
Far East**

NEW CX Open Abstract sessions

- Physician Presentations & Posters
- Vascular Scientist, Nurse and Technologist Presentations & Posters

EDUCATION

INNOVATION

EVIDENCE

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Dear colleagues,

In 2014, the Charing Cross Symposium will be in its 36th year.

As ever, our mission continues in its three-year cycle: **CONTROVERSIES** that enable a world-class faculty and an expert audience to **CHALLENGE** the available evidence in order to reach a **CONSENSUS** after discussion. This year, our aim is to summarise topics and debates in order to reach **CONSENSUS** after each session.

CONSENSUS will be approached systematically, with *three* days allocated to peripheral arterial **CONSENSUS**, *three* sessions to aortic – abdominal, thoracic and juxta-renal – **CONSENSUS** and *three* days to venous disease. There will also be two office-based venous practical days, followed by the linked venous day programme with an integrated faculty.

Our distinguished, world class faculty is aware that at the Charing Cross Symposium, the approach is very clinical, with patient care at the centre. We are proud to have become an interdisciplinary meeting, focusing on vascular disease and current best management, irrespective of how that is achieved. Patient benefit is always our aim.

It should never be forgotten that industry advances enable us to treat our patients better. At the upcoming Charing Cross Symposium, we will showcase the best **CONSENSUS** topics to allow audience members to make up their own minds about the best methods of care for their patients. Attendance at the Charing Cross requires an open mind about advances and this year will feature many debates.

In 2014, the programme will focus on **CONSENSUS** in all domains of vascular and endovascular intervention. The central theme will be clinical diagnosis by symptoms, signs and appropriate investigations, including all forms of imaging:

- Pre-intervention assessment, including appropriate imaging
- Planning intervention, including simulation rehearsal in some cases
- Intervention with intra-procedural imaging
- 24-hour imaging assessment
- Follow-up imaging and procedure

This year, we are pleased to welcome the new executive-style Programme Organising Board. There has already been substantial input from a brilliant team and I am privileged to be supported by this fine group. We continue to stand for the merits of education, innovation and evidence.

On behalf of the Programme Organising Board, I look forward to welcoming you to our new, improved venue in 2014 as we move towards **CONSENSUS**.



Roger Greenhalgh
Chairman, Programme Organising Board

CAROTID CONSENSUS

The carotid section of the main programme will open this edition of the symposium. Consensus highlights include the use of different imaging modalities for the investigation, treatment and follow-up of carotid artery disease, updates on trials such as CREST 2, ICSS and ACST-2, as well as hints on how to stabilise carotid plaque.

Imaging preferences for carotid artery investigation

Duplex ultrasound

TBA

Magnetic resonance imaging

7 Tesla magnetic resonance imaging

Robin Choudhury, Oxford, United Kingdom

CT angiography

TBA

Carotid procedural imaging and checking

Stenting

TBA

Enderterectomy

TBA

24-hour follow-up imaging protocol

TBA

Long-term data on ICSS

Martin Brown, London, United Kingdom

CREST 2 – new design

William Gray, New York, NY, United States

ACST-2 results

Alison Halliday, Oxford, United Kingdom

The stabilisation of carotid plaque after carotid surgery

Frans Moll, Utrecht, Netherlands



PERIPHERAL ARTERIAL CONSENSUS

The peripheral arterial main programme section begins with diagnosis and imaging options followed by proximal arterial management. Diabetic foot care holds centre stage before moving on to consensus on below-the-knee reconstruction. There will be a debate on whether supervised exercise, smoking cessation and best medical treatment should precede intervention.

Investigation of the ischaemic lower limb

Duplex ultrasound

Malcolm Simms, Birmingham, United Kingdom

Mary Ellis, Imperial College, London, United Kingdom

Magnetic resonance angiography

David Kessel, Leeds, United Kingdom

CT angiography

TBA

Intravascular digital subtraction angiography

TBA

Intermittent claudication

DEBATE: Supervised exercise, smoking cessation and best medical treatment should precede intervention

For the motion:

Cliff Shearman, Southampton, United Kingdom

Against the motion:

TBA

Long-term outcome of a self-expanding nitinol stent for TASC A and B lesions

Koen Keirse, Leuven, Belgium

Sporting vascular injuries

Jonathan Beard, Sheffield, United Kingdom

Stenting the superficial femoral artery 40–180mm – DURABILITY+ study

TBA



Large artery critical ischaemia

Orthopaedic popliteal artery injury

Martin Björck, Uppsala, Sweden

Platelet responsiveness for clopidogrel treatment of peripheral arterial procedures

Konstantinos Katsanos, London, United Kingdom

The CRITISCH registry – which is the best treatment for diabetic, renal and female patients: open, endovascular or no intervention?

Giovanni Torsello, Münster, Germany

Self-expanding stent use for popliteal lesions –

DURABILITY-POP study

Patrick Peeters, Bonheiden, Belgium

Popliteal sac shrinkage after endovascular exclusion

Franco Grego, Padua, Italy

What will be the best treatment option – endovascular or open surgery? BASIL 2

Andrew Bradbury, Birmingham, United Kingdom

Diabetic foot care

Assessment, wound care and urgent revascularisation of the diabetic foot

Michael Edmonds, London, United Kingdom

DEBATE: Topical negative pressure therapy should be used routinely for wound healing in the diabetic foot

For the motion:

David Armstrong, Tucson, AZ, United States

Against the motion:

Cliff Shearman, Southampton, United Kingdom

The value of angiosome definition and saving ischaemic and diabetic feet

Christopher Attinger, Washington, DC, United States

Antibiotic therapy is to treat infection, not to treat wounds

Benjamin Lipsky, Oxford, United Kingdom

Foot deformity and pressure management in the diabetic foot

David Armstrong, Tucson, AZ, United States

Atherectomy with drug-coated balloon vs. drug-coated balloon – DEFINITIVE AR

Thomas Zeller, Bad Krozingen, Germany

Below-the-knee arterial critical ischaemia

Stem cell therapy – a new standard for non-option critical limb ischaemia

Vaclav Prochazka, Ostrava, Czech Republic

Predicting outcomes of below-the-knee interventions

Mostafa Albayati, Southampton, United Kingdom

The value of the below-the-ankle level loop technique of foot artery reconstruction

Eric Ducasse, Bordeaux, France

Prospective multicentre results of drug-eluting stenting for below-the-knee arteries up to 5mm

Marc Bosiers, Dendermonde, Belgium

Outcomes for drug-coated balloons below the knee: the need to prove benefit

William Gray, New York, NY, United States

ABDOMINAL AORTIC CONSENSUS

The abdominal aortic main programme is divided into three sections, beginning with the preoperative imaging and a Mini Symposium on Abdominal Compartment Syndrome. A consensus section on population screening will follow, addressing the declining prevalence of abdominal aortic aneurysms and seeking a threshold for cost-effective screening – if one exists. Given public reporting of vascular results, discussion will centre upon whether individual or centre results are relevant.

Attitudes to type II endoleaks will be presented on 440 EVAR specialist recent opinions. New clinical IMPROVE trial results will be presented, along with their publicised release. The aim is to stimulate consensus on ruptured abdominal aortic aneurysm.

EVAR follow-up consensus will be approached by debating whether EVAR needs follow-up and whether type II endoleaks are type I endoleaks in disguise.

Preoperative imaging

Ultrasound

TBA

CT scan

TBA

MR scan

TBA

Planning intervention including simulation and rehearsal

TBA

The value of hybrid suite for accurate deployment

TBA

The 2D/3D quandary during deployment

TBA



24-hour imaging
TBA

Follow-up imaging and step down to ultrasound
TBA

Mini Symposium – Abdominal Compartment Syndrome

The prevention TBA

The diagnosis and recognition of ischaemic bowel TBA

Factors associated with the condition TBA

Management of it following EVAR or open repair
Martin Björck, Uppsala, Sweden

Anaesthetic developments TBA

Mycotic aneurysm management
Anders Wanhainen, Uppsala, Sweden

Management of infected endoprosthesis
Roberto Chiesa, Milan, Italy

Literature review of iliac limb thrombosis after EVAR
Frank Criado, Baltimore, MD, United States

Mini Symposium – Screening for abdominal aortic aneurysm

The threshold below which it is not cost-effective to screen for abdominal aortic aneurysm
Simon Thompson, Cambridge, United Kingdom

Targeted population screening for abdominal aortic aneurysm
Ian Loftus, London, United Kingdom

The implication of declining prevalence of abdominal aortic aneurysm in the USA, Europe, Australasia and the world
Frank Lederle, Minneapolis, MN, United States

Patient selection for abdominal aortic aneurysm repair – EVAR, minilaparotomy and open repair and effect on postoperative mobilisation. Do we need a trial?
Ralf Kolvenbach, Düsseldorf, Germany

Public reporting of vascular results

Individual or centre reporting TBA

VASCUNET European experience
Tim Lees, Newcastle, United Kingdom

Risk aversion – the insurance perspective TBA

Smoking prevalence variation between Western and Eastern Europe TBA

Algorithm for calculating individual patient indications for elective abdominal aortic aneurysm repair
Charles McCollum, Manchester, United Kingdom

Outcomes of aneurysm repair in patients with renal disease
Michel Makaroun, Pittsburgh, PA, United States

Renal function decline after EVAR Franco Grego, Padua, Italy

Follow-up of EVAR

DEBATE: EVAR needs no follow-up
For the motion: Hence Verhagen, Rotterdam, Netherlands
Against the motion: Matt Thompson, London, United Kingdom

DEBATE: Type II endoleaks are really type I endoleaks in disguise
For the motion: Rob Morgan, London, United Kingdom
Against the motion: TBA

Post EVAR type II endoleak – usage and attitude survey of 440 clinicians TBA

Endovascular sealing options TBA

EVAR suitability in women TBA

Ruptured abdominal aortic aneurysms

Aortic calcification and rupture risk
Clark Zeebregts, Groningen, Netherlands

The benefits of improved anaesthesia and of fast track mobilisation after open and EVAR for ruptured aortic aneurysms
Sebastian Debus, Hamburg, Germany

SWEDVASC registry – comparisons of primary EVAR strategy or primary open strategy for ruptured abdominal aortic aneurysms
Kevin Mani, Uppsala, Sweden



IMPROVE trial results related to aortic anatomy TBA

Individual patient data – meta-analysis of four trials. Who benefits from EVAR for ruptured aneurysm? TBA

THORACIC CONSENSUS

The thoracic main programme section will explore the consensus required for uncomplicated chronic type B dissection. There is a need to establish whether there is an identifiable subgroup for which intervention is beneficial. The session will also feature a Mini Symposium and a CX Great Debate on flow-diverting stents for aortic aneurysms. Michael Dake will introduce DISSECT: the new classification for aortic dissection. A Mini Symposium will focus on acute aortic transection, with diagnosis and hallmark imaging findings as well as when to intervene for this condition. When deployment is recommended, intravascular ultrasound is considered essential and at present, this imaging modality is more frequently used in America than in Europe – most likely due to cost per case and an indication of consensus is required.

Thoracic imaging

Imaging differences for the thoracic aorta TBA

Importance of biomechanics for ascending aortic endografts
Rachel Clough, London, United Kingdom

Computational Fluid Dynamics – evaluation of branched stent grafts
Hervé Rousseau, Toulouse, France

Mini Symposium – Acute aortic transection

Diagnosis imaging characteristics
Benjamin Stames, Seattle, WA, United States

The significance of the imaging finding of intramural thrombus
Michael Dake, Stanford, CA, United States

Deployment and use of intravascular ultrasound (IVUS)
Benjamin Stames, Seattle, WA, United States

Next-day imaging check TBA

Follow-up policy Martin Björck, Uppsala, Sweden

Dissecting aneurysm

Lessons for the IRAD registry
Santi Trimarchi, Milan, Italy

CX GREAT DEBATE: For uncomplicated type B dissections, early intervention is indicated
For the motion: Christoph Nienaber, Rostock, Germany
Jan Brunkwall, Köln, Germany

Against the motion: Dittmar Böckler, Heidelberg, Germany
Richard Gibbs, Imperial College, London, United Kingdom

DISSECT: a new classification for aortic dissection
Michael Dake, Stanford, CA, United States



Mini Symposium – Aortic flow stent and stent graft design

Computational Fluid Dynamics – evaluation of the thoracic multilayer stent
Hervé Rousseau, Toulouse, France

CX GREAT DEBATE: Flow-diverting stents have a place in my practice
For the motion: Hervé Rousseau, Toulouse, France
Edward Diethrich, Phoenix, AZ, United States

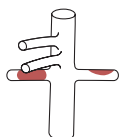
Against the motion: Ralf Kolvenbach, Düsseldorf, Germany
Mark Fillingier, Lebanon, NH, United States

Design characteristics of disease specific endografts
Juan Parodi, Buenos Aires, Argentina

JUXTA-RENAL AORTA CONSENSUS

This session will feature debates on unsolved areas. With the increasing number of off-the-shelf fenestrated devices being deployed, there is a growing uncertainty whether more are being deployed than is justified. A debate on best management of the short aortic neck will focus on this matter.

Preintervention 3D imaging of high quality is required before reconstruction – choice of device, type and size
TBA



Simulation and rehearsal before intervention

TBA

3D/2D conundrum and the place of intravascular ultrasound (IVUS)

TBA

The importance of 24-hour follow-up

TBA

The importance of radiation dosage exposure to patient and operator

TBA

The learning curve in the French trial of off-the-shelf fenestrated EVAR vs. open repair

Jean-Pierre Becquemin, Créteil, France

DEBATE: Fenestrated EVAR is the gold standard for the short-neck aneurysm

For the motion:

Michel Makaroun, Pittsburgh, PA, United States

Against the motion:

TBA

Failed off-the-shelf fenestrated EVAR and redo

Tim Resch, Malmö, Sweden

VENOUS CONSENSUS

The three days of the venous programme will begin with two full days of practical, hands-on training in the Office Based Vein Practice 2-day Course, which will be graded from basic (Sunday) to more sophisticated methods (Monday), with the Main Programme on the third day (Tuesday). As so many new technologies flood the field and potentially bring with them a revolution in venous practice, the three day venous schedule clearly demonstrates the need to allot increased time to this subject.

NICE Guidelines

Alun Davies, Imperial College, London, United Kingdom

Venous disease progression

Andrew Bradbury, Birmingham, United Kingdom

Venous imaging modalities for superficial, deep and pelvic veins

Diagnostic

Duplex scanning

TBA

CT venography

TBA

MR venography

TBA

Transabdominal duplex

TBA

CX DEBATE: Pelvic vein reflux must be treated before addressing leg veins

For the motion:

Joe Brookes, London, United Kingdom

Against the motion:

Jonathan Earnshaw, Gloucester, United Kingdom

Pelvic congestion

How to treat vulval veins after pelvic embolisation

Barrie Price, Guildford, United Kingdom

Pelvic venous congestion causes haemorrhoids

Judy Holdstock, Guildford, United Kingdom

During procedure

Hand-held and IVUS

Steve Elias, Englewood, NJ, United States

24-hour imaging

CX DEBATE: Duplex scanning is mandatory after treatment for saphenous reflux

For the motion:

Mark Whiteley, Guildford, United Kingdom

Against the motion:

Lowell Kabnick, Morristown, NJ, United States

Varicose vein treatment

Truncal reflux

CX DEBATE: There is no indication for groin exploration for recurrent varicose veins

For the motion:

Eddie Chaloner, London, United Kingdom

Against the motion:

John Scurr, London, United Kingdom

Endothermal ablation: heat, glues and catheter design

Mark Whiteley, Guildford, United Kingdom

VNUS – Venefit

TBA

EVL

TBA

Mechanoablation – ClariVein

Michael Tal, New Haven, CT, United States

Intravenous laser presentations

TBA

TBA

TBA

CLASS trial

Julie Brittenden, Aberdeen, United Kingdom

Glue

Rod Raabe, Spokane, WA, United States

Discussion: radiofrequency, laser and glue – the consensus

Sclerotherapy

Catheter-directed foam with tumescence

Atilio Cavezzi, S Benedetto del Tronto, Italy

The difference in wall penetration between STD and polidocanol

Michael Gough, Leeds, United Kingdom

Sclerosant selection

Philip Coleridge-Smith, London, United Kingdom

Pigmentation after sclerotherapy: does anything work apart from time?

TBA

Standardised foam is key

David Wright, High Wycombe, United Kingdom

CX DEBATE: Air is the best gas for making foam

For the motion:

Andrew Bradbury, Birmingham, United Kingdom

Against the motion:

Atilio Cavezzi, S Benedetto del Tronto, Italy

Tributaries surgery and treatment

CX DEBATE: ASVAL vs. CHIVA

For ASVAL:

Paul Pittaluga, Nice, France

For CHIVA:

Claude Franceschi, Paris, France

The place of concomitant phlebectomy

Tristan Lane, Imperial College, London, United Kingdom

Consensus panel on current best methods of correcting superficial varicose veins – radiofrequency vs. laser vs. mechanoablation vs. sclerotherapy vs. surgery

Cosmetic thread veins

Lasers are effective for thread veins

TBA

EVRF for thread veins

TBA

Prevention of acute deep venous thrombosis

Compression stockings for prevention of deep vein thrombosis

TBA

Pneumatic pressure device for prevention of deep vein thrombosis

TBA

Established acute deep venous thrombosis

Reliable reporting systems for deep vein thrombosis

Gerry Stansby, Newcastle, United Kingdom

Catheter-based interventions for deep vein thrombosis: which is the best?

Iris Baumgartner, Bern, Switzerland

Modern guidelines for management of superficial venous thrombosis

Beverley Hunt, London, United Kingdom

EHIT, EFIT, EGIT: a new word is needed for therapy induced thrombosis

James Lawson, Alkmaar, Netherlands

Venous ulcer

Compression in ulcer healing and recurrence

Nicky Cullum, Manchester, United Kingdom

The role of truncal ablation in venous ulceration: is timing key?

Manj Gohel, Cambridge, United Kingdom

Chronic deep venous disease and lymphoedema

Stent design is critical for deep vein recanalisation

Gerard O'Sullivan, Galway, Ireland

The deep venous valve management in the future

Hayley Moore, Imperial College, London, United Kingdom

Isolated pharmacomechanical thrombectomy

TBA

Deep venous reconstruction

Steve Black, London, United Kingdom

Updates for the management of lymphoedema

Peter Mortimer, London, United Kingdom

CX St George's Vascular Access Course



Course director: Eric Chemla

This two-day course will examine all aspects of vascular access care and is aimed at nephrologists, surgeons, radiologists and nurses – specialised or not. Current hot topics will be explored, with a view to establishing consensus in areas such as steal syndrome or catheter care and central venous obstruction or ultrasound-guided-only endovascular interventions.

CX ileg Collaboration Day

Incorporating the King's College Hospital Open Access System

Course directors: Cliff Shearman, Michael Edmonds and Iris Baumgartner

This session focuses on the need to avoid unnecessary major amputations of the lower limb. On the programme, three days of peripheral arterial disease draws attention to the concern we have of unacceptable major leg amputation, with type 2 diabetes being a huge factor. Accordingly, the programme directors are Cliff Sherman, a surgeon concerned with symptoms, diagnosis and choice of treatments, Michael Edmonds, a diabetologist with an interest in wound care and reconstruction, and Iris Baumgartner, an angiologist to focus on below-the-knee interventions. We are pleased to again offer Endovascular Electronic Education, featuring live cases broadcast to the Far East in the morning and the USA in the afternoon in collaboration with Abbott Vascular.

CX Office-based Veins Practice 2-day Course

Course directors: Ian Franklin and Mark Whiteley

The Office-based Veins Practice Course is a popular session and will this year showcase two full days of practical techniques and demonstrations linked to a full day of venous Main Programme. A top venous faculty will lead these three days. There is a movement from open surgery for varicose veins to patient-friendly office-based practices using radiofrequency, laser or other high energy sources like steam. Feared complications from sclerotherapy will be addressed, as well as how to make this an acceptable treatment option. New methods such as glues will also be demonstrated and discussed. The 2-day course will be progressively staggered in complexity – from basic topics to more sophisticated methods.

CX Complex Edited Live Cases & Case Reports

This session was launched in 2013 and is enhanced for this year. As the session showcases 10-minute edited live cases on a wide range of vascular topics, followed by questions and discussion, all domains of intervention are covered. The speakers will focus on the education to be gained by watching the case, the particular innovation that will be used and the body of evidence to support the recommended technique.

CX Vascular & Advanced Hybrid Imaging Course

Once again, full-sized hybrid suites will be exhibited, with realistic operating conditions and anaesthetic equipment, tables and lights. In addition, there will be other imaging modalities on display. These will provide an excellent link between this whole day course.

CX Renal Denervation

Course director: Neil Poulter

The big question is whether renal denervation will be used beyond patients with refractory hypertension. Will benefits enable a reduction in the use of hypertension medication from the very start? The referral chain is critical. Hypertension is managed by general practitioners, cardiologists, nephrologists and at times by very specialist hypertension experts. There is a growing selection of device choices. Irrespective of which discipline performs renal denervation, it is important for all to know how valuable it can be.

CX Paediatric Vascular Issues

Course directors: George Hamilton and Malcolm Simms

There is an overlap between vascular malformations and paediatric issues. This session will focus upon the less common problems involving the vascular tree, including congenital vascular abnormalities.

CX Vascular Malformations Management

Course director: Iris Baumgartner

A fine assembly of European experts is guaranteed at this session. Many vascular malformations begin in childhood but need management in adult life. This course includes basics you need to know about vascular malformations.

CX Catheter-directed Thrombolysis & Thrombectomy

Course director: Frans Moll

This session enforces and augments the use of new techniques to lyse or remove thrombus lodged remotely in the vascular tree. With these various catheter-directed systems and excellent real-time imaging, lesser invasive procedures are available and produce excellent results. The variety of devices in different clinical situations such as remote arteries, veins and the lung will be demonstrated.

CX Non-cardiovascular Advanced Imaging Day

This popular course will be repeated in 2014, but with a difference. The morning will begin with a brief introduction to the imaging companies, highlighting what can be achieved by imaging today, with a focus on 3D imaging. This will be followed by a visit to each exhibitor, followed by short talks indicating how advanced imaging is changing the face of surgery to the lungs, liver, brain, spine, prostate, uterus and bowel.

CX Meets Latin America



After a successful inaugural meeting in 2013, when 130 delegates attended the session, we are pleased to host this event again and welcome colleagues from Latin America.

European Vascular Surgeons in Training: Stars of the Future

Course director: Hubert Stepak

We are privileged that the ESVS council has selected Hubert Stepak, the EVST Secretary General, to coordinate this session. Short papers will be presented, with an engraved CX bell presented to the best 1st, 2nd and 3rd speakers.



Course director: Dierk Scheinert

Dierk Scheinert and his colleagues will again present live cases focused on the treatment of critical limb ischaemia. These live cases will be broadcast from Leipzig, Germany, and this session forms part of a three-day peripheral arterial learning programme.

CX Thrombosis & Haemostasis Course

Course director: Beverley Hunt

This is a fast moving subject and an important speciality for vascular disease management.

CX Innovation Showcase

Course directors: Nick Cheshire and Stephen Greenhalgh

This session offers presentations on the latest innovations and concludes with a Dragons' Den style showcase.

CX Vascular International

Course directors: Hans-Henning Eckstein and Afshin Assadian

This course takes place over four days in the Maquet Pavilion. These popular sessions are frequently booked out as open surgical techniques are coached by an outstanding faculty.

CX Meets the Far East



After a successful collaboration in 2013, we are pleased to host this session again in 2014, welcoming our colleagues from the Far East.

NEW CX Open Abstract sessions

Deadline: 14 January 2014

We are currently accepting abstract and poster submissions for these new sessions. The submission deadline for abstracts is 14 January 2014. Please visit www.cxsymposium.com/abstracts for information on prizes, abstract format, word count and to make your submission via our online form.

Physician Presentations & Posters

Submission is open to all physicians – seniors and junior doctors. A selection of abstracts and posters will be chosen by the CX Programme Board for presentation and discussion at the Charing Cross Symposium in April 2014. There will be prizes for the 1st, 2nd and 3rd best presentations.

Junior doctors with accepted presentations and posters will receive free full registration to the Charing Cross Symposium. Those with unsuccessful abstracts will still be eligible to register under the discounted early bird registration rate. Senior doctors will be required to pay for their own registration and we encourage senior doctors to register in advance to take advantage of the early bird rate.

Vascular Scientist, Nurse and Technologist Presentations & Posters

Submission is open to all vascular scientists, nurses and technologists. A selection of abstracts will be chosen by the CX Programme Board for presentation and discussion at the Charing Cross Symposium in April 2014. Those with accepted abstracts will receive free full registration to the Charing Cross Symposium. Those with unsuccessful abstracts will still be eligible to register under the discounted early bird registration rate.

www.cxsymposium.com/abstracts for submission details

CX St George's Vascular Access Course



Course director: Eric Chemla

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We will accept abstract and poster submissions until 1 March 2014.
Please send your submission to: info@cxsymposium.com.

Ischaemia and steal syndrome

Steal syndrome – a review of treatment options TBA

“Extension technique”: a modified technique for brachiocephalic fistula to prevent dialysis access-associated steal syndrome

Haytham Shareef Al Khaffaf, Burnley, United Kingdom

Treatment of dialysis access-related steal syndrome with juxta-anastomotic vein graft interposition: a feasible and effective technique

Gonzalo Mestres, Barcelona, Spain

Hand pain during dialysis – a haemodynamic explanation

Uwe Krueger, Jena, Germany

Central venous obstruction

Endovascular management TBA

Surgical management

Gary Maytham, St George's Hospital, London, United Kingdom

Surgical reconstruction of central veins following malignancy

Steve Black, St George's Hospital, London, United Kingdom

Optimisation of risk factors to maximise fistula patency

The effect of lowering LDL-cholesterol with ezetimibe/simvastatin on vascular access patency: results from the Study of Heart and Renal Protection (SHARP)

Will Herrington, Oxford, United Kingdom

Risk equation determining unsuccessful cannulation events and failure to mature in arteriovenous fistulae

Charmaine Lok, Toronto, Canada

Does fish oil inhibit stenosis in haemodialysis grafts? Results of the FISH study

Charmaine Lok, Toronto, Canada

Vitamin D improves endothelial function

Debasish Banerjee, St George's Hospital, London, United Kingdom

Endovascular session

Distal artery dilation in non-maturing fistulae

Luc Turmel, Paris, France

Results of the RENOVA trial – comparison of the Flair endovascular stent graft vs. balloon angioplasty in dialysis access grafts

Theodore Saad, Delaware, DE, United States

Drug-eluting balloon vs. conventional balloon angioplasty of failing vascular access

Siablis Dimitrios, Patras, Greece

Early cannulation session

Treatment algorithm for avoiding central lines

Eric Chemla, St George's Hospital, London, United Kingdom

Are early cannulation grafts a viable option to reduce CVC dependency?

Marc Glickman, Norfolk, VA, United States

Can early cannulation grafts be a cost-saving alternative to TCVCs? A (health economic) analysis of the potential cost-effectiveness from one centre's experience

David Kingsmore, Glasgow, United Kingdom

How is RRT organised in these countries?

Iran TBA

Afghanistan TBA

Vascular access surveillance

Vascular access flow surveillance – a review TBA

Surveillance of access using the Bluedop device

Dave King, London, United Kingdom

Declotting of access

Endovascular treatment of thrombosed vascular access

Christian Hohl, Siegburg, Germany

Surgical treatment of thrombosed vascular access

Eric Chemla, St George's Hospital, London, United Kingdom

Vascular access in obese patients

Flow chart for access creation in obese patients

TBA

Is a native fistula the right choice for every patient?

Fistula First Breakthrough Initiative (FFBI) re-evaluation

David Cull, Greenville, SC, United States

AVF vs. graft – a review of the data from 2002–2010

Charmaine Lok, Toronto, Canada

Nursing session

Early cannulation of native fistulae

Liz Anderson, London, United Kingdom

Achieving Department of Health target of 15% lines – the role of the access nurse

TBA

The role of ultrasound in cannulating vascular access

Jasper Chua, St George's Hospital, London, United Kingdom

Practical demonstration/hands-on ultrasound assessment and cannulation

TBA

Abstract session

Six to 10 of the best abstracts will be selected for oral presentation and a poster session will also be organised.

Participant information (block capitals)

Last name		First name		Title	
Institution or company					
Address					
Post code		City		Country	
Direct email (please write clearly)					
Telephone		Mobile			

Speciality

<input type="checkbox"/> Vascular surgeon	<input type="checkbox"/> Vascular physician	<input type="checkbox"/> Nephrologist	<input type="checkbox"/> Research/education	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Interventional radiologist	<input type="checkbox"/> Vascular technologist/nurse	<input type="checkbox"/> Podiatrist	<input type="checkbox"/> Industry participant	
<input type="checkbox"/> Interventional cardiologist	<input type="checkbox"/> Cardiothoracic surgeon	<input type="checkbox"/> Diabetologist	<input type="checkbox"/> Other clinician (please specify)	
<input type="checkbox"/> Angiologist	<input type="checkbox"/> Transplant surgeon	<input type="checkbox"/> Wound care specialist		

Rates

CX 4-DAY RATE		CX 2-DAY RATE		CX 1-DAY RATE	
Standard rate	Early bird	Standard rate	Early bird	Standard rate	Early bird
Full registration <input type="checkbox"/> £795 £695 (Includes symposium book)		Full registration <input type="checkbox"/> £495 £445 (Includes symposium book)		Full registration <input type="checkbox"/> £275 £245 (Excludes symposium book)	
Junior doctor registration <input type="checkbox"/> £445 £345 (Includes symposium book)		Junior doctor registration <input type="checkbox"/> £225 (Excludes symposium book)		Junior doctor registration <input type="checkbox"/> £125 (Excludes symposium book)	
Vascular technologist/nurse <input type="checkbox"/> £195 £145 (Excludes symposium book)		Vascular technologist/nurse <input type="checkbox"/> £125 (Excludes symposium book) Please specify days: <input type="checkbox"/> Saturday <input type="checkbox"/> Monday <input type="checkbox"/> Sunday <input type="checkbox"/> Tuesday		Vascular technologist/nurse <input type="checkbox"/> £75 (Excludes symposium book) Please specify day: <input type="checkbox"/> Saturday <input type="checkbox"/> Monday <input type="checkbox"/> Sunday <input type="checkbox"/> Tuesday	

VASCULAR ACCESS 2-DAY COURSE

☐ **Doctor rate**

£295

 Early bird
£250

☐ **Nurse rate**

£105

 Early bird
£75

(Sunday & Monday only. Excludes entry to other CX events and symposium book)

(Sunday & Monday only. Excludes entry to other CX events and symposium book)

CX ADVANCED IMAGING FOR NON-CARDIOVASCULAR SPECIALISTS

☐ **Consultant**
£100
 (50% reduction for ASGBI members)

☐ **Junior doctor, nurse, radiographer**
£50

(Tuesday only. Excludes entry to other CX events and symposium book)

Terms

- Rates inclusive of VAT.
- Early bird rates valid on applications received by 7 February 2014.
- Credit card payments received via mail or telephone will be processed in GBP and debited at the current rate of exchange.
- **Cancellation policy:** Cancellation prior to 5th March 2014 will be subject to a 20% administration charge. We regret that refunds after this date will not be available.
- Junior doctors should provide letter of authorisation.

Parallel Sessions: Please specify which of these events you wish to include in your registration

Saturday	Sunday	Monday	Tuesday
<ul style="list-style-type: none"> <input type="checkbox"/> CX Vascular & Advanced Hybrid Imaging Course <input type="checkbox"/> CX Meets Latin America <input type="checkbox"/> Physician Presentations & Posters <input type="checkbox"/> Vascular Scientist, Nurse and Technologist Presentations & Posters <input type="checkbox"/> CX Catheter-directed Thrombolysis & Thrombectomy <input type="checkbox"/> CX Vascular International 	<ul style="list-style-type: none"> <input type="checkbox"/> CX Thrombosis & Haemostasis Course <input type="checkbox"/> CX Renal Denervation <input type="checkbox"/> LINC @ CX <input type="checkbox"/> CX Innovation Showcase <input type="checkbox"/> CX St George's Vascular Access Course – Day 1 <input type="checkbox"/> CX Office-based Vein Practice 2-day Course – Day 1 <input type="checkbox"/> CX Vascular International 	<ul style="list-style-type: none"> <input type="checkbox"/> CX ilegx Collaboration Day <input type="checkbox"/> CX Paediatric Vascular Issues <input type="checkbox"/> CX Vascular Malformations Management <input type="checkbox"/> CX Complex Edited Live Cases & Case Report <input type="checkbox"/> CX St George's Vascular Access Course – Day 2 <input type="checkbox"/> CX Office-Based Vein Practice 2-day Course – Day 2 <input type="checkbox"/> CX Vascular International 	<ul style="list-style-type: none"> <input type="checkbox"/> CX Non-cardiovascular Advanced Imaging Day <input type="checkbox"/> European Vascular Surgeons in Training: Stars of the Future <input type="checkbox"/> CX Vascular International

Payment

[illegible]

Bank details

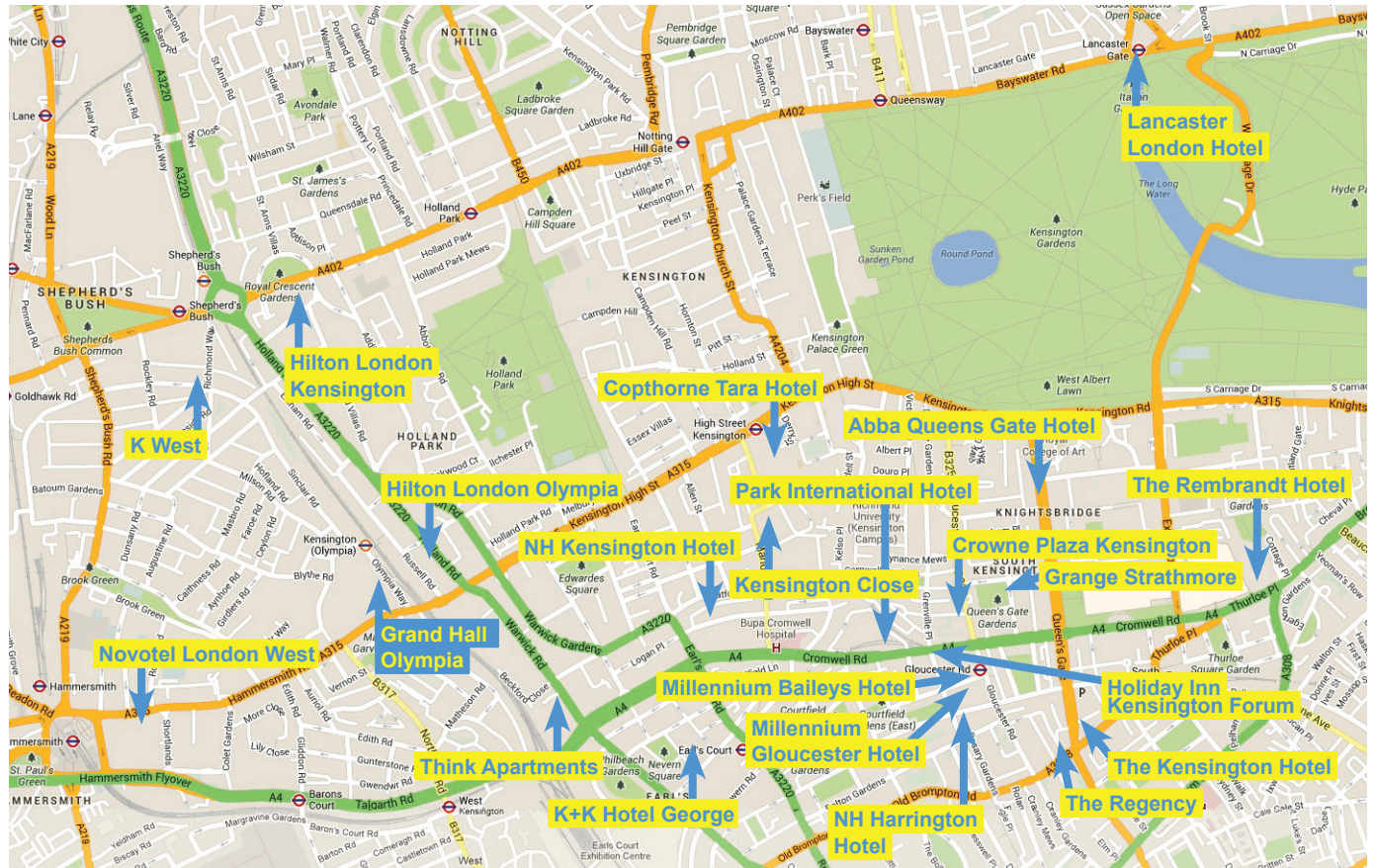
Account No: **01148583**
Account name: **BIBA Medical Ltd**
Sort code: **40-02-35**
IBAN No: **GB30 MIDL 4002 3501 1485 83** Swift Code: **MIDLGB2140J**
Address: HSBC, 357 Upper Richmond Road West, London SW14 8QW, United Kingdom

Please include a copy of your bank transfer. Quote your surname as reference.

VAT Registration Number 730681150. Ref: CX2014-1w

Participant information (block capitals)

Last name	First name	Title
Institution or company		
Address		
Post code	City	Country
Direct email (please write clearly)		
Telephone	Mobile	



Hotels within walking distance

	<input type="checkbox"/> Single	<input type="checkbox"/> Double
Copthorne Tara	<input type="checkbox"/> £138	£148
Hilton London Kensington	<input type="checkbox"/> £199	£209
Hilton Olympia	<input type="checkbox"/> £180	£190
Kensington Close	<input type="checkbox"/> £160	£165
K West	<input checked="" type="checkbox"/> Fully Booked	£195
K+K Hotel George	<input checked="" type="checkbox"/> Fully Booked	£195
NH Kensington	<input type="checkbox"/> £199	£212
Novotel London West	<input type="checkbox"/> £159	£169
Think Apartments	<input type="checkbox"/> £138	
One Bed, Open Plan (sleeps up to 2)		

Notes

- For hotels not within walking distance, there will be a limited shuttle bus service.
- All rates are inclusive of VAT at 20% and breakfast.
- All hotel rooms are held against your credit card and must be paid for on departure.

Booking details

Arrival date	Departure date	
Number of nights	Rate per night £	Total due £

(Based on first preference)

Payment

☐ **Credit card:** Please charge my credit card with the amount in the **Total due** section above

Card type: VISA / MASTERCARD / DELTA / MAESTRO (United Kingdom ONLY) / AMEX Please specify

Card number	Expiry date	3 digit security code	Issue no
Cardholder's name		Cardholder's signature	

Ref: CX2014-1

CX at Olympia: From National Hall to Grand Hall

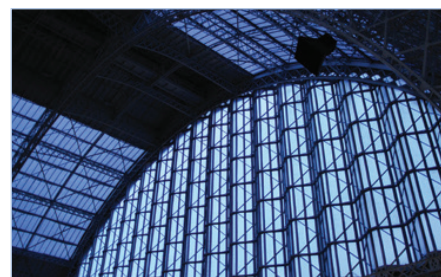
New venue: Grand Hall

Our move from Olympia's National Hall – where the Charing Cross Symposium was held in 2013 – to the larger Grand Hall is in response to feedback from delegates who attended the symposium in 2013. National Hall was insufficient in capacity for our requirements: spaces conducive to learning within a quiet and comfortable environment.

The 2014 plan for the Charing Cross Symposium at Grand Hall – the main hall in the Olympia complex – allows for enlarged catering and relaxation spaces within the centre of the Exhibition Hall. These lounge areas will be located en route to the Main Auditorium, with acoustically-sound learning centres situated around the exhibition space.

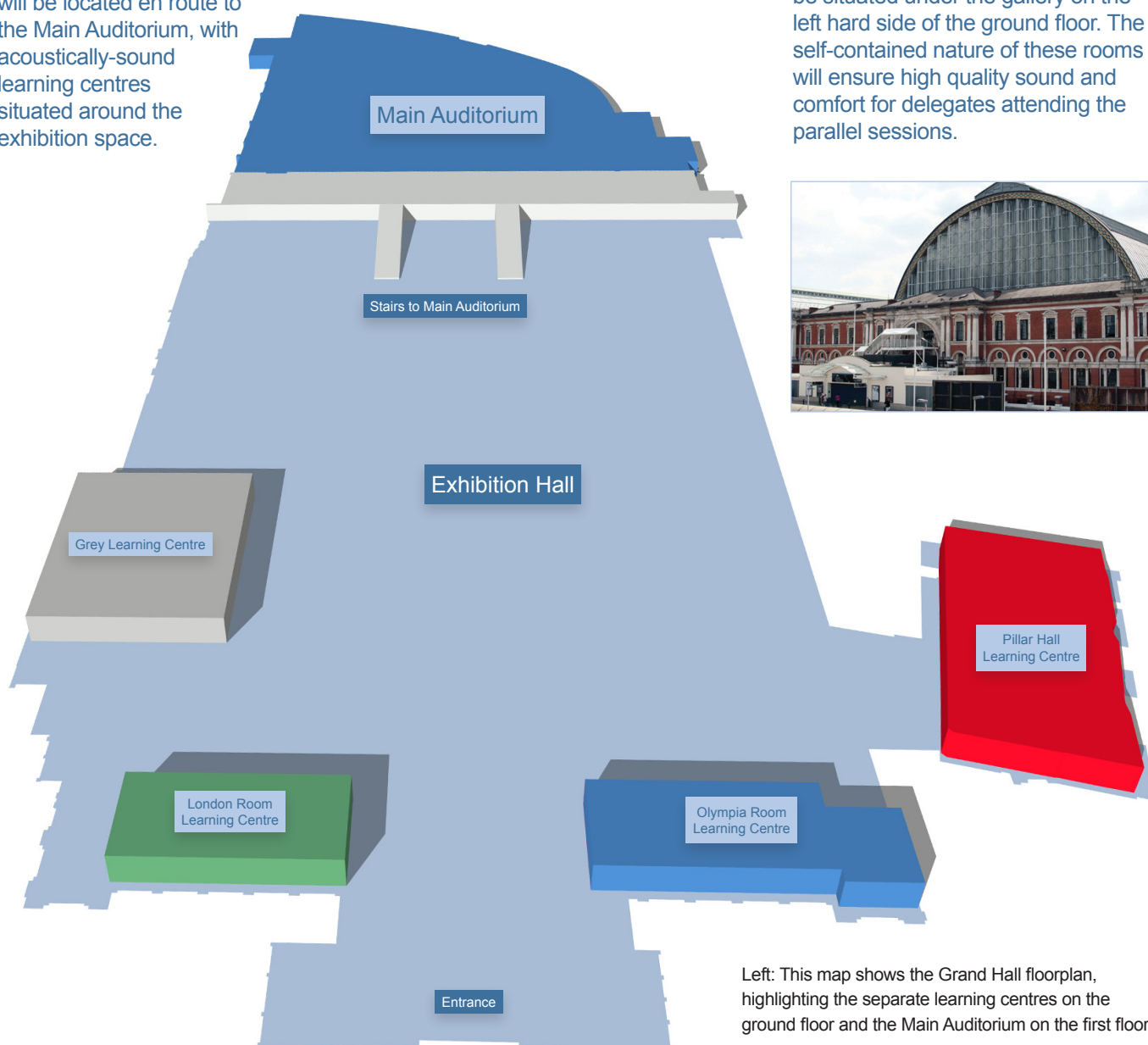
New separate Main Auditorium

The self-contained Main Auditorium hall will be directly accessible via central staircases above the exhibition space to the gallery level of Grand Hall. The auditorium will be entirely separate from the Exhibition Hall, to prevent external noise, while providing enhanced audiovisual facilities and comfortable seating. This new hall will provide a dedicated and quiet academic setting for approximately 1,200 delegates attending the Main Programme presentations.



Four learning centres

On the ground floor of Grand Hall, three learning centres will be situated around the hall entranceway in self-contained rooms. The fourth and largest learning centre will be a modern, purpose-built room and will be situated under the gallery on the left hand side of the ground floor. The self-contained nature of these rooms will ensure high quality sound and comfort for delegates attending the parallel sessions.



Left: This map shows the Grand Hall floorplan, highlighting the separate learning centres on the ground floor and the Main Auditorium on the first floor.

Olympia Way



www.cxsymposium.com

For up-to-date programme and event information

General enquiries

BIBA Medical Ltd, 44 Burlington Road,
London SW6 4NX, United Kingdom

Tel: +44 (0) 20 7736 8788

Fax: +44 (0) 20 7736 8283

Email: info@cxsymposium.com

Exhibitor information

Please contact: Nathalie Fortin

BIBA Medical Ltd, 44 Burlington Road,
London SW6 4NX, United Kingdom

Tel: +44 (0) 20 7736 8788

Fax: +44 (0) 20 7736 8283

Email: nathalie@bibamedical.com

CME accreditation

The Charing Cross Symposium was awarded
24 CME points in 2013.

A new application will be submitted to the
European Accreditation Council for Continuing
Medical Education (EACCME) in 2014.