**Program**

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|  | **FRIDAY** |  |
| 8:30 | **Welcome and introduction**  KH. Kuck (Germany) |  |
|  | **1. Sports and arrhythmias** |  |
| 8:45 | 1. Ventricular Remodeling by chronic exercise | H. Heidbuchel |
|  |  |  |
| 9:05 | 2. ECG abnormalities in sports | M. Antz |
|  |  |  |
| 9:25 | 3.SCD in Athletics | G. Thiem |
|  |  |  |
| 9:45 | 4. ICD in Athletics at risk | NN |
|  |  |  |
| 10:05 | 5. Sports in patients with genetic arrhythmogenic decides | S. Priori |
|  |  |  |
| 10:25 | 6. What does help to prevent SCD beyond the ICD - AED and...? | NN |
| 10:45 – 11:05 | **Pause** |  |
|  | **2. Rotors in VT/VF** |  |
| 11:05 11:25 11:45 | - P. Jais, Bordeaux  - S. Luther, Göttingen  - E. Wißner, Hamburg | Bordeaux Experience  Göttingen Experience  Hamburg Experience |
|  | **3. Live vest** |  |
| 12:05 12:25 12:45 | - Clinical need/data  - Scientific evidence needed to become a class I indication  - Patients at risk with the potential to improve LV-Function | NN  NN  NN |
| 13:05 – 14:05 | **Mittagspause** |  |
|  | **4. ICD/CRT** |  |
| 14:05  14:25 14:45 15:05  15:25 | - High energy /cardioversion/defibrillation in Standard ICD´s/CRT´S  What is the mechanism which increates mortality?  - Low energy cardio-version/defibrillation in future ICD´s – where to go?  - Improved imaging techniques to improve CRT results  - Body surface mapping based on 3-D imaging identifies sites of improved CRT pacing  - Impact of complete substrate ablation for VT in patients with an ICD | NN  S. Luther, Göttingen  J. Bax, Leiden  NN  NN  P. Jais, Bordeaux |
| 15:45 – 16:05 | **Pause** |  |
|  | **5. Outflow tract VT** |  |
| 16:05 16:25 16:45 17:05 17:25 | - The anatomy  - Anatomical and electrophysiological considerations  - RVOT/ LVOT/ Cosp  - LV Summit  - Multicenter study on catheter ablations of idiopathic PVC´s | Y. Ho, London  K. Shivkamur, Los Angeles  D. Wilber  F. Ouyang, Hamburg  F. Bogun**,** Ann Arbor |
|  | **6. The best approach for VT ablation in CAD** |  |
| 17:45  18:05  18:25  18:45  19:05 | - The conventional pace / map approach  - Channel identification during VT with high density mapping  - Late potentials during sinus rhythm  - LAVA  - Scar homogenization | W. Stevenson, Boston  H. Nakagawa, Oklahoma City  P. Della Bella, Milano  P. Jais, Bordeaux  A. Natalie, |
|  | **SATURDAY** |  |
|  | **7. Imaging for VT ablation** |  |
| 8:30 8:50  9:10 | - MR  - CT  - ICE | NN  NN  NN |
| **9:50 – 10:10** | **Pause** |  |
|  | **8. VT ablation – new technologies** |  |
| 10:10 10:30  10:50 | - Force sensing  - High resolution scar mapping  - Assist devices | P. Della Bella, Milano  H. Nakagawa, Oklahoma City  V. Reddy, New York |
|  | **9. New Treatment for VT/VF** |  |
| 11:10  11:30 11:50 12:10 12:30 12:50 | - The autonomic nervous system  Different approaches:  - Selective Ganglioectomie  -  - Stimulation (vagal carotid sinus, spinal cord)  - Renal Denervation  - Direct cardiac GP-ablation | P. Chen, Los Angeles  NN  NN  NN  NN  V. Reddy, New York  S. Ernst, London |
| **13:10 – 14:10** | **Mittagspause** |  |
|  | **10. Update ongoing VT trials** |  |
| 14:10 14:30 14:50 15:10  15:30 | Study | - Kuck, Hamburg  - Shivkamur, Los Angeles  - Dr. Wilber  - V. Reddy, New York  - P. Della Bella, Bordeaux |
|  | **11. Epicardial ablation** |  |
| 15:50  16:10  16:30  16:50 | - Clinical and ECG predictors of epicardial VT -Location  - The standard approach for pericardial assessment it´s limitations  - A perspective on future technology to assess the pericardial and to apply treatment  - What is the best energy source and application to fool  The more - The better:  How much experience should one have to start and maintain epicardial ablation skills | F. Marchlinski  DÀvila  NN  K. Kuck, Hamburg  NN  NN |