

THE 15th CIAT

Annual
Scientific
Conference
2024

Harmony For Longevity

PROGRAM BOOK

8TH - 10TH November 2024
Bangkok, Thailand

สมาคมแพทย์มีถนนาการหัวใจและหลอดเลือดแห่งประเทศไทย
CARDIOVASCULAR INTERVENTION ASSOCIATION OF THAILAND
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**LIST OF
EXHIBITORS**

ORGANIZING COMMITTEE

PRESIDENT

ANEK KANOKSILP, M.D.

VICE – PRESIDENT

NATTAWUT WONGPRAPARUT, M.D.

GENERAL SECRETARIAT

MANN CHANDAVIMOL, M.D.

SCIENTIFIC CHAIRMAN

MUENPETCH MUENKAEW, M.D.

PUBLIC RELATIONS

TANYARAT ARAMSAREEWONG, M.D.

TREASURER

SIRIPORN ATHISAKUL, M.D.

COUNCIL MEMBERS

KORAKOTH TOWASHIRAPORN, M.D.

ANURUCK JEAMANUKOOLKIT, M.D.

PANNIPA SUWANNASOM, M.D.

WIWAT KANJANARUTJAWIWAT, M.D.

NARATHIP CHUNHAMANEEWAT, M.D.

VORARIT LERTSUWUNSERI, M.D.

INVITED FACULTY

Anek	Kanoksilp, M.D.	Kamol	Udol, M.D.
Anintita	Naranyakul	Kamonrat	Thongplung, M.D.
Anuchit	Wongphen, M.D.	Kan	Witoonchart, M.D.
Anuruck	Jeamanukoolkit, M.D.	Kanchana	Saeheng
Apichai	Marsukjai, M.D.	Kanintorn	Soonthorndhada, M.D.
Apichart	Sopaprom	Kantasit	Wisanuvej, M.D.
Archan	Jaspattanananon, M.D.	Kavintn	Chutikhongchalemros, M.D.
Atthaphon	Phaisitkriengkrai, M.D.	Khachol	Sriyayang, M.D.
Bancha	Sookananchai, M.D.	Kid	Bhumimuang, M.D.
Benjawan	Tantongyin	Korakoth	Towashiraporn, M.D.
Benyapa	Puthaaroon	Kriddhiya	Sriprasert, M.D.
Bin	Zhang, M.D.	Krisada	Jaunwanpen, M.D.
Boonrawd	Pradit	Krissada	Meemook, M.D.
Burabha	Pussadhamma, M.D.	Krittaporn	Pumchand, M.D.
Candy	Ming-yan Cheuk, M.D.	Kwan	Seung Lee, M.D.
Chaisiri	Wanlapakorn, M.D.	Lim	Soo Tiek, M.D.
Chaiyasith	Wongvipaporn, M.D.	Lu	Tse-Min, M.D.
Chamnian	Pattanajak	Makha	Vipanurat, M.D.
Chanapong	Kittayarak, M.D.	Mann	Chandavimol, M.D.
Chanikarn	Kanaderm, M.D.	Muenpetch	Muenkaew, M.D.
Chanya	Tawaditap	Muhamad	Ali Bin SK Abdul Kader, M.D.
Chayakorn	Udomchanya, M.D.	Mukda	Napol
Chieko	Itamoto, M.D.	Napaporn	Detsi
Chorchana	Wichian, M.D.	Narathip	Chunhamaneewat, M.D.
Choutchung	Tinakorn Na Ayudhya, M.D.	Nattawut	Wongpraparut, M.D.
Chumpol	Piamsomboon, M.D.	Netnapis	Srirattana
Crisaporn	Poonsong	Nikolay	Stoyanov, M.D.
Danon	Kaewkes, M.D.	Noppadol	Chamnarnphol, M.D.
Daranee	Kotchasaarn	Nor	Izham Bin Aziz, M.D.
Derek	Connolly, M.D.	Nuanjand	Tantichutinant, M.D.
Dussadee	Seanglaw, M.D.	Oraphan	Larpnikornkul, M.D.
Eric	Eekhouth, M.D.	Pannipa	Suwannasom, M.D.
Erwin	Mulia, M.D.	Pariya	Panchavinnin, M.D.
Fabio	Wu, M.D.	Patchara	Kochaiyapatana, M.D.
Fuminobu	Yoshimachi, M.D.	Patrick	Siegrist, M.D.
Ignacio	J Amat-Santos, M.D.	Pattama	Peeraphan
J R	Exequiel Pineda, M.D.	Pattarin	Pirompanich, M.D.
Jarkapun	Chairomprasit, M.D.	Pavit	Pienvichit, M.D.
Jayakhanthan	Kolanthaivelu, M.D.	Phanida	Klinpipa
Joonsoo	Chin, M.D.	Phutharet	Chaturonrutsamee, M.D.
Julien	Adjedj, M.D.	Pimchanok	Piromkit

INVITED FACULTY

Pimpan Phetto, M.D.
Pirathut Rojanapanthu, M.D.
Pisit Hutayanon, M.D.
Piyantart Preeyanont, M.D.
Piyoros Lertsanguansinchai, M.D.
Ploy Pengchata, M.D.
Ply Chichareon, M.D.
Pornchai Ngamjanyaporn, M.D.
Prajongjit Chamsaard, M.D.
Premanan Manoret, M.D.
Prichapol Thantassanee, M.D.
Prin Vathesatogkit, M.D.
Purich Surunchupakorn, M.D.
Ronaldo Estacio, M.D.
Ryuichi Kato, M.D.
Sakolwat Montrivade, M.D.
Sarana Boonbaichaiyapruck, M.D.
Sarunyoo Suttipongkeat, M.D.
Sathienwit Rowsathien, M.D.
Satoru Tohara, M.D.
Seththawut Kosallavat, M.D.
Settapong Phetkue, M.D.
Setthy Teng, M.D.
Shoichi Kuramitsu, M.D.
Sirichai Cheewatanakornkul, M.D.
Sirichai Jamnongprasatporn, M.D.
Siriporn Athisakul, M.D.
Siriwan Meemajam
Sivayos Deetes, M.D.
Songkeat Yodteerug, M.D.
Songsak Kiatchoosakun, M.D.
Sudaratana Tansuphaswadikul, M.D.
Sukhum Tachasakunjaroen, M.D.
Supachai Rojkajornnaphalai, M.D.
Supawat Ratanapo, M.D.
Suwatchai Pornratanarangsi, M.D.
Taechasen Dangploy, M.D.
Takeshi Niizaki, M.D.
Tanat Simoon, M.D.

Tanit Layangkool, M.D.
Tanyarat Aramsareewong, M.D.
Tasalak Thonghong, M.D.
Tawai Ngernsritrakul, M.D.
Thamarath Chantadansuwan, M.D.
Thanawat Suesat, M.D.
Thanawat Thammachart, M.D.
Thanyatip Boonmongkol, M.D.
Theera Phatikraisri, M.D.
Thinnakrit Sasiprapha, M.D.
Thipakorn Phangmuangdee, M.D.
Thitima Limjaroen, M.D.
Thosaphol Limpijankit, M.D.
Thunnop Chotivanawan, M.D.
Tse-Wei Chen, M.D.
Tuanchai Chaichuen
Tueanchai Popradab
Vichai Senthong, M.D.
Viroon Likhitlertlum, M.D.
Vorarit Lertsuwunseri, M.D.
Wacin Buddhari, M.D.
Wai-Kin Chi, M.D.
Warong Lapanun, M.D.
Wasan Udayachalerm, M.D.
Wattanaphol Phipathananunth, M.D.
Wichai Jiraroj-Ungkun, M.D.
Wirash Kehasukcharoen, M.D.
Wittawat Wattanasiriporn, M.D.
Wittawin Wangpermpoon, M.D.
Wiwat Kanjanarutjawiwat, M.D.
Wiwun Tungsubutra, M.D.
Wongsakorn Luangphiphat, M.D.
Wongwaris Aphijirawat, M.D.
Worawut Roongsangmanoon, M.D.
Worawut Tassanawiwat, M.D.
Ying-Chang Tung, M.D.
Yoshifumi Kashima, M.D.
Yotsawee Chotechuang, M.D.
Youssef Abdelwahed, M.D.

CONFERENCE INFORMATION

The following information is provided to make your attendance at the 15th CIAT Annual Scientific Conference 2024 Bangkok, Thailand as pleasant as possible. If you have any queries during the conference or require any assistance, please visit the Registration Desk where our team will be happy to help.

EVENT NAME

The 15th CIAT Annual Scientific Conference 2024

CONFERENCE VENUE

The Athenee Hotel, a Luxury Collection Hotel, Bangkok
Address: 61 Wireless Rd, Lumpini, Pathum Wan District, Bangkok 10330
Tel: +66 2 650 8800

GETTING TO THE CONFERENCE VENUE

Subway Station **Phloen chit BTS Station**
Lumphini MRT

REGISTRATION AND INFORMATION DESK

The 15th CIAT Annual Scientific Conference 2024 Registration and Information Desk is located at 2nd floor and will operate during the time listed below:

Date	Time
November 8, 2024 (Fri)	12.00 - 18.30
November 9, 2024 (Sat)	07.30 - 18.30
November 10, 2024 (Sun)	07.30 - 12.00

ON-SITE PAYMENT

On-site payment with cash can be made at the Registration Desk during opening hours. Credit card and cheques are not accepted.

NAME BADGES

All delegates registered for the Congress will be issued with a name badge at the Registration Desk.

Name badge will be the official pass and must be worn at all times while on-site by the named delegate only. All badges are nontransferable. Reissuing of name badges for the delegate will be available at the Registration Desk. An administrative fee of THB 1,500 may be incurred for re-issuing a delegate badge

DOWNLOAD SLIDE ROOM

All speakers are required to check in and upload their PowerPoint at the respective Download Slide Room 2 hours before their scheduled presentation. The computers in the Download Slide Room will have the exact same configuration as those in the session rooms. It is imperative that you review your presentation in the Download Slide Room where our technicians will help resolve any compatibility and/or formatting issues.

The PowerPoint and video files you have uploaded onto the computer in the Download Slide Room will be automatically transmitted to the laptop computer at the podium before your session begins. The Download Slide Room will be located at The Gallery 1, 3rd floor and open during the following time;

Date	Time
November 8, 2024 (Fri)	12.00 - 17.00
November 9, 2024 (Sat)	07.30 - 17.00
November 10, 2024 (Sun)	07.30 - 17.00

E-POSTER

There are electronic posters in the 15th CIAT 2024. Delegates may visit the E-Poster located in the Foyer Area, 3rd floor

COFFEE BREAK

Morning and Afternoon Coffee Break will be served in the Exhibition Area.

POLICIES

No Smoking – Smoking is strictly prohibited in all session rooms, meeting and exhibition areas. Your cooperation is appreciated.

Mobile Phones – Please respect the presenter and other delegates by ensuring that your mobile devices are put in silent mode during sessions.

CONFERENCE PROGRAM

THE 15th Annual Scientific Conference 2024

THEME: HARMONY FOR LONGEVITY

DAY 1: FRIDAY 8TH NOVEMBER 2024

TIME	LONDON ROOM	CHINA & JAPAN ROOM
13:00 – 14:20	<p>Kick off: TAVI EN</p> <p>Moderator: Anuruck Jeamanukoolkit</p> <p>13:00 – 13:05: Welcome and session objectives (5 min)</p> <p>13:05 – 13:25: Candidate for TAVI and THV selection for each patient, <i>Kid Bhumimuang</i> (20 min)</p> <p>13:25 – 13:55: Step by step TAVI for beginner (Live in the box), <i>Anuruck Jeamanukoolkit</i> (30 min)</p> <p>13:55 – 14:15: Complications that may occur during the TAVI procedure and solution techniques, <i>Anuruck Jeamanukoolkit</i> (20 min)</p> <p>14:15 – 14:20: Q & A (5 min)</p>	<p>Kick off: Balloon pulmonary angioplasty (BPA) EN</p> <p>Moderator: Burabha Pussadhamma</p> <p>13:00 – 13:05: Welcome and session objectives (5 min)</p> <p>13:05 – 13:25: Pathogenesis, diagnosis, and treatment of CTEPH, <i>Pattarin Pirompnich</i> (20 min)</p> <p>13:25 – 13:35: Pulmonary arterial anatomy, <i>Burabha Pussadhamma</i> (10 min)</p> <p>13:35 – 14:00: BPA in CTEPH, <i>Burabha Pussadhamma</i> (25 min)</p> <p>14:00 – 14:15: Q & A (15 min)</p> <p>14:15 – 14:20: Closing (5 min)</p>
14:20 – 14:35	Coffee Break	
14:35 – 16:00	<p>Kick off: Multimodality imaging for structural intervention EN</p> <p>Moderator: Narathip Chunhamaneewat</p> <p>14:35 – 14:40: Welcome and session objectives (5 min)</p> <p>14:40 – 15:05: Imaging role in TAVI, <i>Danon Kaewkes</i> (25 min)</p> <p>15:05 – 15:30: Imaging for MV intervention, <i>Narathip Chunhamaneewat</i> (25 min)</p> <p>15:30 – 15:55: Imaging for other structural heart intervention (LAAO, PVL closure), <i>Tawai Ngermsritrakul</i> (25 min)</p> <p>15:55 – 16:00: Q & A (5 min)</p>	<p>Kick off: CT guided PCI EN</p> <p>Moderator: Muenpetch Muenkaew</p> <p>14:35 – 14:40: Welcome and session objectives (5 min)</p> <p>14:40 – 14:50: CT guided PCI: an overview, <i>Muenpetch Muenkaew</i> (10 min)</p> <p>14:50 – 15:05: CCTA basics: protocols, post-processing, and interpretation, <i>Kan Witoonchart</i> (15 min)</p> <p>15:05 - 15:20: CT based coronary physiology, <i>Pannipa Suwannasom</i> (15 min)</p> <p>15:20 – 15:40: CT for planning and guiding of complex and CTO PCI, <i>Patrick Siegrist</i> (20 min)</p> <p>15:40 – 15:55: Case presentation and discussion, <i>Youssef Abdelwahed</i> (15 min)</p> <p>15:55 – 16:00: Q & A (5 min)</p>
16:00 – 17:25	<p>CIAT x SCAI: Fellow abstract competition EN <i>(9 min for presentation, 6 min for Q&A)</i></p> <p>Moderator: Supawat Ratanapo</p> <p>Judges: Patrick Siegrist, Kwan Seung Lee, J R Exequiel Pineda, Pannipa Suwannasom, Ply Chichareon</p> <p>16:00 – 16:05: Welcome and session objectives (5 min)</p> <p>16:05 – 16:20: Abstract 1: Correlation of high-sensitivity-cardiac troponin I vs. high-sensitivity-cardiac troponin T for diagnosis of periprocedural myocardial injury, <i>Premanan Manoret</i> (15 min)</p> <p>16:20 – 16:35: Abstract 2: Outcomes in non-valvular atrial fibrillation patients using left atrial appendage occluder in King Chulalongkorn Memorial Hospital, <i>Apichai Marsukjai</i> (15 min)</p> <p>16:35 – 16:50: Abstract 3: The effect of withholding versus continuing SGLT2 inhibitors in patients undergoing coronary angiography, A randomized controlled trial (BELIEVE Trial), <i>Theera Phatikraisri</i> (15 min)</p>	<p>Kick off: Useful non-coronary intervention EN</p> <p>Moderator: Tanyarat Aramsareewong</p> <p>16:00 – 16:05: Welcome and session objectives (5 min)</p> <p>16:05 – 16:30: Catheter-based interventions for SVC syndrome, <i>Thosaphol Limpijankit</i> (25 min)</p> <p>16:30 – 16:55: Recanalization for AV access failure, <i>Chaiyasith Wongvipaporn</i> (25 min)</p> <p>16:55 – 17:20: Bronchial artery embolization: Life-saving intervention for pulmorrhage hemorrhage, <i>Nor Izham Bin Aziz</i> (25 min)</p> <p>17:20 – 17:25: Q & A (5 min)</p>

CONFERENCE PROGRAM

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DAY 1: FRIDAY 8 TH NOVEMBER 2024		
TIME	LONDON ROOM	CHINA & JAPAN ROOM
	<p>16:50 – 17:05: Abstract 4: A novel femoral artery compression device compared with manual compression for hemostasis after femoral artery access in coronary artery catheterizations, <i>Sathienwit Rowsathien</i> (15 min)</p> <p>17:05 – 17:20: Abstract 5: Impact of cardiac output improvement on clinical outcomes after transcatheter edge-to-edge repair for severe mitral regurgitation, <i>Kantasit Wisanuvej</i> (15 min)</p> <p>17:20 – 17:25: Conclusion and announcement of the winner (5 min)</p>	
17:20 – 18:20	<p>Dinner symposium supported by Boston Scientific (Thailand) Ltd. EN</p> <p>Topic: Thailand's IVUS rising stars</p> <p>Moderator: Pannipa Suwannasom Judges: Lu Tse-Min, Shoichi Kuramitsu, Muenpetch Muenkaew, Narathip Chunhamaneewat, Pannipa Suwannasom</p> <p>17:20 – 17:23: Welcome and session objectives (3 min) 17:23 – 17:32: Case presenter 1, <i>Pirathut Rojanapanthu</i> (9 min) 17:32 – 17:41: Case presenter 2, <i>Patchara Kochaiypatana</i> (9 min) 17:41 – 17:50: Case presenter 3, <i>Chayakorn Udomchanya</i> (9 min) 17:50 – 17:59: Case presenter 4, <i>Piyoros Lertsanguansinchai</i> (9 min) 17:59 – 18:08: Case presenter 5, <i>Sivayos Deetes</i> (9 min) 18:08 – 18:17: Case presenter 6, <i>Wittawat Wattanasiriporn</i> (9 min) 18:17 – 18:20: Q & A (3 min)</p>	<p>Dinner symposium supported by Medtronic (Thailand) Ltd. TH</p> <p>Topic: Navigating the future: Innovations in left main bifurcation with Onyx Frontier</p> <p>Moderator: Pavit Pienvichit Panelists: Anek Kanoksilp, Nattawut Wongpraparut, Bancha Sookananchai, Worawut Tassanawiwat, Chaiyasith Wongvipaporn</p> <p>17:20 – 17:25: Greeting & Opening Why new features of Onyx Frontier is good choice for LM bifurcation patient, <i>Pavit Pienvichit</i> (5 min) 17:25 – 17:50: Bifurcation showcase I: Key feature changes: dual flex balloon & delivery system, <i>Wirash Kehasukcharoen</i> (25 min) 17:50 – 18:15: Bifurcation showcase II: Clinical data: EBC main & Rolex & KISS trials, <i>Nattawut Wongpraparut</i> (25 min) 18:15 – 18:20: Discussion with Q & A (5 min)</p>
18:30 – 19:30	Nurse and allied club brainstorm	

DAY 2: SATURDAY 9 TH NOVEMBER 2024			
TIME	LIVE ARENA (CRYSTAL HALL B)	DIDACTIC FORUM (CRYSTAL HALL A)	INTERACTIVE CASE CHAMBER (LONDON ROOM)
08:30 – 10:00	<p>Live transmission session EN</p> <p>Moderators: Wasan Udayachalerm, Wiwat Kanjanarutjawiwat Panelists: Worawut Tassanawiwat, Suwatchai Pornratanarangi, Thunnop Chotivanawan, Thanawat Suesat, Atthaphon Phaisitkriengkrai, Thitima Limjaroen</p> <p>Live 1: Siriraj Hospital supported by unrestricted educational grant from Biosensors Interventional Technologies Pte. Ltd.</p> <p>Case: Coronary Operator: Takeshi Niizaki, Korakoth Towashiraporn</p>	<p>Symposium: Multimodality calcium management: Not only a brick in the wall EN</p> <p>Moderators: Wirash Kehasukcharoen, Noppadol Chamnarnphol Panelists: Chaiyasith Wongvipaporn, Wichai Jiraroj-Ungkun, Purich Surunchupakorn, Oraphan Larpnikornkul</p> <p>08:30 – 08:35: Welcome and session objectives (5 min) 08:35 – 08:55: DES VS DCB for severe calcified coronary lesions: managing strategy and outcomes <i>Shoichi Kuramitsu</i> (20 min)</p>	<p>Fellow best case competition supported by unrestricted educational grant from Asahi Intecc Co., Ltd. EN <i>(12 min presentation, 8 min discussion)</i></p> <p>Moderators: Tamarath Chantadansuwan, Siriporn Athisakul Judge: Nor Izham Bin Aziz, Nikolay Stoyanov, Vorarit Lertsuwunser, Chaisiri Wanlapakorn, Nuanjand Tantichutinant</p> <p>08:30 – 08:35: Welcome and session objectives (5 min) 08:35 – 08:55: Case 1: An inevitable dissection, A vigilante</p>

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DAY 2: SATURDAY 9TH NOVEMBER 2024

TIME	LIVE ARENA (CRYSTAL HALL B)	DIDACTIC FORUM (CRYSTAL HALL A)	INTERACTIVE CASE CHAMBER (LONDON ROOM)
	<p>Imaging interpreter: Ploy Pengchata Mini-lecture: Co-registration of intravascular ultrasound with angiographic imaging: Thitima Limjaroen</p> <p>Live 2: Ramathibodi Hospital supported by unrestricted educational grant from Edwards Lifesciences (Thailand) Ltd.</p> <p>Case: Structural: TAVI Operators: Pavit Pienvichit, Mann Chandavimol</p> <p>Imaging interpreter: Tawai Ngernsritrakul Mini-lecture: Optimizing TAVI outcome: How to minimize the risk of complete heart block?, Kid Bhumimuang</p>	<p>08:55 – 09:10: Integrating imaging for calcium modification, Pisit Hutayanon (15 min)</p> <p>09:10 – 09:30: Therapeutic challenges for PCI of calcified nodules, Anek Kanoksilp (20 min)</p> <p>09:30 – 09:50: Complication management in calcified coronary lesions, Wirash Kehasukcharoen (20 min)</p> <p>09:50 – 09:55: Q & A (5 min)</p>	<p>08:55 – 09:15: showdown, Thanawat Thammachart (12 min) Discussion (8 min)</p> <p>09:15 – 09:35: Case 2: Hidden in plain sight, Prichapol Thantassanee (12 min) Discussion (8 min)</p> <p>09:35 – 09:55: Case 3: A challenging case for correct slow flow to LAD and LCX, Pimpan Phetto (12 min) Discussion (8 min)</p> <p>09:55 – 10:00: Case 4: Challenging situation of poor device delivery, Dussadee Seanglaw (12 min) Discussion (8 min) Q & A (5min)</p>
10:00 – 10:20	Coffee break		
10:20 - 11:00	<p>Opening Ceremony MC: Muenpetch Muenkaew Opening Remark: Anek Kanoksilp (10 min) Tada Chakorn Lecture: What is best for longevity?, Eric Eeckhout (20 min)</p>		
11:00 - 12:30	<p>Live transmission session EN</p> <p>Moderators: Wacin Buddhari, Piyanart Preeyanont</p> <p>Panelists: Nikolay Stoyanov, Sirichai Cheewatanakornkul, Worawut Roongsangmanoon, Vorarit Lertsuwunseri, Danon Kaewkes, Piyoros Lertsanguansinchai</p> <p>Live 3: Siriraj Hospital supported by unrestricted educational grant from Abbott Medical Ltd.</p> <p>Case: Coronary Operator: Nattawat Wongpraparut, Pariya Panchavinnin</p> <p>Imaging interpreter: Pannipa Suwannasom Mini-lecture: Coronary microvascular dysfunction treatment, Worawut Roongsangmanoon</p> <p>Live 4: Ramathibodi Hospital supported by unrestricted educational grant from Medtronic (Thailand) Ltd.</p> <p>Case: Structural: TAVI Operator: Mann Chandavimol, Pavit Pienvichit</p>	<p>Symposium: CIAT x SCAI: Future trends in interventional cardiology EN</p> <p>Moderators: Kwan Seung Lee, Muenpetch Muenkaew, Supawat Ratanapo</p> <p>Panelists: Eric Eeckhout, J R Exequiel Pineda, Tanyarat Aramsareewong, Anuruck Jeamanukoolkit</p> <p>11:00 – 11:05: Welcome and session objectives (5 min)</p> <p>11:05 – 11:45: Simulation for the future of interventional cardiology education, J R Exequiel Pineda (35 min) Q&A (5 min)</p> <p>11:45 – 12:25: Role of artificial intelligence in interventional cardiology, Kwan Seung Lee (35 min) Q&A (5 min)</p> <p>12:25 – 12:30: Wrap-up and take-home message (5 min)</p>	<p>National showcase supported by unrestricted educational grant from B. Braun (Thailand) Ltd TH <i>(12 min presentation, 8 min discussion)</i></p> <p>Moderators: Jarkapun Chaipromprasit, Noppadol Chamnarnphol</p> <p>Panelists: Thunnop Chotivanawan, Yotsawee Chotechuang, Kamonrat Thongplung, Chaisiri Wanlapakorn, Oraphan Larpnikornkul</p> <p>11:00 – 11:05: Welcome and session objectives (5 min)</p> <p>11:05 – 11:25: Case 1: Advanced interventions for small calcified vessel disease, Atthaphon Phaisitkriengkrai (12 min) Discussion (8 min)</p> <p>11:25 – 11:45: Case 2: Problem outside the heart, Choutchung Tinakorn Na Ayudhya (12 min) Discussion (8 min)</p> <p>11:45 – 12:05: Case 3: Almost fell asleep but come back, Phutharet Chaturonrutsamee (12 min) Discussion (8 min)</p>

DAY 2: SATURDAY 9TH NOVEMBER 2024

TIME	LIVE ARENA (CRYSTAL HALL B)	DIDACTIC FORUM (CRYSTAL HALL A)	INTERACTIVE CASE CHAMBER (LONDON ROOM)
	<p>Imaging interpreter: <i>Tawai Ngernsritrakul</i></p> <p>Mini-lecture: Optimizing TAVI outcome: Balloon expandable VS self-expandable valve-in-valve TAVI, <i>Sirichai Cheewatanakornkul</i></p>		<p>12:05 – 12:25: Case 4: A cat has nine lives, <i>Thanawat Suesat</i> (12 min)</p> <p>Discussion (8 min)</p> <p>12:25 – 12:30: Q & A (5 min)</p>
12:30 – 13:15	<p>Lunch Symposium supported by <i>Thai Otsuka Pharmaceutical Co., Ltd.</i> EN</p> <p>Topic: Liberty for your beloved ones</p> <p>Firehawk Liberty in clinical practice as a quality strategy & Vitaflow Liberty delivers exceptional patient outcomes</p> <p>Moderators: Anek Kanoksilp, Anuruck Jeamanukoolkit</p> <p>Panelists: Wai Kin Chi, Sirichai Cheewatanakornkul, Danon Kaewkes</p> <p>12:30 – 12:45: Firehawk Liberty in real world & case sharing, <i>Candy Ming-yan Cheuk</i> (15 min)</p> <p>12:45 – 12:50: Discussion (5 min)</p> <p>12:50 – 13:00: Vitaflow Liberty & new evidence, <i>Anuruck Jeamanukoolkit</i> (10 min)</p> <p>13:00 – 13:10: Vitaflow Liberty in severe calcific aortic stenosis, <i>Kid Bhumimuang</i> (10 min)</p> <p>13:10 – 13:15: Discussion (5 min)</p>	<p>Lunch Symposium Supported by <i>Novartis (Thailand) Ltd.</i> TH</p> <p>Topic: Sustained LDL-C reduction: transforming the future of lipid management</p> <p>Moderator: Wacin Buddhari</p> <p>Speakers: Krissada Meemook, Vichai Senthong</p> <p>12:30 – 12:35: Introduction to lipid management in ASCVD, <i>Wacin Buddhari</i> (5 min)</p> <p>12:35 – 12:45: Optimizing lipid management: the 'earlier, lower, and longer' approach, <i>Vichai Senthong</i> (10 min)</p> <p>12:45 – 13:05: Is inclisiran the right choice for your patients?, <i>Krissada Meemook</i> (20 min)</p> <p>13:05 – 13:15: Panel discussion (10 min)</p> <p>13:15: Closing remarks, <i>Wacin Buddhari</i></p>	
13:15 - 14:00	<p>Lunch Symposium supported by <i>APT Medical</i> EN</p> <p>Topic: Bridging the gap: Sharing expertise in complex PCI cases</p> <p>Moderator: Wasan Udayachalerm</p> <p>Panelist: Ronaldo Estacio, Anuchit Wongphen</p> <p>13:15 – 13:20: Opening (5 min)</p> <p>13:20 – 13:35: Diverse applications of extension catheters in complex lesion, <i>Bin Zhang</i> (15 min)</p> <p>13:35 – 13:45: Team up CTO toolbox: better together, <i>Krissada Meemook</i> (10 min)</p> <p>13:45 – 13:55: A long way to go with tortuosity: Case sharing, <i>Tse-Wei Chen</i> (10 min)</p> <p>13:55 – 14:00: Q & A and closing (5 min)</p>	<p>Lunch Symposium supported by <i>Terumo (Thailand) Co., Ltd</i> TH</p> <p>Topic: Simplify bifurcation in HBR patient</p> <p>Moderator: Wirash Kehasukcharoen</p> <p>13:15 – 13:35: Does HBR patient should really change your stent choice?, <i>Pannipa Suwannasom</i> (20 min)</p> <p>13:35 – 13:55: Ten commandments in bifurcation to send back your patients safe home, <i>Purich Surunchupakorn</i> (20 min)</p> <p>13:55 – 14:00: Q&A (5 min)</p>	

DAY 2: SATURDAY 9TH NOVEMBER 2024

TIME	LIVE ARENA (CRYSTAL HALL B)	DIDACTIC FORUM (CRYSTAL HALL A)	INTERACTIVE CASE CHAMBER (LONDON ROOM)
14:00 – 15:30	<p>Live transmission session EN</p> <p>Moderators: Tanyarat Aramsareewong, Anuruck Jeamanukoolkit</p> <p>Panelists: Wattanaphol Phipathananunth, Tasalak Thonghong, Siriporn Athisakul, Kid Bhumimuang, Supawat Ratanapo, Purich Surunchupakorn</p> <p>Live 5: Siriraj Hospital supported by unrestricted educational grant from Edwards Lifesciences (Thailand) Ltd.</p> <p>Case: Structural: TAVI Operator: Nattawut Wongpraparut, Narathip Chunhamaneewat</p> <p>Imaging interpreter: Sirichai Jamnongprasatporn</p> <p>Mini-lecture: Optimizing TAVI outcome: TAVI in bicuspid aortic valve, Thinnakrit Sasiprapha</p> <p>Live 6: Ramathibodi Hospital supported by unrestricted educational grant from Abbott Medical Ltd.</p> <p>Case: Structural: TAVI Operators: Mann Chandavimol, Pavit Pienvichit</p> <p>Imaging interpreter: Tawai Ngernsritrakul</p> <p>Mini-lecture: Optimizing TAVI outcome: How to minimize the risk of coronary obstruction?, Tasalak Thonghong</p>	<p>Symposium: CTO: Discovering the best strategies EN</p> <p>Moderators: Wasan Udayachalerm, Anek Kanoksilp</p> <p>Panelists: Lu Tse-Min, Lim Soo Tiek, Patrick Siegrist, Muenpetch Muenkaew</p> <p>14:00 – 14:05: Welcome and session objectives (5 min)</p> <p>14:05 – 14:20: How to do CTO PCI efficiently, Bin Zhang (20 min)</p> <p>14:20 – 14:40: Tips & tricks for ipsilateral retrograde approach, Takeshi Niizaki (20 min)</p> <p>14:40 – 15:00: Investment procedure: what, why, when, how?, Wirash Kehasukcharoen (20 min)</p> <p>15:00 – 15:20: Current trends and techniques of re-entry, Shoichi Kuramitsu (20 min)</p> <p>15:20 - 15:25: Q & A (5 min)</p>	<p>International case competition supported by unrestricted educational grant from SMT/Vascular Innovations Co., Ltd EN <i>(12 min presentation, 8 min discussion)</i></p> <p>Moderators: Wacin Buddhari, Pisit Hutayanon, Judge: Ronaldo Estacio, Julien Adjedj, Krissada Meemook, Makha Vipuranat, Thanyatip Boonmongkol</p> <p>14:00 – 14:05: Welcome and session objectives (5 min)</p> <p>14:05 – 14:25: Case 1: Oops!...I did it Again, Seththawut Kosallavat (12 min) Discussion (8 min)</p> <p>14:25 – 14:45: Case 2: Simultaneous perforation and occlusion, every minutes is life, Taechasen Dangploy (12 min) Discussion (8 min)</p> <p>14:45 – 15:15: Case 3: How to deal with difficult engagement coronary artery in spontaneous coronary dissection patient, Thitima Limjaroen (12 min) Discussion (8 min)</p> <p>15:15 – 15:25: Case 4: Post-bypass right coronary artery chronic total occlusion, Ying-Chang Tung (12 min) Discussion (8 min)</p> <p>15:25 – 15:30: Q & A (5 min)</p>
15:30 – 16:00	Coffee break		
16:00 – 17:30	<p>Nurse and allied healthcare personnel TH</p> <p>Moderators: Chorchana wichian, Krisada Juenwanpen</p> <p>Panelists: Tuanchai Chaichuen, Kanchana Saeheang, Chamnian Pattanajak, Anintita Narapanyakul</p> <p>16:00 – 16:20: ECG and hemodynamic in cath lab, Viroon Likhittertlum (20 min)</p> <p>16:20 – 16:40: Cardiogenic shock and mechanical support, Krittaporn Pumchand (20 min)</p>	CIAT General Assembly	

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DAY 2: SATURDAY 9TH NOVEMBER 2024

TIME	LIVE ARENA (CRYSTAL HALL B)	DIDACTIC FORUM (CRYSTAL HALL A)	INTERACTIVE CASE CHAMBER (LONDON ROOM)
	16:40 – 17:00: Radiation safety, <i>Chorchana Wichian</i> (20 min)		
	17:00 – 17:30: Summary and quiz (30 min)		
17:30 – 17:40	Best attendee (Day 1) awards		

DAY 2: SATURDAY 9TH NOVEMBER 2024

TIME	INTERACTIVE CASE CHAMBER (LONDON ROOM)	TRAINING VILLAGE 1-2 (CHINA & JAPAN ROOM)
17:40 – 18:30	Dinner symposium supported by GE Healthcare Pte Ltd EN Topic: The sharing of experience with complex high risk intervention procedures & management of patients in Malaysia Moderator: Narathip Chunhamaneewat Speaker: Muhamad Ali Bin SK Abdul Kader	Dinner symposium supported by Nova Health Technologies Co., Ltd. EN Topic: Beyond the data: A deep dive into the landmark MyVal trial - transforming practices, touching lives Moderator: Pavit Pienvichit Panelists: Nattawut Wongpraparut, Worawut Tassanawiwat, Mann Chandavimol, Sirichai Cheewatanakornkul Speaker: Ignacio J Amat-Santos

DAY 2: SATURDAY 9TH NOVEMBER 2024

TIME	TRAINING VILLAGE 1 (CHINA ROOM)	TRAINING VILLAGE 2 (JAPAN ROOM)
9:00 – 12:00	Boston Scientific (Thailand) Ltd. EN Topic: IVUS 123: simplifying workflow with algorithmic approach to intravascular imaging Speakers: Shoichi Kuramitsu, Anuchit Wongphen	Biosensors Interventional Technologies Pte. Ltd. Topic: FFR/cRR measurement system by pressure microcatheter Speakers: Sakolwat Montrivadet
13:30 – 16:30	B. Braun (Thailand) Ltd. Topic: Simplify lesion preparation ideal for ISR Speaker: Business internal	Biosensors Interventional Technologies Pte. Ltd. Topic: PCI optimization with new generation of IVUS Speakers: Fabio Wu

DAY 3: SUNDAY 10TH NOVEMBER 2024

TIME	LIVE ARENA (CRYSTAL HALL B)	DIDACTIC FORUM (CRYSTAL HALL A)	INTERACTIVE CASE CHAMBER (LONDON ROOM)
8:30 – 10:00	<p>Live transmission session EN</p> <p>Moderators: Lim Soo Tiek, Mann Chandavimol</p> <p>Panelists: Lu Tse-Min, Julien Adjedj, Jayakhanthan Kolanthaivelu, Khachol Sriyayang, Supawat Ratanapo, Sakolwat Montrivadet</p> <p>Live 7: Thammasat University Hospital supported by unrestricted educational grant from Boston Scientific (Thailand) Ltd.</p> <p>Case: Coronary</p> <p>Operators: Muenpetch Muenkaew, Kid Bhumimuang</p> <p>Imaging interpreter: Shoichi Kuramitsu</p> <p>Mini-lecture: Modern PCI approaches for DCB treatment, Jayakhanthan Kolanthaivelu</p> <p>Live 8: Chulalongkorn Hospital supported by unrestricted educational grant from Biotronik (Thailand) Co., Ltd.</p> <p>Case: Coronary</p> <p>Operator: Wasan Udayachalerm, Chaisiri Wanlapakorn</p> <p>Imaging interpreter: Thitima Limjaroen</p> <p>Mini-lecture: The advantage and application of dual lumen microcatheter, Julien Adjedj</p>	<p>Symposium: Structural heart disease: Mending a broken heart without surgery EN</p> <p>Moderators: Nattawut Wongpraparut, Pavit Pienvichit</p> <p>Panelists: Tasalak Thonghong, Tawai Ngernsritrakul, Danon Kaewkes, Thinnakrit Sasiprapha</p> <p>08:30 – 08:35: Welcome and session objectives (5 min)</p> <p>08:35 – 08:50: Coronary access after TAVI: The need and predictors of unsuccessful access, Narathip Chunhamaneewat (15 min)</p> <p>08:50 – 09:00: Case Sharing: Overcoming difficult access with BEV and SEV case scenarios, Sirichai Cheewatanakornkul (10 min)</p> <p>09:00 – 09:05: Discussion (5 min)</p> <p>09:05 – 09:20: Practical tips & tricks for paravalvular leak closure, Eric Eeckhout (15 min)</p> <p>09:20 – 09:35: Current role of mitral TEER, Krissada Meemook (15 min)</p> <p>09:35 – 09:50: Current role of LAA occlusion, Chanikarn Kanaderm (15 min)</p> <p>09:50 – 09:55: Q & A (5 min)</p>	<p>Fellow best case competition supported by unrestricted educational grant from Asahi Intecc Co., Ltd. EN</p> <p>(12 min presentation, 8 min discussion)</p> <p>Moderators: Prajongjit Chamsaard, Wiwun Tungsutra</p> <p>Judge: Candy Ming-Yan Cheuk, Setthy Teng, Viroon Likhitlertlum, Thipakorn Phangmuangdee, Sukhum Tachasakunjaroen</p> <p>08:30 – 08:35: Welcome and session objectives (5 min)</p> <p>08:35 – 08:55: Case 1: Fighting with my back against the wall, Songkeat Yodteerug (12 min)</p> <p>Discussion (8 min)</p> <p>08:55 – 09:15: Case 2: In the midst of empty space (空白), Joonsoo Chin (12 min)</p> <p>Discussion (8 min)</p> <p>09:15 – 09:35: Case 3: Clash with the clot: A battle with death, defying death with va-ecmo and endovascular heroics, Wittawin Wangpermpoon (12 min)</p> <p>Discussion (8 min)</p> <p>09:35 – 09:55: Case 4: A challenging long segment chronic total occlusion RCA case, Settapong Atsawarat (12 min)</p> <p>Discussion (8 min)</p> <p>09:55 – 10:00: Q & A (5 min)</p>
10:00 – 10:30	Coffee break		

DAY 3: SUNDAY 10TH NOVEMBER 2024

TIME	LIVE ARENA (CRYSTAL HALL B)	DIDACTIC FORUM (CRYSTAL HALL A)	INTERACTIVE CASE CHAMBER (LONDON ROOM)
10:30 – 12:00	<p>Live transmission session EN</p> <p>Moderators: Songsak Kiatchoosakun Narathip Chunhamaneewat</p> <p>Panelists: Chieko Itamoto, Pornchai Ngamjanyaporn, Noppadol Chamnarnphol, Anuchit Wongphen, Korakoth Towashiraporn, Choutchung Tinakorn Na Ayudhya</p> <p>Live 9: Central Chest Institute of Thailand supported by unrestricted educational grant from Biotronik (Thailand) Co., Ltd.</p> <p>Case: Coronary Operator: Anek Kanoksilp Imaging interpreter: Supachai Rojkajornnaphalai</p> <p>Mini-lecture: A state of art in complex PCI with ultrathin struts DES: Thanawat Suesat</p> <p>Live 10: Central Chest Institute of Thailand supported by unrestricted educational grant from Biosensors Interventional Technologies Pte. Ltd.</p> <p>Case: Coronary Operator: Anuruck Jeamanukoolkit Imaging interpreter: Atthaphon Phaisitkriengkrai</p> <p>Mini-lecture: Update on the use of Limus family drug-coated balloon, Purich Surunchupakorn</p>	<p>Symposium: Multimodality imaging and physiology: Moving away from routines EN</p> <p>Moderators: Nattawut Wongpraparut, Pannipa Suwannasom</p> <p>Panelists: Julien Adjedj, Thamarath Chantadansuwan, Ply Chichareon, Thanyatip Boonmongkol</p> <p>10:30 – 10:35 Welcome and session objectives (5 min)</p> <p>10:35 – 11:00: Vulnerable plaque debate: How to deal with the lesion Med pro, Ply Chichareon (10 min) PCI pro, Thinnakrit Sasiprapha (10 min) Vote & discussion (5 min)</p> <p>11:00 – 11:20: Intracoronary imaging in uncommon cases (plaque erosion, SCAD, INOCA, MINOCA), Pannipa Suwannasom (20 min)</p> <p>11:20 – 11:35 Coronary physiology in daily practice: the update application, Pannipa Suwannasom (15 min)</p> <p>11:35 – 11:50: Angiography FFR: the benefit and pitfall compared with invasive FFR, Julien Adjedj (15 min)</p> <p>11:50 – 11:55: Q & A (5 min)</p>	<p>National showcase supported by unrestricted educational grant from B. Braun (Thailand) Ltd TH (12 min presentation, 8 min discussion)</p> <p>Moderators: Sudaratana Tansuphaswadikul, Bancha Sookananchai</p> <p>Panelists: Krissada Meemook, Sarunyoo Suttipongkeat, Kavint Chutikhongchalermpoj, Sakolwat Montrivade, Ploy Pengchata</p> <p>10:30 – 10:35: Welcome and session objectives (5 min)</p> <p>10:35 – 10:55: Case 1: O - I - D triple kissing, Archan Jaspattanananon (12 min) Discussion (8 min)</p> <p>10:55 – 11:15: Case 2: Make it (not to) simple, Chayakorn Udomchanya (12 min) Discussion (8 min)</p> <p>11:15 – 11:35: Case 3: Even homer nods, Tanit Layangkool (12 min) Discussion (8 min)</p> <p>11:35 – 11:55: Case 4: To faced with 3 evils at the same times, Wongwaris Aphijirawat (12 min) Discussion (8 min)</p> <p>11:55 – 12:00: Q & A (5 min)</p>
	12:00 – 12:45	<p>Lunch Symposium supported by Philips (Thailand) Ltd. TH</p> <p>Topic: The importance of ultra-low contrast PCI tools and techniques: Case-based approaches in complex lesions</p> <p>Moderator: Nattawut Wongpraparut Panelist: Noppadol Chamnarnphol</p> <p>12:00 – 12:10: Opening ULCPPI application beyond CKD Tips and tricks in ULCPPI, Nattawut Wongpraparut (10 min)</p> <p>12:10 – 12:25: Case presentation1: , Pannipa Suwannasom (10 min) Discussion (5 min)</p>	<p>Lunch Symposium supported by Daiichi Sankyo (Thailand) Ltd. EN</p> <p>Topic: Bempedoic acid: the NEXt add-on strategy to take back LDL-C control</p> <p>Moderator: Wacin Buddhari Speakers: Derek Connolly, Narathip Chunhamaneewat,</p>

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DAY 3: SUNDAY 10TH NOVEMBER 2024

TIME	LIVE ARENA (CRYSTAL HALL B)	DIDACTIC FORUM (CRYSTAL HALL A)	INTERACTIVE CASE CHAMBER (LONDON ROOM)
	<p>12:25 – 12:40: Case presentation2: <i>Nattawut Wongpraparut</i> (10 min) Discussion (5 min)</p> <p>12:40 – 12:45 Q & A and Closing (5 min)</p>		
12:45 – 13:30	<p>Lunch Symposium supported by Amgen (Thailand) Ltd. TH</p> <p>Topic: PCSK9 mAb FOR ACS: The era of EARLY implementation Moderator: Wacin Buddhari</p> <p>12:45 – 13:00 What is the benefit of starting earlier?, Nattawut Wongpraparut (15 min)</p> <p>13:00 – 13:15: What about lonf term prevention?, Prin Vathesatogkit (15 min)</p> <p>13:15 – 13:30: Putting learnings into practice, All (15 min)</p>	<p>Lunch Symposium supported by Siemens Healthineers EN</p> <p>Topic: Future of cardiac care: Next-gen interventional lab and photon counting cardiac CT</p> <p>Speakers: <i>Erwin Mulia</i> (30 min), <i>Tanat Simoon</i> (15 min)</p>	
13:30 – 15:00	<p>Live transmission session EN</p> <p>Moderators: Nattawut Wongpraparut, Mann Chandavimol Panelists: Pavit Pienvichit, Sirichai Cheewatanakornkul, Narathip Chunhamaneewat, Korakoth Towashiraporn, Purich Surunchupakorn, Pariya Panchavinnin</p> <p>Live 11: Thammasat University Hospital supported by unrestricted educational grant from Medtronic (Thailand) Ltd.</p> <p>Case: Coronary Operators: <i>Wasan Udayachalerm, Thunnop Chotivanawan</i> Imaging interpreter: <i>Nuanjand Tantichutinant</i></p> <p>Mini-lecture: Does stent design matter for the left main intervention?, Korakoth Towashiraporn</p> <p>Live 12: Chulalongkorn Hospital supported by unrestricted educational grant from Boston Scientific (Thailand) Ltd.</p> <p>Case: Structural: TAVI Operator: <i>Siriporn Athisakul, Vorarit Lertsuwunseri, Chanapong Kittayarak</i></p> <p>Mini-lecture: Optimizing TAVI outcome: How to minimize the risk of prosthesis-patient mismatch in small annuli?, Kid Bhumimuang</p>	<p>Symposium: Bifurcation, left main, and multivessel disease: Sharing practices across different countries EN</p> <p>Moderators: Anek Kanoksilp, Piyanart Preeyanont Panelists: Nikolay Stoyanov, Anuruck Jeamanukoolkit, Wiwat Kanjanarutjawiwat, Wongwaris Aphijirawat</p> <p>13:30 – 13:35: Welcome and session objectives (5 min)</p> <p>13:35 – 13:55: Percutaneous interventions of coronary bifurcation lesions in 2024: European point of view, Nikolay Stoyanov (20 min)</p> <p>13:55 – 14:10: Bailout of failed provisional stenting, Ronaldo Estacio (15 min)</p> <p>14:10 – 14:30: Current trends in PCI versus CABG for patients with LM in Singapore, Lim Soo Tiek (20 min)</p> <p>14:30 – 14:50: Current trends in PCI versus CABG for patients with ischemic cardiomyopathy and multivessel CAD in Thailand, Thanyatip Boonmongkol (20 min)</p> <p>14:50 – 14:55: Q & A (5 min)</p>	<p>Expert case sharing: Bridging knowledge and practice supported by unrestricted educational grant from SMT/Vascular Innovations Co., Ltd EN</p> <p>Moderators: Eric Eeckhout, Tanyarat Aramsareewong Judges: Fuminobu Yoshimachi, Shoichi Kuramitsu, Chumpol Piamsomboon, Warong Lapanun, Chaiyasith Wongvipaporn</p> <p>13:30 – 13:35: Welcome and session objectives (5 min)</p> <p>13:35 – 13:55: Case 1 : How to treat a left main - left anterior descending stent with significant protrusion into the aorta using a dual lumen catheter with 2 markers, Ryuichi Kato (12 min) Discussion (8 min)</p> <p>13:55 – 14:15: Case 2: A case of TAVI after PT SMA for severe aortic stenosis complicated by left ventricular outflow tract stenosis due to asymmetric myocardial thickening, Chieko Itamoto (12 min) Discussion (8 min)</p> <p>14:15 – 14:35: Case 3: Minimal contrast PCI for LAD CTO with CKD, Satoru</p>

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DAY 3: SUNDAY 10TH NOVEMBER 2024

TIME	LIVE ARENA (CRYSTAL HALL B)	DIDACTIC FORUM (CRYSTAL HALL A)	INTERACTIVE CASE CHAMBER (LONDON ROOM)
			<p>14:35 – 14:55: <i>Tohara</i> (12 min) Discussion (8 min) Case 4: Successful and speedy PCI for acute coronary syndrome with a large thrombus using a 5Fr GC as a diagnostic catheter, guiding catheter, and aspiration catheter, Fuminobu Yoshimachi (12 min) Discussion (8 min) Q & A (5 min)</p> <p>14:55 – 15:00: Q & A (5 min)</p>
15:00 – 16:00	<p>Symposium: Complex intervention - Learning the Japanese technique EN</p> <p>Moderators: Fuminobu Yoshimachi, Tanyarat Aramsareewong Panelists: Wirash Kehasukcharoen, Anek Kanoksilp, Wiwat Kanjanarutjawiwat, Thitima Limjaroen</p> <p>15:00 – 15:05: Welcome and session objectives (5 min) 15:05 – 15:20: When & how to use guiding catheter extensions, Satoru Tohara (15 min) 15:20 – 15:35: Reverse wire technique: indications & tips, Ryuichi Kato (15 min) 15:35 – 15:55: Double guide technique in CTO, Fuminobu Yoshimachi (20 min) 15:55 – 16:00: Q & A (5 min)</p>	<p>Symposium: AMI intervention: Best practice TH</p> <p>Moderators: Bancha Sookananchai, Chaiyasith Wongvipaporn Panelists: Anuchit Wongphen, Thipakorn Phangmuangdee, Wittawat Wattanasiriporn, Seththawut Kosallavat</p> <p>15:00 – 15:05: Welcome and session objectives (5 min) 15:05 – 15:20: Spontaneous coronary artery dissection, Vichai Senthong (15 min) 15:20 – 15:35: Primary percutaneous coronary intervention in patients presenting with cardiogenic shock, Anuchit Wongphen (15 min) 15:35 – 15:45: Approach to the “non-culprit” lesion in ACS with multivessel disease, Chaisiri Wanlapakorn (10 min) 15:45 – 15:55: Primary percutaneous coronary intervention in patients presenting with cardiac arrest, Supawat Ratanapo (10 min) 15:55 – 16:00: Q & A (5 min)</p>	
16:00 – 16:30	Closing remarks & Award presentation		

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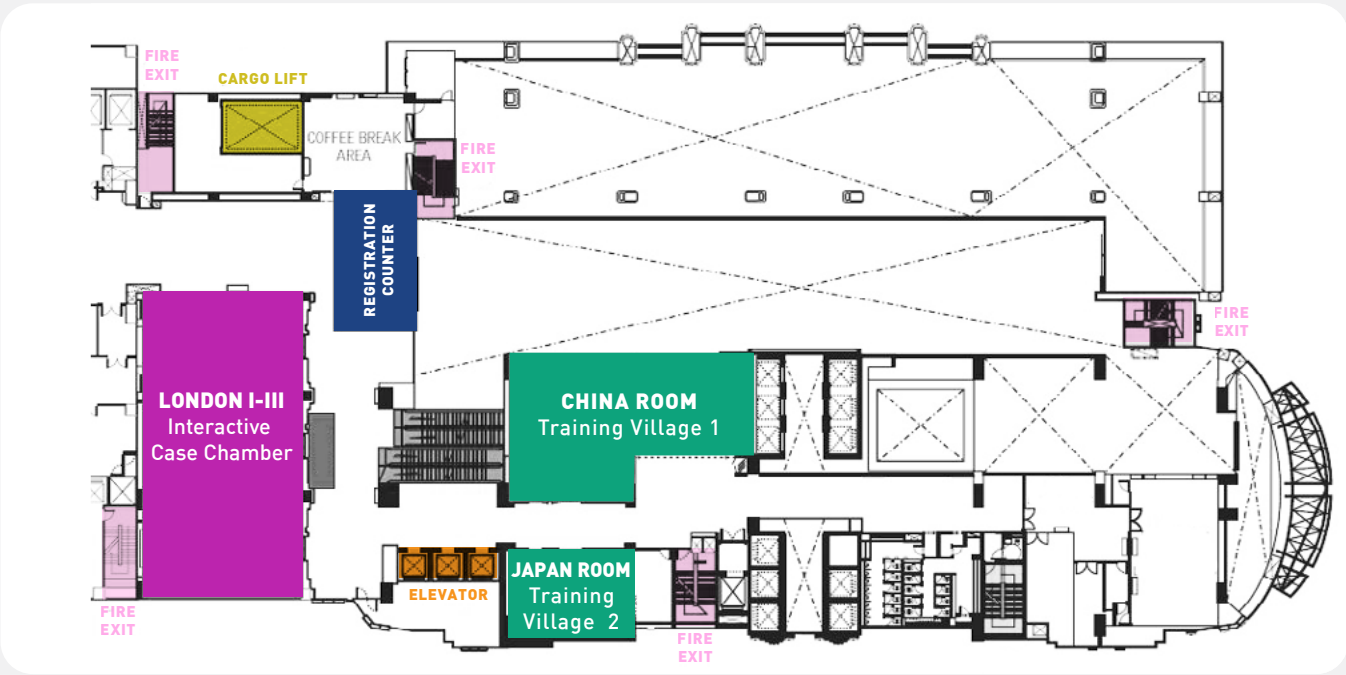
DAY3: SUNDAY 10TH NOVEMBER 2024

TIME	TRAINING VILLAGE 1 (CHINA ROOM)	TRAINING VILLAGE 2 (JAPAN ROOM)
09:30-11:30	<p>Abbott Medical Ltd.</p> <p>Topic: OCT and physiology workshop</p> <p>OCT station (60 min) Speaker: Noppadol Chamnarnphol 09:30 – 09:45: OCT in bifurcation 09:45 – 10:30: OCT 3D-Bifurcation demonstration and hands-on</p> <p>Physiology station (60 min) Speaker: Worawut Roongsangmanoon 10:30 – 10:45: Full physiology (CFR, IMR, FFR, RFR) 10:45 – 11:30: Coroventis hands-on (wet lab)</p>	<p>Nurse & Technician</p> <p>08:30 – 10:00: Workshop: How to reimburse cardiovascular medical devices</p> <ul style="list-style-type: none"> • NHSO- E-claim, <i>Kriddhiya Sriprasert, Phanida Klinpipat, Benjawan Tantongyin, Tanyarat Aramsareewong</i> <p>10:00 – 10:20: Break</p> <p>10:20 – 11:30: Interesting case presentation and nursing management</p> <p>Moderator: Tanyarat Aramsareewong, Kanintorn Soonthorndhada Panelists: Benyapa Puthaaron, Chamnian Pattanajak, Anintita Narapanyakul, Napaporn Detsi</p> <ul style="list-style-type: none"> • Case 1 : Acute stent thrombosis, <i>Benjawan Tantongyin</i> • Case 2 : Coronary perforation, <i>Tueanchai Popradab</i> • Case 3 : Cardiac arrest in cath-Lab, <i>Chanya Tawaditap , Siriwan Meemajam</i> • Case 4: Coronary dissection, <i>Pimchanok Piromkit</i> <p>11:30 – 12:30: Interesting research and CQI</p> <p>Moderator: Kamol Udol, Wongsakorn Luangphiphat Panelists: Pattama Peeraphan, Tuanchai Chaichuen, Netnapis Srirattana, Mukda Napol</p> <ul style="list-style-type: none"> • Factors associated with groin hematoma after trans-femoral percutaneous coronary intervention: a study from Thai PCI registry, <i>Chamnian Pattanajak</i> • Coronary angiography online appointment, <i>Apichart Sopaprom</i> • Innovative nursing record: Improving outcome for cardiac catheterization patients, <i>Crisaporn Poonsong</i> • Cost effective of PCI technique (Kissing balloon single inflation device), <i>Boonrod Pradit</i> • Perfect arm board Innovation, <i>Daranee Kotchasarn</i>

FLOOR PLAN

FLOOR PLAN : 2ND FLOOR

LONDON I-III : INTERACTIVE CASE CHAMBER
 CHINA ROOM : TRAINING VILLAGE 1
 JAPAN ROOM : TRAINING VILLAGE 2

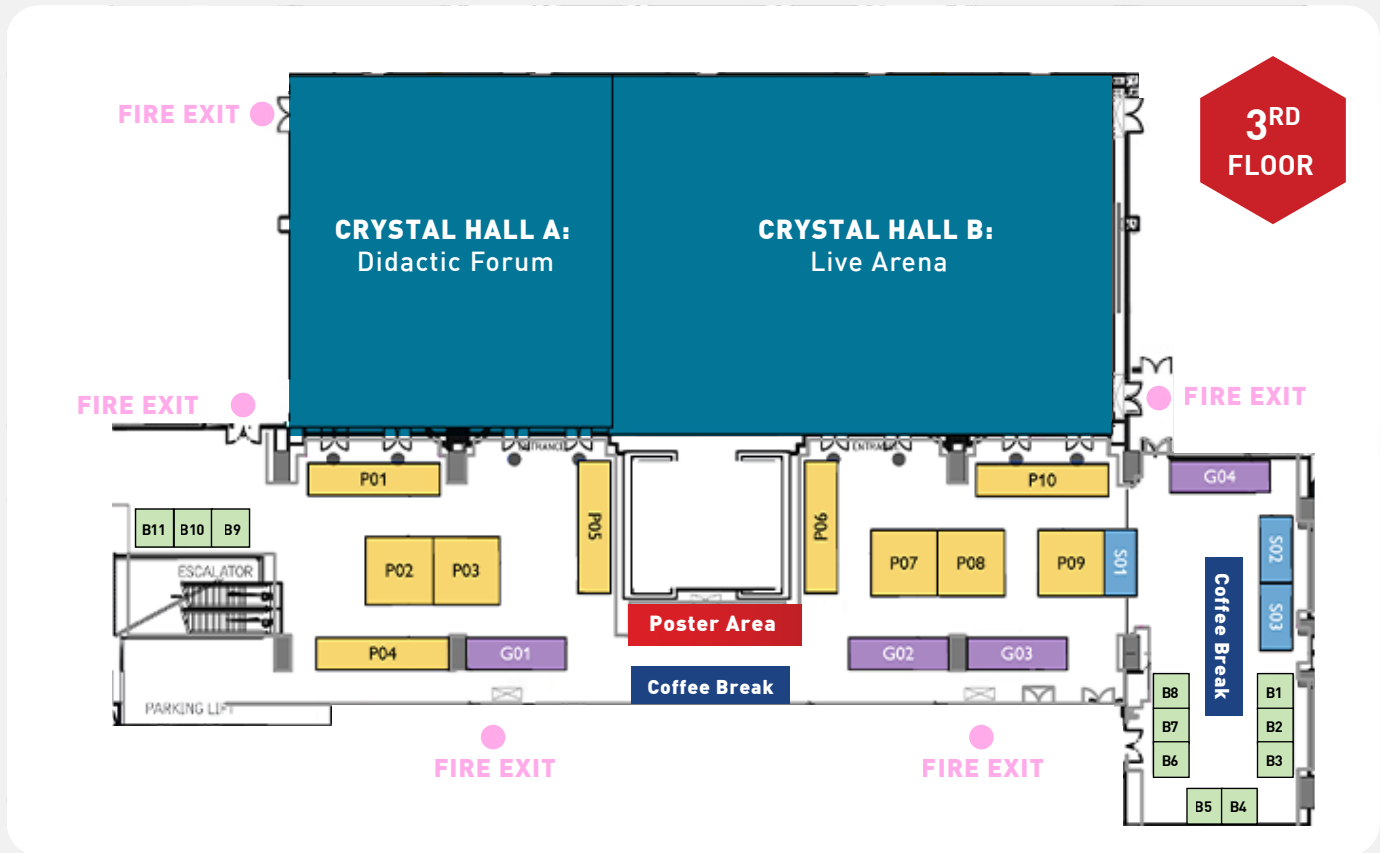


FLOOR PLAN : 3RD FLOOR

CRYSTAL HALL A: DIDACTIC FORUM
 CRYSTAL HALL B: LIVE ARENA
 GALLERY I : DOWNLOAD SLIDE ROOM



LIST OF EXHIBITORS



PLATINUM SPONSORSHIP

- P01** Abbott Medical Ltd. Abbott Medical Ltd.
- P02** Boston Scientific (Thailand) Ltd.
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The more you know, the better the outcome.

With Modern PCI you have the information to understand the patient and the tools to get the procedure right.

When you see, prep, and treat a vessel with our best-in-class Modern PCI portfolio, you're committing to durable and predictable outcomes that redefine the standard of care.

Make it clear.

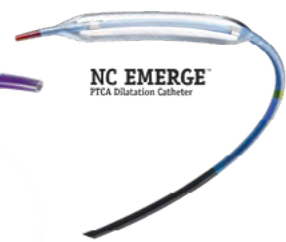
IVUS use optimizes coronary outcomes. Unlike coronary angiography, IVUS enhances your knowledge of the lesion. Assess plaque type and severity with Modern PCI tools to gain certainty in your treatment strategy.

The result: clearer treatment decisions and fewer future complications.



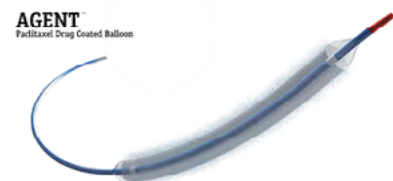
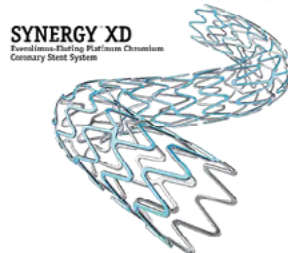
Create the way.

Successful patient outcomes need good vessel preparation. View the tools to prepare moderate to severe lesions, from angioplasty to calcium modification, tackle a CTO and achieve optimal luminal gain.

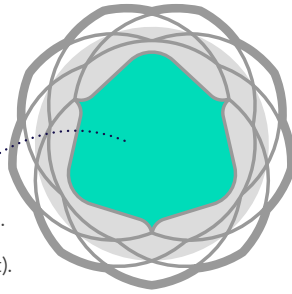
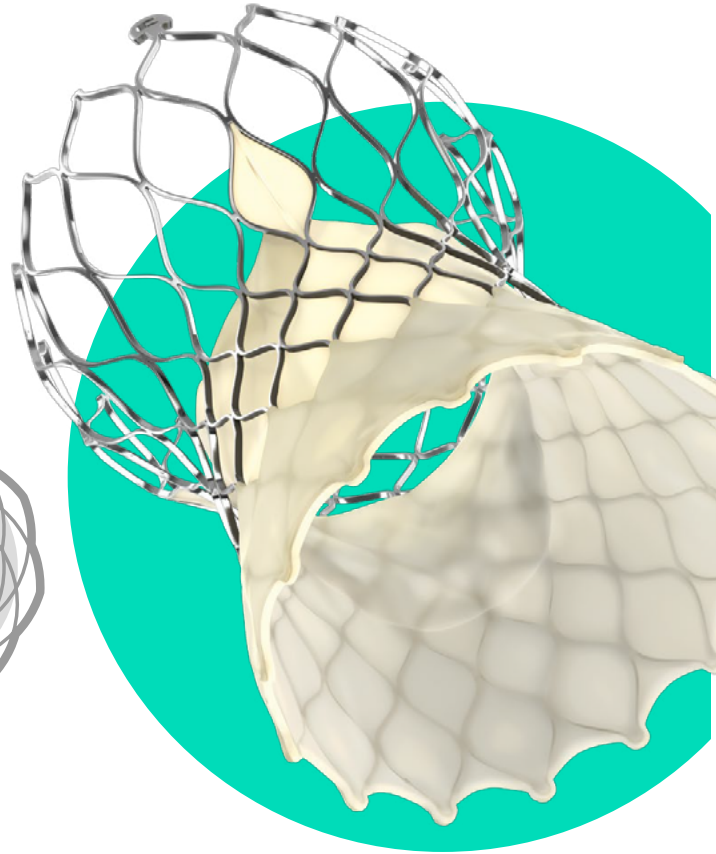


Outcomes for a lifetime.

Your treatment choice affects patient outcomes. With our gold-standard stents and drug-coated balloons you have an option available for every coronary lesion, no matter the complexity.



People who know, think Evolut™ First



Large EOAs mean less restriction of blood through the valve.
Less restriction leads to low gradients (mean systolic gradient).

Built on a proven foundation

With its supra-annular, self-expanding valve frame, Evolut™ TAVR is built on the original CoreValve™ platform which has consistently shown strong EOAs and low gradients over time.

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Different by design

Best-in-class deliverability

Resolute Onyx DES is made from a single wire, which gives it a **fluid range of motion** and provides the flexibility needed for best-in-class deliverability.¹

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Repatha® reduce cardiovascular risk by lowering LDL-C levels, as an adjunct to correction of other risk factors.¹

Not an actual patient.

CV = cardiovascular; LDL-C = low-density lipoprotein cholesterol

REFERENCE: 1. Repatha®(evolocumab) Summary of Product Characteristics. Last revised: January 2020.

Thailand - Repatha® Abbreviated Prescribing Information

Repatha® (Evolocumab) 140 mg solution for injection

COMPOSITION: Each pre-filled autoinjector contains 140 mg of evolocumab

in 1 mL of solution. INDICATIONS: Hypercholesterolaemia and mixed dyslipidaemia:

Repatha is indicated in adults with primary Hypercholesterolaemia [heterozygous familial (HeFH) and

non-familial] or mixed dyslipidaemia, as an adjunct to diet, in combination with a statin or statin with other lipid lowering therapies in patients unable to reach low-density lipoprotein cholesterol (LDL-C) goals with the

maximum tolerated dose of a statin, or alone or in combination with other lipid lowering therapies in patients with statin-intolerant, or for whom a statin is contraindicated. Homozygous familial hypercholesterolaemia

(HoFH): Repatha is indicated in adults and adolescents aged ≥12 years in combination with other lipid-lowering therapies. Established athero-sclerotic cardiovascular disease Repatha is indicated in adults with established

atherosclerotic cardiovascular disease (myocardial infarction, stroke or peripheral arterial disease) to reduce cardiovascular risk by lowering LDL-C levels, as an adjunct to correction of other risk factors, in combination with a

statin or statin with other lipid lowering therapies in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin, or alone or in combination with other lipid lowering therapies in patients with

statin-intolerant, or for whom a statin is contraindicated. DOSAGE AND ADMINISTRATION: Subcutaneous use. Hypercholesterolaemia and mixed dyslipidaemia - 140 mg every 2 weeks or 420 mg once monthly. HoFH in

adults and adolescents aged ≥12 years - 420 mg once monthly. After 12 weeks, if clinically meaningful response is not achieved, up-titrate frequency to once every 2 weeks. Established atherosclerotic cardiovascular disease

in adults - 140 mg every 2 weeks or 420 mg once monthly. No dose adjustment is necessary in mild to moderate renal impairment, mild hepatic impairment, and elderly patients. To administer 420 mg, give 3 Repatha

injections consecutively within 30 minutes. CONTRAINDICATIONS: Hypersensitivity to active substance or to any of the excipients. SPECIAL WARNINGS AND PRECAUTIONS FOR USE: Use with caution in patients with severe

renal impairment (eGFR <30 mL/min/1.73 m²) or severe hepatic impairment (Child-Pugh C). Close monitoring in patients with moderate hepatic impairment. INTERACTIONS: An approximately 20% increase in the clearance

of evolocumab was observed in patients co-administered statins. No statin dose adjustments are necessary when used in combination with Repatha. Pregnancy: Repatha should not be used during pregnancy unless the

clinical condition of the woman requires treatment with evolocumab. Breast-feeding: It is unknown whether evolocumab is excreted in human milk. A decision must be made whether to discontinue breast-feeding or

discontinue Repatha therapy taking into account the benefit of breast-feeding for the child and benefit of therapy for the woman. UNDESIRABLE EFFECTS: common ADRs - influenza, naso-pharyngitis, upper respiratory

tract infection, hypersensitivity, rash, nausea, back pain, arthralgia, and injection site reactions. Paediatric population: No difference in safety was observed between adolescent and adults patients with HoFH. The safety and

effectiveness of Repatha in paediatric patients with primary hypercholesterolaemia and mixed dyslipidaemia has not been established. Elderly population: No overall differences in safety or efficacy were observed between

elderly and younger patients. Immunogenicity: In clinical studies, the 0.3% of subjects treated at least one dose of Repatha tested positive for binding antibody development. None of the patients tested positive for

neutralizing antibodies. The presence of anti-evolocumab binding antibodies did not impact the pharmacokinetic profile, clinical response, or safety of Repatha. OVERDOSE: No adverse effects were observed in animal

studies at exposure up to 300-fold higher than those in patients treated with Repatha at 420 mg once monthly. No specific treatment for overdose. In the event of an overdose, the patient should be treated symptomatically,

and supportive measures instituted as required.

Please read the full prescribing information prior to administration and full prescribing information is available on request.

Abbreviated Prescribing Information version: THREPAPI07

Date of preparation: May 2020

PI Version No: THREPP107, May 2020

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TH-01703-REP-2021-Jul

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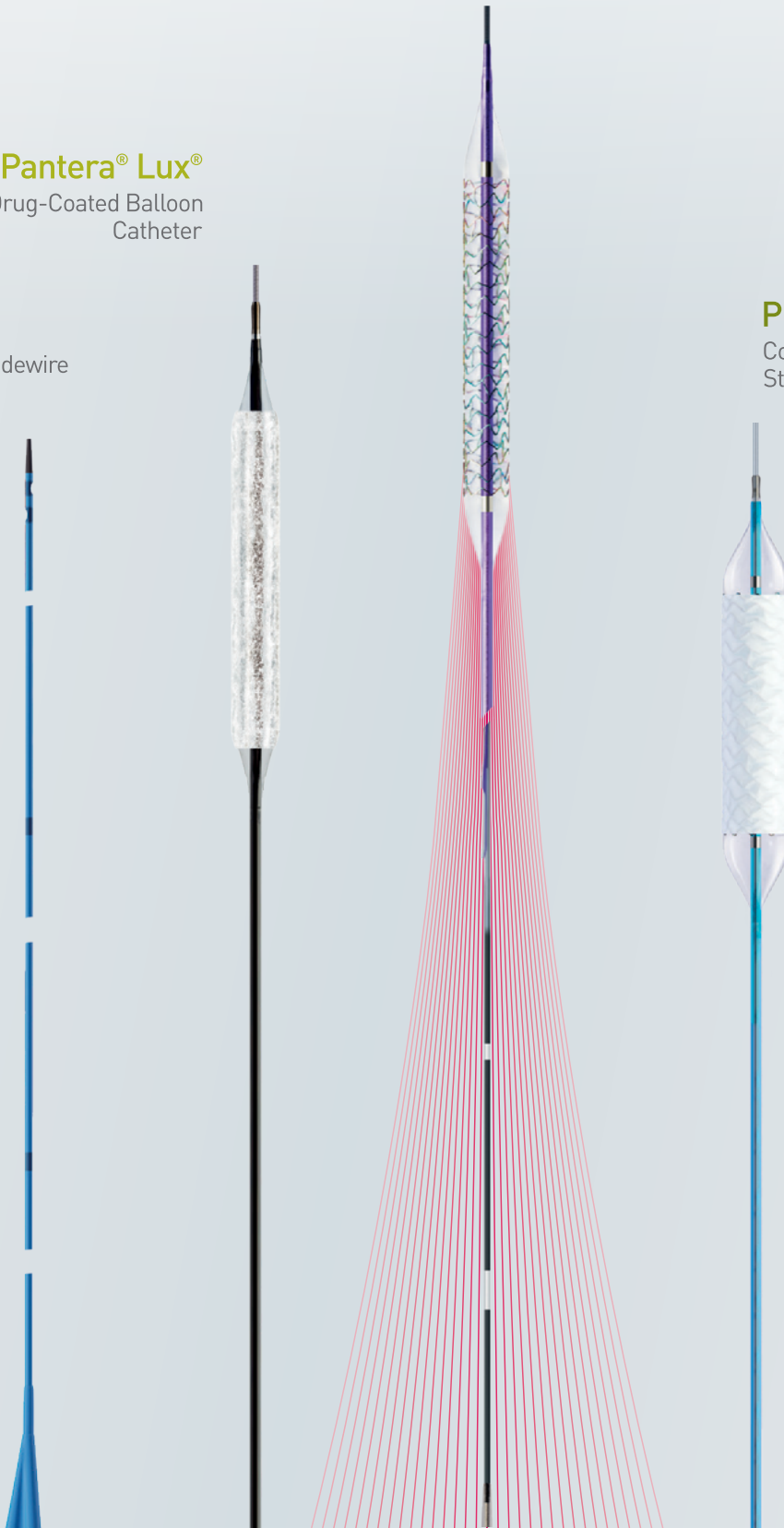
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Live transmission session

Location: The Athenee Hotel Bangkok, (Live Arena, Crystal Hall B)



9 Nov 2024

Start From 08:30AM - 10:00AM



10 Nov 2024

Start From 10:30AM - 12:00PM



Takeshi Niizeki, M.D.



Korakoth

Towashiraporn M.D.

Live 1: Siriraj Hospital

Case: Coronary

Operator: Takeshi Niizeki, Korakoth

Towashiraporn

Imaging interpreter: Ploy Pengchata, M.D.

Mini-lecture: Co-registration of intravascular ultrasound with angiographic imaging:

Thitima Limjaroen, M.D.



Anuruck Jeamanukoolkit, M.D.

Live 10: Central Chest Institute of Thailand

Case: Coronary

Operator: Anuruck Jeamanukoolkit

Imaging interpreter: Atthaphon

Phaisitkriengkrai, M.D.

Mini-lecture: Update on the use of Limus family drug-coated balloon:

Purich Surunchupakorn, M.D.



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1. Mack MJ, Leon MB, Thourani VH, et al. Transcatheter Aortic-Valve Replacement with a Balloon-Expandable Valve in Low-Risk Patients. *N Engl J Med*. 2019.

2. Mack MJ, Leon MB, Thourani VH, et al. Transcatheter Aortic-Valve Replacement in Low-Risk Patients at Five Years. *N Engl J Med*. 2023

3. Tarantini G, et al. Redo-Transcatheter Aortic Valve Implantation Using the SAPIEN 3/Ultra Transcatheter Heart Valves-Expert Consensus on Procedural Planning and Techniques. *Am J Cardiol*. 2023

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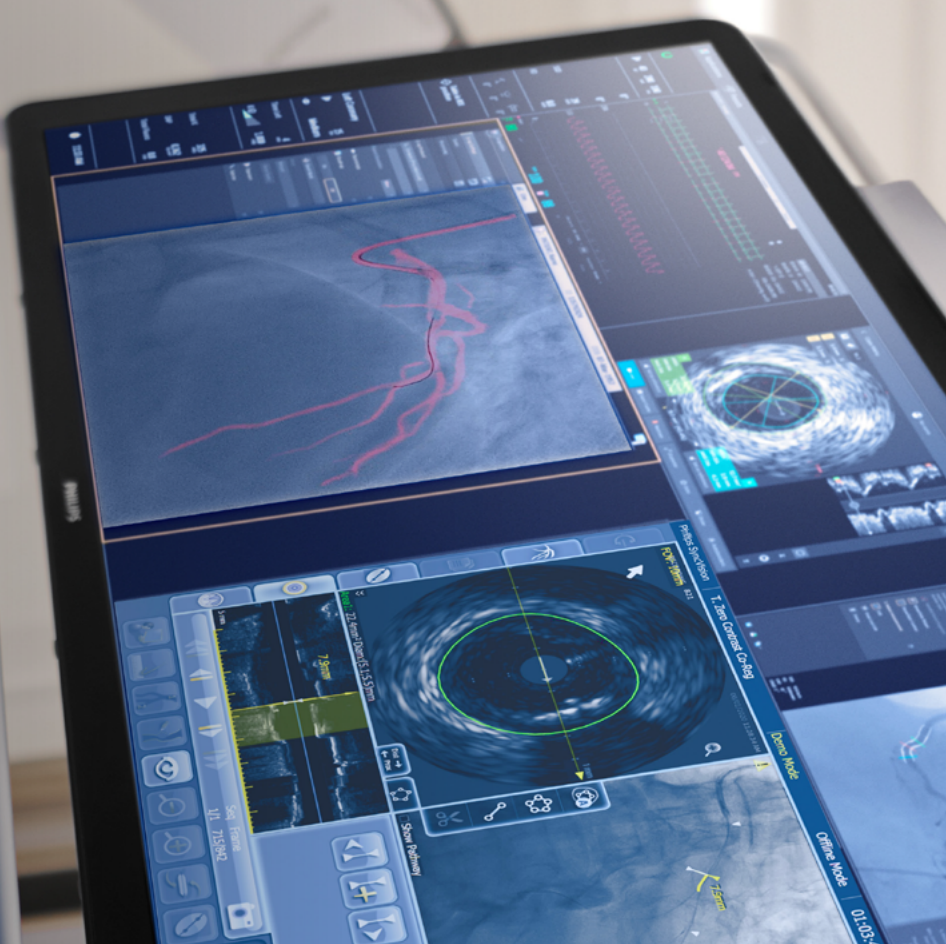


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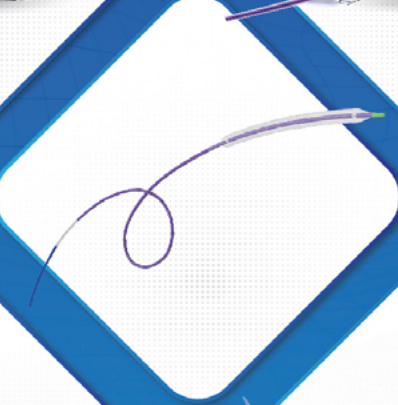
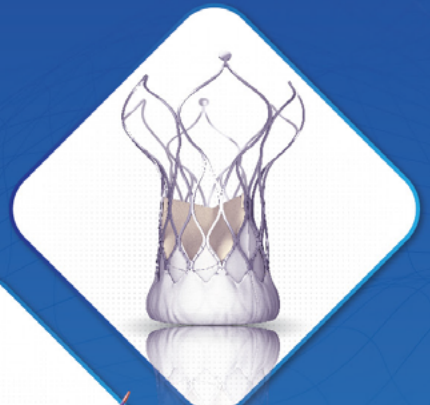
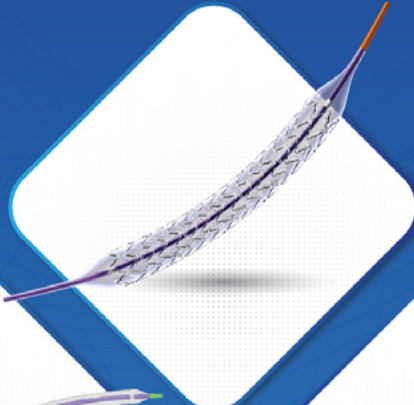


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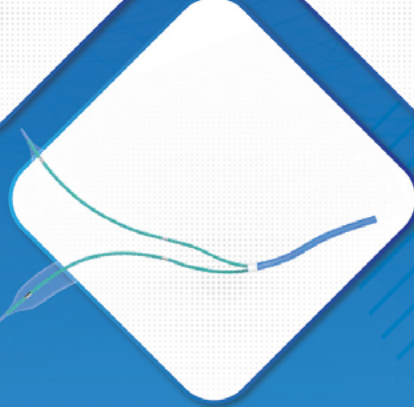
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NEXLETOL
(bempedoic acid)

NEXLIZET
(bempedoic acid and ezetimibe)



**Add on
to take back control**

**WHEN YOU AND YOUR PATIENTS ARE FIGHTING
TO TAKE BACK CHOLESTEROL CONTROL,
ADD ON ORAL, ONCE-DAILY NEXLETOL® OR NEXLIZET®**

Abbreviated Prescribing Information. Nexletol 180 mg film-coated tablets contains 180 mg of bempedoic acid. **Reg. No.:** 1C 15011/67 (NC) **Indication:** Adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet; in combination with a statin or statin with other lipid-lowering therapies in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin or, alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated. **Mechanism of action:** Bempedoic acid is an adenosine triphosphate citrate lyase (ACL) inhibitor that lowers low-density lipoprotein cholesterol (LDL-C) by inhibition of cholesterol synthesis in the liver. **Dosage and administration:** 180 mg taken once daily with or without food. When Nexletol is co-administered with simvastatin, simvastatin dose should be limited to 20 mg daily (or 40 mg daily for patients with severe hypercholesterolaemia and high risk for cardiovascular complications, who have not achieved their treatment goals on lower doses and when the benefits are expected to outweigh the potential risks). **Contraindication:** Hypersensitivity to the active substance or to any of the excipients, pregnancy, breast-feeding and concomitant use with simvastatin >40 mg daily. **Adverse reaction:** Common (≥1/100 to <1/10): anaemia, gout, hyperuricaemia, aspartate aminotransferase increased and pain in extremity. Uncommon (≥1/1,000 to <1/100): haemoglobin decreased, alanine aminotransferase increased, liver function test increased, blood creatinine increased, blood urea increased, and glomerular filtration rate decreased.

Abbreviated Prescribing Information. Nexlizet 180 mg/10 mg film-coated tablets contains 180 mg of bempedoic acid and 10 mg of ezetimibe. **Reg. No.:** 2C 15025/67 (NC) **Indication:** Adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet; in combination with a statin in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin in addition to ezetimibe, alone in patients who are either statin-intolerant or for whom a statin is contraindicated, and are unable to reach LDL-C goals with ezetimibe alone, and in patients already being treated with the combination of bempedoic acid and ezetimibe as separate tablets with or without statin. **Mechanism of action:** Nexlizet contains bempedoic acid and ezetimibe, two LDL-C lowering compounds with complementary mechanisms of action. Nexlizet reduces elevated LDL-C through dual inhibition of cholesterol synthesis in the liver and cholesterol absorption in the intestine. **Dosage and Administration:** The recommended dose of Nexlizet is one film-coated tablet of 180 mg/10 mg taken once daily. Co-administration with bile acid sequestrants - dosing of Nexlizet should occur either at least 2 hours before or at least 4 hours after administration of a bile acid sequestrant. Co-administration with simvastatin, simvastatin dose should be limited to 20 mg daily (or 40 mg daily for patients with severe hypercholesterolaemia and high risk for cardiovascular complications, who have not achieved their treatment goals on lower doses and when the benefits are expected to outweigh the potential risks). **Contraindication:** Hypersensitivity to the active substances or to any of the excipients, or pregnancy, breast-feeding and concomitant use with simvastatin >40 mg daily and co-administered with a statin in patients with active liver disease or unexplained persistent elevations in serum transaminases. **Adverse reaction:** Common (≥1/100 to <1/10): anaemia, decreased haemoglobin, hyperuricaemia, decreased appetite, dizziness, headache, hypertension, cough, constipation, diarrhoea, abdominal pain, nausea, dry mouth, flatulence, gastritis, liver function test increased, back pain, muscle spasms, myalgia, pain in extremity, arthralgia, blood creatinine increased, fatigue and asthenia. Additional adverse reactions with bempedoic acid: Common (≥1/100 to <1/10): Gout and Aspartate aminotransferase increased. Uncommon (≥1/1,000 to <1/100): alanine aminotransferase increased, blood urea increased, and glomerular filtration rate decreased. **Additional adverse reactions with ezetimibe:** Common (≥1/100 to <1/10): blood CPK increased. Uncommon (≥1/1,000 to <1/100): hot flush, dyspepsia, gastroesophageal reflux disease, aspartate aminotransferase increased, alanine aminotransferase increased, gamma-glutamyltransferase increased, pruritus, neck pain, muscular weakness, chest pain, pain and oedema peripheral. Not known: thrombocytopenia, hypersensitivity (including rash, urticaria, anaphylaxis and angio-oedema), depression, paraesthesia, dyspnoea, pancreatitis, hepatitis, cholelithiasis, cholecystitis, erythema multiforme and myopathy/rhabdomyolysis.

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- References:**
1. Nexletol® Summary of Product Characteristics.
2. Nexlizet® Summary of Product Characteristics.

ชื่อยานี้มีลิขสิทธิ์ในประเทศไทยโดย Daiichi-Sankyo
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Expiry date : May 2029

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284 mg/1.5 mL



*Inclisiran is administered initially, again at 3 months, and then once every 6 months⁴

References

1. Ray KK et al. N Engl J Med. 2020;382:1507-19 2. Wright RS et al. J Am Coll Cardiol. 2021;77:1182-93 3. Wright RS, et al. Cardiovasc Res. 2024 May 16:eve109. 4. Sybrava Product Prescription. TH FDA version. Dec. 2023

Prescribing Information: Sybrava[®]

Important note: Before prescribing, consult full prescribing information. Presentation: 1.5 mL solution in a pre-filled syringe (Type I glass) with plunger stopper with needle and rigid needle shield. Pack size of one pre-filled syringe. The solution is clear, colorless to pale yellow, and essentially free of particulates. **Indications:** Sybrava is indicated in adults with primary hypercholesterolaemia or mixed dyslipidaemia, as an adjunct to diet; in combination with a statin or statin with other lipid-lowering therapies in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin, or alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated. **Dosage and administration:** The recommended dose is 284 mg inclisiran administered as a single subcutaneous injection: initially, again at 3 months, followed by every 6 months. Inclisiran is intended for administration by a healthcare professional. **Geriatric patients:** No overall differences in safety were observed between patients 65 years of age or older, and younger patients. **Renal impairment:** No dose adjustments are necessary for patients with mild, moderate or severe renal impairment or patients with end-stage renal disease. **Hepatic impairment:** No dose adjustments are necessary for patients with mild (Child-Pugh class A) or moderate (Child-Pugh class B) hepatic impairment. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Interaction with other medicinal products:** Inclisiran is not a substrate for common drug transporters and, although in vitro studies were not conducted, it is not anticipated to be a substrate for cytochrome P450. Inclisiran is not an inhibitor or inducer of cytochrome P450 enzymes or common drug transporters. **Warnings and precautions:** The effect of hemodialysis on inclisiran pharmacokinetics has not been studied. Considering that inclisiran is eliminated renally, hemodialysis should not be performed for at least 72 hours after inclisiran dosing. **Adverse drug reactions:** The only adverse reactions associated with inclisiran were adverse reactions at the injection site (8.2%). **Special precautions for storage:** Do not store above 30°C. Do not freeze.

เลขทะเบียนที่ 1C 15001/66 (NC)

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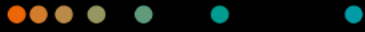
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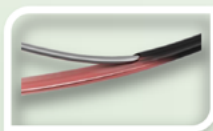
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- Good transmission force and pushability
- Excellent kink resistance

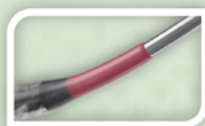
UPDATED EXIT PORT

- Smooth and balanced transition



TRACK COMPLEX LESIONS WITH EASE

A tip designed to facilitate treatment
of the most challenging cases



INNOVATIVE TIP

- Optimized durability
- Clear visibility



FLEXIBLE DISTAL PART

Balloon bonding part

0.4mm

TERUMO
INTERVENTIONAL
SYSTEMS

Ryurei

PTCA Dilatation Catheter

“Beautiful Flow”

Ryurei supports get back fluent vessel flow in various cases.

More Stiff

SLENDER PROFILE

Ryurei ϕ 1.00mm

Entry profile 0.41mm

Balloon profile 0.58mm

Robust and pushable shaft

Smoother shape of exit port



- Thinner and shorter radiopaque marker



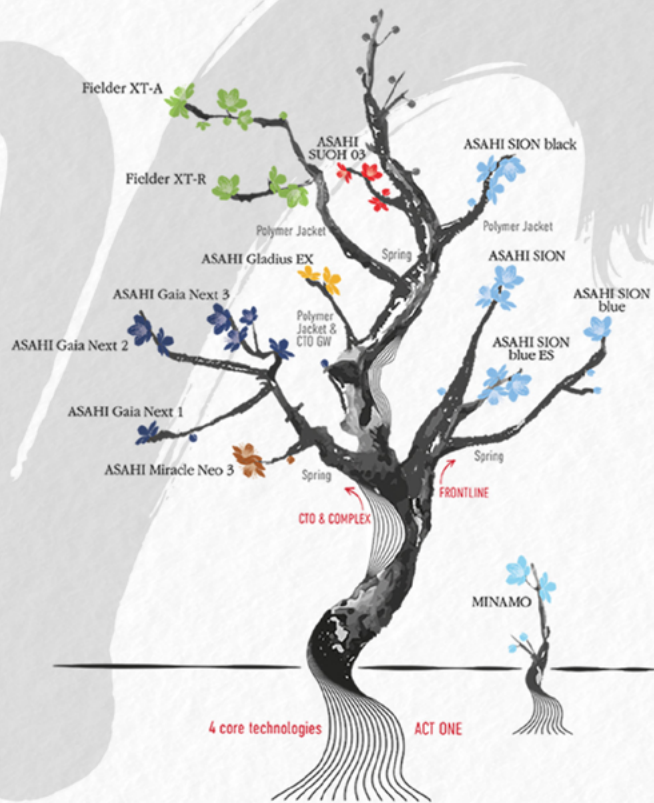
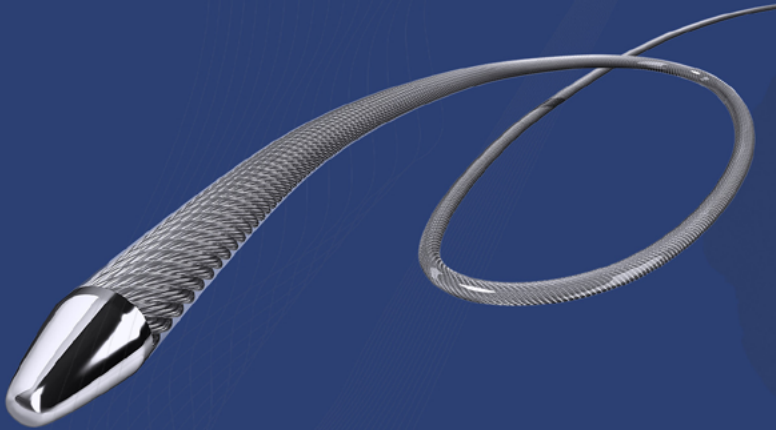
0.8mm(Length)/25 μ m(Thickness)



ASAHI Gaia Next

LEADING TO THE NEXT

KEEP CHALLENGING TO CTO-PCI



B. BRAUN

SHARING EXPERTISE



THINK ABOUT...BEST INVESTIGATED DCB



Most investigated competitors



All numbers referring to clinical coronary trials on DCBs, pediatric enrolled therein and countries in which these trials were conducted, are based on a PubMed literature search conducted with due diligence in February / March 2022. (Data on file at B. Braun)

Master of Evidence

hydra
AORTIC VALVE



Supraflex
Cruz
Sirolimus Eluting Cobalt Chromium Coronary Stent System

Ideal choice for Bifurcation lesions



Cocoon **No Compromise** CE 1422

PFO Occluder

Septal Occluder

Duct Occluder

VSD Occluder

Cocoon product range is manufactured by Vascular Innovations Co., Ltd. Thailand, a SMT group company. Cocoon is a trademark of Sahajanand Medical Technologies Limited or its affiliates.

Transforming the non-invasive assessment of CAD¹

ISOSMOLAR²
VISIPAQUE™
(IODIXANOL)

PREPARED TO PROTECT



Formulated for cardiac tolerability, Visipaque™:

Minimising heart rate variability²

Supporting image interpretability³

Proving effective low dose of contrast⁴

Sparing radiation dose with low kVp protocols⁴

CAD: coronary artery disease

References: 1. Channon KM et al. Heart 2022; 108(19): 1510-5; 2. Alhelaly MM et al. Clin Imaging 2020; 61: 69-79; 3. Roche T et al. Arch Cardiovasc Imaging 2014; 2(3):e20708; 4. Cha M.J. PLoS One 2020; 15(7): e0236108.

Registration no: Visipaque 270 mg/ml, 1C 173/49 (NC); Visipaque 320 mg/ml, 1C 174/49 (NC)
PRESCRIBING INFORMATION VISIPAQUET (iodixanol) VISIPAQUE 270 mg/ml and 320 mg/ml

PHARMACEUTICAL FORM Solution for injection. **INDICATIONS** For use in angiography, cerebral angiography (conventional), peripheral angiography (conventional), abdominal angiography, 3-D/2D, angiography, angiography (CT), management, lumbar, thoracic and cerebral angiography. **DOSEAGE AND ADMINISTRATION** Individual patients should be assessed for renal function prior to administration. The maximum recommended dose is 100 mg iodine/kg body weight. **CONTRAINDICATIONS** Hypersensitivity to iodine or any of the excipients. **WARNINGS AND PRECAUTIONS** See full prescribing information for complete details. **ADVERSE REACTIONS** See full prescribing information for complete details. **INTERACTIONS** See full prescribing information for complete details. **PHARMACOLOGICAL PROPERTIES** See full prescribing information for complete details. **PHARMACODYNAMICS** See full prescribing information for complete details. **PHARMACOKINETICS** See full prescribing information for complete details. **TOXICOLOGY** See full prescribing information for complete details. **CLINICAL TRIALS** See full prescribing information for complete details. **REFERENCES** See full prescribing information for complete details. **OTHER INFORMATION** See full prescribing information for complete details. **LEGAL INFORMATION** See full prescribing information for complete details. **REGISTRATION INFORMATION** See full prescribing information for complete details. **CONTACT INFORMATION** See full prescribing information for complete details.

Adverse reactions should be reported according to local regulations. Adverse reactions should also be reported to GE HealthCare at gdv.drugsafety@gehealthcare.com For Healthcare Professional use only. Not for general circulation.

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LANDMARK

Randomised Controlled Trial
Published in the

THE LANCET



**CURRENT EVIDENCE
AND FUTURE DIRECTIONS**

768

PATIENTS

31

CLINICAL SITES

16

COUNTRIES

Non-inferiority of Myval THV Series ($p < 0.0001$)
was achieved with an absolute risk difference of
-2.3% when compared to the contemporary THV Series



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