Impressions from the PCR İstanbul Peripheral

İsmail Doğu Kılıç, Ömer Göktekin¹

Department of Cardiology, Faculty of Medicine, Pamukkale University, Denizli-*Turkey* ¹Department of Cardiology, Faculty of Medicine, Bezmialem University, İstanbul-*Turkey*

Peripheral artery disease can now be identified as a pandemic (1), with its growing global burden and its estimated prevalence of more than 202 million in 2010 (2). As a result of the diffuse nature of atherosclerosis, there is a large overlap between patients with coronary artery disease. Patients in these two groups share similar risk profiles, and therefore, benefit from similar medical interventions. With regard to treatment, peripheral interventions, which share the same universal fundamentals with coronary interventions, have succeeded surgical revascularization as the primary revascularization approach over the last few decades (3, 4). Therefore, peripheral vascular disease appeared to be the next frontier of interest for interventional cardiologists, which led to the yearly PCR Istanbul Peripheral course, thereby forming a new section of prestigious PCR meetings, a programme which is "crafted by and for cardiologists." This course compromises an array of objectives, including reviewing patient selection and indications for peripheral interventions; highlighting technical differences and similarities between coronary, structural, and peripheral procedures; familiarizing with new tools and devices; facilitating the adaption and application of interventional cardiology skills in peripheral arteries; and discussing strategies, techniques, and methods of preventing and managing potential complications.

This year, we were privileged to host the second international meeting for interventional cardiologists, following the EuroCTO in Istanbul. Despite the experiences we gained from previously hosting three national meetings, this course warranted a larger amount of effort, preparation, and organization. A team, including Prof. William Wijns, and the course directors Professors Alberto Cremonesi, Ömer Göktekin, and Thomas Zeller worked hard to make this meeting possible. The key note speech was also delivered by Prof. Wijns. The faculty encompassed 69 experts in the field who presented and



Figure 1. Prof. Göktekin during the closing speech

discussed pivotal topics in peripheral interventions. Live cases were transmitted from the Bezmialem University Hospital and constituted an essential and highly educational component of the meeting. Prior to the case presentations, operators presented their strategies planned for the case and the important key points they extracted. A total of 13 live cases, covering a myriad of diseases, including carotid, subclavian, peripheral chronic total occlusions, visceral, and abdominal aortic aneurysms, were performed throughout the live case sessions. During these sessions, a panel of experts discussed the selection of equipment and techniques and was later concluded with some essential take home messages.

Address for correspondence: Dr. İsmail Doğu Kılıç, Pamukkale Üniversitesi Tıp Fakültesi Kardiyoloji Anabilim Dalı, 20070 Kınıklı, Denizli-*Türkiye* Phone: +90 258 296 16 02-03 Fax: +90 258 296 17 65 E-mail: idogukilic@yahoo.com Accepted Date: 24.12.2015 Available Online Date: 10.02.2016 ©Copyright 2016 by Turkish Society of Cardiology - Available online at www.anatoljcardiol.com DOI:10.14744/AnatolJCardiol.2015.6993





Figure 2. Preparatory meetings held prior to the live cases session, where cases were reviewed and strategies were discussed to ensure everything ran smoothly. From left to right Drs. Ertan Vuruskan, Alberto Cremonesi, William Wijns and Antoine Sauget



Figure 3. A group photo of some of the members of the faculty, following the "feedback" meeting after the congress

A total of 417 participants attended the congress this year, and we were thrilled with the participants' turnout and enthusiasm towards the meetings, as this is a great measure of success of the congress. It was remarkable to receive countless feedback from our international audience reporting their great satisfaction with the rich content of the meeting. We are firm believers that this interest will inevitably increase over the following years. For interventionalists who attended the congress and likewise to those who could not, we recommend that they visit the PCR website, www.pcristanbulperipheral. com and www.pcronline.com, for accessing uploaded presentations and recorded cases.

As the Turkish Society of Cardiology, we organized a "best case" session with the national interventionalists before the opening ceremony of the congress. Overall, 73 cases were submitted, which were subsequently reduced to 23 by the board of the Turkish Society of Cardiology. These cases were later presented during the morning session, where the top three cases where chosen by the participants' votes. These cases will be available to read in a following issue of the Anatolian Journal of Cardiology.

Finally, among all this, we would like to, once again, thank the course directors, faculty, operators, and attendants all of whom helped make this congress a great success. We greatly appreciate any comments or suggestions you may have, all of which will be taken into account for the forthcoming meetings. We hope to see you all at the next PCR Istanbul Peripheral. **Acknowledgements:** We would like to thank Dr. Çağlar Emre Cağlıyan for the photos and also Sara Abou-Sherif for the help in preparation of this report.

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