

Cardiovascular and Interventional Radiological Society of Europe

# ICCIR 2014

**International Conference  
on Complications in  
Interventional Radiology**

**FINAL PROGRAMME  
POCKET GUIDE**

**June 12-14  
Poertschach | Austria**



[www.iccir.eu](http://www.iccir.eu)

**CRSE** foundation

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## Dear Colleagues,

Welcome to ICCIR 2014, the International Conference on Complications in Interventional Radiology.

As always, the ICCIR brings together a group of interventional radiologists who have diverse backgrounds and experience levels, but who are united by a common goal: to continuously refine the practice of interventional radiology by confronting the difficult reality of procedural complications.

Carefully selected case reports constitute the core of this congress. Participants will be exposed to a wide range of possible complications, and will have the opportunity to join the distinguished faculty presenters in exploring how these can be avoided or best managed.

Wrestling with such delicate matters requires a truly unique environment: one that is discreet and professional, but also encourages openness. A collaborative spirit is essential. With a specially selected faculty and participation limited to 250, ICCIR provides exactly such an atmosphere.

The feedback has been consistently positive. Doctors from all levels of expertise have lauded the conference for allowing them to hear about challenging situations directly from those who experienced them. Newer doctors have particularly appreciated profiting from their more experienced colleagues in a structured setting geared towards extracting practical lessons from real-life situations.

We look forward to yet another round of engaging, frank and lively discussions!

The ICCIR Advisory Board

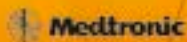
*Christoph A. Binkert*

*Arno Bückler*

*Klaus A. Hausegger*

*Jan H. Peregrin*

*Jim A. Reekers*



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<sup>1</sup> US ICE Trial, Endurant 2011 Clinical Update.

<sup>2</sup> Data on file at Medtronic.

<sup>3</sup> BGR data as of March 16, 2012.

## Congress Registration

### Onsite registration opening hours

Thursday, June 12	07:30 - 18:30
Friday, June 13	08:00 - 18:30
Saturday, June 14	08:00 - 12:00

### Onsite registration fees

CIRSE Member	€ 350
Non-Member	€ 400
Resident/Nurse/Radiographer*	€ 200
Undergraduate Student**	€ 0

\* *registration needs to be accompanied by a confirmation, signed by the head of department*

\*\* *for undergraduate medical students. Registration needs to be accompanied by a confirmation of undergraduate medical student status at the time of the congress (university documentation certifying your main course of study and your current semester/year), a one-page curriculum vitae and a copy of valid photo identification. Please be advised that CIRSE will not provide any documents for visa purposes for undergraduate students*

Registration fees include access to all sessions and congress material.

Reduced CIRSE Member registration is only available for members of CIRSE (Cardiovascular and Interventional Radiological Society of Europe) in good standing in 2014.

### Method of payment

Registration fees are to be paid in Euros (€):

- in cash
- by credit card (Visa or Mastercard)

**Name changes will be handled as a cancellation and new registration.**

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## Important Addresses

### Conference Venue

#### **Congress Center Woerthersee**

Hauptstrasse 203  
9210 Poertschach, Austria

### Organising Secretariat

#### **CIRSE Central Office**

Neutorgasse 9  
1010 Vienna, Austria

Phone: +43 1 904 2003  
Fax: +43 1 904 2003 30  
E-mail: [office@esir.org](mailto:office@esir.org)  
Internet: [www.iccir.eu](http://www.iccir.eu) | [www.cirse.org](http://www.cirse.org)

### Reservation Office Poertschach

#### **Pörtschach Tourismus &**

#### **Pörtschacher Veranstaltungs GesmbH**

Hauptstrasse 153  
9210 Poertschach, Austria

Phone: +43 4272 2354  
Fax: +43 4272 3770  
E-mail: [info@poertschach.at](mailto:info@poertschach.at)  
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## General Information from A to Z

### Badges

Your personalised badge is your admission card to the congress. For organisational and security reasons, badges have to be worn at the congress venue at all times. A lanyard will be given to you with the congress bag. Identity checks in the congress centre may occur at any time. In case of loss, a replacement badge will be provided for an administrative charge of €80.

### Certificate of Attendance

To obtain your certificate of attendance, please choose one of the following options:

#### **Print your certificate onsite at the congress**

Starting Friday, June 13, 15:00, you can use one of the dedicated workstations in the registration area to print your certificate. All you need to do is to provide your last name and badge number.

#### **Print your certificate at home**

After the congress you will be able to print your certificate of attendance at [www.iccir.eu](http://www.iccir.eu). Again, all you have to do is to provide your last name and badge number.

### CME Credit Allowance

The CIRSE Foundation is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS), [www.uems.net](http://www.uems.net).

The ICCIR 2014 – International Congress on Complications in Interventional Radiology is designated for a maximum of 15 hours of European external CME credits.

Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

Through an agreement between the European Union of Medical Specialists and the American Medical Association, physicians may convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process of converting EACCME credits to AMA credits can be found at [www.ama-ssn.org/go/internationalcme](http://www.ama-ssn.org/go/internationalcme). Live educational activities, occurring outside of Canada, recognised by the UEMS-EACCME for ECMEC credits are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.

### Coffee Breaks, Snacks & Meals

The coffee and lunch break areas will be located on the ground floor in the Exhibition area and the "Werzersaal".

Thursday, June 12	10:30-11:00	13:00-14:00	15:30-16:00
Friday, June 13	10:30-11:00	13:00-14:00	15:30-16:00
Saturday, June 14	10:30-11:00		

### Disclaimer

CIRSE cannot accept any liability for the acts of the suppliers to this meeting or the attendees' safety while travelling to or from the congress. All participants are strongly advised to carry adequate travel and health insurance, as CIRSE cannot accept liability for accidents or injuries that may occur.

### Disclosures

For financial disclosures and conflict of interest statements please refer to [www.iccir.eu](http://www.iccir.eu).

## Internet

A free wireless service is available to all delegates throughout the congress centre.

Please proceed to the registration desk for further information.

## Mobile Phones

Please do not forget to turn your mobile phone to silent mode during all sessions.

## Recording and photographs

Video- or audio-recording of sessions/presentations is not allowed without the speaker's/exhibitor's prior permission.

## Smoking

ICCIR is a non-smoking congress. We therefore kindly ask all attendees to smoke outside the congress centre only.

## Speaker Centre

The speaker centre is located on the first floor. Please note that only digital material will be allowed.

All material must be in English and provided on a CD-ROM, DVD-ROM or USB flash drive (which is preferred) to be placed on the central server onsite. All presentation files must be uploaded at least 2 hours prior to the beginning of the corresponding session.

Computers connected to the central server allowing access to the speakers' presentations are available in the lecture room.

These computers are equipped with Microsoft Windows 7 Professional and Microsoft Office 2010 Professional. Please note that speakers are not allowed to use their own laptops for their presentations.

### **Opening Hours**

Thursday, June 12	08:00-18:30
Friday, June 13	08:00-18:00
Saturday, June 14	08:00-12:00

### **Sponsors and exhibitors**

Please find a floor plan of the exhibition on the inside of the front and back cover and a detailed list of all exhibitors on pages 24-35.

### **Opening Hours**

Thursday, June 12	09:00-18:00
Friday, June 13	09:00-18:00
Saturday, June 14	09:00-12:30

### **Tourist Information**

For information regarding hotels, restaurants and excursions please refer to the Reservation Office Poertschach. They will be pleased to help you with all matters related to your stay in Poertschach.

## Thursday, June 12

### Welcome Address

*A.-M. Belli (London/UK)*

*K.A. Hausegger (Klagenfurt/AT)*

09:00-10:30

### CS 101 Case Session EVAR 1

Moderators:

*K.A. Hausegger (Klagenfurt/AT)*

*M.J. Lee (Dublin/IE)*

*Presentation time per case:*

*9 min. speaking time + 5 min. discussion*

- 101.1 My worst EVAR... consequence of crossing the limits  
*V.K. Sheorain; Gurgaon/IN*
- 101.2 Believe none of what you hear and only half of  
what you see  
*A.A. Nicholson; Leeds/UK*
- 101.3 Access is still a challenge – is there a role for  
cut-down in EVAR?  
*J.A. Sutcliffe, J.H. Briggs, M. Little, E. McCarthy,  
C.R. Tapping, S. Anthony, R. Uberoi; Oxford/UK*
- 101.4 Percutaneous therapy for iatrogenic renal artery  
perforation after branched EVAR  
*L. Kamper, T.D. Faizy, A. Altenburg, P. Haage;  
Wuppertal/DE*
- 101.5 Displaced iliac extension during fenestrated EVAR  
*P. Minko<sup>1</sup>, M. Katoh<sup>2</sup>, K. Obst-Gleditsch<sup>1</sup>, A. Massmann<sup>1</sup>,  
J. Stroeder<sup>1</sup>, A. Buecker<sup>1</sup>; <sup>1</sup>Homburg/Saar/DE,  
<sup>2</sup>Krefeld/DE*
- 101.6 Discitis following translumbar repair of  
Type II endoleak  
*D. Sella, G. Frey; Jacksonville, FL/US*

11:00-12:30

**CS 201 Case Session**  
**Venous interventions**

Moderators:

*C.A. Binkert (Winterthur/CH)**E. Brountzos (Athens/GR)**Presentation time per case:**9 min. speaking time + 5 min. discussion*

- 201.1 Fatal fistula formation between SVC and right main bronchus during SVC stenting  
*S.P. Sinha<sup>1</sup>, M. Hocking<sup>2</sup>; <sup>1</sup>Nuneaton/UK, <sup>2</sup>Coventry/UK*
- 201.2 Fatal pericardial tamponade during superior vena cava stenting  
*M. Tsitskari, L. Reppas, K. Palialexis, C. Konstantos, E. Brountzos; Athens/GR*
- 201.3 Z-stent for the treatment of a malignant superior vena cava syndrome: a case report of a catastrophic outcome  
*F. Petrocelli<sup>1</sup>, U. Rossi<sup>2</sup>, G. Gola<sup>1</sup>, L. Patrone<sup>1</sup>, A. Utili<sup>1</sup>, C. Ferro<sup>1</sup>; <sup>1</sup>Genoa/IT, <sup>2</sup>Milan/IT*
- 201.4 Major complication during treatment of central venous stenosis in a hemodialysis patient  
*J. Petersen, B. Glodny, M. Freund, W. Jaschke; Innsbruck/AT*
- 201.5 Our top complications of vena cava superior stenting  
*B. Nemes<sup>1</sup>, K. Hüttl<sup>1</sup>, S. Kudrnova<sup>2</sup>; <sup>1</sup>Budapest/HU, <sup>2</sup>Innsbruck/AT*
- 201.6 Unexpected complication during balloon-occluded retrograde transvenous obliteration (BRTO) of spleno-renal variceal shunt  
*\*A. Cannavale, F. Fanelli; Rome/IT*

\* Selected for the Jim Reekers Foundation Travel Grant

12:30-13:00

**KL 301 Keynote Lecture**

**Coagulation management before, during and after the intervention – essentials to know**

*J.A. Reekers; Amsterdam/NL*

14:00-15:30

**CS 401 Case Session**

**Peripheral interventions**

Moderators:

*A. Buecker (Homburg/DE)*

*J. Tacke (Passau/DE)*

*Presentation time per case:*

*9 min. speaking time + 5 min. discussion*

- 401.1 Peripheral thromboembolism in iatrogenic profunda perforation  
*B. Ganaj, M.J. Lee; Dublin/IE*
- 401.2 Accidental transarterial venous puncture in an obese patient with arterial occlusion in the lower leg  
*\*C.M. Schmelter, B. Schreiner, V. Ruppert, D. Vorwerk; Ingolstadt/DE*
- 401.3 Communication breakdown – lack of communication induces errors  
*P. Bukal; Vienna/AT*
- 401.4 Perforation – Bleeding – Happy End  
*F. Wolf; Vienna/AT*
- 401.5 Bleeding complication after superior mesenteric artery stenting for chronic mesenteric ischemia  
*I. Fiorina, L.P. Moramarco, P. Quaretti; Pavia/IT*
- 401.6 Ruptured pancreatic transplant pseudoaneurysm treated with a covered stent: hemodynamics, the floating stent, and the need for a future transplant  
*D. Sella, G. Frey; Jacksonville/US*

*\* Selected for the Jim Reekers Foundation Travel Grant*



16:00-17:30

**CS 501 Case Session  
Biliary/Biopsy**

Moderators:

*M. Schoder (Vienna/AT)**D. Vorwerk (Ingolstadt/DE)**Presentation time per case:**9 min. speaking time + 5 min. discussion*

- 501.1 Massive hepatic ischemia after treatment of a right hepatic artery pseudoaneurysm caused by a long-term biliary stent  
*I. Díez Miranda, M. Pérez Lafuente, C. González-Junyent, D. Hernández Morales, A. Segarra Medrano; Barcelona/ES*
- 501.2 A case report of vascular and non-vascular complications after displacement in the duodenum of a plastic biliary stent  
*F. Petrocelli<sup>1</sup>, U. Rossi<sup>2</sup>, G. Bovio<sup>1</sup>, G. Salsano<sup>1</sup>, A. Utili<sup>1</sup>, C. Ferro<sup>1</sup>; <sup>1</sup>Genoa/IT, <sup>2</sup>Milan/IT*
- 501.3 A double complication following acute cholecystitis: surgical and interventional therapy  
*\*S. Protto, M. Leppänen, J. Seppänen, J.-P. Pienimäki, T. Hinkka, N. Sillanpää, J. Korhonen; Tampere/FI*
- 501.4 Sudden death from carcinoid crisis during image-guided biopsy of a lung mass  
*P.C. Magabe; Nairobi/KE*
- 501.5 Cardiac arrest due to overwhelming endobronchial bleeding during CT-guided lung biopsy of a cavernous lung lesion  
*C. Kinstner, F. Waneck, M. Schoder; Vienna/AT*
- 501.6 A "heart touching" tale of biopsy target gone awry  
*S.S. Kulkarni, N.S. Shetty, A.M. Polnaya, P. Velayutham, A. Janu, K. Gala, S.S. Patil, A. Kumar, M.H. Thakur; Mumbai/IN*

17:30-18:00

**KL 601 Keynote Lecture  
IR checklist: what are the main advantages***M.J. Lee; Dublin/IE**\* Selected for the Jim Reekers Foundation Travel Grant*

## Friday, June 13

09:00-10:30

**CS 701 Case Session  
Embolisation 1**

Moderators:

*R.H. Portugaller (Graz/AT)**R. Uberoi (Oxford/UK)**Presentation time per case:**9 min. speaking time + 5 min. discussion*

- 701.1 Extrapulmonary arterial embolisation in acute haemoptysis – an appropriate risk to take?  
*R. Das, M. Gonsalves, R.A. Morgan; London/UK*
- 701.2 Cerebral and pulmonary lipid embolism complicating transarterial embolization for hepatocellular carcinoma: the first European case  
*Z. Bánsághi, G. Várallyay, P.N. Kaposi, V. Bérczi; Budapest/HU*
- 701.3 Cerebral Lipidol embolism after TACE – a rare complication  
*J. Tacke; Passau/DE*
- 701.4 Lower limb paraparesis following embolisation of a retroperitoneal liposarcoma  
*M. De Santis, F. Casari; Modena/IT*
- 701.5 Plug in, plug out - complication with an Amplatzer plug in an arteriovenous fistula  
*T. Rauscher, J. Tauss; Bruck/AT*
- 701.6 "Lipiduria" post renal angiomyolipoma embolization  
*R. Chung, M. Gonsalves; London/UK*

11:00-12:30

**CS 801 Case Session**  
**Venous and filters**

Moderators:

*B. Gebauer (Berlin/DE)**J.A. Reekers (Amsterdam/NL)**Presentation time per case:**9 min. speaking time + 5 min. discussion*

- 801.1 A fatal complex retrieval of a tilted inferior vena cava filter with defected structure  
*M. Al-Moaiqel, A. Khankan; Riyadh/SA*
- 801.2 Complicated removal of IVC filter  
*R. Chung, M. Gonsalves; London/UK*
- 801.3 A perforated inferior vena cava filter as cause of unclear abdominal pain  
*A. Meyer, F. Schönleben, M. Heinz, W. Lang; Erlangen/DE*
- 801.4 Migration of a tunneled haemodialysis catheter into a right-sided partial anomalous pulmonary venous connection  
*M. McCavert<sup>1</sup>, R. McCrory<sup>2</sup>, R. Mullan<sup>2</sup>, J. Hanco<sup>1</sup>, W.C. Loan<sup>1</sup>, R. Sathyanarayana<sup>1</sup>, M.P. Quinn<sup>2</sup>; <sup>1</sup>Belfast/UK, <sup>2</sup>Antrim/UK*
- 801.5 Everything went wrong after central vein catheter placement using a very aggressive approach  
*S. Duvnjak; Odense/DK*
- 801.6 Penetration of arcus aorta by 14F peelaway sheath and dilator: a dramatic example for the necessity of visual pioneering in hemodialysis catheter exchange procedures  
*A. Yavuz, E. Yüksel, H. Emre, A. Bora, M.D. Bulut, M. Beyazal; Van/TR*

12:30-13:00

**KL 901 Keynote Lecture**  
**Contrast nephropathy: how high is the danger – how can it be avoided?**

*P. Haage; Wuppertal/DE*

14:00-15:30

**CS 1001 Case Session**

**Complications in GU interventions/Device problems**

Moderators:

*F. Fanelli (Rome/IT)*

*A. Krajina (Hradec Králové/CZ)*

*Presentation time per case:*

*9 min. speaking time + 5 min. discussion*

- 1001.1 Too many physicians  
*J.H. Peregrin; Prague/CZ*
- 1001.2 Complicated Bricker  
*N. Ito<sup>1</sup>, M. de Haan<sup>2</sup>; <sup>1</sup>Tokyo/JP, <sup>2</sup>Maastricht/NL*
- 1001.3 Uretero-iliac fistula following ureteral recanalization  
*C.J. Friend, K. McCluskey, E.G. Santos; Pittsburgh, PA/US*
- 1001.4 Detachment of the porous metallic tip of a mechanical aspiration catheter during thrombectomy in a case with May-Thurner syndrome  
*A. Yavuz<sup>1</sup>, Ç. Andiç<sup>2</sup>, A.K. Gür<sup>1</sup>, C. Göya<sup>3</sup>, A. Bora<sup>1</sup>, M. Beyazal<sup>1</sup>; <sup>1</sup>Van/TR, <sup>2</sup>Adana/TR, <sup>3</sup>Diyarbakır/TR*
- 1001.5 Balloons behaving badly: a complication during iliac angioplasty  
*J.F. Farrell, P.K. Ellis; Belfast/UK*
- 1001.6 What to do with a blocked PTA-balloon?  
*B.A. Radeleff; Heidelberg/DE*

16:00-17:30

**CS 1101 Case Session  
Miscellaneous**

Moderators:

*W. Jaschke (Innsbruck/AT)**J. Peregrin (Prague/CZ)**Presentation time per case:**9 min. speaking time + 5 min. discussion*

- 1101.1 Some don't like it hot  
*F. Colletini, B. Gebauer; Berlin/DE*
- 1101.2 Inadvertent esophageal stent deployment into a false passage with subsequent endoscopic retrieval  
*\*J.H. Briggs, C.R. Tapping, M. Bratby, R. Uberoi, J. Phillips-Hughes; Oxford/UK*
- 1101.3 Retained balloon catheter sheath in superficial femoral artery, leading to surgical removal  
*S. Wanichanon; Chonburi/TH*
- 1101.4 Inadvertent insertion of a ureteric stent in the inferior vena cava  
*I.U. Din, J. Klcova, R. Davis, P. Kumar; Liverpool/UK*
- 1101.5 Get a grip! Traction fracture of a support catheter at post-traumatic femoral artery stenosis  
*\*J.H. Briggs, J.A. Sutcliffe, M. Little, C.R. Tapping, S. Anthony, R. Uberoi, M. Bratby; Oxford/UK*
- 1101.6 Cardiac tamponade in interventional endovascular treatment of pulmonary embolism combined with Budd-Chiari syndrome  
*X. An, J. Wang; Shanghai/CN*

17:30-18:00

**KL 1201 Keynote Lecture  
Adequate behaviour after a medical mistake:  
are open excuses advisable?***A.A. Nicholson; Leeds/UK**\* Selected for the Jim Reekers Foundation Travel Grant*

**Saturday, June 14**

09:00-10:30

**CS 1301 Case Session  
EVAR 2**

Moderators:

*J. Lammer (Vienna/AT)**R.A. Morgan (London/UK)**Presentation time per case:**9 min. speaking time + 5 min. discussion*

- 1301.1 EVAR pain and gain: an AAA designed by Marquis de Sade  
*M.A. Funovics; Vienna/AT*
- 1301.2 The unlucky story of an EVAR follow-up complicated by multiple different endoleaks  
*F. Pozzi Mucelli, R. Pozzi Mucelli; Trieste/IT*
- 1301.3 Descent to doom! Fatal migration of aortic stent graft  
*S.S. Kulkarni, N.S. Shetty, A.M. Polnaya, P. Velayutham, S. Kumaran, A. Janu, S.S. Patil, A. Kumar, M.H. Thakur; Mumbai/IN*
- 1301.4 Embolisation of a Type I endoleak post Nellix aortic aneurysm repair complicated by reflux of Onyx into the Nellix endograft limb  
*S. Ameli-Renani, R. Das, A. Weller, R.A. Morgan; London/UK*
- 1301.5 Colonic ischemia, perforation and colectomy after a complicated endovascular embolization for Type II endoleak with cyanoacrylate glue  
*E. Lanza<sup>1</sup>, D. Poretti<sup>2</sup>, V. Pedicini<sup>2</sup>, M. Tramarin<sup>2</sup>; <sup>1</sup>Milan/IT, <sup>2</sup>Rozzano/IT*
- 1301.6 EVAR with chimneys that came with an unexpected surprise  
*V.K. Sheorain; Gurgaon/IN*

11:00-12:30

**CS 1401 Case Session  
Embolisation 2**

Moderators:

*A.-M. Belli (London/UK)**T. Rand (Vienna/AT)**Presentation time per case:**9 min. speaking time + 5 min. discussion*

- 1401.1 Splenic and pancreatic infarction after embolization of splenic artery aneurysms using coils and glue  
*\*M. Montechiari, F. Melchiorre, C. Khouri Chalouhi, M. Crippa, G.P. Cornalba; Milan/IT*
- 1401.2 Fatal bleeding of a mycotic aneurysm in necrotizing pancreatitis  
*L. Pallwein-Prettner, G. Schmid, P. Waldenberger; Linz/AT*
- 1401.3 Leakage of biliary-enteric anastomosis after transcatheter embolization of common hepatic artery pseudoaneurysm following pylorus-preserving pancreaticoduodenectomy  
*K. Shimizu, Y. Kameoka, Y. Matsui, K. Michimoto, T. Tokashiki, N. Kurata, J. Harada; Chiba/JP*
- 1401.4 Liver abscess following transarterial chemoembolization using drug-eluting beads in a patient with endocrine hepatic metastasis  
*P. Aubert, C.A. Binkert; Winterthur/CH*
- 1401.5 Extended hepatic necrosis following percutaneous combined treatment for intrahepatic cholangiocarcinoma  
*F. Casari, M. De Santis; Modena/IT*
- 1401.6 Arterioportal fistula after thermoablation – trouble brewing...  
*C. Neumann, H. Schuster, G. Mostbeck; Vienna/AT*

\* Selected for the Jim Reekers Foundation Travel Grant

**European Board of Interventional Radiology**

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**Technical Exhibition** (Numerical List)

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**Abbott Vascular**

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Abbott Vascular, a division of Abbott, is a global leader in cardiac and vascular care with market-leading products and an industry-leading pipeline. Headquartered in Northern California, we are committed to advancing patient care by transforming the treatment of vascular disease through medical device innovations, investments in research and development, and physician training and education.

We offer cutting-edge devices for coronary artery disease, peripheral vascular disease, carotid artery disease and structural heart disease. Our flagship product is the market-leading XIENCE family of Everolimus Eluting Coronary Stent Systems drug eluting stents for the treatment of coronary artery disease. In addition, our comprehensive product portfolio includes bare metal stents, balloon catheters, guide wires and vessel closure devices.

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C.R. Bard, Inc. is a leading multinational developer, manufacturer, and marketer of innovative, life-enhancing medical technologies in the product fields of:

- Vascular
- Urology
- Oncology
- Surgical Specialty

BARD markets its products and services worldwide to hospitals, individual health care professionals, extended care facilities, and alternate site facilities.

BARD pioneered the development of single-patient-use medical products for hospital procedures; today BARD is dedicated to pursuing technological innovations that offer superior clinical benefits while helping to reduce overall costs.

BARD's core values of Quality, Integrity, Service, and Innovation represent our reality and our aspirations. These four values prepare us for the challenges ahead and guide our everyday activities and align us to our mission. They are central to how we behave and want to be viewed by our fellow co-workers, customers, shareholders and communities.

**Bayer Austria Ges.m.b.H.**

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Boston Scientific is a worldwide developer, manufacturer and marketer of medical devices. For more than 30 years, Boston Scientific is offering a broad range of innovative products, technologies and services for interventional medical specialties. For further information please visit [www.bostonscientific-international.com/home.bsci](http://www.bostonscientific-international.com/home.bsci)

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Bracco Imaging S.p.A., part of the Bracco Group, is one of the world's leading companies in the diagnostic imaging business. Headquartered in Milan, Italy, Bracco Imaging develops, manufactures and markets diagnostic imaging agents and solutions that meet medical needs and facilitate clinical solutions.

Bracco Imaging offers a product and solution portfolio for all key diagnostic imaging modalities: X-Ray Imaging (including Computed Tomography-CT, Interventional Radiology, and Cardiac Catheterization), Magnetic Resonance Imaging (MRI), Contrast Enhanced Ultrasound (CEUS), Nuclear Medicine through radioactive tracers, and Gastrointestinal Endoscopy.

The Company operates in over 90 markets worldwide, either directly or indirectly, through subsidiaries, joint ventures, licenses and distribution partnership agreements. With an ongoing research covering all key modalities, Bracco Imaging has a strong presence in key geographies: North America; Europe and Japan. The Company also operates in Brazil, South Korea, and China.

Operational investments have been made in order to achieve top quality and compliances with a sustainable ecology friendly production. Manufacturing activities are located in Italy, Switzerland, Japan and China.

The Company is an innovative Research and Development (R&D) player with an efficient process oriented approach and a track record of innovation in the diagnostic imaging industry. R&D activities are managed in the three Research Centers located in Italy, Switzerland and USA.

## **BTG**

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BTG plc is an international specialist healthcare company developing and commercialising products targeting acute care, oncology and vascular diseases. We sell our products direct to customers in the US and elsewhere principally through distribution partners.

We are focused in three business areas: Interventional Medicine, Specialty Pharmaceuticals and Licensing. Interventional Medicine comprises Interventional Oncology and Interventional Vascular products including drug-device combinations. Our Interventional Oncology products are used to treat patients with liver tumours, and our Interventional Vascular products are used to treat patients with severe blood clots and patients with superficial venous incompetence. To find out more about us and our products, visit [www.btgplc.com](http://www.btgplc.com).

**Cook Medical**

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Founded in 1963, Cook Medical pioneered many of the medical devices now commonly used to perform minimally invasive medical procedures throughout the body. Today the company integrates medical devices, drugs and biologic grafts to enhance patient safety and improve clinical outcomes. Since its inception, Cook has operated as a family-held private corporation. For more information, visit [www.cookmedical.com](http://www.cookmedical.com).

**Cordis**

Johnson & Johnson

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Cordis has been standing for high-quality products in the field of diagnostics and interventional treatment of vascular diseases for decades. One of the leading developers and manufacturers of catheters and stent systems, this company has set new standards over and over again. The Biosense Webster business unit is also making Cordis a leader in the area of interventional cardiological electrophysiology. Cordis is divided up into three business segments:

The Cordis Cardiology division is involved in minimally invasive treatment of coronary heart disease; the focus of the Cordis Endovascular division is interventional treatment of peripheral vascular diseases, such as narrowing of the arteries in the leg and pelvic region. The spectrum of products covers catheter and dilatation balloons, as well as balloon- and self-expanding stents for a variety of indications.

The Electrophysiology (Biosense Webster) division is concerned with cardiac arrhythmias, such as atrial fibrillation, which can be healed by means of catheter ablation. Innovative products, such as the Carto 3D Navigation System, are developed and manufactured for diagnosing and treating these diseases.

### **Covidien**

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Covidien is committed to advancing the treatment of vascular disease worldwide. With areas of focus in peripheral vascular, venous vascular and neurovascular, we offer the world's broadest portfolio of innovative vascular therapies backed by compelling clinical evidence and educational excellence. ev3, with a portfolio that includes: plaque excision systems, PTA balloons, stents, embolic protection, thrombectomy, embolization coils, liquid embolics, occlusion balloons and procedural support solutions, is now a proud part of Covidien, a leading global healthcare products company. For more information, visit: [www.covidien.com](http://www.covidien.com).



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The Gore Medical Products Division has provided creative therapeutic solutions to complex medical problems for more than 35 years. During that time, more than 35 million innovative Gore Medical Devices have been implanted, saving and improving the quality of lives worldwide. The extensive Gore Medical family of products includes vascular grafts, endovascular and interventional devices, surgical meshes for hernia repair, soft tissue reconstruction, staple line reinforcement and sutures for use in vascular, cardiac, and general surgery. Gore is one of a select few companies to appear on all of the U.S. "100 Best Companies to Work For" lists since the rankings debuted in 1984.

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Medtronic is the world's largest medical technology company, offering an unprecedented breadth and depth of innovative therapies to fulfill our Mission of alleviating pain, restoring health, and extending life. Every 4 seconds Medtronic helps improve another life by a Medtronic product or therapy. Medtronic's aortic stents are some of the most advanced systems for the treatment of aortic aneurysms. For peripheral vessels, Medtronic offers a range of clinically proven products.

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The Siemens Healthcare Sector is one of the world's largest suppliers to the healthcare industry and a trendsetter in medical imaging, laboratory diagnostics, medical information technology and hearing aids. Siemens offers its customers products and solutions for the entire range of patient care from a single source – from prevention and early detection to diagnosis, and on to treatment and aftercare. By optimizing clinical workflows for the most common diseases, Siemens also makes healthcare faster, better and more cost-effective. Siemens Healthcare employs some 52,000 employees worldwide and operates around the world. In fiscal year 2013 (to September 30), the Sector posted revenue of 13.6 billion Euros and profit of 2.0 billion.

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Werfen Austria is a medical trading company with a history of 90 years. In Austria we are focused on interventional cardiology, radiology and gastroenterology, and on disposable products. For the field of interventional radiology we distribute aortic stent graft systems (Bolton Medical), embolic materials (Celo Nova) and tumor ablation systems (Angiodynamics).

**Terumo Deutschland GMBH**

Zweigniederlassung Österreich

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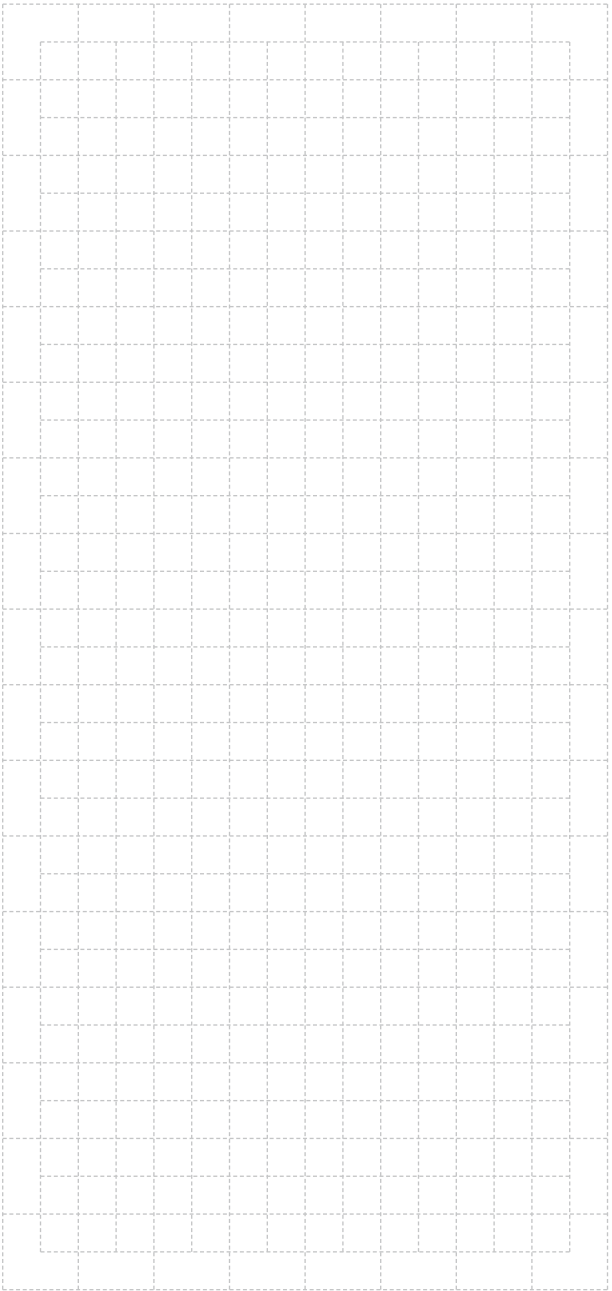
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