The Euro CTO Club – Aims, Objectives and Data Collected

Nicolaus Reifart Bad Soden Germany EuroCto Club Founding Meeting Paris 14.12.2006

Success 2006

Joachim Büttner Gerald Werner Dariusz, Dudek, Jaques Koolen Alfredo Galassi Eddi. 12.14

Goals

Promote angioplasty for treatment of CTO in Europe

- Exchange experience among the most experienced;
- Study technologies and strategies,
- Draw information from an own registry,
- Issue "state of the art" recommendations.
- Teaching courses

AIM

highlight :

- misconceptions in clinical indications,
- outdated technical choices,
- inadequacies in operator training, performance and centre qualification
- impair the success rates made possible with contemporary techniques

EuroIntervention

Published May 2007

European perspective in the recanalisation of Chronic Total Occlusions (CTO): consensus document from the EuroCTO Club

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 11. Frankfurt, Germany; 12. Ospedale di Mirano, Venice, Italy; 13. Toulouse, France; 14. Centro Cuore Columbus and
 San Raffaele Hospital, Milan, Italy; 15. Univ. of Leicester, Leicester, United Kingdom; 16. Bad Soden, Germany

CTO DEFINITION

TIMI 0 flow and angiographic or clinical evidence of an occlusion duration > 3 months

EuroCTO Club: Consensus Document

EuroCTO Club: Consensus Document

TRAINING AND CENTRE/OPERATOR COMPETENCY

- how to select appropriately patients for CTO treatment
- experience to avoid common mistakes in recanalisation
- 2 years of training appear sufficient to work as independent primary operator,

EuroCTO Club: Consensus Document

- Complex CTOs require at least experience of 200 CTO cases
- Minimal number of 50 CTOs per year to maintain skills
- Limited number of CTO-operators and ---centres with selection based on workload and audited success and complication rates.

Stepwise Approach to CTO Training

Level 2: Easy CTO (operator experience >500 PCI including acute and recent occlusions) *estimated success* 80-90 %

Occlusion Age 3-6 months Stump, Straight RCA or LAD, Short (< 10 mm) No diffuse disease Distal vessel diameter well visible (orthograde or retrograde) No major bridging collaterals **Stepwise Approach to CTO Training**

Level 3 Moderate difficult CTO (operator experience >1000 PCI including 100 class II CTO)

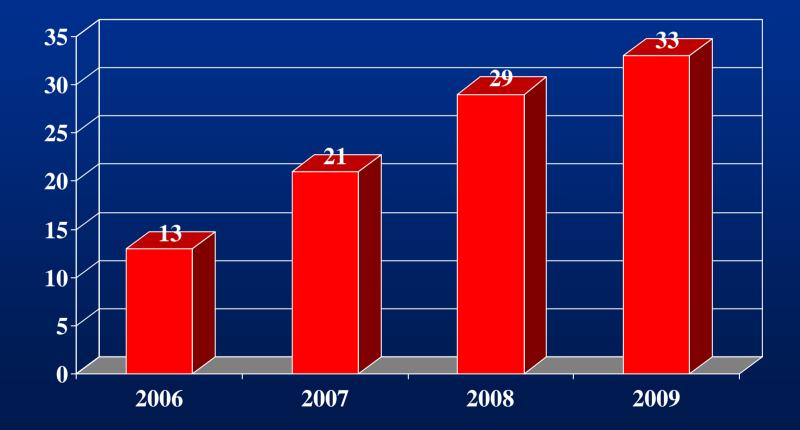
- >12 months, LCX Occlusion
- Moderate tortuosity, Length 10-20 mm
- Moderate calcification
- Strong bridging collaterals (caput medusae)
- Patient age > 80 years or extensive peripheral disease

Stepwise Approach to CTO Training

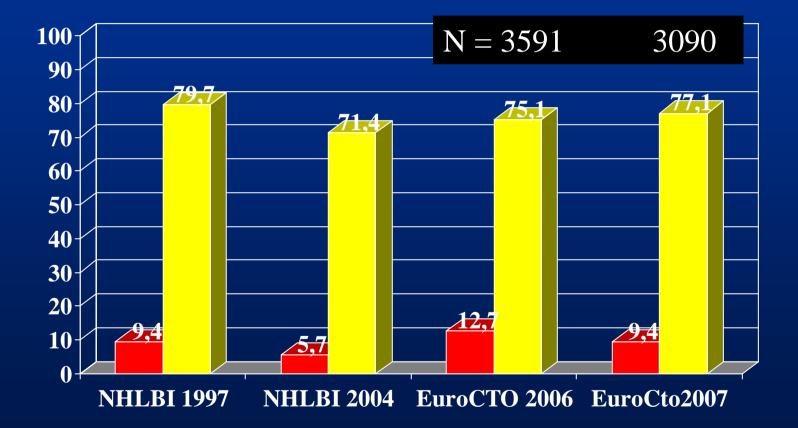
Level 4 Difficult CTO (operator experience 2500 PCI including 100 moderate severe occlusions) estimated success 50-70%

- Occlusion age >> 12 months
- Ostial occlusion without stump
- Occlusion at origin of sidebranch
- Length > 20 mm
- Occlusion in bend > 60 degr or 2x > 45 degr
- Severe, diffuse calcification

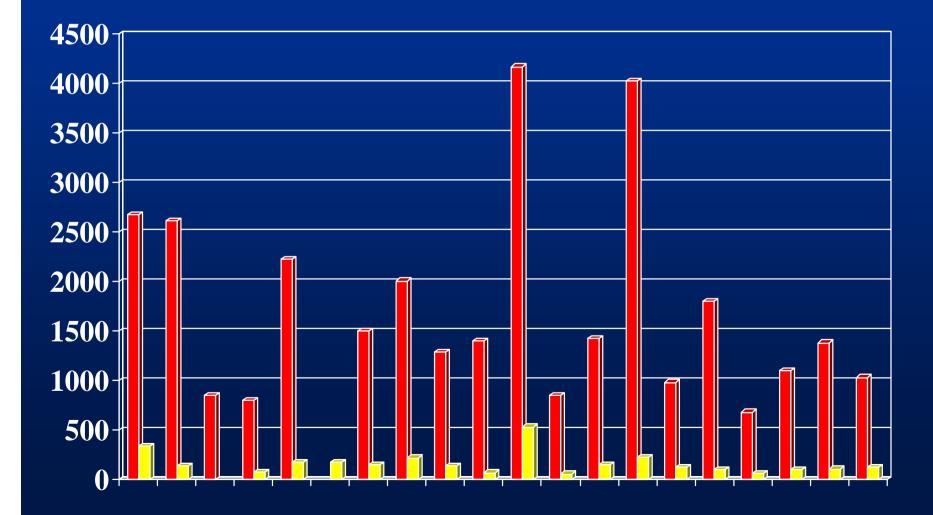
Euro CTO Club membership



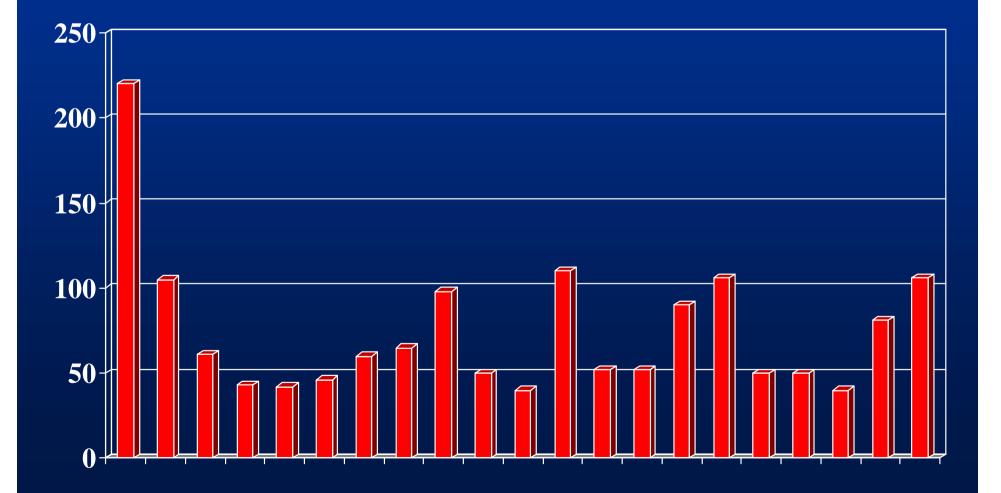
Attempted CTOs of all PCIs (Institution) and Success (personal)



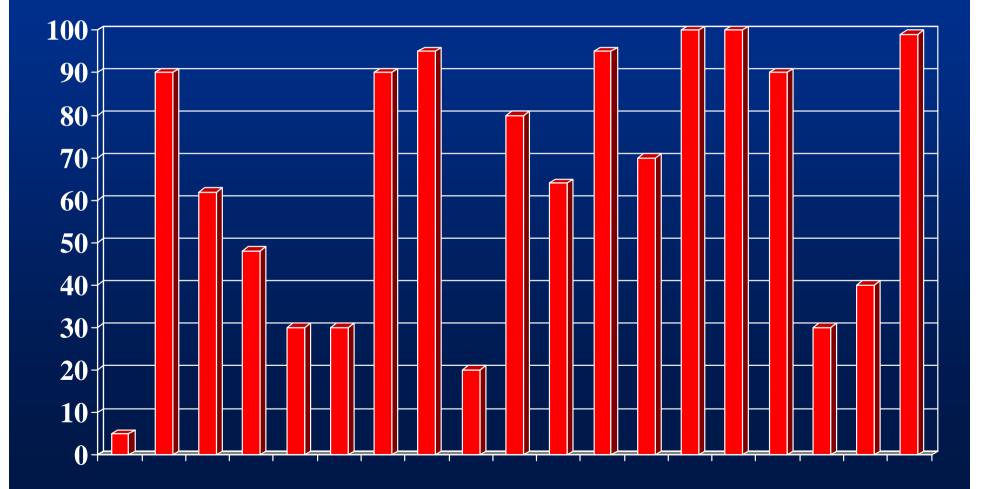
2007: 21 Centers PCI: 32801 CTO: 3090 (9.4%)



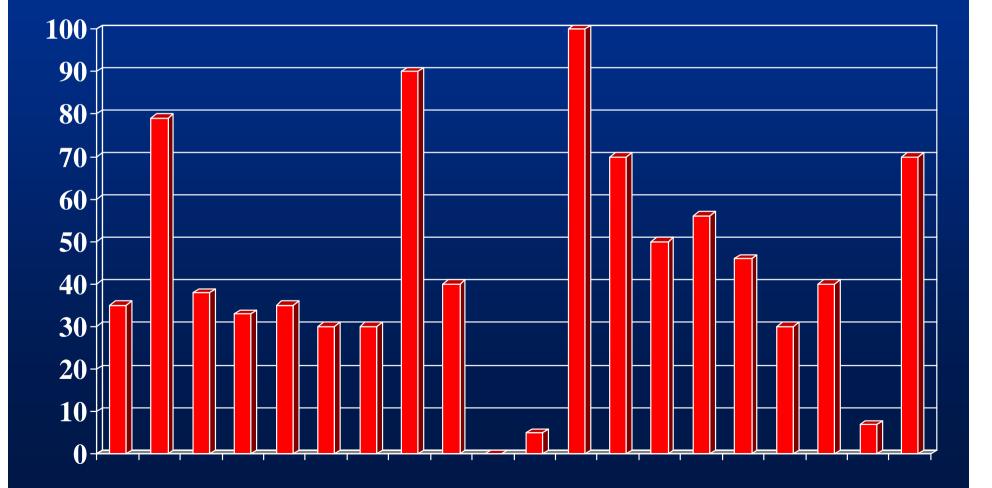
Personal CTO Experience 2007: 1567 mean /operator 75



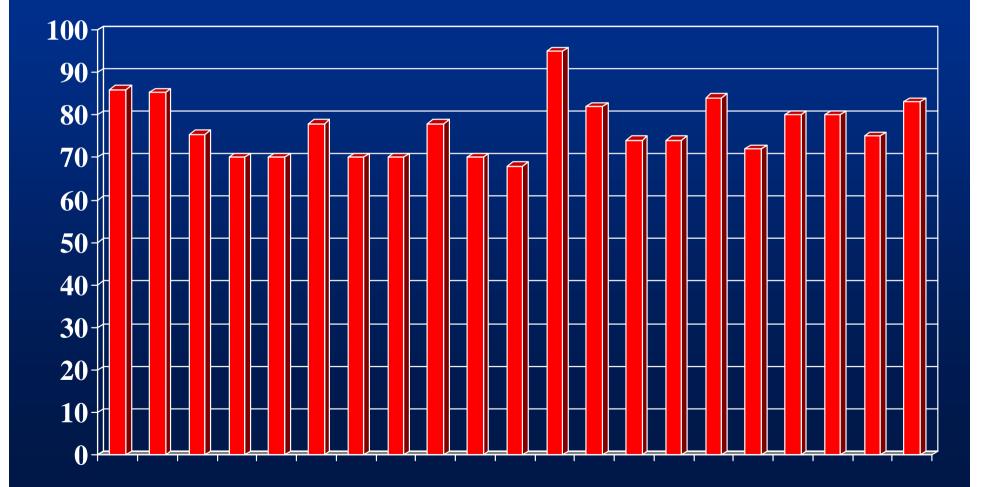
2007 OTW to begin with 65 %



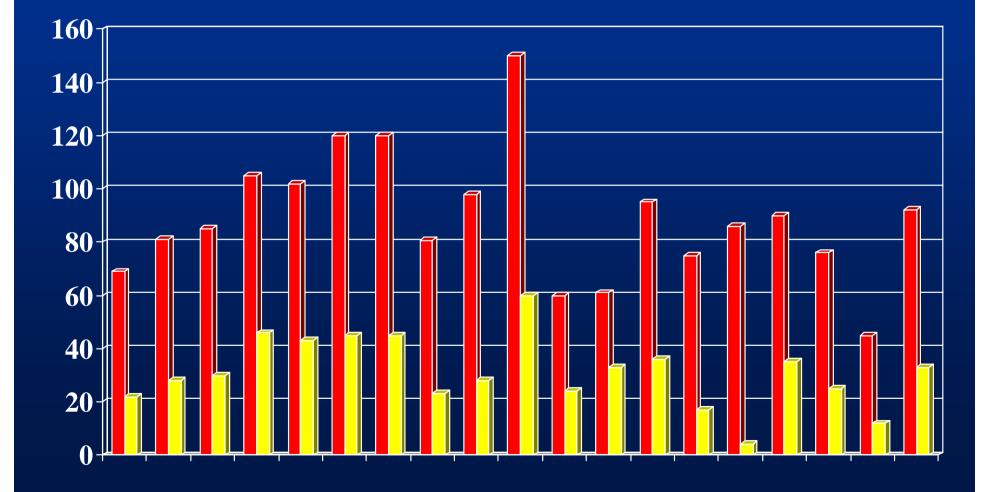
Contralateral injection 2007: 44.2%



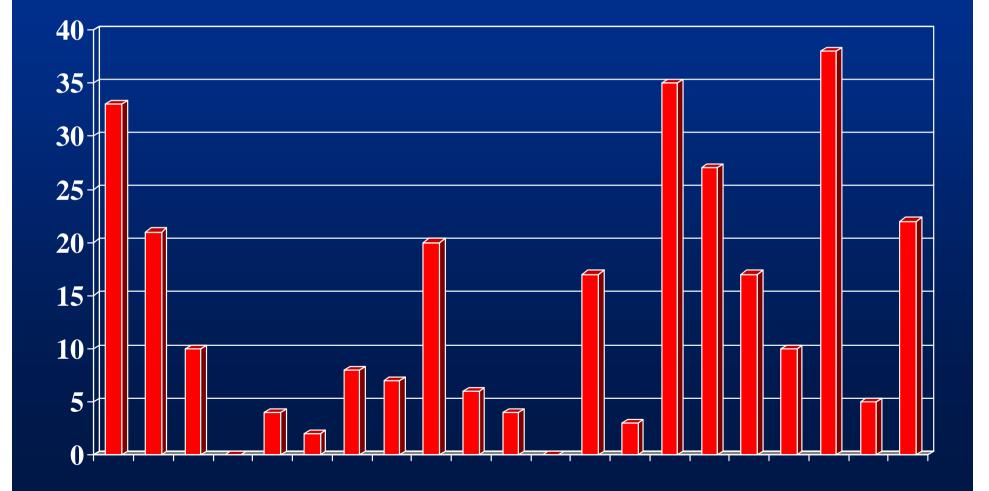
Success 2007 77.1 %



Procedure and X-ray time 2007 88,9 min / 33,4 min



Retrograde Cases 2007 289 cases



EuroIntervention

European experience with the retrograde approach for the recanalisation of coronary artery chronic total occlusions. A report on behalf of the EuroCTO club

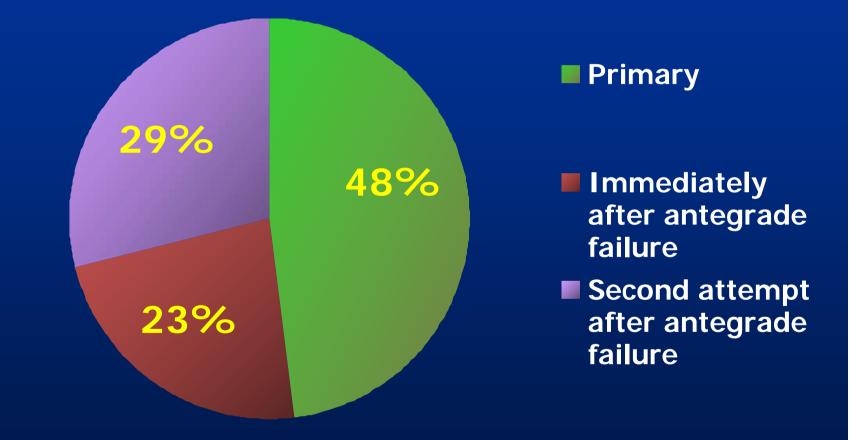
Georgios Sianos¹*, Peter Barlis^{1,2}; Carlo Di Mario²; Michail I. Papafaklis¹; Joachim Büttner³; Alfredo R Galassi⁴; Joachim Schofer⁵; Gerald Werner⁶; Thierry Lefevre⁷; Yves Louvard⁷; Patrick W Serruys¹; Nicolaus Reifart⁸

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 Institut Cardiovasculaire Paris Sud, Massy, Paris, France; 8. Main Taunus Heart Institute, Bad Soden, Germany

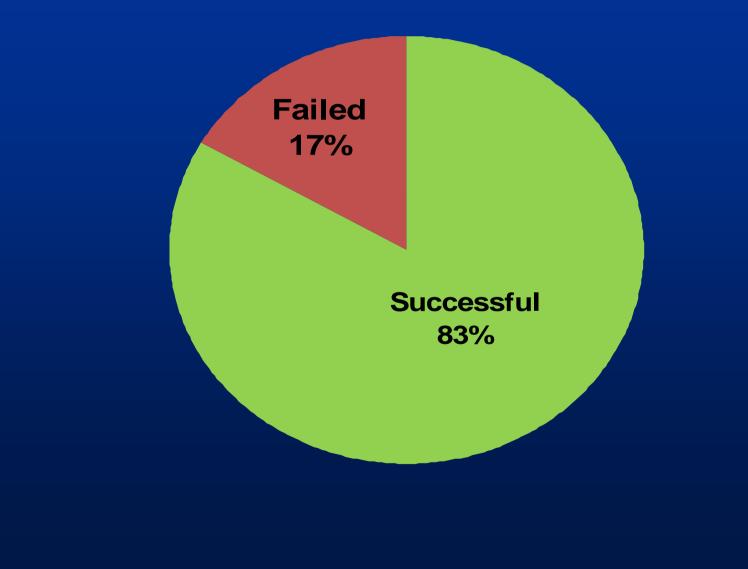
Introduction

- 175 consecutive patients treated at 7 European Centers
- CTO defined as > 3 month occlusion duration and TIMI grade 0 flow within the occlusion
- All data prospectively collected and entered into a centralised database for analysis

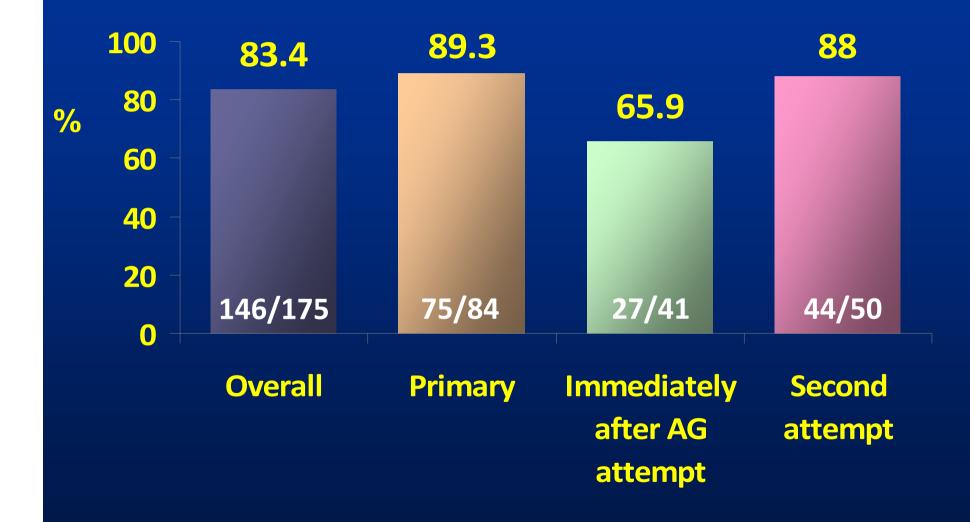
Treatment Strategy



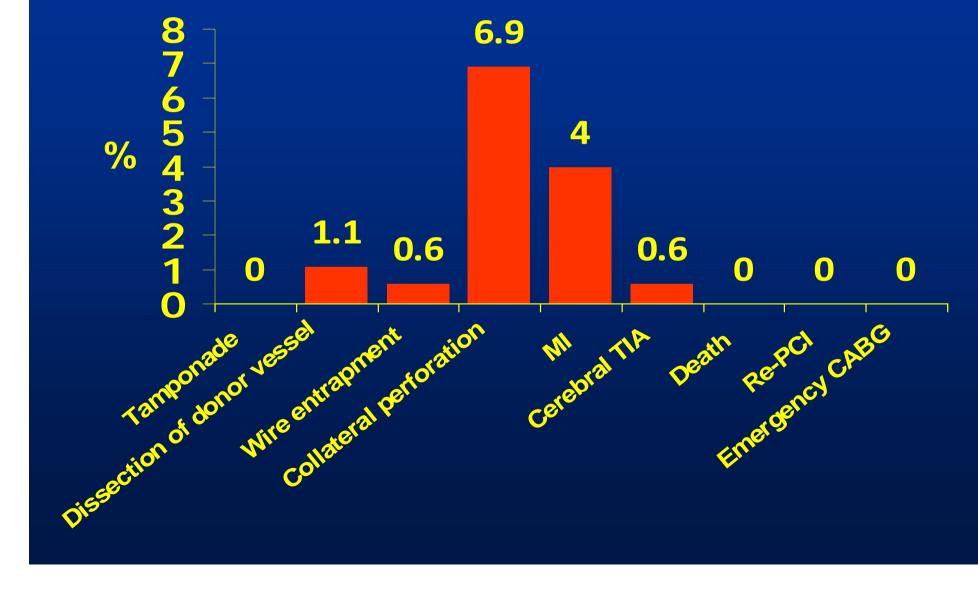
Overall Success



Overall success rates per strategy



Procedural and in-hospital outcomes



EuroCTO-club: Conclusions

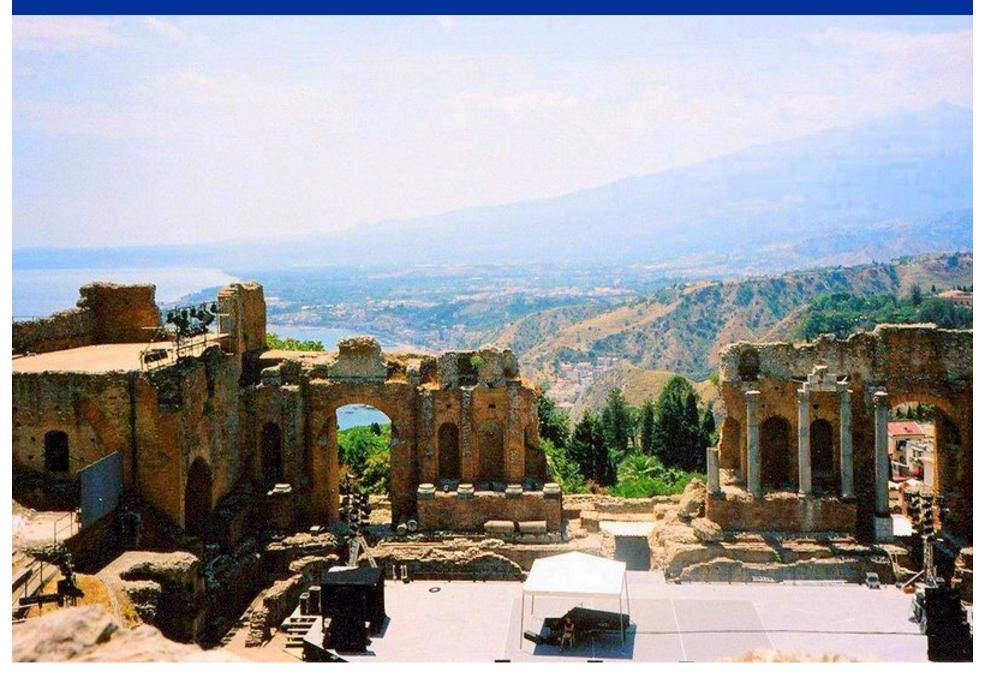
- In Europe CTO is most often left to medical therapy or CABG
- Europeans like to make everything simple, 6 French, radial, Monorail:
- Its mandatory to consider bilateral injection, OTW balloons, dedicated wires, parallel wire, IVUS guidance and retrograde approach

EuroCTO-club: Conclusions

There is a Lack of adequate training for complex CTOs in Europe

• Education, coaching, data collection, proposal of guidelines and research studies is the mission of the European CTO Club

Taormina







Preliminary Program



THE EXPERTS "LIVE" WORKSHOP 2009



150 international participants
State of the art lectures (Europe, Japan, USA)

•Highly teaching taped cases from the club-members

•A lot of discussion

www.eurocto.eu

Executive Board

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