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ATTIKON

Intracoronary Imaging and Physiology Course 2026 Edition

Saturday 7 February 2026

Book Castle

Stavros Niarchos Foundation Cultural Center

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SCIENTIFIC PROGRAM | SATURDAY 7 FEBRUARY 2026

09:00 - 09:15	**Welcome – Introduction** **G. Filippatos** **G. Karamasis**
09:15 - 10:15	**Session 1** **Intracoronary Imaging 2025 update** Moderators: **F. Kolokathis, E. Skalidis** Discussants: **E. Poulidakis, S. Tsiamis**
9:15 - 9:23	PCI optimisation **S. Tsalamandris**
9:30 - 9:38	Calcium Modification **P. Bounas**
9:45 - 9:53	Stent Failure **I. Xenogiannis**
10:00 - 10:08	Acute Coronary Syndromes **D. Syrseloudis**
10:15 - 11:15	**Session 2** **Intracoronary Physiology 2025 Update** Moderators: **C. Katsouras, S. Papaioannou** Discussants: **I. Tsorlalis, A. Ntalianis**
10:15 - 10:23	What to do when there is discordance between FFR and Non-hyperaemic indices (NHPR) **G. Karamasis**
10:30 - 10:38	How to use FFR/NHPR pullback for decision making **G. Tzanis**
10:45 - 10:53	Which patients need Microvascular function / Spasm testing **A. Sakalidis**
11:00 - 11:08	Do we have enough data to use angiography-derived FFR in clinical practice **A. Milkas**

SCIENTIFIC PROGRAM | SATURDAY 7 FEBRUARY 2026

11:15 - 11:30	**Coffee Break**	
11:30 - 13:30	**Session 3** **Modern PCI (1)** **Interventional Fellows present their best case of Intracoronary Imaging / Physiology** Moderators: **D. Alexopoulos, K. Toutouzas** Discussants: **D. Avramidis, L. Poulimenos, S. Tzikas, G. Tsigkas**	
11:30 - 11:36	Case 1	Attikon University Hospital **V. Dragona – G. Karamasis** (mentor)
11:36 - 11:54		Discussion
11: 54 - 12:00	Case 2	Korgialeneio - Benakeio HRC Hospital **K. Filippou – I. Tsiafoutis** (mentor)
12:00 - 12:18		Discussion
12:18 - 12:24	Case 3	Onaseio Hospital **K. Perlepe – I. Iakovou** (mentor)
12:24 - 12:42		Discussion
12:42 - 12:48	Case 4	Sismanogleio Hospital **F. Toulgaridis – G. Triantis** (mentor)
12:48 - 13:06		Discussion
13:06 - 13:12	Case 5	Tzaneio Hospital **S. Linardakis - N. Patsourakos** (mentor)
13:12 - 13:30		Discussion

SCIENTIFIC PROGRAM | SATURDAY 7 FEBRUARY 2026

13:30 -15:00	**Session 4** **Heart Team session** **Intracoronary Imaging / Physiology in challenging decision-making** Moderators: **P. Davlouros, I. Kanakakis** Discussants: **D. Angouras, G. Gavrielatos, A. Kourliouros, C. Pappas, P. Stougiannos**
13:30 - 14:00	Case 1 **M. Hamilos** Case presentation (3 min) Discussion Case resolution (3min)
14:00 - 14:30	Case 2 **A. Kalogeropoulos** Case presentation (3 min) Discussion Case resolution (3min)
14:30 - 15:00	Case 3 **C. Varlamos** Case presentation (3 min) Discussion Case resolution (3min)
15:00 - 15:45	**Lunch Break**

SCIENTIFIC PROGRAM | SATURDAY 7 FEBRUARY 2026

15:45 - 17:45	**Session 5** **Modern PCI (2)** **Interventional Fellows present their best cases of Intracoronary Imaging / Physiology** Moderators: **K. Dimitriadis, G. Vlachojannis, K. Kalogeras** Discussants: **E. Sanidas, A. Taleb, A. Triantafyllis, L. Koliastasis**	
15:45 - 15:51	Case 6	Ippokrateio Hospital **S. Soulaidopoulos – K. Aznaouridis** (Mentor)
15:51 - 16:09		Discussion
16:09 - 16:15	Case 7	Konstantopoulio - "Ag. Olga" Hospital **E. Lambas – S. Patsilinakos** (Mentor)
16:15 - 16:33		Discussion
16:33 - 16:39	Case 8	Evangelismos Hospital **V. Kalogera – K. Triantafillou** (Mentor)
16:39 - 16:57		Discussion
16:57 - 17:03	Case 9	Patras University Hospital **A. Papapanagiotou - M Papafaklis** (Mentor)
17:03-17:21		Discussion
17:21 - 17:27	Case 10	Nikaia Hospital **K. Randouleskou – K. Bouki** (Mentor)
17:27 - 17:45		Discussion

SCIENTIFIC PROGRAM | SATURDAY 7 FEBRUARY 2026

17:45 - 19:15	**Session 6** **Intracoronary Imaging and Physiology out-of-the-box** Moderators: **K. Tsioufis, E. Vavuranakis** Discussants: **N. Kafkas, G. Katsimagklis, G. Nikitas, A. Synetos, A. Dimopoulos**
17:45 - 18:15	Case 1 **S. Katsianos** Case presentation (3 min) Discussion Case resolution (3min)
18:15 - 18:45	Case 2 **A. Karanasos** Case presentation (3 min) Discussion Case resolution (3min)
18:45 - 19:15	Case 3 **E. Chourdakis** Case presentation (3 min) Discussion Case resolution (3min)
19:15 – 19:30	**Meeting Closure**

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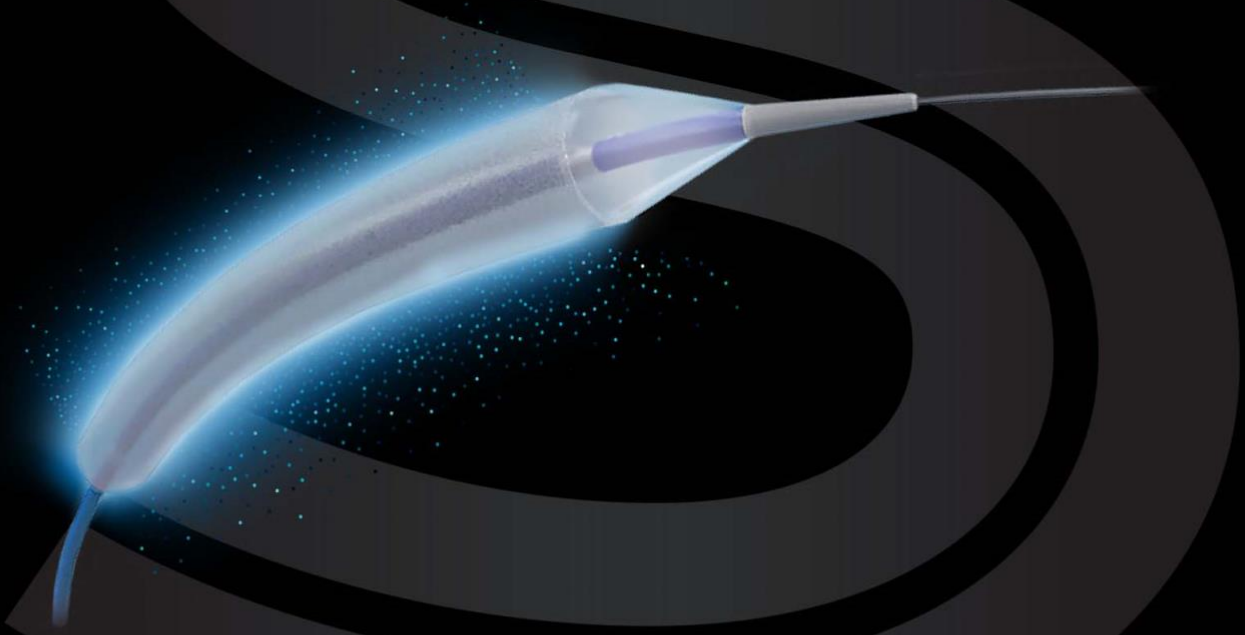

1. Data on file at MedAlliance CardioVascular SA

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MEDICARE HELLAS S.A.

OPTIMAL TREATMENT WORKFLOW
LONG CALCIFIED LESION

OPERATORS

Emanuele Barbato *MD, PhD*
Carlos Collet *MD, PhD*

SITE

Catheterisation Laboratory Cardiovascular Center OLV Aalst, Belgium

PATIENT CHARACTERISTICS

- 70 year-old male
- Arterial hypertension, dyslipidemia, diabetes mellitus and COPD
- Atypical chest pain
- Diagnosis: angiography shows long calcified disease in proximal and LAD

PRECISION PCI PLAN WITH FULL PHYSIOLOGY AND IMAGING GUIDED PCI

FFR Pre-PCI functional evaluation

Ascertainment of lesion significance.
Severity of ischemia.

OCT Pre-PCI imaging evaluation

(Ultreon™ 1.0 Software)

Plaque characterization.
Selection of landing zones and stent length.
Assessment of vessel diameter.

OCT Post-PCI imaging evaluation

Stent expansion, apposition, and necessity of further optimization. Evaluation of stent edges for dissection and residual stenosis.

FFR + Pullback Post-PCI functional evaluation

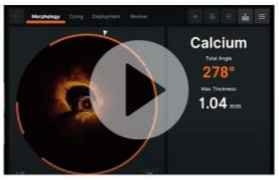
Functional result of PCI. Assessing residual focal pressure losses requiring additional treatment. Prognostic stratification.

PROCEDURE

Pre-PCI Functional Assessment

Pressure measurement of the LAD:
FFR pullback identified mid-segment focal functional disease and some proximal diffuse disease.

OCT Assessment



Pre-PCI assessment with Ultreon™ 1.0 Software co-registration: after rotational atherectomy performed, the MLD-MAX algorithm is used to assess vessel morphology and plan lesion preparation and stent sizing.

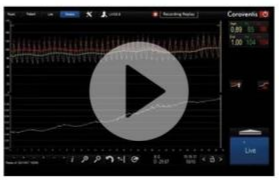
Stent Deployment

Two stent strategy deployed in the LAD:
first stent (XIENCE™ 3.0x48mm) landed exactly where the co-registration indicated the landing zone, and second stent size was implanted (XIENCE™ 3.5x28mm) to cover the proximal LAD.

PCI Optimization

Post-PCI OCT assessment using the MLD-MAX algorithm to check for medial dissection, expansion and malapposition of the stent struts.

Post-PCI Functional Assessment



FFR pullback to assess final pressure tracing over LAD Post-PCI.

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CORONARY GUIDE WIRES can be relied on to handle a wide variety of everyday needs and provide you with a solution for simple to complex and challenging cases.

WEBSITE | PRODUCT MATERIAL

The COROFLOW‡ CARDIOVASCULAR SYSTEM is capable of calculating and displaying hemodynamic measurements in both epicardial vessels and coronary microvasculature.

WEBSITE | PRODUCT MATERIAL

The innovative PRESSUREWIRE™ X GUIDEWIRE – the world's only wireless physiology wire – can measure pressure and temperature to calculate Abbott's Resting Full-Cycle Ratio (RFR), Fractional Flow Reserve (FFR), Index of Microvascular Resistance (IMR), and Coronary Flow Reserve (CFR).

WEBSITE | PRODUCT MATERIAL

The ULTREON™ 1.0 SOFTWARE with an intuitive interface offers physicians a user-friendly on-screen information and step-by-step guidance following MLD MAX WORKFLOW to aid with decision-making to determine a proper treatment strategy pre-PCI and to ensure optimal stent expansion results post-PCI.

ULTREON™ WEBSITE | MLD MAX WEBSITE | PRODUCT MATERIAL

DRAGONFLY OPSTAR™ IMAGING CATHETER is a new generation of Abbott's Dragonfly™ Catheters used for intravascular imaging with Optical Coherence Tomography (OCT).

WEBSITE | PRODUCT MATERIAL

XIENCE™ DRUG ELUTING STENT SYSTEM is uniquely designed for exceptional performance and to treat tapered lesions in small or large vessels using a single stent.

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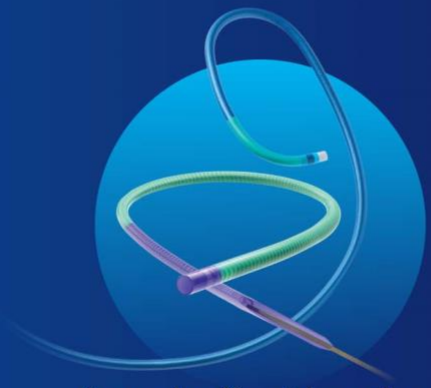
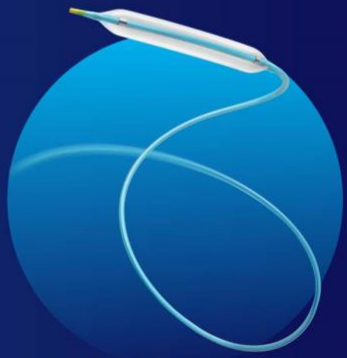


Launcher™ guide catheter
Telescope™ guide extension catheter



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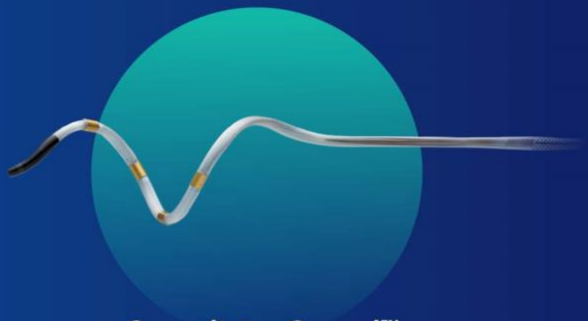
Prevail™ Paclitaxel Coated PTCA Balloon Catheter



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BETTER INSIGHTS.
BETTER OUTCOMES.

IMAGING MATTERS

Routine use of intravascular imaging has shown to **improve patient outcomes**[1]

25% Reduction all cause mortality[1]

Follow up at 24.7 months (mean)

53% Reduction ST[1]

- FEWER MAJOR DISSECTIONS[2]
- FEWER MAJOR MALAPPOSITION[2]

17% Reduction MI[1]

- FEWER MAJOR TISSUE PROTRUSION[2]
- FEWER UNTREATED FOCAL REFERENCE DISEASE[2]

In OCTOBER, OCT guidance showed superior clinical outcomes in bifurcation lesions compared to angiography alone[3]

28% LOWER MACE[3]

In ILUMIEN IV, OCT guidance showed procedural and safety benefits compared to angiography alone[2]

7% LARGER MSA[2]

64% LOWER ST[2]

1. Stone, et al., Intravascular Imaging-guided coronary drug-eluting stent implantation: an updated network meta-analysis, The Lancet, doi.org/10.1016/ S0140-6736(23)02454-6
2. Z Ali et al., Optical Coherence Tomography–Guided versus Angiography-Guided PCI, NEJM, DOI: 10.1056/NEJMoa230586.
3. N.R. Holm et al., OCT or Angiography Guidance for PCI in Complex Bifurcation Lesions, NEJM, DOI: 10.1056/NEJMoa2307770.

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Total Vessel Imaging

for imaging the entire coronary artery in a single pullback

The Vis-Rx Micro-Imaging catheter can image up to 100mm, 33% longer than other OCT systems available. This allows you to image the whole coronary artery in one single pullback.

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for One Second Imaging™

The Gentuity HF-OCT Imaging System state-of-the-art laser allows images to be captured quickly and accurately offering you insights in just one second.

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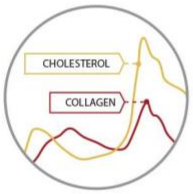
Unique NIRS Imaging Technology

For the Detection of Lipid Core Plaque (LCP)

The Makoto™ Intravascular Imaging System, with accompanying Dualpro™ IVUS+NIRS Catheter, is the only imaging system on the market today that utilizes not just intravascular ultrasound (IVUS) but also Near-Infrared Spectroscopy (NIRS) to help clinicians visualize vessel structure and gain valuable insights into plaque composition.

Our revolutionary technology is the only FDA-cleared imaging technology indicated for the detection of Lipid Core Plaque (LCP).



Why NIR Spectroscopy?

To identify lipids such as cholesterol

Organic molecules have unique spectroscopic signatures that can be used to detect their presence in a mixture of unknown composition. NIRS allows us to distinguish molecules, such as collagen and cholesterol, within the vessel wall and thus identify the presence of LCP.

Where does the Light Propagate?

Through blood, tissue and interstitial spaces

The microscopic mirrors at the tip of the Dualpro™ catheter are designed to deliver near-infrared light to the vessel wall and collect the diffusely reflected light. The light propagates through blood and tissue by scattering and absorption, even in the presence of calcium or stents, to interrogate the plaque for its chemical fingerprint.

How are the Spectra Interpreted?

With the aid of advanced algorithms

Advanced algorithms analyze the returned light and calculate the probability of the presence of a lipid core plaque. Our algorithms have been validated in a large prospective histology study providing you with information you can trust.

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Ακετυλοσαλικυλικό οξύ
100 mg

Πριν τη συνταγογράφηση, συμβουλευτείτε την ΠΧΠ σαρώνοντας τον κωδικό QR.

Βοηθήστε να γίνουν τα φάρμακα πιο ασφαλή και Αναφέρετε ΟΛΕΣ τις ανεπιθύμητες ενέργειες για ΟΛΑ τα φάρμακα. Συμπληρώνοντας την "ΚΙΤΡΙΝΗ ΚΑΡΤΑ".

Curilen 5 mg/100 mg, ΛΤ: 8,16 €
Curilen 10 mg/100 mg, ΛΤ : 8,30 €

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