

THE SVS/ESVS/NICE/ACC/AHA DEBATES ON GUIDELINES FOR THE MANAGEMENT OF ABDOMINAL AORTIC ANEURYSMS

This is a Non-CME activity.



Friday, November 22, 2024 | Time: 10:30 A.M. - 12:00 P.M. | Location: Americas Hall 1, 3rd Floor

Course Leaders: Peter Gloviczki, MD | Enrico Ascher, MD

Moderators:	<i>Peter Gloviczki, MD</i> <i>Anders Wanhainen, MD, PhD</i> <i>Enrico Ascher, MD</i>	11:05 - 11:10	Debate: ESVS: For Most Patients With Suitable Anatomy And Reasonable Life Expectancy, Endovascular Repair Should Be Considered The Preferred Treatment Modality For Elective Abdominal Aortic Aneurysm Repair <i>Germano C.G. Melissano, MD</i>
10:30 - 10:35	Introduction <i>Frank J. Veith, MD</i> <i>Enrico Ascher, MD</i>		
10:35 - 10:40	The SVS/ESVS/NICE/ACC/AHA Guidelines On Abdominal Aortic Aneurysms: Agreements, Conflicting Recommendations, And Omissions <i>Peter Gloviczki, MD</i>	11:10 - 11:15	Debate: ESVS: Selection Of Patients With A Ruptured Abdominal Aortic Aneurysm For Palliation Based Entirely On Scoring Systems Or Solely On Advanced Age Is Not Recommended <i>Isabelle Van Herzele, MD, PhD</i>
10:40 - 10:45	Debate: ESVS: Population Screening With Ultrasound For Early Detection Of Abdominal Aortic Aneurysms Is NOT Recommended For Women Age >65 Years, Even If They Are Former Or Current Smokers Or Have Cardiovascular Disease <i>Janet T. Powell, MD, PhD</i>	11:15 - 11:20	Debate: SVS: Preoperative Risk Score Accurately Predicts Mortality Following Repair Of A Ruptured Abdominal Aortic Aneurysm And Should Be Applied Before Transfer Of Patient To A Qualified Aortic Center Or Before A Decision To Proceed With Repair <i>Benjamin W. Starnes, MD</i>
10:45 - 10:50	Debate: SVS: Population Screening With Ultrasound For Early Detection Of Abdominal Aortic Aneurysms Is Recommended For Women Age >65 Years, With A History Of Smoking Or A Family History Of AAA, And For Women Age >75 Years, With A History Of Smoking, If They Are Otherwise In Good Health <i>Marc L. Schermerhorn, MD</i>	11:20 - 11:25	Debate: ESVS: Centers Treating Complex Abdominal Aortic Aneurysms Should Not Have A Yearly Combined Caseload Of Open And Fenestrated/Branched Endovascular Aortic Repair of <20 <i>Tilo Kölbel, MD, PhD</i>
10:50 - 10:55	Debate: ESVS: There Is High Level Of Evidence That Men With An Abdominal Aortic Aneurysm <5.5 cm Should Not Undergo Elective Repair <i>Anders Wanhainen, MD, PhD</i>	11:25 - 11:30	Debate: ACC/AHA: For Patients Who May Benefit From Complex Open And Endovascular Aortic Repairs, Referral To A High-Volume Center, Performing At Least 30-40 Aortic Procedures Annually, With Experienced Surgeons In A Multidisciplinary Aortic Team Is Suggested <i>Gustavo S. Oderich, MD</i>
10:55 - 11:00	Debate: SVS: There Are Many Reasons Why Repair Of Small Abdominal Aortic Aneurysms Is Evidence Based And Justified <i>Jessica P. Simons, MD, MPH</i>	11:30 - 11:35	Debate: ESVS: Patients With Small Abdominal Aortic Aneurysms Showing Rapid Growth (>10 mm/year) Should Be Considered For Re-Measurement Of The Aneurysm Diameter As The First Measure <i>Santi Trimarchi, MD, PhD</i>
11:00 - 11:05	Debate: NICE: Recommend Open Surgical Repair To Most Patients With Abdominal Aortic Aneurysms Unless It Is Contraindicated Because Of Their Abdominal Co-Pathology, Anesthetic Risks, Or Medical Comorbidities <i>Andrew W. Bradbury, MD</i>	11:35 - 11:40	Debate: SVS/ACC/AHA: For Patients With Abdominal Aortic Aneurysm Growth Of ≥ 0.5 cm In 6 Months, Repair To Reduce The Risk Of Rupture Is Suggested <i>Caitlin W. Hicks, MD, MS</i>
		11:40 - 12:00	Panel Discussion
		12:00	Adjourn

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