

Spring 2010-Vol 1, Issue 1 The Newsletter of the CVRF

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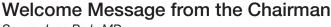
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Seung-Jung Park, MD

Welcome to the premier issue of "The Heart Beat" of the CardioVascular Research Foundation (CVRF). It is my great pleasure to greet you as the chairman of CVRF and to have an opportunity to celebrate setting the newsletters. I hope our newsletters will play a distinguished role to provide the



opportunity to communicate with each other among the people all over the world who are involved in the field of cardiovascular medicine. In addition, I expect that the readers will know not just various events and activities organized by CVRF but innovative technology and up-todate knowledge relating to interventional cardiology through our articles.

This year, CVRF celebrates 15th Anniversary of ANGIOPLASTY SUMMIT-TCTAP which takes place in Seoul, Korea, April 28-30, 2010 (see page 2). By developing productive and competitive sessions, such as "Round Table Discussion over Breakfast" this scientific symposium will act as the incubation center of Asia-Pacific region for educating physicians and other health care professionals and communicating knowledge each other.

CVRF faculties published another important study about anti-platelet therapy this march in the New England Journal of Medicine (see below).

Moreover, CVRF held the "1st CVRF night" on February 18 at the Sheraton Grande Walkerhill Hotel, Seoul to thank our dedicated supporters for their continued devotion and encouragement to our foundation (see page 2).

In March, CVRF announced the opening door for fundraising to contribute positively to human health (see page 2). To promote this new project CVRF has planned and organized various special events running during ANGIOPLASTY SUMMIT-TCTAP that you should consider to join.

CVRF has achieved another major and exciting milestone on the journey this year. I would like to express my sincere thanks to the staffs of CVRF for their passion and great inspiration.

Sincerely,

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Seung-Jung Park, MD Chairman CardioVascular Research Foundation

DUAL ANTIPLATELET THERAPY AFTER STENT IMPLANTATION Results Published in the New England Journal of Medicine

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ORIGINAL ARTICLE

Duration of Dual Antiplatelet Therapy after Implantation of Drug-Eluting Stents

Sengjung Park, M.D., Dak-Woo Park, M.D., Yongy Hak Kim, M.D., Song-In Kang, M.D., Seng-Whon Ea, M.D., Chen Whan Lee, M.D., Bi-Hoon Hen, M.D., Seng-Wood Park, M.D., Song-Kool Yun, Hot, Sang-Gon Lee, M.D., Song-Whon Hin, M.D., LowKan Song, M.D., Myang-Hu Jong, M.D., Seng-Hin Har, M.D., Havher Lee, M.D., Junghan Yaon, M.D., Joo-Yang, Yiang M., M.D., Bong-Filter, M.D., Yaong-Jin Chei, M.D., JowYang Yang, M.D., Do-San Lim, M.D., Sang-Sig-Choney, M.D., Ber-Sil Rim, M.D., Jeif Keno Chen, M.D., Denk-Yong Nuh, M.D., Paci-Sil Rim, M.D., Jeif Keno Chen, M.D., June-Sil Jiang, M.D., Hars Sil Park, M.D., and Kenn Lee, M.D.*

In March 2010, Seung-Jung Park, MD from Asan Medical Center, Seoul, Korea presented the study about anti-platelet therapy in a Late-Breaking Clinical Trials session at ACC i2 summit in Atlanta and simultaneously published an article entitled "Duration of Dual Antiplatelet Therapy after Implantation of Drug-Eluting Stents" in the New England Journal of Medicine.

The use of drug-eluting stent is associated with significant reductions in the risks of restenosis and need for repeated treatment. Therefore, drug-eluting stents have been widely used for percutaneous coronary intervention (PCI) in clinical practice. However, the benefit of these advanced stents was counterbalanced by the concern of stent thrombosis due to delayed arterial healing after the implantation.

To prevent such a catastrophic event, current PCI guidelines recommend that clopidogrel plus aspirn should be given for at least 12 months after implantation of drug-eluting stents if patients are not at high risk for bleeding. However, the optimal duration of dual antiplatelet therapy beyond 12 months remain uncertain.

For the study, Dr. Park and his colleague analyzed 2701 patients who had stable clinical course above 12 months after

undergoing drug-eluting stent implantation. During the followup of 19.2 months, the risk of death or myocardial infarction was comparable. Furthermore, the individual risks of death, myocardial infarction, stroke, stent thrombosis, need for repeat revascularization, major bleeding, and death were not significantly different, either.

"What Every Cardiologist Wants to Know"

This result suggested that the use of dual antiplatelet therapy beyond 12 months in patients undergoing drug-eluting stent implantation was not significantly more effective than aspirin monotherapy in reducing the rate of myocardial infarction or death. This article was of paramount importance to provide the guidance for the optimal duration of dual antiplatelet therapy beyond 12 months, "what every cardiologist wants to know"



The Newsletter of the CardioVascular Research Foundation

What's New at the 15th ANGIOPLASTY SUMMIT-TCTAP 2010

The 15th ANGIOPLASTY SUMMIT-TCTAP 2010 is to be held on April 28 (Wed.) ~ 30 (Fri.), 2010 at Sheraton Walkerhill Grande Hotel in Seoul, Korea and it will be a truly remarkable event with 3,500 delegates and 800 faculties from all over the world.

In celebration of its 15th year, some remarkable changes are expected. One of the most important changes is that this meeting has been called "Angioplasty Summit-TCT Asia Pacific" for several years; however, this year it was renamed as the "ANGIOPLASTY SUMMIT-TCTAP" to emphasize a closely growing cooperation with TCT of the United States as well as its leading role in sharing ideas and information in the field of cardiovascular medicine with medical professionals in the Asia pacific region this year.

Combined with the 4th LEFT MAIN & BIFURCATION Summit, this interactive course will comprehensively cover the most relevant issues in this field and provide a great opportunity to obtain state-of-the-art lectures, the most advanced Western and European techniques, overviews

and clinical studies.

Moreover, ANGIOPLASTY SUMMIT-TCTAP 2010 will feature live cases, satellite symposia, case-based practical workshops and comprehensive didactic sessions.

- Round Table Discussion over Breakfast Each session consists of mini-lecture and case presentations from key opinion leaders and experts under the 'fancy' topic. In a small group environment of round table 'hot' discussion, they aquire practical tips & tricks.
- Clinical Trials Update 2010 & Updated Guideline: Comprehensive Review by Experts

This session is designed to review the state-of-the-art clinical trials and registries in 2009 & 2010, to predict their future perspectives.

Transcatheter Valve Therapy
 This case-based learning session is in the format of very
 practical workshop with taped cases.

Welcoming Evening Session This symposium is all about anti-platelet therapy and

sponsored by commercial supporters and those who are focused on it.

 Practical Workshops for Imaging Interpretation

CVRF hosts the IMAGING & PHYSIOLOGY Summit annually and because its success and attendees' interest in the imaging workshop last year, we point out the core message in-depth for those who didn't participate in the event.

 From Top to Toe, Intensive Training for Clinical Research

This session mainly consists of two parts: The first part aims to give advanced knowledge about clinical trials with lectures from international experts. The second part includes KGCP update and the status of device studies in Korea.

CVRF NEWS

CVRF Night



The 1st CVRF Night was held on February 18th at the Sheraton Grande Walkerhill Hotel.

CVRF hosted the meeting for the supporters to give special thanks for their profound influence on the growth of ANGIOPLASTY SUMMIT-TCTAP, as well as to introduce the CVRF's activities and the next meeting.

Over 20 guests gathered, including Seung-Jung Park, MD, PhD, Founder and Chairman, Young-Hak Kim, MD, PhD, Auditor, CVRF members.

"As ANGIOPLASTY SUMMIT-TCTAP has provided an educational and professional environment to gather with hundreds of specialists and experts from around the world, it becomes a bridge between the Asia Pacific and Western regions in cardiology." said Dr. Park in his welcoming remarks. "And more than 3,500 delegates and 500 invited specialists from a wide range of disciplines will participate in this conference. With an exceptional faculty and program, I'm confident that ANGIOPLASTY SUMMIT-TCTAP will provide an invaluable learning experience to the attendees."

In the middle of dinner, there was a presentation about CVRF's marketing activities, a report on the Act Program, and an introduction of new activities from CVRF such as fundraising. CVRF plans to have this annual dinner every October.

Three Members Join the Board of Directors in CVRF

CardioVascular Research Foundation added three new members to the Board of directors in 2009.

Dr. Cheol Whan Lee and Dr. Young-Hak Kim from Asan Medical Center were invited as new directors of the group, and Dr. Joo-Young Yang from NHIC Ilsan Hospital was reappointed as a director. In addition, Dr. Dong-Joo Oh from Korea University Hospital was appointed as the president of CVRF fundraising activity.

Dr. Soo-Jin Kang was appointed as the Affiliated Asan Medical Center Physicians in the IVUS Core Lab. Also, Dr. Gary S. Mintz the Cardiovascular Research Foundation in New York, was invited as an associate professor for the ACT Program co-sponsored by Asan Medical Center & CardioVascular Research Foundation.

As a benefit of this appointment, we continue to forge closer ties and cooperation in diverse fields.

Fundraising... To Be Part of CVRF

CardioVascular Research Foundation (CVRF) has been playing a predominant role in scientific research, conferences and educational training to develop treatment and preventative methods for patients with cardiovascular disease and furthering its mission of "leading to greatness for the better human life."

As a part of achieving this ultimate goal, CVRF opened a new door of fundraising from 2010 and its official website (<u>www.cvrf-fund.org</u>) was also launched last March for the conveniece of those who have interest in joining this activity. Furthermore, to provide more related information, CVRF has a plan to publish a Korean version of its periodical newsletters for its supporters.

Online Mutual Communication

www.summitMD.com



"EXPLORE and INTERACT"

- Best, Worst, Interesting Cases with Focus Review
- Inside Topics- Coronary, Imaging, Endovascular, Structure Heart Disease, Adjunctive Pharmacology
- · CVRF's Conferences and Educational Activities

During the 15th ANGIOPLASTY SUMMIT-TCTAP 2010, to be held for April 28 to 30, Sharaton Grande Walkerhill Hotel, Seoul, CVRF will prepare for an event called "Tree for Hope" to promote CVRF's new activity by sharing a special experience with conference attendees. Any one can easily find and participate in this event at CVRF booth located in booth#D1 in front of Ida Rooms. CVRF hopes that it will help more people learn about the new CVRF 'fundraising' project by joining this event.

Global Strategic Planning Division in CVRF



Global Strategic Planning Division of CardioVascular Research Foundation has been newly established to enhance a pool of international participants by developing a strategic planning. Since its founding, it has maintained a slogan of "the biggest educational hub in Asia-Pacific Region."

As the central division for globalization and variety of CVRF, this group focuses on promoting CVRF's featured meetings worldwide to cardiologists and all relating to the field of

CLINICAL RESEARCH

The CardioVasucular Research Foundation (CVRF) is committed to improving the survival and quality of life of patients with cardiovascular disease through research. In support of Clinical Research Coordinating Center established 2005, Translational Research, CVRF has provided support for more than 30 basic and clinical researches and will continue in cooperation with international multi-centers every year.

CVRF's research activities are divided into Clinical Research Coordinating Center (CRCC) and Translational Research. CRCC provides Data Management and Core Laboratory. Core Laboratory specialized into QCA, IVUS and OCT/VH-IVUS Imaging Center.

Clinical Research Coordinating Center (CRCC)

In CRCC, Data Management is a specialized research organization supporting statistical programs, database programs and data management, providing essential information to prevent and control cardiovascular disease through analysis without bias.

The Cardiovascular Core Laboratories at the Clinical Research Coordinating Center (CRCC) of CVRF is an academic cardiovascular imaging Core Lab which provides internationally recognized expertise in an efficient and responsive environment. The Core Labs provide the results of unbiased interpretation of pharmaceutical or mechanical intervention in coronary artery disease and cardiac transplant studies. The independent processes reduce inter-observer or intra-observer variability and increase the accuracy and precision of results.

CVRF's specialized core laboratories provide independent analysis and interpretation of several clinical data modalities.



interventional cardiovascular medicine by participating in international conferences as an exhibitor or affiliating with them.

This year Global Strategic Planning Division is striving to enlarge activities in various conferences overseas, specifically in Asia-Pacific Region, including Taiwan, Japan, India and China. CVRF seeks to increase opportunities, not only by promote CVRF's various meetings, but also by getting the latest information and fresh perspective on trends through meetings with major companies.

Moreover, designing and publishing marketing materials, such as informational brochures and newsletters, and distributing them around the world is another major duty of this division.

As a result of these efforts, CVRF foresees that the number of international participants joining in CVRF's biggest meeting, ANGIOPLASTY SUMMIT-TCTAP will be around 3,500 in 2010, and expects to be reached to 5,000 participants by 2015. As the key agent of globalization for CVRF, the Global Strategic Planning Division will be a good communicator between CVRF and individual cardiologists, the healthcare industry and associations from all over the world.

Quantitative Coronary Angiographic (QCA) Core Laboratory

The QCA Core Lab exploits and adjusts catheterization and other procedure imaging protocols for each clinical trial and project. The Core Lab has experience in providing analysis for clinical studies of percutaneous coronary or peripheral interventions with stent, angioplasty, new coronary devices, and interventions with concomitant drug therapy.

Intravascular Ultrasound (IVUS) Core Laboratory

The IVUS Core Lab offers a non-distortion analysis and conclusion of the data, as recorded ultrasonographically.

OCT / VH-IVUS Imaging Center

The VH IVUS system is a technology to enable real time (in the cardiac catheterization lab) compositional assessment of atherosclerotic plaques in coronary arteries. The VH IVUS technology uses advanced spectral analysis technology uses advanced interpretation of ultrasound images and provides detailed information on the composition of each patient's atherosclerotic plaques.

Translational Research

To improve human health, scientific discoveries must be translated into practical applications. Such discoveries typically begin at "the bench" with basic research - in which scientists study disease at a molecular or cellular level - then progress to the clinical level, or the patient's "bedside." The CVRF's Translational Research is a unit of the CVRF, and the program was established to encourage and provide support for novel translational cardiovascular research.

Research Activity

The Research Activities sponsored by CVRF have updated since 2009, including:

- . Drug-Eluting stent Implantation versus optimal Medical Treatment in patients with
- Prospective Evaluation of Outcomes of Everolimus-Eluting Stent (XIENCE V) Implantation for Unprotected Left Main

The Heart Beat of CVRF

The Heart Beat of CVRF is produced by the CardioVascular Research Foundation(CVRF)

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Coronary Artery Stenosis: Multicenter trial

- A Randomized, Double-blind, Single center, Study of Effect of High-Dose(40mg) and Low-Dose(10mg) Statin for Coronary Plaque Modification
- Randomized Comparison of Everolimus- Eluting Stent versus Sirolimus-Eluting Stent Implantation for De Novo Coronary Artery DisEase in Patients with DIABETES Mellitus (ESSENCE-DIABETES TRIAL)
- The BEST TRIAL Randomized Comparison of Coronary Artery Bypass Surgery and Everolimus-Eluting Stent Implantation in the Treatment of Patients with Multivessel Coronary Artery Disease: Phase IV: Multicenter trial

Paper Publication

With support from CVRF, a total of 80 research papers since 2004, have been published in such prestigious academic journals as SCI, NEJM. Notably, this is the highest number of domestic research these published under the support of a single organization.

- Duration of Dual Antiplatelet Therapy after Implantation of Drug-Eluting Stents (NEJM (2010))
- Long-Term Clinical Outcomes of Sirolimus-Versus
 Paclitaxel-Eluting Stents for Patients with Unprotected Left
 Main Coronary Artery Disease Analysis of the MAIN COMPARE(Revascularization for unprotected left main
 coronary artery stenosis: Comparison of percutaneous
 coronary angioplasty versus surgical revascularization)
 registry (J Am Coll Cardiol 9 (2009) 853-859)
 Impact of Diabetes Mellitus on the Treatment Effect of

Percutaneous or Surgical Revascularization for Patients With Unprotected Left Main Coronary Artery Disease (J Am Coll Cardiol 10 (2009) 956-963)

Randomized Comparison of Adjunctive Cilostazol Versus High Maintenance Dose Clopidogrel in Patients With High Post-Treatment Platelet Reactivity (J Am Coll Cardiol 53(2009) 1101-1109)

Impact of Plaque components on no-reflow phenomenon after stent deployment in patients with acute coronary syndrome: a virtual histology-intravascular ultrasound analysis (European Heart Journal (2009))



➡ The 3rd IMAGING & PHYSIOLOGY Summit 2009

IMAGING & PHYSIOLOGY Summit was originally designed to provide an overview of new clinical applications related to intracoronary catheter-based modalities, highly specialized noninvasive imaging and physiology through lectures and interesting cases of the world's renowned experts in 2007.

The 3rd IMAGING & PHYSIOLOGY Summit 2009 was held on November 20 (Fri.) ~ 21 (Sat.), 2009 at Walkerhill Grande Hotel in Seoul, Korea and this very practical course was a success with 300 participants.

It offered a unique opportunity for the audience to review advanced imaging modalities and the latest investigations regarding coronary imaging and physiology, and to share practical information about the developed methods by IVUS, VH-IVUS, OCT, MDCT & MRI, and FFR.

It was focused on giving the in-depth overview of new clinical application of cutting-edge techniques from international opinion leaders and specialists of the different imaging modalities.

In 2010, the 4th annual meeting will be held on October 29 (Fri.) ~ 30 (Sat.). 2010 at Asan Medical Center. Seoul. Korea with newly featured programs, such as Live Case Demonstrations and/or Taped Cases focusing on Imaging and academically expanded "Case-based Image Interpretation Workshop: from Basic to Advanced" for IVUS & VH-IVUS, OCT, MDCT & MRI, FFR. These significant changes will add to the practical-based atmosphere of this summit and enable participants to take an in-depth approach of the clinical state-of-the-art clinical lectures and techniques.

New Training Program, ACT



Since 2009, CVRF has been operating a monthly educational course, "ACT Program (Asan Medical Center Interventional Cardiology Training Program)" in atrium, Asan Medical Center, Seoul, Korea.

The atrium is a training center that was established exclusively for the ACT Program. It is equipped with the latest technical facilities to help trainees to be educated more efficiently and effectively.

Affiliated with Asan Medical Center, this program is a very exclusive and intensive 4-days course for small groups and the number of participants is limited to 12 persons per session for more efficient training. So far, 167 participants from 17 countries joined this program and gave positive feedback.

This program is divided into 3 parts: catheterization laboratory activities, lunchtime activities and featured lectures The catheterization laboratory activities include live case demonstrations and hands-on experience. There is an Asan

→ The 4th CTO (Chronic Total **Occlusions) LIVE 2010**



CTO (Chronic Total Occlusions) Live, a practical symposium, has drawn a lot of attention from interventional cardiologists and has been a great opportunity to share recently advanced techniques and know-how in dealing with the devices through the 'Intensive live case demonstrations' by invited operators from Japan.

Inviting 5 Japanese operators and about 300 attendees from all over the world, it has been held annually since 2007 at the Asan Medical Center in close collaboration with the Toyohashi Heart Center, Japan.

This year's meeting featured a CTO live case performance guided by senior operators. It not only helped young interventionists make their own decisions, but also translated the new technique into daily interventional practice for 400 attendees. A selection of 14 challenging cases was presented during the luncheon sessions and the latest information about novel devices related to CTO lesions was introduced at the exhibition.

Medical Center tour, dynamic roundtable discussion on DES and anti-platelet treatment and case presentation during lunchtime activities. Lastly, in the afternoon there are state-ofthe-art lectures on various fields of cardiology.

To make this program more practical, CVRF has invited world class experts from all over the world. The key objective of inviting them is to facilitate the enhancement of the operator skills of the physicians at this host institution (Cardiology Division at Asan Medical Center), learning from the know-how and expertise of the top specialists in the treatment interventional cardiology.

For further networking between the trainees, CVRF also organizes the ACT Alumni at international conferences, such as CCT, CIT and TCTAP, provides the members updated knowledge and techniques, and developes a close friendships with all members from all over the world. As a part of these activities, the ACT community homepage was opened this year to provide of platform for better communication and interaction between ACT participants and AMC mentors and to give information about CVRF activities.

Up to now, ACT sessions were held successfully 16 times and will be held more 8 times in 2010. The program will continue in 2011.

The 5th CTO Live will be held on January 8, 2011 and the interactive live case session will enhance the techniques that will be passed on to the new generation through an intensive mentoring from experienced experts. There is an opportunity to be invited as a Faculty Member of CTO Live 2011 to make a challenging case presentation. The case submission will be between August 10 ~October 30, 2010. Please visit our website www.cto-live.com for more information.

Upcoming CVRF Sponsored Conferences

2010

2011

5th CTO (Chronic Total Occlusions) LIVE

January 8, 2011

16th ANGIOPLASTY SUMMIT-TCTAP

Seoul, Korea www.summit-tctap.com

((Yearly Plan for 2010 & 2011))

	2010
18 th	May 10(Mon.) ~ 13(Thu.)
19 th	June 7(Mon.) ~ 10(Thu.)
20 th	June 21(Mon.) ~ 24(Thu.)
21 st	July 5(Mon.) ~ 8(Thu.)
22 nd	August 2(Mon.) ~ 5(Thu.)
23 rd	September 6(Mon.) ~ 9(Thu.)
24 th	October 4(Mon.) ~ 7(Thu.)
25 th	November 8(Mon.) ~ 11(Thu.)
26 th	December 6(Mon.) ~ 9(Thu.)
	2011
27 th	2011 January 10(Mon.) ~ 13(Thu.)
27 th	January 10(Mon.) ~ 13(Thu.)
27 th 28 th	January 10(Mon.) ~ 13(Thu.) February 7(Mon.) ~ 10(Thu.)
27 th 28 th 29 th	January 10(Mon.) ~ 13(Thu.) February 7(Mon.) ~ 10(Thu.) February 21(Mon.) ~ 22(Tue.)
27 th 28 th 29 th 30 th	January 10(Mon.) ~ 13(Thu.) February 7(Mon.) ~ 10(Thu.) February 21(Mon.) ~ 22(Tue.) March 21(Mon.) ~ 24(Thu.)
27 th 28 th 29 th 30 th 31 th	January 10(Mon.) ~ 13(Thu.) February 7(Mon.) ~ 10(Thu.) February 21(Mon.) ~ 22(Tue.) March 21(Mon.) ~ 24(Thu.) May 16(Mon.) ~ 19(Thu.)
27 th 28 th 29 th 30 th 31 th 32 nd	January 10(Mon.) ~ 13(Thu.) February 7(Mon.) ~ 10(Thu.) February 21(Mon.) ~ 22(Tue.) March 21(Mon.) ~ 22(Thu.) May 16(Mon.) ~ 19(Thu.) June 6(Mon.) ~ 9(Thu.)
27 th 28 th 29 th 30 th 31 th 32 nd	January 10(Mon.) ~ 13(Thu.) February 7(Mon.) ~ 10(Thu.) February 21(Mon.) ~ 22(Tue.) March 21(Mon.) ~ 24(Thu.) May 16(Mon.) ~ 19(Thu.) June 6(Mon.) ~ 9(Thu.) July 4(Mon.) ~ 7(Thu.)
27 th 28 th 29 th 30 th 31 th 32 nd 33 rd 34 th	January 10(Mon.) ~ 13(Thu.) February 7(Mon.) ~ 10(Thu.) February 21(Mon.) ~ 22(Tue.) March 21(Mon.) ~ 24(Thu.) May 16(Mon.) ~ 19(Thu.) June 6(Mon.) ~ 9(Thu.) July 4(Mon.) ~ 7(Thu.) August 8(Mon.) ~ 11(Thu.)
27 th 28 th 29 th 30 th 31 th 32 nd 33 rd 34 th 35 th	January 10(Mon.) ~ 13(Thu.) February 7(Mon.) ~ 10(Thu.) February 21(Mon.) ~ 22(Tue.) March 21(Mon.) ~ 22(Tue.) May 16(Mon.) ~ 24(Thu.) June 6(Mon.) ~ 19(Thu.) July 4(Mon.) ~ 9(Thu.) August 8(Mon.) ~ 11(Thu.) September 5(Mon.) ~ 8(Thu.)

The schedule is subject to change. Registration fee: USD 3,500 per 1 participant It includes tuition fees, accommodation, breakfast and lunch.