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APOLLONIO
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Healthcare
Group

Heart Valves Summit 2023

25 & 26 November 2023
Amathus Beach Hotel, Limassol

PROGRAM

UNDER THE AUSPICES OF:



REPUBLIC OF CYPRUS
MINISTRY OF HEALTH

As a strong complement to a maximally tolerated statin¹

TWO REASONS TO LOVE LEQVIO®

(inclisiran)

Two doses a year.^{1*}

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LOWER. LONGER. LEQVIO®.†

*LEQVIO® is dosed initially, again at 3 months, and then once every 6 months.¹

†LDL-C reduction was maintained during each 6-month dosing interval.¹

1. LEQVIO Summary of Product Characteristics dated March 2022, European Medicines Agency website <http://www.ema.europa.eu>

LEQVIO® - Important note: Before prescribing, consult full prescribing information. **Presentation:** Solution for injection: Each pre-filled syringe contains contains inclisiran sodium equivalent to 284 mg inclisiran in 1.5 ml solution. **Indications:** Indicated in adults with primary hypercholesterolaemia (heterozygous familial and nonfamilial) or mixed dyslipidaemia, as an adjunct to diet; - in combination with a statin or statin with other lipidlowering therapies in patients unable to reach LDL-C goals with the maximum tolerated dose of a statin, or - alone or in combination with other lipidlowering therapies in patients who are statinintolerant, or for whom a statin is contraindicated. **Dosage and administration: Recommended dose:** 284 mg administered as a single subcutaneous injection: initially, again at 3 months, followed by every 6 months. **Missed dose:** - If a planned dose is missed by less than 3 months, inclisiran should be administered and dosing continued according to the patient's original schedule. - If a planned dose is missed by more than 3 months, a new dosing schedule should be started - inclisiran should be administered initially, again at 3 months, followed by every 6 months. **Treatment Transition from PCSK9 Inhibitor:** Inclisiran can be administered immediately after the last dose of a monoclonal antibody PCSK9 inhibitor. To maintain LDL-C lowering, it is recommended that Tradename is administered within 2 weeks after the last dose of a monoclonal antibody PCSK9 inhibitor. **Special populations: Renal impairment:** No dose adjustment is necessary for patients with renal impairment (mild, moderate or severe), or end-stage renal disease. **Hepatic impairment:** No dose adjustment is necessary for patients with mild or moderate hepatic impairment. Inclisiran should be used with caution in patients with severe hepatic impairment. **Pediatric patients (below 18 years):** The safety and efficacy of Tradename have not been established. **Geriatric patients (65 years of age or above):** No dose adjustment is necessary. **Method of administration:** Intended for administration by a healthcare professional. For subcutaneous injection into the abdomen. Leqvio should be inspected visually for particulate matter prior to administration. Each pre-filled syringe is for single use only. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Hemodialysis: Hemodialysis should not be

performed for at least 72 hours after inclisiran dosing. **Pregnancy:** No available human data. Animal reproduction studies have not shown risk of increased fetal abnormalities. **Lactation:** Not known if transferred into human milk. A risk to newborns/infants cannot be excluded. A decision must be made whether to discontinue breastfeeding or to discontinue/abstain from inclisiran therapy, taking into account the benefit of breastfeeding for the child and the benefit of therapy for the woman. **Fertility:** No human data. No effects on animal fertility. **Adverse drug reactions: Common (≥1/100 to <1/10):** Adverse events at the injection site (includes injection site reaction, injection site pain, injection site erythema, and injection site rash). **Interactions:** Not a substrate, inhibitor or inducer of CYP450 enzymes or common drug transporters. Not expected to have clinically significant interactions with other medications. Based on the limited data available, clinically meaningful interactions with atorvastatin, rosuvastatin or other statins are not expected. **Packs and prices:** LEQVIO® 284 mg solution for injection in pre-filled syringe: €2466,94.

LEQ01/2021

Reporting of suspected adverse reactions: Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions to: Novartis Pharma Services Inc., Methonis Tower, 73 Makarios Avenue, 1070 Nicosia, Tel: +357 22 690 690 (Pharmacovigilance Department), Fax: +357 22 315032 or to Pharmaceutical Services, Ministry of Health, CY-1475, www.moh.gov.cy/phs, Tel: +357 22 608 632/661, Fax: +357 22 608 649, by completing the Yellow Card which is available to the public pharmacies or electronically in the website www.kittrinkarta.gov.cy.

Please see Prescribing Information for more information.

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 Τηλ: +30 210 6187500
 Τοπικός αντιπρόσωπος του Κατόχου
 Άδειας Κυκλοφορίας στην Κύπρο:
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 Φαξ: +30 210 6187522
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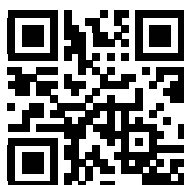
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Κατά γενική ομολογία η Επεμβατική Καρδιολογία και η σύγχρονη Καρδιοχειρουργική αποτελούν ιατρικές ειδικότητες οι οποίες επενδύοντας πρωτίστως στην καινοτομία και στην έρευνα, κατέγραψαν μέσα σε σχετικά σύντομο χρονικό διάστημα θεαματική πρόοδο και αναγνώριση. Έτσι, κατάφεραν να αναβαθμίσουν το μοντέλο της καρδιακής φροντίδας, οδεύοντας προς μια νέα, άκρως εξελιγμένη εποχή. Στόχος αυτού του συνεδρίου είναι να αναδείξει τις επιστημονικές εξελίξεις στους τομείς αυτούς, εξελίξεις που ενισχύουν τη φαρέτρα μας στη θεραπεία των παθήσεων των καρδιακών βαλβίδων, στο πλαίσιο μιας αγαστής συνεργασίας της διεπιστημονικής ομάδας καρδιάς.

Με τη συμβολή και τις ενωμένες δυνάμεις κορυφαίων ακαδημαϊκών σε παγκόσμιο επίπεδο, διακεκριμένων ειδικών επί των θεμάτων αυτών και αφοσιωμένων ομάδων του κλάδου, στοχεύουμε να παρουσιάσουμε σύγχρονες θεραπευτικές προσεγγίσεις κάτω από την ομπρέλα του Απολλωνείου Ιδιωτικού Νοσοκομείου, ενός ιδρύματος όπου στον τομέα αυτό το μέλλον είναι ήδη παρόν. Η εκπαίδευση και η υποστήριξη όλων των επαγγελματιών υγείας στην προσπάθειά τους για αυτοβελτίωση αποτελεί το αδιαπραγμάτευτο αντικείμενο του συνεδρίου αυτού. Εισηγήσεις στοχευμένες στο ρόλο και τη διαγνωστική προσπέλαση του κλινικού καρδιολόγου, παρουσιάσεις των επικρατέστερων τάσεων στην αντιμετώπιση των βαλβιδοπαθειών και βιντεοσκοπημένες μεταδόσεις πραγματικών περιστατικών θα αποτελέσουν όλα μέρος μιας συναρπαστικής και δια-δραστικής ιατρικής εκδήλωσης.

Θερμό καλωσόρισμα στην όμορφη πόλη της Λεμεσού και στην καρδιά της αρχαίας πόλης της Αμαθούντας, ενός από τα μεγαλύτερα αρχαία βασίλεια του νησιού, με αδιάκοπη ιστορία 3000 χρόνων. Ευχόμαστε από καρδιάς σε όλους τους συνέδρους ένα άκρως εποικοδομητικό και αποδοτικό επιστημονικό συνέδριο.

Interventional Cardiology and modern Cardiac Surgery are admittedly two of the few medical specialties that have made spectacular progress in such a short period of time, investing primarily in innovation and research. Thus, they succeeded in shifting the cardiac care model into a new, highly advanced era. The aim of this conference is to focus on the scientific developments in these areas, which are our enhanced quiver in the treatment of heart valve diseases, always in the context of a multidisciplinary heart team.

With the contribution and jointed forces of world-leading academics, distinguished specialists and dedicated teams of the sector, we aim to present modern therapeutic approaches, under the umbrella of Apollonion Private Hospital, an institution where, in this field, the future is already present. Training and support of all health professionals in their quest for self-improvement is the object of this conference. Presentations focused on the role and diagnostic approach of the clinical cardiologist, presentations on current trends in the treatment of valvular diseases and video transmissions of live cases will create an exciting and interactive medical event.

A warm welcome to the beautiful city of Limassol and especially to the heart of the ancient city of Amathus, one of the largest ancient kingdoms of the island, with an uninterrupted history of 3000 years. We sincerely wish everyone a very constructive and efficient scientific conference.



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Διοργανωτές Συνεδρίου | Course Directors

Dr. Georgios M. Georgiou, MD, MSc (Health informatics & Telemedicine), FESC, FACC, FSCAI,
Clinical Associate Professor, Medical School, European University of Cyprus
Interventional Cardiologist, past president of the Cyprus Society of Cardiology
Director, Department of Interventional Cardiology
Apollonio Private Hospital, Nicosia, Cyprus

Dr. Antigone Pontikou
Anesthesiologist, Apollonio, Nicosia

Dr. Ioannis Tzanavaros
Clinal Prof. UNIC Medical School, Director Cardiac Innovation Center,
Apollonio, Nicosia

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Dr. Constantinos Economides
MD, Cardiologist, Apollonio Hospital, Nicosia

MD.PHD.Dr. Katsiaryna Federava
Cardioanesthesiologist, Cardiac Innovation Center of Apollonio Hospital, Nicosia

Dr. Saverios Hourl
Cardioanesthesiologist, Cardiac Innovation Center of Apollonio Hospital, Nicosia

Dr. med. Stelios Ioannou
Cardiac Surgeon, Cardiac Innovation Center of Apollonio Hospital, Nicosia

Dr. Demetris A. Kyprianou
MD - Interventional Cardiologist, Apollonio Hospital, Nicosia

Dr. Kyriacos Papadopoulos
MD, PhD - Interventional Cardiologist, Apollonio Hospital, Nicosia

Dr. Elias Papasavvas
MD, Cardiologist, Electrophysiologist

Dr. George Shiakos
Cardiac Surgeon & Intensivist, Cardiac Innovation Center of Apollonio Hospital, Nicosia

Conference Management Company



Website: cyprusconferences.com
E-mail: synedrio@topkinisis.com
Tel.: +357 22713780

Πρόγραμμα | Program

Σάββατο, 25 Νοεμβρίου 2023 | Saturday, 25 November, 2023

08:45 – 08:55	Αφίξεις και εγγραφές Arrivals and Registrations
08:55 – 09:00	Καλωσόρισμα Opening Remarks Ιωάννης Τζανάβανος Ioannis Tzanavaros
09:00 – 10:00	Τριγλώχινα βαλβίδα: η ξεχασμένη βαλβίδα Προεδρείο: Θεόδωρος Χριστοδουλίδης, Μιχαήλ Μυριανθεύς, Κυριακός Γιάγκου Tricuspid valve: the forgotten valve Chairs: Theodoros Christodoulides, Michail Myrianthefs, Kyriakos Yiangou
	Εισηγήσεις Presentations
09:00 – 09:13	Ο κεντρικός ρόλος του υπερηχογραφήματος καρδιάς (TTE, 2D-TEE, και 3D-TEE) πριν, κατά και μετά από T-TEER Ηλίας Νινιός The central role of echocardiography (TTE, 2D-TEE and 3D-TEE) before, during and after T-TEER Ilias Ninios
09:13 – 09:26	Πότε παρεμβαίνουμε στην ανεπάρκεια τριγλώχινας: κλινικά, υπερηχογραφικά και αιμοδυναμικά κριτήρια Πέτρος Μ. Πέτρου When to intervene in TR: clinical, echocardiographic and hemodynamic criteria Petros M. Petrou
09:26 – 09:39	Διακαθετηριακή επιδιόρθωση τριγλώχινας: παρόν και μέλλον Βλάσης Νινιός Tricuspid valve Transcatheter Edge to Edge Repair: presence and future Vlasis Ninios
09:39 – 09:52	Ελάχιστα παρεμβατική, χειρουργική αντιμετώπιση τριγλώχινας: πότε ενδείκνυται αμιγώς; Γιώργος Σιακός Minimally invasive isolated tricuspid valve surgery. When is it indicated? George Shiakos
09:52 – 10:00	Συζήτηση Discussion Συζητητές: Παντελής Αναστασίου, Ελένη Κλεάνθους, Γιώργος Χριστοδουλίδης Moderators: Pantelis Anastasiou, Eleni Kleanthous, Georgios Christodoulidis



<p>10:00 – 10:45</p>	<p>Αορτική βαλβίδα: από τη θεωρία στην πράξη Προεδρείο: Γεώργιος Μ. Γεωργίου, Κυριάκος Παπαδόπουλος</p> <p>Aortic valve: from theory to practice Chairs: Georgios M. Georgiou, Kyriakos Papadopoulos</p>
<p>Εισηγήσεις Presentations Παρουσίαση περιστατικών Case presentation</p>	
<p>10:00 – 10:30</p>	<p>Βιντεοσκοπημένα περιστατικά TAVI Κυριάκος Παπαδόπουλος</p> <p>Live in a box: TAVI cases Kyriakos Papadopoulos</p>
<p>10:30 – 10:45</p>	<p>Συζήτηση Discussion</p> <p>Συζητητές: Κωνσταντίνος Σπάργιας, Βλάσης Νινιός, Πέτρος Δάρδας Moderators: Konstantinos Spargias, Vlasis Ninios, Petros Dardas</p>
<p>10:45 – 11:15</p>	<p>Διάλειμμα Coffee Break</p> <p>P.T. HADJIGEORGIOU CO Ltd  Sapiens Pharmaceuticals</p>
<p>11:15 – 12:30</p>	<p>Αορτική βαλβίδα: διακαθετηριακές τεχνικές Προεδρείο: Σάββας Κωνσταντινίδης, Χρίστος Ευτυχίου, Γεώργιος Παναγή, Πάμπης Νικολαΐδης</p> <p>Aortic valve: transcatheter techniques Chairs: Savvas Constantinides, Christos Eftychiou, Georgios Panagi, Pambis Nicolaides</p>
<p>Εισηγήσεις Presentations</p>	
<p>11:15 – 11:30</p>	<p>Αντιμετώπιση συνυπάρχουσας στεφανιαίας νόσου και σοβαρής στένωσης αορτικής βαλβίδας, στην εποχή της TAVI Γεώργιος Μ. Γεωργίου</p> <p>Management of concomitant coronary artery disease and severe aortic stenosis in the era of TAVI Georgios M. Georgiou</p>
<p>11:30 – 11:45</p>	<p>Ο ρόλος της TAVI στη θεραπεία της εκφύλισης της βιοπροσθετικής βαλβίδας Κωνσταντίνος Τούτουζας</p> <p>The role of TAVI in the treatment of bio-prosthesis failure (Valve in Valve) Konstantinos Toutouzas</p>
<p>11:45 – 12:00</p>	<p>TAVI: το μέλλον- προσαρμογή στις ανάγκες του/της ασθενή/ούς Κωνσταντίνος Σπάργιας</p> <p>TAVI: the future - valve tailored to patient's needs Konstantinos Spargias</p>

12:00 – 12:15	TAVI ως παρέμβαση διάσωσης: είναι βιώσιμη επιλογή; Πέτρος Δάρδας TAVI as a rescue procedure: is it a viable option? Petros Dardas	
12:15 – 12:30	Συζήτηση Discussion Συζητητές: Κωνσταντίνος Ποφαΐδης, Εύη Χριστοδούλου, Λάμπρος Κυπρής Moderators: Constantinos Pophaides, Evi Christodoulou, Lampros Kipris	
12:30 – 13:15	Δορυφορικό Συμπόσιο Προεδρείο: Τερέζα Αντωνιάδη, Στασίνος Θεοδώρου Satellite Symposium Chairs: Tereza Andoniade, Stasinou Theodorou	Medtronic
	TAVI: εναλλακτικές οδοί προσπέλασης Sawaya Fadi TAVI: alternative access Sawaya Fadi	
	Ανθεκτικότητα TAVI: τι γνωρίζουμε μέχρι τώρα; Γεώργιος Μ. Γεωργίου Durability of TAVI: what we know so far? Georgios M. Georgiou	
13:15 – 14:15	Γεύμα Lunch	Medtronic
14:15 – 15:30	Μιτροειδής βαλβίδα: σύγχρονες χειρουργικές μέθοδοι (Αγγλικά) Προεδρείο: Πέτρος Μαυρομμάτης, Νικόλαος Μούρτζης, Γιώργος Σιακός Mitral valve: modern surgical approach (English language) Chairs: Petros Mavrommatis, Nikolaos Mourtzis, George Shiakos	
14:15 – 14:30	Χειρουργική της μιτροειδούς βαλβίδας: παρελθόν, παρόν και μέλλον Nicolas Doll Mitral valve surgery: past, present and future Nicolas Doll	
14:30 – 14:45	Χειρουργική επιδιόρθωση εκφυλιστικής νόσου μιτροειδούς. Γιατί εξακολουθεί να είναι το χρυσό πρότυπο Ιωάννης Τζανάβαρος Surgical repair of degenerative mitral valve disease. Why is still the gold standard Ioannis Tzanavaros	



<p>14:45 – 15:00</p>	<p>Σύγχρονες αντιλήψεις για τη δευτεροπαθή ανεπάρκεια μιτροειδούς Νέστορας Παπαδόπουλος</p> <p>Modern concept in secondary mitral regurgitation Nestoras Papadopoulos</p>
<p>15:00 – 15:15</p>	<p>Ταυτόχρονη χειρουργική θεραπεία κολπικής μαρμαρυγής και σύγκλεισης ωτίου αριστερού κόλπου κατά τη διάρκεια χειρουργείου μιτροειδούς Timo Weimar</p> <p>Concomitant treatment of atrial fibrillation and left atrial appendage closure during mitral valve surgery Timo Weimar</p>
<p>15:15 – 15:30</p>	<p>Συζήτηση Discussion</p> <p>Συζητητές: Γεώργιος Π. Γεωργίου, Μιχάλης Δημοσθένους Moderators: Georgios P. Georgiou, Michalis Demosthenous</p>
<p>15:30 – 16:15</p>	<p>Δορυφορικό Συμπόσιο Προεδρείο: Βασίλης Μπαρμπέρης, Μιχάλης Πούλλου</p> <p>Satellite Symposium Chairs: Vasilis Barberis, Michalis Poullou</p> <div style="text-align: right;">   <small>VARNAVAS HADJIPANAYIS LTD</small> </div>
	<p>TAVI και δια βίου αντιμετώπιση ασθενών με αορτική στένωση Κωνσταντίνος Σπάργιας χορηγία της Edwards</p> <p>TAVI and lifetime management of patients with Aortic Stenosis Konstantinos Spargias sponsored by Edwards</p> <hr/> <p>Αντίκτυπος στον πραγματικό κόσμο, για δια βίου αντιμετώπιση: λήψη αποφάσεων Patrick Klein</p> <p>Real world impact for lifetime management: decision making Patrick Klein</p>
<p>16:15 – 17:45</p>	<p>Αορτική βαλβίδα: σύγχρονη χειρουργική αντιμετώπιση (Αγγλικά) Προεδρείο: Μάριος Τάνος, Γαβριήλ Καουτζάνης, Γιώργος Κανελλόπουλος</p> <p>Aortic valve: modern surgical treatment (English language) Chairs: Marios Tanos, Gavriel Kaoutzanis, George Kanellopoulos</p>
<p>Εισηγήσεις Presentations</p>	
<p>16:15 – 16:28</p>	<p>Ελάχιστα παρεμβατική χειρουργική αορτικής βαλβίδας Victor Costache</p> <p>Minimally invasive aortic valve surgery Victor Costache</p>

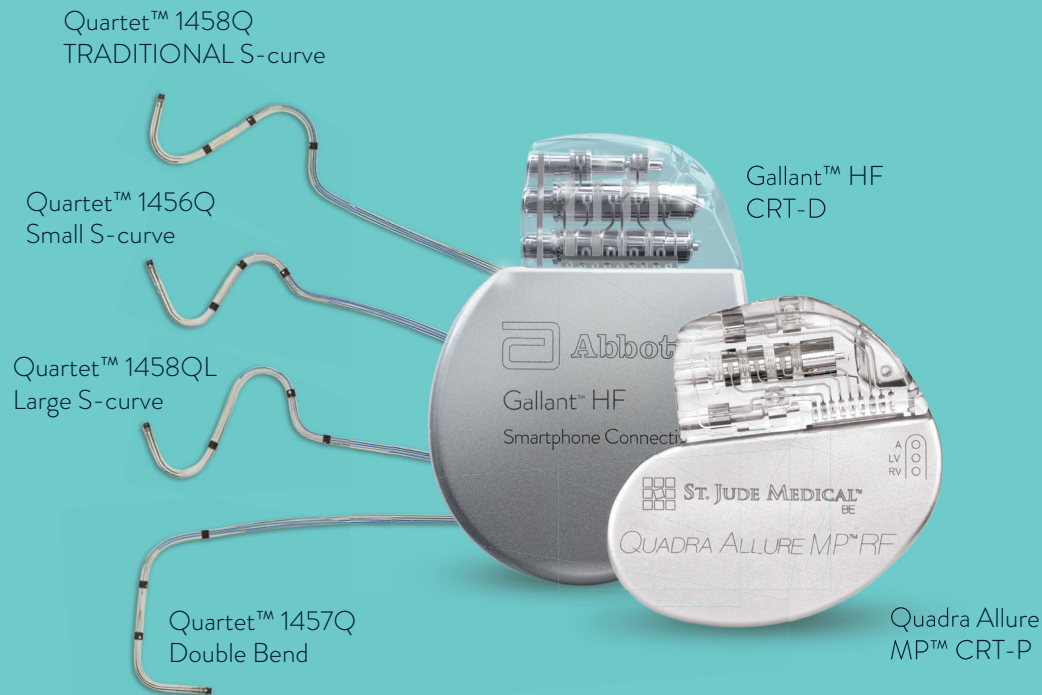
16:28 – 16:43	<p>Χειρουργική θεραπεία του νεαρού ασθενή με στένωση αορτικής βαλβίδας Joachim Photiadis</p> <p>Surgical treatment of the young patient with aortic valve stenosis Joachim Photiadis</p>
16:43 – 16:58	<p>Μηχανική ή βιολογική πρόσθεση: που στηρίζεται η επιλογή; Alberto Repossini</p> <p>Mechanical or biological prostheses. How to choose? Alberto Repossini</p>
16:58 – 17:11	<p>Πότε θα πρέπει να επιλέγεται η χειρουργική επιδιόρθωση της αορτικής βαλβίδας Ιωάννης Τζανάβαρος</p> <p>When should an aortic valve be repaired Ioannis Tzanavaros</p>
17:11 – 17:36	<p>Βιντεοσκοπημένο περιστατικό: επέμβαση David Ιωάννης Τζανάβαρος</p> <p>Live in a box: David Procedure Ioannis Tzanavaros</p>
17:36 – 17:45	<p>Συζήτηση Discussion</p> <p>Συζητητές: Majid Kalani, Κωνσταντίνος Διπλαρής Moderators: Majid Kalani, Konstantinos Diplaris</p>
17:45 – 18:15	<p>Διάλειμμα Coffee Break</p> <p>P.T. HADJIGEORGIOU CO Ltd </p> <p>Sapiens Pharmaceuticals </p>
18:15 – 19:00	<p>Δορυφορικό Συμπόσιο Προεδρείο: Θράσος Κωνσταντινίδης, Ιωσήφ Μουτίρης</p> <p>Satellite Symposium Chairs: Thrasos Constantinides, Joseph Moutiris</p> <p> PHADISCO Quality Healthcare</p>
	<p>Acurate neo2: αξιόπιστη λύση για ποικίλες ανατομίες, με παραδείγματα βασισμένα σε πραγματικά περιστατικά Βλάσης Νινιός</p> <p>Acurate neo2: a Reliable solution for different anatomies with case-based examples Vlasis Ninios</p>
	<p>Εξελίξεις στη δια-καθετηριακή σύγκλειση ωτίου αριστερού κόλπου Βλάσης Νινιός</p> <p>Evolution in left atrial appendage transcatheter closure Vlasis Ninios</p>



<p>19:00 – 19:45</p>	<p>Καρδιακές βαλβίδες και όμορες ιατρικές ειδικότητες Προεδρείο: Παναγιώτης Αβρααμίδης, Πέτρος Αγαθαγγέλου, Ήρα Ηρακλέους</p> <p>Heart valves and contiguous medical specialties Chairs: Panayiotis Avraamides, Petros Agathangelou, Hera Heracleous</p>
<p>19:00 – 19:10</p>	<p>Καρδιο-αναισθησιολογία: συνειδητή καταστολή ή γενική αναισθησία στις διακαθετηριακές παρεμβάσεις; Αντιγόνη Ποντικού</p> <p>Cardiac-anaesthesiology: conscious sedation or general anesthesia in trans-catheter procedures Antigoni Pontikou</p>
<p>19:10 – 19:20</p>	<p>Ηλεκτροφυσιολογία: ανάγκη για εμφύτευση μόνιμου βηματοδότη μετά από διακαθετηριακές και χειρουργικές βαλβιδικές παρεμβάσεις Ηλίας Παπασάββας</p> <p>Electrophysiology: the need for pacemaker implantation after transcatheter and surgical valve procedures Elias Papasavvas</p>
<p>19:20 – 19:30</p>	<p>Ο ρόλος του Αγγειοχειρουργού στη TAVI Άνθος Κουρέας</p> <p>The Role of Vascular Surgeon in TAVI Anthos Koureas</p>
<p>19:30 – 19:45</p>	<p>Συζήτηση Discussion</p> <p>Συζητητές: Αντρέας Σελιάς, Παντελής Κουρτελλάρης, Νικολέττα Ορφανού Moderators: Andreas Selias, Pantelis Kourtellaris, Nicoletta Orphanou</p>
<p>19:45 – 20:30</p>	<p>Δορυφορικό Συμπόσιο Προεδρείο: Ιωάννης Παναγιωτίδης, Ανδρέας Μήτσος</p> <p>Satellite Symposium Chairs: Ioannis Panayiotides, Andreas Mitsis</p> <div style="display: flex; justify-content: space-between; align-items: center;">   </div>
	<p>Πρόσφατες διακαθετηριακές θεραπείες για βαλβιδικές παρεμβάσεις στον κατάλληλο χρόνο</p> <p>Latest transcatheter treatments for timely intervention of valvular disease</p>
	<p>Διακαθετηριακή βαλβίδα Navitor: η κατάλληλη επιλογή για δια βίου αντιμετώπιση του ασθενή Κωνσταντίνος Τούτουζας</p> <p>Navitor TAVI System: the right choice for Patient Lifetime Management Konstantinos Toutouzas</p>

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References

1. Niazi I, et al. Safety and efficacy of multipoint pacing in cardiac resynchronization therapy—the multipoint pacing trial. JACC. 2017;3(11):1519-1522. <http://dx.doi.org/10.1016/j.jacep.2017.06.022>. Accessed July 31, 2018.
2. Forleo C, et al. Impact of MultiPoint™ pacing on projected battery longevity in cardiac resynchronization therapy: an analysis of IRON-MPP study. Poster presented at Heart Rhythm Society. 2018.

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 Κωνσταντίνος Οικονομίδης

Learning from the past two decades – Who, when and how to treat Mitral Regurgitation patients

Constantinos Economides

20:30 – 21:15

Τελετή Έναρξης και Διακεκριμένη Διάλεξη
Opening Ceremony and Keynote Lecture

Χαιρετισμοί:

- **Δρ. Γεώργιος Μ. Γεωργίου**
 Διευθυντής Αιμοδυναμικού Εργαστηρίου, Απολλώνειο Ιδιωτικό Νοσοκομείο
- **Δρ. Ιωάννης Τζανάβαρος**
 Διευθυντής του Cardiac Innovation Center, Απολλώνειο Ιδιωτικό Νοσοκομείο
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 Υπουργός Υγείας

Addresses:

- **Dr. Georgios M. Georgiou**
 Director, Department of Interventional Cardiology, Apollonio Hospital
- **Dr. Ioannis Tzanavaros**
 Director, Cardiac Innovation Center, Apollonio Hospital
- **Dr. Hera Heracleous**
 President of the Cyprus Society of Cardiology
- **Dr. Marios Tanos**
 President of the Cyprus Society of Cardiac Surgery
- **Dr. Petros Agathangelou**
 President of the Cyprus Medical Association
- **Dr. Pori Kanari**
 Minister of Health

Διακεκριμένη Διάλεξη: Ιατροί και Ιατρική στην Αρχαία Κύπρο

Γιώργος Παπασάββας

Αναπλ. Καθηγητής Κλασικής Αρχαιολογίας, Τμήμα Ιστορίας και Αρχαιολογίας, Ερευνητική Μονάδα Αρχαιολογίας, Πανεπιστήμιο Κύπρου

Keynote Lecture: Doctors and Medicine in ancient Cyprus

George Papasavvas

Associate Professor of Classical Archaeology, Archaeological Research Unit, Department of History and Archaeology, University of Cyprus

21:15

Δείπνο Μεσογειακής κουζίνας | Mediterranean cuisine dinner



Κυριακή, 26 Νοεμβρίου 2023 | Sunday, 26 November, 2023

09:00 – 10:00

Πνευμονική βαλβίδα (Αγγλικά)

(Υπό την υψηλή προστασία της Δρ. Χριστίνας Γιαννάκη, Γενικής Διευθύντριας Υπουργείου Υγείας και υπό την αιγίδα του Συνδέσμου Γονέων και Φίλων Καρδιοπαθών Παιδιών)

Προεδρείο: **Ιωάννης Τζανάβαρος, Ocker Volker, Στέλιος Ιωάννου**

Pulmonary valve (English language)

(Under the high protection of Dr. Christina Giannaki, General Director of the Ministry of Health and under the auspices of the Association of Parents and Friends of Children with Heart Disease)

Chairs: **Ioannis Tzanavaros, Ocker Volker, Stelios Ioannou**

Εισηγήσεις | Presentations

09:00 – 09:15

Διάγνωση και φαρμακευτική αγωγή στη νόσο πνευμονικής βαλβίδας

Μαργαρίτα Μπαρτσότα

Diagnosis and medical treatment of pulmonary valve disease

Margarita Bartsota

09:15 – 09:30

Διακαθετηριακή θεραπεία πνευμονικής βαλβίδας

Αφροδίτη Τζίφα

Transcatheter treatment of the pulmonary valve

Afroditi Tzifa

09:30 – 09:50

Χειρουργική θεραπεία πνευμονικής βαλβίδας

Alexander Horke

Surgical treatment of the pulmonary valve

Alexander Horke

09:50 – 10:00

Συζήτηση | Discussion

Συζητητές: **Joachim Photiadis, Βάσω Καδή, Πέτρος Μαυρομμάτης**

Moderators: **Joachim Photiadis, Vaso Kadi, Petros Mavrommatis**

10:00 – 10:45

Δορυφορικό Συμπόσιο

Προεδρείο: **Κωνσταντίνος Αντρέου, Μάριος Λεμονιάτης**

Satellite Symposium

Chairs: **Konstantinos Andreou, Marios Lemoniatis**



Αποτελέσματα ενός έτους με το διακαθετηριακό σύστημα TricValve bicaval-valve, σε ασθενείς με σοβαρή ανεπάρκεια τριγλώχινας

Γεώργιος Μ. Γεωργίου

One-year outcomes with the TricValve bicaval-valve system in patients with severe TR

Georgios M. Georgiou



	<p>Μεταβάλλοντας τη φιλοσοφία της TAVI: απευθείας βηματοδότηση από την αριστερή κοιλία και διενέργεια TAVI, κατευθυνόμενης από συνεχή αιμοδυναμική καταγραφή Danny Dvir</p> <p>Changing the TAVI Paradigm: LV pacing and continuous hemodynamics with sensor guided TAVI Danny Dvir</p>
<p>10:45 – 11:15</p>	<p>Διάλειμμα Coffee Break</p>
<p>11:15 – 12:30</p>	<p>Μιτροειδής βαλβίδα: διακαθετηριακές τεχνικές Προεδρείο: Στέλιος Χατζηστυλλής, Νίκος Καρπέτας, Φοίβος Συμεωνίδης</p> <p>Mitral valve: transcatheter techniques Chairs: Stelios Chatzistyllis, Nikos Karpettas, Phivos Symeonides</p>
<p>11:15 – 11:30</p>	<p>Ο κεντρικός ρόλος της υπερηχογραφίας στην επιλογή ασθενών και στην καθοδήγηση της διακαθετηριακής επιδιόρθωσης της μιτροειδούς Κωνσταντίνος Οικονομίδης</p> <p>The central role of echocardiography in patient selection and procedural guidance in Transcatheter Edge-to-Edge mitral valve Repair Constantinos Economides</p>
<p>11:30 – 11:45</p>	<p>Διακαθετηριακή επιδιόρθωση μιτροειδούς: σύγχρονη πρακτική βασισμένη σε αποδείξεις και μελέτες Κωνσταντίνος Σπάργιας</p> <p>Mitral Transcatheter Edge-to-Edge Repair: current evidence-based best practices and clinical trials landscape Konstantinos Spargias</p>
<p>11:45 – 12:00</p>	<p>Τεχνικές διακαθετηριακής αντικατάστασης μιτροειδούς: Mitral Valve-in-Valve, Valve-in-Ring, Valve-in-MAC Βλάσης Νινιός</p> <p>Transcatheter mitral Valve Replacement, Mitral Valve-in-Valve, Valve-in-Ring, Valve-in-MAC: approaches, tips and tricks Vlasios Ninios</p>
<p>12:00 – 12:15</p>	<p>Διακαθετηριακή σύγκλειση μιτροειδικής παραβαλβιδικής διαφυγής: ενδείξεις, απεικόνιση, τεχνικές πτυχές Κωνσταντίνος Τούτουζας</p> <p>Transcatheter approach for Mitral Paravalvular Leak: indications, imaging and technical aspects Konstantinos Toutouzas</p>

12:15 – 12:30	Συζήτηση Discussion Συζητητές: Χάρης Χριστοδούλου, Χρίστος Ρωτός, Ανδρέας Πασχάλης Moderators: Charis Christodoulou, Christos Rotos, Andreas Paschalis
12:30 – 13:15	Δορυφορικό Συμπόσιο Προεδρείο: Κωνσταντίνος Μακρίδης, Ζήσης Δημητριάδης Satellite Symposium Chairs: Konstantinos Makrides, Zisis Demetriades
	Σύμπλοκα περιστατικά με τη χρήση της εκπυσσομένης με μπαλόνι βαλβίδας Myval Κωνσταντίνος Τούτουζας Complex cases with Myval Balloon Expandable Valve Konstantinos Toutouzas
13:15 – 13:20	Καταληκτικές Παρατηρήσεις Closing Remarks Γεώργιος Μ. Γεωργίου Georgios M. Georgiou



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Dardas Petros, MD, FESC

St. Luke's Hospital, Thessaloniki, Greece

Doll Nicolas

Head of the Department of Cardiac Surgery,
Schuchtermann Klinik, Germany

Dvir Danny

Director of Interventional Cardiology and Cath Labs
at SZMC, Jerusalem, Israel

Economides Constantinos

Cardiologist at Apollonion Private Hospital, Nicosia, Cyprus

Georgiou M. Georgios MD, MSc (Health informatics & Telemedicine), FESC, FACC, FSCAI,

Clinical Associate Professor, Medical School, European University of Cyprus, Interventional Cardiologist, past president of the Cyprus Society of Cardiology, Director, Department of Interventional Cardiology, Apollonio Private Hospital, Nicosia, Cyprus

Horke Alexander

Congenital Heart Surgery, Department of Cardiothoracic,
Transplantation and Vascular Surgery Hannover
Medical School, Germany

Koureas Anthos MD, MA, MSc, PhD

Vascular Surgeon Apollonion Private Hospital, Nicosia, Cyprus

Ninios Ilias

Interventional Cardiologist Director of Second Department
of Cardiology, Interbalkan European Medical Center,
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Ninios Vlasis MD, MRCP

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of Cardiology, Interbalkan Medical Center Heart Center,
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Interventional Cardiologist, Apollonio Hospital, Nicosia, Cyprus

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Pontikou Antigoni

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Repossini Alberto

Cardiac Surgeon, Italy

Sawaya Fadi MD, FACC

Associate professor of Medicine, Division of Cardiology
Interventional and Structural Cardiology, Director Structural
Heart program American University of Beirut Medical Center
Beirut, Lebanon

Shiakos Giorgos

Cardiac Surgeon & Intensivist, Cardiac Innovation Center
of Apollonio Hospital, Nicosia, Cyprus

Spargias Konstantinos, MD, PhD

Interventional Cardiologist, THV Director, Hygeia, Hospital,
Athens, Greece

Toutouzas Konstantinos, MD

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Athens, Greece

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Pediatric Cardiologist & Adult Congenital Heart Disease
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Congenital Heart Disease Clinic at "MITERA" Hospital,
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Director, Department of Cardiology, Nicosia General Hospital
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Barberis Vasilis MD, FESC, FHFA

Cardiologist - Private Practice, Nicosia, Cyprus Chair,
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Christodoulides George

Private Cardiologist in Limassol (GESY affiliate)
Former Assistant Professor of Cardiology at the University
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Board Member (Past President) of Cyprus Society of Cardiology,
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Demetriades Zisis

Interventional Cardiologist, Mediterranean Hospital of Cyprus,
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Demosthenous Michael

Cardiac Surgeon - Minimally invasive cardiac surgery,
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Diplaris Konstantinos

Consultant cardiac surgeon, Mediterranean Hospital
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Eftychiou Christos MD, PhD, FESC

Interventional Cardiologist, Assistant Director of
Cardiology - Nicosia General Hospital, Nicosia, Cyprus

Panagi Georgios MD

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Hadjistyllis Stelios M.D., MSc

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Private Hospital, Nicosia, Cyprus

Heracleous Hera, MD, MA, FESC

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Nicosia, Cyprus

Ioannou Stelios

Cardiac Surgeon, Cardiac Innovation Centre
of Apollonion Hospital, Nicosia, Cyprus

Kadi Vaso

Head of Department of the Pediatric Cardiology Clinic
at Archbishop Makarios III Hospital in Nicosia Cyprus

Kalani Majid MD, PhD

Senior Consultant Interventional Cardiologist and Director
of Interventional Cardiology Department at German Oncology
Center in Cyprus, Limassol, Cyprus

Kanellopoulos Giorgos

Cardiologist, Aretaio Hospital, Nicosia, Cyprus

Kaoutzanis Gavriel

Cardiac surgeon - Thoracic surgeon - Vascular surgeon - Apollonio Private Hospital Nicosia - Cyprus

Karpettas Nikos MD, PhD, FESC

Cardiologist. Assistant Professor, School of Medicine, European University Cyprus

Kipris Lambros

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Kleanthous Eleni MD FESC

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Limassol Cardiology Center, Limasol, Cyprus

Mavrommatis Petros MD, FESC

Cardiac Care Centre, Paphos, Cyprus

Mitsis Andreas

Interventional Cardiologist Cardiology Department Nicosia General Hospital, Nicosia, Cyprus

Mourtzis Nicolaos

Cardiovascular Surgeon - Head of Cardiovascular Surgery Department, Mediterranean Hospital of Cyprus, Limassol, Cyprus

Moutiris Joseph MD, DIC, MSc, PhD, FESC

Clinical Professor of Medicine (Cardiology), Medical School, University of Nicosia, Head of Cardiology Department, Paphos General Hospital, Cyprus

Myrianthefs Michael MD, MSc, MSc, MBA, FESC, FACC, PhD

Director of Cardiology, Nicosia General Hospital, Nicosia, Cyprus

Nicolaides Pambis MD, FESC, FACC

Cardiologist - American Medical Center, Nicosia, Cyprus

Ocker Volker

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Cardiologist, Nicosia General Hospital - Cyprus

Sawaya Fadi MD, FACC

Associate professor of Medicine, Division of Cardiology Interventional and Structural Cardiology, Director Structural Heart program American University of Beirut Medical Center, Beirut, Lebanon

Selias Andreas

Cardiologist - Private Practice, Limassol, Cyprus

Symeonides Phivos, MD, PHD

Cardiologist
Hippocrateon Private Hospital
Lecturer professor at Frederick University
President of Cyprus Atherosclerosis Society, Cyprus

Tanos Marios

Cardiothoracic Surgeon, Nicosia General Hospital, Nicosia, Cyprus

Theodorou Stasinios MB ChB, MRCP(UK)

Cardiologist - Limassol Cardiologist Centre, Limassol, Cyprus

Yiangou Kyriakos MD, MSc, FESC, FACC, FEACVI,

Cardiologist, Past President, Cyprus Society of Cardiology, EACVI accreditation in adult transthoracic echocardiography, MSc in Sports Cardiology, London, UK



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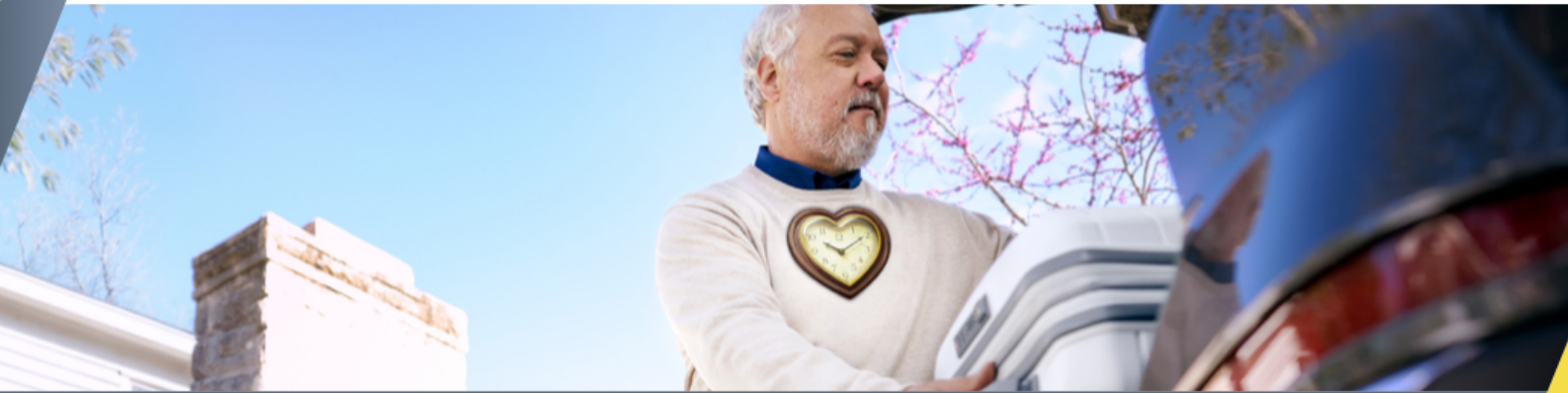
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 to offer optimal outcomes to your HFrEF patients.¹⁻⁴

ACEi = angiotensin-converting enzyme inhibitor; **ARB**=angiotensin receptor blocker; **ARNI**=angiotensin receptor neprilysin inhibitor; **CV**=cardiovascular; **HF**=heart failure; **HFrEF**=heart failure with reduced ejection fraction; **LVEF**=left ventricular ejection fraction.

References: 1. McMurray JJV, Packer M, Desai AS, et al; for the PARADIGM-HF Investigators. Angiotensin–Neprilysin Inhibition versus Enalapril in Heart Failure. *N Engl J Med.* 2014;371(11):993–1004. 2. Chandra A, Lewis EF, Claggett BL, et al. Effects of sacubitril/valsartan on physical and social activity limitations in patients with heart failure; a secondary analysis of the PARADIGM-HF trial. *JAMA Cardiol.* 2018;3(6):498–505. 3. McDonagh TA, Metra M, Adamo M, et al. 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: Developed by the Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC) With the special contribution of the Heart Failure Association (HFA) of the ESC. *Eur Heart J.* 2021;00:1–128.

ENTRESTO® Important note: Before prescribing, consult full prescribing information. **Presentation:** Film-coated tablets containing 24mg/26mg, 49mg/51mg, or 97mg/103mg of sacubitril/valsartan as sodium salt complex. **Indications:** • Treatment of symptomatic chronic heart failure with reduced ejection fraction in adult patients. • Treatment of symptomatic chronic heart failure with left ventricular systolic dysfunction in children and adolescents aged one year or older. **Dosage and administration: Adults:** • The target dose of Entresto is 97mg/103mg twice daily. • The recommended starting dose of Entresto is 49mg/51mg twice daily. • A starting dose of 24mg/26mg twice daily is recommended for patients not currently taking an angiotensin-converting enzyme (ACE) inhibitor or an angiotensin II receptor blocker (ARB), or for patients previously taking low doses of these agents. • Double the dose every 2-4 weeks to the target of 97mg/103mg twice daily, as tolerated by the patient. **Children and adolescents:** Entresto film-coated tablets are not suitable for children weighing less than 40kg. The recommended dose is presented in the below table:

Patient weight	To be given twice daily			
	Half the starting dose	Starting dose	Intermediate dose	Target dose
Paediatric patients at least 40 kg, less than 50 kg	0.8 mg/kg	24 mg/26 mg	49 mg/51 mg	72 mg/78 mg
Paediatric patients at least 50 kg	24 mg/26 mg	49 mg/51 mg	72 mg/78 mg	97 mg/103 mg

• Half the starting dose is recommended in patients who have not been taking an ACE inhibitor or an ARB or have been taking low doses of these medicinal products, patients who have renal impairment and patients who have moderate hepatic impairment. • The dose should be increased every 24 weeks to the target dose, as tolerated by the patient. • **Geriatric patients:** The dose should be in line with the renal function of the elderly patient. • **Renal impairment:** No dose adjustment is required in patients with mild renal impairment. Half of the starting dose should be considered in patients with moderate and severe renal impairment. Use with caution in patients with severe renal impairment. In paediatric patients weighing 40 kg to less than 50 kg, a starting dose of 0.8 mg/kg twice daily is recommended. The dose should be increased following the recommended dose titration every 2-4 weeks. • **Hepatic impairment:** No dose adjustment is required in patients with mild hepatic impairment. A half of the starting dose of 24mg/26mg twice daily is recommended in patients with moderate hepatic impairment. In paediatric patients weighing 40 kg to less than 50 kg, a starting dose of 0.8 mg/kg twice daily is recommended. The dose should be increased following the recommended dose titration every 2-4 weeks. Entresto is contraindicated in patients with severe hepatic impairment. • **Method of administration:** For oral use. May be administered with or without food. Splitting or crushing the tablets is not recommended. **Contraindications:** • Hypersensitivity to the active substance or to any of the excipients. • Concomitant use with ACE inhibitors. Entresto must not be administered until 36 hours after discontinuing ACE inhibitor therapy. • Known history of angioedema related to previous ACE inhibitor or ARB therapy. • Hereditary or idiopathic angioedema. • Concomitant use with aliskiren-containing medicinal products in patients with diabetes mellitus or in patients with renal impairment (eGFR <60 ml/min/1.73 m²). • Severe hepatic impairment, biliary cirrhosis and cholestasis. • Second and third trimester of pregnancy. **Warnings and precautions:** • **Dual blockade of the Renin-Angiotensin-Aldosterone System (RAAS):** • Entresto must not be administered with an ACE inhibitor due to the risk of angioedema. Entresto must not be initiated until 36 hours after taking the last dose of ACE inhibitor therapy. If treatment with Entresto is stopped, ACE inhibitor therapy must not be initiated until 36 hours after the last dose of Entresto. • Entresto must not be administered with aliskiren in patients with diabetes mellitus or in patients with renal impairment (eGFR <60 ml/min/1.73 m²). • Entresto should not be co-administered with an ARB due to the angiotensin II receptor blocking activity of Entresto. • **Hypotension:** If hypotension occurs, temporary down-titration or discontinuation of Entresto is recommended. Dose adjustment of diuretics, concomitant antihypertensives and treatment of other causes of hypotension (e.g. hypovolaemia) should be considered. Sodium and/or volume depletion should be corrected before starting treatment with Entresto. • **Renal impairment:** • Caution should be exercised when administering Entresto in patients with severe renal

impairment. • **Worsening renal function:** Use of sacubitril/valsartan may be associated with decreased renal function. Downtitration should be considered in patients who develop a clinically significant decrease in renal function. • **Hyperkalemia:** If patients experience clinically significant hyperkalaemia adjustment of concomitant medicinal products, or temporary down-titration or discontinuation is recommended. Monitoring of serum potassium is recommended, especially in patients who have risk factors such as renal impairment, diabetes mellitus or hypoadosteronism or who are on a high potassium diet or on mineralocorticoid antagonists. • **Angioedema:** If angioedema occurs, Entresto should be immediately discontinued and appropriate therapy and monitoring should be provided until complete and sustained resolution of signs and symptoms has occurred. Entresto must not be re-administered. Patients with a prior history of angioedema were not studied. As they may be at higher risk for angioedema, caution is recommended if Entresto is used in these patients. Entresto is contraindicated in patients with a known history of angioedema related to previous ACE inhibitor or ARB therapy or with hereditary or idiopathic angioedema. Black patients may have increased susceptibility to develop angioedema. • **Patients with renal artery stenosis:** Caution is required in patients with renal artery stenosis and monitoring of the renal function is recommended. • **Patients with NYHA functional classification IV:** Caution should be exercised when initiating Entresto in patients with NYHA functional classification IV. • **Patients with hepatic impairment:** Caution is recommended in patients with moderate hepatic impairment (Child-Pugh B classification) or with AST/ALT values more than twice the upper limit of the normal range. • **Psychiatric disorders:** If a patient experiences psychiatric events, discontinuation of the treatment should be considered. **Pregnancy:** The use of Entresto is not recommended during the first trimester of pregnancy and is contraindicated during the second and third trimesters of pregnancy. Patients should be advised to discontinue Entresto as soon as pregnancies occur and to inform their physicians. **Breast-feeding:** It is not known whether Entresto is excreted in human milk. Because of the potential risk for adverse drug reactions in breastfed newborns/infants, Entresto is not recommended during breastfeeding. **Adverse drug reactions:** Very common (≥10%): Hyperkalemia, hypotension, renal impairment. Common (1 to 9%): Anemia, hypokalemia, hypoglycemia, dizziness, headache, syncope, vertigo, orthostatic hypotension, cough, diarrhea, nausea, gastritis, renal failure, fatigue, asthenia. Uncommon (0.1 to 1%): Hypersensitivity, hyponatremia, dizziness postural, pruritus, rash, angioedema. Rare (0.01 to 0.1%): Hallucinations, sleep disorders. Very rare (<0.01%): Paranoia. **Interactions:** • Concomitant use contraindicated: • aliskiren in patients with diabetes mellitus or in patients with renal impairment (eGFR < 60 mL/min/1.73 m²) • use with ACE inhibitors: Entresto must not be started until 36 hours after taking the last dose of ACE inhibitor therapy. ACE inhibitor therapy must not be started until 36 hours after the last dose of Entresto. • Concomitant use not recommended: ARB. • Caution when used concomitantly with statins, sildenafil, lithium, potassium-sparing diuretics including mineral corticoid antagonists (e.g. spironolactone, triamterene, amiloride), potassium supplements, or salt substitutes containing potassium, non-steroidal anti-inflammatory agents (NSAIDs) including selective cyclooxygenase-2 inhibitors (COX-2 inhibitors), inhibitors of OATP1B1, OATP1B3, OAT3 (e.g. rifampin, cyclosporine), OAT1 (e.g. tenofovir, cidofovir) or MPR2 (e.g. ritonavir), metformin. **Packs and prices:** Entresto 24mg/26mg film-coated tablets pack of 28: €82.34; Entresto 49mg/51mg film-coated tablets pack of 56: €164.03; Entresto 97mg/103mg film-coated tablets pack of 56: €164.02.

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Reporting of suspected adverse reactions: Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions to: Novartis Pharma Services Inc., Methonis Tower, 73 Makarios Avenue, 1070 Nicosia, Tel: +357 22 690 690 (Pharmacovigilance Department), Fax: +357 22 315032 or to Pharmaceutical Services, Ministry of Health, CY-1475, www.moh.gov.cy/phs. Tel: +357 22 608 607, Fax: +357 22 608 669, by completing the Yellow Card which is available via the Pharmaceutical Services website www.moh.gov.cy/phs or by electronic submission through the website www.kitrikarta.gov.cy.