Rösch to Receive Distinguished Career Achievement Award

Josef Rösch, M.D., has been selected as this year’s recipient of the ISET Distinguished Career Achievement Award for his accomplishments in the field of vascular and interventional radiology. Dr. Rösch is a Professor and Director of Research at the Dotter Interventional Institute of Oregon Health & Science University (OHSU), Portland, Ore. This honor, which recognizes the distinguished career and achievements of a visionary in endovascular medicine, will be presented to Dr. Rösch during this morning’s general session.

Born in Pilsen, Czech Republic, in 1925, Dr. Rösch earned his medical degree in 1950 in Prague at Charles University. He had his radiologic training in the Central Military Hospital in Prague and worked there until 1967. His angiographic career began in 1953 with transparietal splenoportography and later added visceral angiography. While in Prague, he wrote two monographs: Transparietal Splenoportography, and Radiology of Spleen and Pancreas, which was translated in four languages.

Upon the invitation of Dr. Charles Dotter, Dr. Rösch moved to the United States in 1967, and has worked at OHSU since, with the exception of two years of a visiting professorship at UCLA. At OHSU, he was Chief of Interventional Radiology of Spleen and Pancreas, which was translated in four languages.

In 1987, Baptist Cardiac & Vascular Institute became one of the first centers in the nation to bring together interventional radiologists, cardiologists and surgeons as one team dedicated to treating the heart and blood vessels as one system.

“What is obvious to most practitioners today, that atherosclerosis has no boundaries, was not so apparent in the mid-80s when the Institute was being formed,” said Barry T. Katzen, M.D., founder and medical director of the Institute. “The ability to bring together neurologists and nephrologists and every other discipline caring for heart attack, stroke, renal insufficiency and peripheral vascular disease was really quite unique.”

Early success in the collaboration between Baptist Hospital and the various disciplines led to the development of a dedicated hospital within a hospital. Today, the Institute encompasses over 120,000 square feet of surgical, procedural and patient care space.

About ISET’s Sponsor...  
Baptist Cardiac & Vascular Institute

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Our 40,000-square-foot Patient Don’t Miss Tonight’s Exhibit Hall Grand Opening Reception

Dr. Robert Ballard, Discoverer of Titanic, to Speak

Don’t miss your first chance to check out the latest developments from industry leaders with tonight’s unveiling of the ISET 2005 Exhibit Hall. Representatives from more than 70 companies will be on hand to discuss the latest developments and answer any questions you might have.

The festivities begin at 6 p.m. with the Exhibit Hall Grand Opening and Welcome Reception. There will be live music, delicious food and a festive atmosphere to celebrate the start of 2005’s Next Generation of Endovascular Education.

Following the exhibit hall opening, attendees will not want to miss the opportunity to hear about the high-tech underwater world from Dr. Robert D. Ballard, discoverer of the RMS Titanic. His presentation will show you how advanced mapping and imaging systems and underwater robotics bring history to life.
If you turn on your TV set tomorrow (Tuesday) at 7:30 a.m., Dr. Julio Palmaz and Dr. Koen Deloose will represent ISET and discuss stents and the stent industry on the CNBC “SquawkBox” program.

Klaus Mathias, M.D., discusses the need for cerebral protection at the Carotid Stent Training session on Saturday. On the panel are course directors Gerald Zemel, M.D., left, and Barry T. Katzen, M.D.

A special two-day program, Carotid Stent Training at ISET 2005, featured lectures, case reviews and panel discussions on Friday and Saturday.

“This was the most thorough, in-depth carotid stent training to date,” said Barry T. Katzen, M.D. “It provided personalized hands-on experience to practitioners and we received very positive feedback.”

Dr. Katzen, Gerald Zemel, M.D., and Buddy Connors, M.D., were course directors for the free-standing seminar, which was designed for interventional radiologists, interventional cardiologists and vascular surgeons involved in endovascular therapy who plan to include carotid stenting in their practices.

Leading researchers in carotid stenting, such as Dr. Klaus Mathias of Germany, presented their findings in areas of diagnosis, device selection, implementation, patient safety and follow-up.

Dr. Zemel said the training generated a “phenomenal” turnout. “It is very satisfying to see the attendees so fully engaged and participating in this training,” he said.

Physicians Will discuss ISET, stents on CNBC program

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Dr. Rösch has received many awards including the Andreas Grünzig Medal from the Cardiovascular Interventional Radiology Society of Europe in 1996, a medal from the Scientific Committee of the European Association for the Study of the Liver for his life long work for hepatology and gastroenterology, Lifetime Achievement Awards from CIRSE and the Czech Radiologic Society in 1999, the American Heart Association Scientific Council’s Distinguished Achievement Award in 1999, a medal from Osaka City University, the Medal Ville de Toulouse and the 650 Year Charles University Anniversary Medal in Prague.

The Josef Rösch Endowed Research Professorship was established at Oregon Health Sciences University. The Cardiovascular and Interventional Radiology Society of Europe, Society of Interventional Radiology of Czech Republic, and the Cardiovascular and Interventional Society of Europe have established eponymous lectures bearing his name at their annual meetings.
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**Cook Incorporated To Begin First U.S. Clinical Trial of a Drug-Eluting Peripheral Stent**

Cook Incorporated will soon begin the first U.S. clinical trial of a drug-coated stent for a peripheral (non-coronary) artery. The Cook Incorporated trial will examine whether the company’s Zilver® PTX self-expanding vascular stent coated with an anti-tumor agent called paclitaxel can provide clinical benefit to patients receiving stents in the femoropopliteal artery. Cook officials explained. The Zilver PTX Peripheral Stent is an investigational device not approved for sale in the United States.

Cook’s Zilver PTX investigational study is the first clinical investigation approved by the U.S. Food and Drug Administration to study the effectiveness of a drug-eluting stent for a peripheral artery. It will be conducted initially at 10 U.S. medical facilities and will enroll 60 patients, with an expanded trial likely pending further FDA review.

“This is one of the most anticipated trials in years,” said the trial’s national principal investigator Michael D. Dale, M.D., chief of cardiovascular and interventional radiology at Stanford University School of Medicine. “There is tremendous investigator enthusiasm for this trial to determine if benefits comparable to those achieved in patients with coronary lesions can be obtained by translating similar drug-eluting stent technology to symptomatic individuals with peripheral arterial disease.”

“A coronary stent coated with paclitaxel is now the top-selling device of its kind for patients with coronary artery disease, and we hope our trial will help Cook determine whether a similar drug-eluting stent can demonstrate comparably positive clinical results for patients with peripheral vascular disease,” noted Kent Hawkins, president and chief executive officer of Cook Incorporated.

**EVLT® (EndoVenous Laser Treatment) from Diomed Expands Beyond the GSV**

**EVLT® (EndoVenous Laser Treatment) from Diomed (AMEX: DIO), a leading developer and marketer of minimally invasive medical technologies, is now FDA cleared for expanded use in the treatment of varicose veins.**

New FDA clearance authorizes the use of Diomed’s 810nm D15 Plus and D30 Plus laser systems and associated procedure kits for treatment of venous incompetence and reflux of other superficial veins in the lower extremity, in addition to its current use for the treatment of venous reflux in the Greater Saphenous Vein (GSV) associated with varicose veins. Although GSV reflux is the most common underlying cause of significant varicose veins, the impact of other “truncal” veins such as the small saphenous vein system (SSV) is also very significant. Lower extremity venous insufficiency is a common medical condition afflicting 20% to 25% of women and 10% - 15% of men.

According to Robert Min MD, Vice Chairman of Radiology and Director at Cornell Vascular and one of the developers of the EVLT® procedure, “It has been a challenge handling non-GSV sources of reflux without surgery, but advances in duplex ultrasound imaging and the versatility of the EVLT® procedure have made safe and effective minimally invasive treatment possible. In our experience, more than 95% of small saphenous veins, accessory saphenous veins and posterior thigh circumflex veins have remained closed after initial EVLT® treatment.”

**Clearing Blocked Neck Arteries in High-Risk Patients**

Cleveland Clinic-led research, sponsored by Cordis Corporation and published in a recent issue of the New England Journal of Medicine demonstrated that carotid stenting with embolic protection to traditional open surgery to clear clogged neck arteries and restore blood flow to the brain in high-risk surgical patients. The traditional surgery, called a carotid endarterectomy, is considered the current “gold standard” for treating carotid stenosis.

The SAPPHIRE study included 334 high-risk patients at 29 treatment centers around the United States. Patients were randomly assigned to a procedure only if caregivers agreed the patient was a suitable candidate for either stenting or endarterectomy. Of the 167 patients randomly assigned to stenting, 159 received the assigned treatment. Of the 167 patients assigned to surgery, 151 received the assigned treatment. The primary end point of the study was the rate of major adverse events, defined as death, stroke, or heart attack within 30 days of the procedure, or death or stroke between 31 days and one year following the procedure.

Of the patients assigned to stenting, 20 of the 167 experienced a major adverse event vs. 32 of the 167 assigned to surgery, demonstrating non-inferiority of carotid stenting to surgery. Rates of bleeding complications were similar, but the length of hospital stay was longer in the patients assigned to surgery.

**AGA Medical Corporation Gains FDA Clearance for AMPLATZER® Vascular Plug**

AGA Medical Corporation has received approval from the U.S. Food and Drug Administration for its AMPLATZER® Vascular Plug, an implantable device that provides physicians with a minimally invasive alternative to current treatment options for correcting an array of common vascular disorders.

The AMPLATZER Vascular Plug helps physicians occlude, or close, specifically targeted veins and arteries. Vascular occlusion is often indicated to help a patient avoid a burst aneurysm, to shut off blood flow to a growing tumor, or to correct situations where the venous and arterial sides of the circulatory system connect abnormally. Unlike some coil technologies, which are emboлизed in a less-controlled fashion, the AMPLATZER Vascular Plug can be placed, repositioned if necessary, and finally released in a precise and controlled manner.

The AMPLATZER Vascular Plug is approved by the FDA for cases where the site to be treated is within the peripheral vasculature. Until now, the two most common treatments for peripheral vascular disorders have been surgery or implantable coils, which are designed to induce blood clotting and thus occlude the vessel.

The AMPLATZER Vascular Plug is one in a growing family of minimally invasive, implantable occlusion devices manufactured by AGA Medical, and the first of the company’s devices intended for implantation within the radiology lab, by interventional radiologists.

The self-expandable, cylindrical device is made of Nitinol-wire mesh which allows the device to compress inside a catheter, and then return to its intended shape to occlude the target vessel. It’s available in diameters ranging from 4 mm to 16 mm. The device is also non-magnetic, and therefore compatible with magnetic resonance imaging (MRI) technology.
Care Center provides 51 inpatient and 32 outpatient, preparatory and recovery beds. Here, all cardiovascular services are consolidated and the same team of cardiac and vascular specialists treats patients from the time they enter the Institute until discharge.

In this way, the Institute integrates a full continuum of services, providing each patient with the very highest quality of care. It’s a tribute to our success that even though we expanded our Patient Care Center in 2001, capacity has been reached and we are again expanding.

A Leader in Research and Education

The Institute’s circular “gallery” of glass-walled, high-tech procedure rooms with the latest in digital imaging technology has enabled us to train hundreds of visiting physicians on-site. Cutting-edge “live cases” are also frequently televised to cardiovascular centers and meetings all over the world.

This week’s 17th annual ISET, the premier meeting in endovascular medicine with its busy schedule of live cases and audience participation, is our signature event. ISET fully embodies the Institute’s long-term sponsorship of high technology and research to achieve solutions for the greatest challenges in cardiac and vascular medicine.

Indeed, research and education have always been key components of our mission. At any given time, Institute physicians are participating in 50 clinical trials, often in positions of national leadership. This has led to a reputation for expertise with the newest and best treatment modalities long before they reach the general market.

Over the past 10 years, the Institute has become particularly known for the endovascular treatment of abdominal and thoracic aortic aneurysm, peripheral vascular disease and carotid artery stenosis.

In 1994, our physicians helped organize the first U.S. clinical trial of a stent-graft for endovascular repair of abdominal aortic aneurysm. We subsequently have been involved in almost every major, national AAA endograft study, and are able to offer patients a proven record of experience with every FDA-approved AAA device.

This year, we will be involved in trials of two pressure sensors that will be implanted inside abdominal aortic aneurysms for post-endograft monitoring, as well as two endografts for thoracic aortic aneurysm.

Physicians at the Institute also have four active carotid stent clinical trials for the prevention of stroke, including the CREST study for low-risk patients sponsored by the National Institutes of Health. The Institute helped lead the first national clinical trial of a carotid stent, which just reported two-year results in the New England Journal of Medicine.

In peripheral vascular medicine, the Institute just became one of two leading research sites for the first randomized, controlled study of stent implantation versus angioplasty in the femoral artery. We are also participating in the first national trial of a drug-eluting stent in the legs.

Our current cardiac research encompasses several drug-eluting coronary stents and a device for the prevention of secondary embolic stroke through endovascular closure of patent foramen ovale (PFO). A trial of endovascular closure of the left atrial appendage for embolic stroke protection in patients with atrial fibrillation is just getting underway.

Last summer, the Institute opened a $3 million neurointerventional suite for aggressive endovascular prevention and treatment of embolic stroke.

About ISET’s Sponsor

From page 1

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