

## Registration

On-line registration is available for individuals at:  
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## Registration fees

**Early registration**, before February 16th 2007

### Members of the academy

Physicians: 100 Euro  
Students, Technicians, Nurses: 30 Euro

### Non members of the academy

Physicians: 200 Euro  
Students, Technicians, Nurses: 60 Euro

**Late / on site registration**, after February 16th 2007

### Members of the academy

Physicians: 150 Euro  
Students, Technicians, Nurses: 30 Euro

### Non members of the academy

Physicians: 250 Euro  
Students, Technicians, Nurses: 60 Euro

Account holder: CongO GmbH  
Bank: Dresdner Bank  
Bank code: 700 800 00  
Account number: 04 927 862 00  
Comment: FISBA 2007

Payment must be made in Euros only. Upon receipt of your valid registration (with full payment), a confirmation will be sent. Please bring your registration confirmation to the meeting together with your identity card.

## Under the conspicuity of the Hessian Medical x-ray society

## Organization

### CongO GmbH

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## Venue

The meeting will be held in Frankfurt/Main, Germany in the lecture and congress area of the University Hospital, Building 23A, Theodor-Stern-Kai 7, D-60590 Frankfurt.

## Accreditation

FISBA is accredited by the Hessian medical association for Friday 5 and Saturday 8 accreditation points (ANR6010983).

The official language of the congress is English.  
All scientific sessions will be held in English.

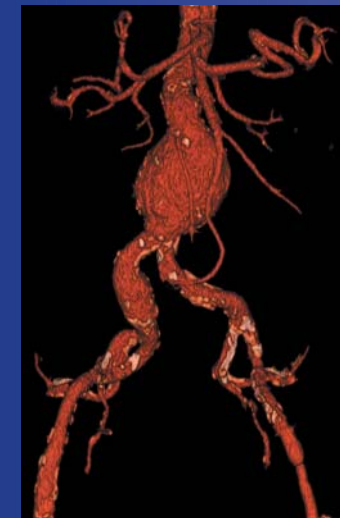
## Sponsors

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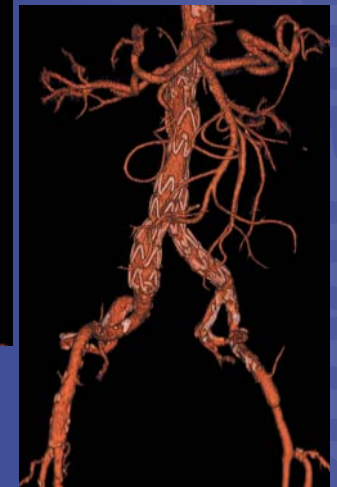
# 4<sup>th</sup> FISBA



## Treatment Strategies in Abdominal Aortic Aneurysms



with  
**LIVE CASES**



**Friday, March 2nd 2007**  
**Saturday, March 3rd 2007**

Congress area of the  
University Hospital, Building 23A  
Theodor-Stern-Kai 7

**Frankfurt/Main, Germany**

## Welcome address

Dear colleagues,

**Abdominal Aortic Aneurysms** (AAA) is the 14th leading cause of death, and AAA will become more prevalent as the population ages.

**Endovascular Aneurysm Repair** (EVAR) is a well established treatment option for patients with suitable infrarenal aneurysm anatomy. However, high surgical risk patients, who we believe could most likely benefit from EVAR, often do not have a suitable anatomy. Therefore, we would like to explore whether patients with aneurysm extension to the renal and visceral arteries or the internal iliac arteries can be treated with branched or fenestrated graft technology. Moreover, complications such as endoleaks, migration and graft thrombosis require evaluation.

**Continuous real**, as well as pseudo improvements, have resulted in an overwhelming variety of EVAR devices. The lack of evidence-based results has led to confusion and dispute about the quality of certain endovascular techniques. It is our aim to provide a forum where all current EVAR devices can be evaluated, side by side.

**As in previous years**, alternating lectures and live case presentations will permit discussion about all aspects of indication, strategies and equipment selection. After the great success of the first three FISBA meetings it is a great pleasure to invite you on behalf of the organizing committee to Frankfurt for the „4th Frankfurt Interdisciplinary Symposium on the behavior of Abdominal Aneurysm (FISBA)“. New therapeutic strategies will be discussed by international experts in the field.

**We are looking** forward to seeing you in Frankfurt

**Jörn O. Balzer**  
**Thomas Schmitz-Rixen**

**Thomas J. Vogl**  
**Farzin Adili**

## Friday, March 2nd 2007

### Hands-on Workshop on EVAR of AAA.

14:00 **Welcome.** T. Schmitz-Rixen

#### Moderators: T. Schmitz-Rixen, J.O. Balzer

14:15 The Medtronic device. J.O. Balzer  
14:45 The Cook device. A. Thalhammer  
15:15 The Anaconda device. P.M. Kasprzak  
15:45 The Gore device. F. Adili  
16:15 The Endologix Powerlink System. L. Qu  
16:45 Unilateral devices. M. Nabil  
17:15 Imaging devices for EVAR. S. Zangos  
17:30 Contrast material and nephropathy:  
Which contrast material makes the difference?  
M.G. Mack  
17:45 Discussion

## Saturday, March 3rd 2007

9:00 **Welcome.** J.O. Balzer

#### Chair: D. Raithel, T.J. Vogl

9:15 Who should undergo EVAR for AAA:  
Reflections from EVAR and DREAM trials.  
H.-H. Eckstein  
9:30 Image based patient assessment for EVAR:  
What is important.  
T.J. Vogl  
9:45 **LIVE CASE**  
10:15 Management of small aortic aneurysms.  
P. Cao  
10:30 Does the graft make a difference in EVAR?  
Which graft should be used to deal with short  
necks? With angulated necks?  
J. Brunkwall  
10:45 Discussion  
11:00 Coffee break

#### Chair: K. Balzer, J.O. Balzer

11:30 Appropriate sizing for EVAR. Device specific  
considerations. J.O. Balzer  
11:45 Can distal migration in EVAR be prevented by  
„anatomical fixation“.  
D. Raithel, L. Qu  
12:00 Endovascular treatment of ruptured AAA,  
the best indication for an endograft?  
K. Balzer  
12:15 What is the real current durability of conven-  
tional open AAA repair?  
Is it really better than that of EVAR?  
M. Storck, P. Modic  
12:30 **LIVE CASE**  
13:00 Lunch

#### Chair: J.-R. Allenberg, T. Schmitz-Rixen

13:45 Evolution of fenestrated and branched endograft  
devices: Will they allow EVAR for all AAA?  
W. Stelter  
14:00 Fenestrated grafts – The UK experience.  
G. Hamilton  
14:15 Sidebranch stentgrafts. Technique and consid-  
erations. G. Torsello  
14:30 Is the Anaconda stent graft a more appropriate  
system for EVAR of AAA.  
P.M. Kasprzak  
14:45 Endoleaks & Endotension. Detection & Conse-  
quence. S. Zangos  
15:00 Discussion  
15:15 Coffee break

#### Chair: M. van Sambeek, F. Adili

15:45 3D aortic shape and rupture potential:  
Correlation with FE analysis. G. Silber  
16:00 Hybrid procedures in TAAA. D. Böckler  
16:15 Long-term follow-up and cost analysis of EVAR.  
M. van Sambeek  
16:30 **LIVE CASE**  
17:30 Discussion  
17:45 Take home message. J.O. Balzer