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* Valves in the Heart of the Big Apple VIII
~ The Marriott Marquis ~ New York City, New York

• **CERTIFICATE OF ATTENDANCE** •

This letter certifies that *Calogera Pisano* attended the 2014 Annual Scientific Meeting held at The Marriott Marquis in New York City, New York, from May 8-10 2014. If additional meeting attendance verification is required, please call the Society's Administrative Office at 978-927-8330 (located in Beverly, Massachusetts, USA).

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Certificate of Attendance

Calogera Pisano

The Office of CME at SUNY Downstate Medical Center certifies that the above named physician has participated in the live activity titled below and is awarded **17.5 AMA PRA Category 1 Credits™**

Valves in The Heart of The Big Apple VIII: Evaluation & Management of Valvular Heart Diseases 2014

Fourth Annual Joint Scientific Meeting of the Heart Valve Society of America and Society for Heart Valve Disease

Seventh Annual Scientific Session: Heart Valve Society of America

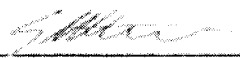
May 8—10, 2014

Held at New York Marriott Marquis, New York City

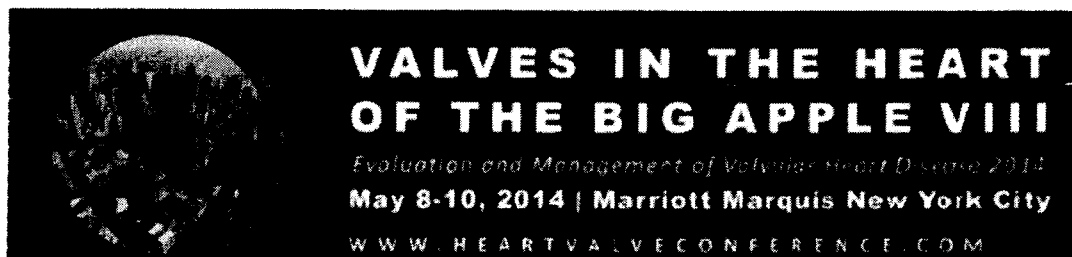
The State University of New York (SUNY) Downstate Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Downstate Medical Center designates this educational activity for a maximum of **17.5 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CME Activity Director:
Jeffrey S. Borer, M.D.
Professor & Chairman, Dept. of Medicine
Chief/Division of Cardiovascular Medicine
SUNY Downstate Medical Center
President, Heart Valve Society of America



Edeline Mitton, MEd
Director, Office of Continuing Medical Education
SUNY Downstate Medical Center

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CARDIOLOGY

International Journal of
Cardiovascular Medicine, Surgery, Pathology and Pharmacology

Abstracts

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Valves in the Heart of the Big Apple VIII: Evaluation and Management of Valvular Heart Diseases 2014

Fifth Annual Joint Scientific Session
of the Heart Valve Society of America and
Society of Heart Valve Diseases,
New York City, N.Y., May 8–10, 2014

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ent's own tissue according to the shape of mold faithfully. In this study, 3D printer was used for design of the preparation molds for Biovalve family and valvular function was evaluated in vitro and in vivo. **Methods and Results:** 3D printers (Projet or Objet) could reproduce easily the 3D-shape and size of native heart valves regardless of types within several hours. Only 1-month subcutaneous embedding of the assembling of 2 conduit parts and 3 sinus parts produced aortic or pulmonary valve-shaped Biovalves from completely autologous connective tissue with collagen and fibroblasts. As an aortic valve Biovalve in vitro evaluation using a pulsatile circulation circuit showed excellent valvular functions. Mean flow was maintained up to 10 days in the saline solution at 37°C with high durability. Upon implantation of the Biovalves in a beagle or a goat model good valvular function was obtained for 6 months. Combination with stents (Goodman Co.) at the mold embedding formed stent-impregnated Biovalves. By catheter-induced implantation of the Biovalves TAVI in a goat model or TPVI in a canine model were performed. In addition, mitral-type and tricuspid-type Biovalves were similarly formed by 3D molding in body. Their leaflets and tendinous cords were connected robustly and seamlessly. In a canine model, after surgical replacement post-operative echocardiography showed smooth movement of the leaflets with little regurgitation under systemic circulation. In all implantation study, the luminal surface after implantation was very smooth and fully covered with thin neointima including endothelial cells without thrombus formation. **Conclusion:** Functional, autologous, 3D-shaped, aortic, pulmonary, mitral, and tricuspid valves with clinical application potential were formed by only in body embedding of specially designed molds, which could be prepared by 3D printer within several hours.

Long Term Evaluation of In-Body Tissue Engineered Heart Valve (Biovalve)

Yoshiaki Takewa

National Cerebral and Cardiovascular Center, Osaka, Japan

Objective: A novel autologous aortic valve with a metallic stent (Biovalve Stent) was developed, using simple, safe and economical in-body tissue engineering. In this study, the long-term evaluation of the Biovalve Stent for transcatheter implantation was investigated in a goat model. **Methods:** Biovalve Stents were prepared by 2-month embedding of the molds, assembled using plastic rods and a metallic stent, in the subcutaneous spaces of goats. After extracting the molds and removing the plastic rods only, Biovalve Stents with tri-leaflets similar to those of the native aortic valves were constituted from completely autologous connective tissues. Twelve out of 15 Biovalve Stents were implanted in the aorta in situ and other 3 Biovalve Stents were implanted in the pulmonary artery (PA) in situ with transcatheter technique. **Results:** In both aortic and PA cases, the Biovalve Stents were successfully implanted. Angiography showed smooth movement of the leaflets with a little regurgitation under the systemic and pulmonary circulation. The Biovalve Stents were extracted 1, 2, 5 or 6 months after implantation. The leaflets of the Biovalve kept their shape and elasticity even after 5 months and neither calcification nor thrombi were

observed. Histological examination showed the cell populations inside the valves and endothelial cells covering the laminar surface of the valve leaflets. **Conclusions:** The Biovalve Stent satisfied the higher requirements of systemic and pulmonary circulation in goats for maximum 6 months with the potential for transcatheter implantation.

Role of Matrix Metalloproteinases in Complications of Thoracic Aorta Aneurysm

Calogera Pisano, Carmela Rita Balistreri, Tommaso Delisi, Salvatore Ocello, Gianfranco Filippone, Daniela Buono, Ugo Di Blasi, Maria Concetta Guarneri, Oreste Fabio Triolo, Vincenzo Argano, Cesira Palmeri, Giovanni Ruvolo

University of Palermo, Palermo, Italy

Objective: Matrix metalloproteinases (MMPs) are endopeptidases involved in extra-cellular matrix remodelling, associated with both physiological and pathological processes of several human tissues and systems, such as vascular system. It is well known their involvement in mediating both beneficial and pathological aorta effects, such as abdominal aorta aneurysms and its complications. On the contrary, unclear data exist about their role in the pathophysiology of sporadic thoracic aorta aneurysm (TAA) and its complications. Thus, the aim of this study was to analyse the role of MMPs in TAA complications, i.e. rupture and dissection. **Methods:** Aortic specimens obtained from 73 patients (51 men and 22 women, age 61.7±10.7 years) affected by TAAs, 18 patients with type A aortic dissection (TAD) and 30 controls were utilised for histo-pathological and immune-histochemical analyses. In addition, a second control group of 128 subjects (61 men and 67 woman, age 61.1±5.8 years) was enrolled to examine the role of single nucleotide polymorphisms (SNPs) of MMP-9 (NM-004985), MMP-2 (NM-001121363.1) genes in diseases risk. **Results:** Three different patterns of MMPs (extracellular, intracellular and mixed) with different concentration (low, moderate, elevated) have been observed in case aorta samples. The pattern with elevated MMP amount in aorta samples from TAD cases was also characterised by increased cystic medial degeneration, without substitutive fibrosis, and plurifocal medial apoptosis. In the context of TAA aorta samples, we identified three phenotypes: phenotype I (normal wall); phenotype II (moderate wall thickness); phenotype III (thin and weak wall). In particular TAA phenotype III mainly observed in case samples showed the same histological features of TAD with elevated MMP concentration with a mixed pattern. In addition, significant associations were observed between the 1562C/T MMP-9 and -735C/T MMP-2 SNPs and the risk of both TAA and TAD. **Conclusions:** Our data suggest a crucial role of both MMP-2 and MMP-9 in both TAA and its complications, such as TAD. In future they might be considered as new criteria in TAA surgical indications.

VALVES IN THE HEART OF THE BIG APPLE VIII

Evaluation & Management of Valvular Heart Disease 2014



Heart Valve Society
of America



The
Society for
Heart
Valve
Disease

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May 8-10, 2014

New York Marriott Marquis

New York City

SCIENTIFIC SESSION PROGRAM

1:30 – 3:00 pm TEACHING SESSIONS

TEE Orientation in the OR or Cath Lab with the Masters I Odets (4th Floor)
Hector Michelena, MD, Vuyisile Nkomo, MD, Sunil Mankad, MD

Percutaneous AVR Simulation I Wilder (4th Floor)
Kevin Greason, MD, Jean-François Obadia, MD, Carlos Ruiz, MD, PhD

1:30 - 3:00 pm ORAL PRESENTATION OF REFEREED ABSTRACTS

Basic Biology of Valve Disease – AV and Ascending Aorta Booth (5th Floor)
Chair: *Blase Carabello, MD*

1. Role Of Matrix Metalloproteinases In Complications Of Thoracic Aorta Aneurysm

Calogera Pisano, Carmela Rita Balistreri, Tommaso Delisi, Salvatore Ocello, Gianfranco Filippone, Daniela Buono, Ugo Di Blasi, Maria Concetta Guarneri, Oreste Fabio Triolo, Vincenzo Argano, Cesira Palmeri, Giovanni Ruvolo.
University of Palermo, Palermo, Italy.

2. Bicuspid Aortic Valve Hemodynamics Contribute To Acute Remodeling In Porcine Ascending Aortas

Samantha Ratley, Kai Cao, Philippe Sucosky.
University of Notre Dame, South Bend, IN, USA.

3. Autoantibodies To Oxidized Ldl In Patients With Aortic Regurgitation: Association With Aortic Diameter Size

Sara Shimoni, Iris Bar, Liaz Zilberman, Jacob George.
Kaplan Hospital, Rehovot, Israel.

4. Aneurysm Formation In Patients With Bicuspid Aortic Valves: Potential Role Of Epigenetic Regulation Of Gene Expression

Michael A. Hagler¹, Aiham H. Jbeli¹, Meghana Kunkala¹, Carolyn M. Roos¹, Thoralf M. Sundt², Jordan D. Miller¹.
¹Mayo Clinic, Rochester, MN, USA, ²Massachusetts General Hospital, Boston, MA, USA.

5. MicroRNA Profiling Of Diseased Aortic Valves

Sean Coffey¹, Michael JA Williams², Greg T. Jones².
¹John Radcliffe Hospital, Oxford, United Kingdom, ²University of Otago, Dunedin, New Zealand.

Aortic Valve and/or Root Replacement/Repair I Edison (5th Floor)
Chair: *Niki Kantrowitz, MD*

1. Mid-Term Results Of Aortic Root Reimplantation In Patients With Severe Aortic Regurgitation

Shunsuke Miyahara, Katsuhiko Yamanaka, Toshihito Sakamoto, Yoshikatsu Nomura, Takeshi Inoue, Masamichi Matsumori, Kenji Okada, Yutaka Okita.
Kobe University Graduate School of Medicine, Kobe, Japan.