50 YEARS OF EMLTD

26th Anniversary International Congress on Thrombosis

ATHENS
GREECE

JUNE
19-22
2019

EMLTD

European and Mediterranean League against Thrombotic Diseases

MEGARON
Athens International Conference Center

HOSTING SOCIETY
Institute for the Study and Education on Thrombosis and Antithrombotic Therapy

www.thrombosiscongress.org

WELCOME LETTER

Dear Colleagues and Friends,

On behalf of the Congress Executive Committee and the Council of the European and Mediterranean League against Thrombotic Diseases (EMLTD), it is my great pleasure and privilege to invite you to the 26th International Congress on Thrombosis (ICT) in Athens, June 19-22, 2019.

The EMLTD ICT 2019 welcomes both clinicians and basic researchers for high-level interdisciplinary exchange. The congress brings the best and most novel advances in Thrombosis and related scientific topics to attending delegates. In this regard we have created a unique programme which covers the whole spectrum of basic, translational and clinical aspects of thrombosis, platelets, coagulation, fibrinolysis, haemostasis and vascular biology with care and appreciation for attendees' scientific and personal enjoyment. The programme includes outstanding Keynote lectures, State-of-the-art Plenary sessions, Meet the Experts sessions, Advanced Clinical Workshops, Sponsored Educational and Satellite symposia, Short Oral Presentations, Science at a Glance and Poster sessions, based on selected abstracts submitted by young scientists. We are sure that the ICT 2019 creates an excellent opportunity for all participants to gain new friends, new ideas, inspiration to advance their research, and opportunities to establish new collaborations on Thrombosis and related diseases. The ICT 2019 supports Young Investigators by providing awards to the best oral and poster presentations.

The Congres is held in "Megaron, The Athens Concert Hall". This venue is in the center of the city of Athens, very close to the metro station and in walking distance from many hotels suitable for the participants. All attendees of ICT 2019 have the opportunity to enjoy an excellent scientific meeting in the warm, hospitable and enchanting city of Athens. Athens is the city of the goddess of wisdom Athena, the city of democracy, philosophy, arts, theater, the city where many of classical civilization's intellectual and artistic ideas originated. Athens has a unique place in human history with important monuments and museums, and presently it is a large cosmopolitan metropolis and central to economic, financial, industrial, maritime, political and cultural life in Greece.

We are confident that all the above fascinating features make ICT 2019 a wonderful and unforgettable event.

Welcome to Athens!

PROF. ALEXANDROS TSELEPIS
President of 26th International Congress on Thrombosis

ELMTD HISTORY AND ANNIVERSARY

by **TERESA PADRO, TERESA SANTOS & LINA BADIMON**

In the 1960', even though thrombosis was an important cause of mortality and morbidity, it was not recognized as an important medical problem, and progressive efforts were needed in order to recognize it as a specific medical entity requiring clinical studies and research.

Within this atmosphere, the first Spanish and French Symposium on "Hemorrhagic Syndromes and Thromboembolic Diseases" is organized in Bilbao (Spain) by Dr. José Antonio Iriarte and Dr. Jasone Monasterio, with the participation of other important specialists from France and Spain.

At the end of this first Symposium, a decision was made: To hold another meeting in two years time and invite leaders from Italy and other Mediterranean Countries. It was the beginning of the Mediterranean League against Thromboembolic Diseases (MLTD).
1969

The first MLTD Congress takes place in Bilbao under the presidency of Dr. Iriarte and the first associated countries and counselors were: France (Dr. Sammama), Spain (Dr. Aznar), Greece (Dr. Mandalaki), Israel (Dr. De Vries), Italy (Dr. De Nicola), Turkey (Dr. Ulutin) and Bulgaria (Dr. Anastassoff). Dr. Iriarte now becomes the General Secretary of one of the first International Thrombosis Societies of the world.

From its beginnings the MLTD, a non-profit association, had a scientific and educational vocation and a multidisciplinary and international approach, creating bridges between clinical practice and basic science in order to clarify the origin, causes, diagnosis, prophylaxis and treatment of thrombosis. Based on this vocation, the MLTD promoted congresses, courses and symposia in order to spread the scientific advances in the fight against thrombosis with the aim of benefitting the patients.

During the 70' four more countries were incorporated to the League: Egypt, Tunisia, Lebanon and Yugoslavia, and the Society was officially register in Spain.

During these years, the International Congresses on Thrombosis (ICT) took place in Istanbul, Tel Aviv, Athens and Bologna (Table), and a permanent collaboration with the ISTH was established.

The following decades gave the MLTD a solid and consolidated ground as an International Scientific Society and the ICTs were characterized by a high level scientific programs with highly qualified speakers; these gatherings provided a multidisciplinary and international forum for exchange of ideas between participants that came from all over the world, and took place in a warm atmosphere, incorporating the cultural characteristics of the organizing country.

In the 80's the MLTD organized the its biennial ICT in Montecarlo, Valencia, Istanbul, Jerusalem and Athens and had an increasing number of attendees from all over the world (see Table). In 1984 the EMLTD reached an agreement of scientific collaboration with the Latino-American Cooperative Group of Haemostasis and Thrombosis (CLATH- Group).

In the nineties, new countries were associated with the MLTD: Slovenia, Portugal and Morocco. Haemostasis became the official journal of the Society that was after replaced by Thrombosis Research in 2011.

In the ICT of Bologna in 2002 Dr Monasterio replaced Dr Iriarte as the 2nd General Secretary

of the Society and in this decade, new countries were incorporated: Croatia, Saudi Arabia and Cyprus.

After two years of deliberations the MLTD decides to constitute a Foundation, the MLTD Foundation, to strengthen and extend the scientific activities of the Society, and to promote the public awareness on the risks of thrombosis. The MLTD and its Foundation also aim to promote cooperation between countries and institutions in the fight against thrombosis. The first president of the Foundation was Dr Monasterio until her resignation in 2009 when Dr Lina Badimon was elected.

In June 2008 Dr Monasterio was replaced by Dr M. Teresa Santos as the 3rd General Secretary of the MLTD and in 2016 Dr Santos was replaced by Dr Teresa Padro as the 4th General Secretary.

With Dr. Coccheri's presidency in the MLTD Educational Board and Dr U Selisohn collaboration as a Councilor of the MLTD and chairmen of the ISTH Educational Committee several Educational Courses were jointly organized between the MLTD and the ISTH in Morocco (2004), Tunisia (2007), Rumania (2008), Lebanon (2010) and Kiev (2012), also with the collaboration of the local scientific societies in the different countries. Additional activities and collaborations have been held with the CLATH Group.

The EMLTD has the challenge to impulse educational programs in different countries, particularly in those countries in transition where the scientific and educational communities may not have the infrastructure or resources necessaries in the field of thrombosis.

From the very beginning, the MLTD was a society with a strong cooperative vision and has cooperated actively with various scientific societies such as the ISTH and CLATH. Recently, additional national societies of thrombosis and haemostasis signed memorandums of collaboration with the EMLTD including SETH in 2009 (Spain), SISET in 2014 (Italy), RSSCH in 2015 (Russia) and ISETAT in 2017 (Greece) to promote cooperation with the EMLTD activities in the different countries.

The MLTD, who was born to be within the Mediterranean Countries, found it crucial to broaden its horizons, because its mission would be best served with an even wider and inclusive cooperation with other European non-Mediterranean Countries. In the MLTD General Assembly that took place in Amsterdam in 2013, the decision to change the Society's name to "European and Mediterranean League against Thrombotic Diseases" (EMLTD) was agreed. The, change was approved by the General Assembly that took place in Valencia in 2014.

While our association of countries and agreements with scientific societies is regulated by the EMLTD by-laws, by tradition, EMLTD members are from all over the world.

Under the new name, the ITC congresses took place in Istanbul 2016 and in Venice 2018 and now are the turn of Athens 2019 to celebrate the 50th anniversary of our Society!!

As thrombosis is still the main cause of death and disability in most countries and it is of critical important to take action, the EMLTD looks for new and great achievements in the fight against thrombosis in the years to come.

COMMITTEES

CONGRESS EXECUTIVE COMMITTEE

President
Tselepis, Alexandros (Greece)

Vice-President
Gerotziafas, Grigoris (France)

SCIENTIFIC COMMITTEE

Alexandros, Tselepis (Greece)
Muzaffer, Demir (Turkey)
Teresa, Padró (Spain)
Maria, Santos (Spain)
Elmina, Lefkou (Greece)
Efrosyni, Nomikou (Greece)
Erkin, Mirrakhimov (Kyrgyzstan)
Tzortzis, Nomikos (Greece)
Ali Taher (Lebanon)
Aris, Bamias (Greece)
Stavros, Konstantinides (Germany)
George, Ntaios (Greece)
Jean, François Schved (France)
Arsen, Mekinian (France)
Pieter, Khampuisen (The Netherlands)
Walter, Ageno (Italy)
Grigoris, Gerotziafas (France)
Paolo, Prandoni (Italy)
Marco, Cattaneo (Italy)

FACULTY COMMITTEE

Aboelnazar, Essam (Egypt)
Ageno, Walter (Italy)
Alexopoulos, Dimitrios (Greece)
Antic, Darko (Serbia)
Arcelus, Juan Ignacio (Spain)
Ardissino, Gianluigi (Italy)
Arnaoutoglou, Eleni (Greece)
Bachelot-Loza, Christilla (France)
Badimon, Lina (Spain)
Bamias, Aristoteles (Greece)
Beccattini, Cecilia (Italy)
Brenner, Baruch (Israel)
Bugiardini, Raffaele (Italy)
Capodanno , Davide Francesco (Italy)
Carrier, Marc (Canada)
Cattaneo, Marco Natale (Italy)
Cenko, Edina (Italy)
Christensen, Hanne (Denmark)
Coppo, Paul (France)
D'Angelo, Armando (Italy)
Davlouros, Periklis (Greece)
De Witt, Cor (Germany)
Douketis, James (Canada)
Douxfils, Jonathan (Belgium)
Duncker, Dirk J. (The Netherlands)
Elalamy, Ismail (France)
Falanga, Anna (Italy)
Fuster, Valentin (USA)
Gerotziafas, Grigoris (France)
Goudenevos, John (Greece)
Grouzi, Elissavet (Greece)
Hahalis, George (Greece)
Hart, Robert (Canada)
Hunt, Beverley (UK)
Jimenez, David (Spain)
Kakisis, John (Greece)
Kamphuisen, Pieter (The Netherlands)
Katan, Mira (Switzerland)
Kenet, Gili (Israel)
Konstantinides, Stavros (Germany)
Kozak, Matija (Slovenia)
Kyriakou, Ellias (Greece)
Langer, Harald F. (Germany)
Lattimer, Christopher (UK)
Lefkou, Elmina (Greece)
Mahé, Isabelle (France)
Marketou, Maria (Greece)
Matsagkas, Miltiadis (Greece)
Mekinian, Arsene (France)
Mendieta, Carlos (Spain)
Meyer, Guy (France)
Mezalek Zoubida, Tazi (Morocco)
Milionis, Haralambos (Greece)
Mirrakhimov, Erkin (Kyrgyzstan)
Morais, Joao (Portugal)
Mullier, François (Belgium)
Ni Ainle, Fionnuala (Ireland)
Nomikos, Tzortzis (Greece)
Nomikou, Efrosyni (Greece)
Ntaios George (Greece)
Pabinger, Ingrid (Austria)
Padró, Teresa (Spain)
Parodi, Guido (Italy)
Parthenakis, Fragiskos (Greece)
Patrignani, Paola (Italy)
Pattakos, Gregori (Greece)
Pengo, Vittorio (Italy)
Pergantou, Eleni (Greece)
Peyvandi, Flora (Italy)
Prandoni, Paolo (Italy)
Richter, Dimitrios (Greece)
Roitman, Eugene (Russia)
Roumiantsev, Sergey (Russia)
Schulman, Sam (Canada)
Schved, Jean François (France)
Simantirakis, Emmanuel (Greece)
Spiliopoulos, Stavros (Greece)
Spyropoulos, Alex (USA)
Terpos, Evangelos (Greece)
Thiele, Thomas (Germany)
Tosetto, Alberto (Italy)
Tousoulis, Dimitris (Greece)
Tsai, Han-Mou (USA)
Tsakiris, Dimitrios (Switzerland)
Tselepis, Alexandros (Greece)
Tsiskaridze, Alexander (Georgia)
Turc, Guillaume (France)
Turcatti, Paola (Uruguay)
Tzoran, Inna (Israel)
Van Ommen, Heleen (The Netherlands)
Varon, David (Israel)
Vavouranakis, Emmanouil (Greece)
Veltkamp, Roland Ernst (Germany)
Vemos, Konstantinos (Greece)
Voudris, Vasileios (Greece)
Vučković, Biljana (Serbia)
Weitz, Jeff (Canada)
Wurdinger, Thomas (The Netherlands)

ORGANIZED BY

European and Mediterranean League Against Thrombotic Diseases

EMLTD

GOOD TO KNOW

ABOUT ATHENS

Welcome to Athens

A unique venue, in a unique city, offering a unique experience. Athens, full of history and vibrant with life is recognized as the birthplace of civilization. The source of many of the West's intellectual and artistic conceptions, reminders are redolent throughout the city. The city's many classical remains can be discovered in the excellent museums, including the stunning new Acropolis Museum and the newly renovated National Archaeological Museum with its superb collection of Greek antiquities.

Modern Athens is a vibrant metropolis and Greece's principal centre for business and foreign trade. Recreated and transformed to hold the highly successful 2004 Olympic Games, Athens demonstrated it has the facilities, services and infrastructure to host the most demanding global event. The city streets and squares are full of cafes and restaurants with terraces, to enjoy the sun that shines 300 days a year.

The climate is warm since we will be almost be reaching summer. The average temperature is 32 °C.

The currency in Athens is EUROS.

CONGRESS POLICIES

- The Congress official language is English.
- Smoking is prohibited in all the congress facilities.
- No alcohol is permitted during the congress scientific sessions.
- Only registered attendees in the Congress will be allowed to enter the scientific session rooms with the corresponding accreditation which should be collected from the Technical Secretariat at the entrance of the venue: Megaron Athens International Centre.

CONGRESS OPENING HOURS

- **Tuesday 18th of June:**
  - 09:00 to 21:00 – Exhibition Set-up
- **Wednesday 19th of June:**
  - 09:00 to 16:00 – Exhibition Set-up
  - 12:00 to 20:00 – Registration
  - 16:00 to 20:00 – Lectures and Exhibition Area
- **Thursday 20th of June:**
  - 08:00 to 20:00 – Registration, Lectures & Exhibition Area
- **Friday 21st of June:**
  - 08:00 to 20:00 – Registration, Lectures & Exhibition Area
- **Saturday 22nd of June:**
  - 08:00 to 14:00 – Registration, Lectures & Exhibition Area

VENUE

The Megaron Athens International Centre itself is right in the heart of the city.

Leoforos Vasilissis Sofias and Kokkali 1, Athina 115 21, Greece

VENUE WIFI

Free wifi is available: Network Name: OMMA

TECHNICAL SECRETARIAT

GEYSECO.es
GESTIÓN DE CONGRESOS Y SOCIEDADES

TEL+34 93 221 22 42
secretariat@thrombosiscongress.org
www.geyseco.es

WEDNESDAY, 19 JUNE 2019

NIKOS SKALKOTAS HALL

12:00-16:00	**REGISTRATIONS**
16:00-17:00	**OPENING LECTURES**
	LATE BREAKING-CLINICAL STUDIES ON ANTITHROMBOTIC THERAPY
	Chairs: **STAVROS KONSTANTINIDES** (Germany), **DIMITRIOS RICHTER** (Greece)
16:00-16:10	**AUGUSTUS. EMMANOUIL VAVOURANAKIS** (Greece)
16:10-16:20	**PAUSE. JAMES DOUKETIS** (Canada)
16:20-16:30	**RE-SPECT ESUS. HANNE CHRISTENSEN** (Denmark)
16:30-16:40	**MARINER. ALEX SPYROPOULOS** (USA)
16:40-16:50	**STOPDAPT-2 and SMART-CHOICE. GEORGE HAHALIS** (Greece)
16:50-17:00	**ANNEXA-4. ALEXANDROS TSELEPIS** (Greece)
17:00-19:00	**STATE OF THE ART SESSION**
	NOVEL ANTITHROMBOTIC STRATEGIES
	Chairs: **ALEX SPYROPOULOS** (USA), **SAM SCHULMAN** (Canada)
	STATE OF THE ART LECTURES
17:00-17:30	**New Anticoagulant Strategies - JEFF WEITZ** (Canada)
17:30-18:00	**New Antiplatelet Strategies - MARCO CATTANEO** (Italy)
	NEW FRONTIERS IN THROMBOPROPHYLAXIS
18:00-18:30	**Individualized Strategies for Venous Thromboprophylaxis in Medically Ill Patients ALEX SPYROPOULOS** (USA)
18:30-19:00	**Individualized Strategies for Venous Thromboprophylaxis in Surgical Patients - JUAN ARCELUS** (Spain)
19:00-19:30	**KEYNOTE LECTURE**
	Chairs: **ALEXANDROS TSELEPIS** (Greece), **VITTORIO PENGO** (Italy)
	The tools for future cardiovascular health: imaging, genetics and behavior - VALENTIN FUSTER (USA)
19:30	**OPENING CEREMONY**
	Chairs: **ALEXANDROS TSELEPIS** (Greece), **GRIGORIOS GEROTZIAFAS** (France), **VITTORIO PENGO** (Italy)
	50 years of EMLTD - LINA BADIMON (Spain) **Official Opening of the 26th Anniversary International Congress on Thrombosis**
	Closing Remarks and Invitation to Welcome Reception-ALEXANDROS TSELEPIS (Greece)

THURSDAY, 20 JUNE 2019

NIKOS SKALKOTAS HALL

09:00-10:00 **STATE OF THE ART SESSION**

ADVANCES IN PLATELET FUNCTIONALITY AND IMPLICATION IN DISEASE STATES

Chairs: **LINA BADIMON** (Spain), **FRAGISKOS PARTHENAKIS** (Greece)

09:00-09:20 **Platelet involvement in Tumorigenesis and Metastasis. Potential role of Aspirin and $P2Y_{12}$ Receptor antagonists - PAOLA PATRIGNANI** (Italy)

09:20-09:40 **Platelet microRNAs at the interface of inflammation and thrombosis - MARIA MARKETOU** (Greece)

09:40-10:00 **Platelet multidrug resistance protein 4 (MRP4). Role in platelet activation and a potential pharmacologic target for thrombotic diseases - CHRISTILLA BACHELOT-LOZA** (France)

NIKOS SKALKOTAS HALL

10:00-11:10 **ORAL PRESENTATIONS**

WOMEN'S HEALTH ISSUES IN THROMBOSIS AND HEMOSTASIS

Chairs: **ELMINA LEFKOU** (Greece), **BENJAMIN BRENNER** (Israel)

THE INFLUENCE OF "PROTEINS OF YOUTH AND AGE" ON THE DEVELOPMENT OF COAGULATION AND HEMODYNAMICS CHANGES IN WOMEN WITH ESSENTIAL HYPERTENSION
Boris Kuznikllyich (Russian Federation)

REPEAT ABORTION AND THROMBOPHILIA: EXPERIENCE IN OUR CENTER.
Bianca Díaz Roldán (Spain)

RISK OF DEVELOPING THROMBOEMBOLIC COMPLICATIONS IN WOMEN TAKING COMBINED ORAL CONTRACEPTIVES AND HEMOSTASIS SYSTEM POLYMORPHISM
Nadezda Vorobyeva (Russian Federation)

ANTIPHOSPHOLIPID ANTIBODIES AMONG WOMEN WITH RECURRENT FETAL LOSS IN TUNISIA
Cheikhrouhou Mariem (Tunisia)

IDENTIFICATION OF BIOMARKERS OF HYPERCOAGULABILITY THAT ARE ASSOCIATED WITH THE OUTCOME OF IN VITRO FERTILIZATION.
Vandreden Patrick (France)

INHERITED THROMBOPHILIA AND VENOUS THROMBOEMBOLISM OCCURRING DURING PREGNANCY AND PUERPERIUM
Belhadj maroua (Tunisia)

PREDICTORS OF PREGNANCY ASSOCIATED VENOUS THROMBOEMBOLISM IN A TERTIARY HOSPITAL IN SAUDI ARABIA; A CASE CONTROL STUDY
Mohammed Alsheef (Saudi Arabia)

HALL A

10:00-11:10 **ORAL PRESENTATIONS**

THROMBOSIS, INFLAMMATION AND VASCULAR BIOLOGY

Chairs: **DAVID VARON** (Israel), **TZORTZIS NOMIKOS** (Greece)

MYRISTIC ACID LEVELS ARE STRONGLY ASSOCIATED WITH ACTIVATED FACTOR VII-ANTITHROMBIN COMPLEX: A POTENTIAL LINK BETWEEN FATTY ACIDS AND COAGULATION.
Nicola Martinelli (Italy)

PEPTIDE DERIVED FROM THE INTRACELLULAR TAIL OF AIIB CONJUGATED TO A CARRIER PEPTIDE AS PLATELET AGGREGATION INHIBITOR
Evgenia Fotou (Greece)

PLATELETS AS POTENTIAL MEDIATORS OF CARDIOPROTECTION INDUCED BY REMOTE ISCHEMIC PRECONDITIONING
Maria Tsoumani (Greece)

DISTRIBUTION OF CIRCULATING MICROPARTICLES (MP) ACCORDING TO CELL OF ORIGIN REFLECTS CELLULAR ACTIVATION IN PATIENTS WITH POLYCYTHEMIA VERA (PV).
Carmen Julia Tartari (Italy)

ACTIVATED PLATELETS AND PLATELET-DERIVED MICROPARTICLES AS POTENT STIMULATORS OF NEUTROPHIL EXTRACELLULAR TRAPS FORMATION
Iraklis Moschonas (Greece)

TISSUE FACTOR-RELEASED ENDOTHELIAL MICROVESICLES FROM ISCHEMIC MUSCLE ARE INVOLVED IN MOUSE MONOCYTE POLARIZATION AND POSTHISCHEMIC COLLATERAL VESSEL FORMATION
Gemma Arderiu (Spain)

PATTERNS OF CIRCULATING PLATELET AND TISSUE FACTOR-CARRYING MICROVESICLES IN HEART FAILURE
Alba Vilella-Figuerola (Spain)

11:10-11:30 **BREAK - EXHIBITION AND POSTER VIEWING**

	NIKOS SKALKOTAS HALL		HALL A
11:30-13:00	**PLENARY SESSION**	**11:30-13:00**	**ADVANCED CLINICAL WORKSHOP**
	CONTROVERSIES IN ANTITHROMBOTIC TREATMENT ***Discuss clinical topics where evidence is lacking and RCTs limited***		**IMPROVING CLINICAL UNDERSTANDING AND EXPLORING PRACTICAL GUIDANCE IN ANTITHROMBOTIC THERAPY** ***Interactive***
	Chairs: **BILJANA VUCKOVIC** (Serbia), **GRIGORIS GEROTZIAFAS** (France)		Chairs: **JAMES DOUKETIS** (Canada), **MILTIADIS MATSAGKAS** (Greece)
11:30-11:50	**Management of vein thrombosis of rare localization** **WALTER AGENO** (Italy)	11:30-11:45	**Extensive right-sided DVT in a young female**
		11:45-12:00	**Challenging patient with cancer-associated VTE**
11:50-12:10	**Antithrombotic treatment in elderly** **PIETER KAMPHUISEN** (The Netherlands)		
		12:00-12:15	**Aggressive acute PAD in a young male**
12:10-12:30	**Antithrombotic Treatment in patients in ICU: Challenges and Obstacles** **MATIJA KOZAK** (Slovenia)	12:15-12:30	**Unusual perioperative PE in a male with kidney cancer**
12:30-12:50	**DOACs in acquired and hereditary romophilia: follow your heart or follow the fashion?** **EFROSYNI NOMIKOU** (Greece)	12:30-12:45	**Patient with PAD and recent peripheral intervention**
		12:45-13:00	**Patient with CAD, AF and Carotid artery stenosis**
12:50-13:00	**Discussion**		Panelists: **INGRID PABINGER** (Austria), **MARC CARRIER** (Canada), **JOHN KAKISIS** (Greece)
13:00-14:00	**EDUCATIONAL SYMPOSIUM**	**13:00-14:00**	**MEET THE EXPERTS SESSION**
	CONFLICTING ISSUES IN WOMAN ASSOCIATED THROMBOSIS		**THROMBOTIC MICROANGIOPATHIES**
	Chairs: **EUGENE ROITMAN** (Rusia), **ERKIN MIRRAKHIMOV** (Kyrgyzstan)		Chairs: **MARCO CATTANEO** (Italy), **EFROSYNI NOMIKOU** (Greece)
13:00-13:20	**Prevention and Treatment of CAT in women** **BENJAMIN BRENNER** (Israel)	13:00-13:20	**Pathophysiology, Clinical Presentation and Novel therapies in Thrombotic Thrombocytopenic Purpura** **FLORA PEYVANDI** (Italy)
13:20-13:40	**New therapeutic strategies in vascular complications of placenta** **ELEFTHERIA LEFKOU** (Greece)	13:20-13:40	**Hemolytic Uremic Syndromes: pathophysiology, presentation and treatment** **GIANLUIGI ARDISSINO** (Italy)
13:40-14:00	**Prediction of IVF failure: hopes and perspective** **GRIGORIS GEROTZIAFAS** (France)	13:40-14:00	**Thrombocytopenia and Microangiopathic Hemolytic Anemia - beyond TTP and aHUS** **HAN-MOU TSAI** (USA)

14:00-15:00	LIGHT LUNCH, EXHIBITION AND POSTER VIEWING

SCIENCE AT A GLANCE SESSION. MODERATED E-POSTER PRESENTATIONS

Genetic Polymorphisms and Thrombotic Complications

Chair: **TAZI MEZALEK ZOUBIDA** (Morocco)

GENETIC POLYMORPHISMS AND THROMBOTIC COMPLICATIONS DURING THE TAKING OF COMBINED ORAL CONTRACEPTIVES
Nadezda Vorobyeva (Russian Federation)

FACTOR VIII DEFICIENCY DOES NOT PROTECT AGAINST CARDIOVASCULAR DISEASE DETECTED BY ADVANCED ELECTROCARDIOGRAPHY
Yanan Zong (Sweden)

POLICYTHEMIA VERA (PV) PATIENTS ON ASPIRIN (ASA) HAVE HIGH RESIDUAL PLATELET REACTIVITY WHICH IS AFFECTED BY RED BLOOD CELL (RBC) COUNT
Sara Gamba (Italy)

FACTOR XIII VAL34LEU POLYMORPHISM AND RISK OF CEREBRAL VENOUS SINUS THROMBOSIS
Nuria Bermejo (Spain)

FACTOR V LEIDEN POLYMORPHISM, PROTHROMBIN G20210A MUTATION, AND METHYLENETETRAHYDROFOLATE REDUCTASE C677T POLYMORPHISM IN RECURRENT PREGNANCY LOSS.
Kotti Feten (Tunisia)

ROLE OF MTR AND MTRR GENE POLYMORPHISMS IN MTHFR WILD TYPE THROMBOTIC PATIENTS WITH HYPERHOMOCYSTEINEMIA
George Apergis

Venous Thromboembolism in Various Disease States

Chair: **PIETER KAMPHUISEN** (The Netherlands)

NATURAL HISTORY OF SYMPTOMATIC VENOUS THROMBOEMBOLISM IN PATIENTS AFTER NON-ONCOLOGIC OR ORTHOPEDIC SURGERY. FINDINGS FROM THE RIETE REGISTRY
Juan Ignacio Arcelus (Spain)

CEREBRAL VENOUS SINUS THROMBOSIS AND IDIOPATHIC INTRACRANIAL HYPERTENSION: A HEADACHE DIAGNOSTIC DILEMMA IN THE SETTING OF HORMONE REPLACEMENT THERAPY
Devon Cohen (USA)

FRENCH NATIONAL OBSERVATIONAL SURVEY OF VASCULAR PHYSICIANS PRACTICES IN CASE OF INDICATIONS OF ANTIPLATELET AND ANTICOAGULATION THERAPY IN VENOUS THROMBOEMBOLISM
Fayol Antoine (France)

ABO BLOOD GROUP AND THE RISK OF VENOUS THROMBOEMBOLISM (VTE) AMONG SAUDI PATIENTS AT KING FAHD MEDICAL CITY (KFMC) IN RIYADH.
GhaydaaJuma Kullab (Saudi Arabia)

RISKFORVENOUSTHROMBOEMBOLIC EVENTS (VTES)INPATIENTS WITH ADVANCED URINARY TRACTCANCER(AUTC) TREATEDWITH 1ST-LINECHEMOTHERAPY.
Georgios Tsironis (Greece)

Thrombosis: From the Bench to the Bedside

Chair: **TERESA PADRÓ** (Spain)

OUTCOME PREDICTION OF DVT USING EITHER LMWH OR DOACS AS A MODULATOR OF ENDOTHELIAL ACTIVATION AND CELL ADHESION MOLECULES EXPRESSION
Ayman Fakhry Nagib (Egypt)

SHORT REGULATORY PEPTIDES HAVE ANTIPLATELET EFFECTS IN ANIMALS WITH DIABETES MELLITUS
Marina Grigorjeva (Russia)

DIOSMIN 2",2"',3',3",3"',4",4"',5-O-OCTASULFATE (DOS), AS A NATURAL SCAFFOLD BASED THROMBOPROPHYLACTIC AGENT
Neha Gupta (India)

THE EFFECT OF DABIGATRAN AND RIVAROXABAN ON THROMBIN- AND FXA-INDUCED PLATELET AGGREGATION
Styliani Papadaki (Greece)

LARGE-SCALE SCREENING FOR MEMBRANE PROTEIN INTERACTIONS INVOLVED IN PLATELET-MONOCYTE INTERACTIONS
Yi Sun (UK)

THE ROLE OF PROFILIN 1 IN THROMBOSIS
Esther Peña (Spain)

	NIKOS SKALKOTAS HALL		HALL A
15:00-16:00	**MEET THE EXPERTS SESSION**	**15:00-16:00**	**PLENARY SESSION**
	PERIOPERATIVE MANAGEMENT OF ANTITHROMBOTICS		**LABORATORY MEASUREMENT OF PLATELET FUNCTIONALITY AND DOACS**
	Chairs: **WALTER AGENO** (Italy), **SAM SCHULMAN** (Canada)		Chairs: **ALEXANDROS TSELEPIS** (Greece), **ELISSAVET GROUZI** (Greece)
15:00-15:20	**DOACs/VKAs and elective surgery** **JAMES DOUKETIS** (Canada)	15:00-15:20	**Monitoring platelet function: what have we learned from randomized clinical trials?** **PERIKLIS DAVLOUROS** (Greece)
15:20-15:40	**DOACs/VKAs and urgent surgery** **ELENI ARNAOUTOGLOU** (Greece)	15:20-15:40	**Platelet activation assays valuable to diagnose heparin-induced thrombocytopenia and platelet secretion disorders - FRANÇOIS MÜLLIER** (Belgium)
15:40-16:00	**Perioperative Management of DAPT in patients with coronary stents** **THOMAS THIELE** (Germany)	15:40-16:00	**Laboratory testing in patients treated with DOACs: a practical guide for clinicians** **JONATHAN DOUXFILS** (Belgium)
16:00-17:00	**DEBATE**	**16:00-17:00**	**PLENARY SESSION**
	PHARMACOKINETIC VERSUS LABORATORY-BASED MANAGEMENT OF DOACS IN PROCEDURES		**PLATELETS AND THROMBOSIS: NEW HITS AND LEADS** ***(Joint Session with EMLTD Foundation)***
	Chairs: **MARCO CATTANEO** (Italy), **ALEX SPYROPOULOS** (USA)		Chairs: **DAVID VARON** (Israel), **VITTORIO PENGO** (Italy)
16:00-16:25	**In favor of laboratory-based management** **ARMANDO D'ANGELO** (Italy)	16:00-16:20	**ER Stress and UPR related effects in platelets and thrombosis** **LINA BADIMON** (Spain)
16:25-16:50	**In favor of PK-based management** **JAMES DOUKETIS** (Canada)	16:20-16:40	**Oncopharmacology and thrombosis: from mechanisms to complications** **DARKO ANTIC** (Serbia)
16:50-17:00	**Final discussion and debate**	16:40-17:00	**Platelets in no-Reflow: Are they the culprit?** **DIRK DUNCKER** (The Netherlands)
17:00-17:30	**COFFEE BREAK, EXHIBITION AND POSTER VIEWING**		

17:30-19:00	**PLENARY SESSION**	**17:30-19:00**	**WORKSHOP**
	CHALLENGES IN PREVENTION AND TREATMENT OF CANCER-ASSOCIATED THROMBOSIS		**THROMBOSIS IN WOMEN: UNDERSTANDING THE RISKS**
	Chairs: **GRIGORIS GEROTZIAFAS** (France), **DARKO ANTIC** (Serbia)		Chairs: **BILJANA VUCKOVIC** (Serbia), **DIMITROS TOUSOULIS** (Greece)
17:30-17:50	**Biomarkers of hypercoagulability in personalized management of CAT - ANNA FALANGA** (Italy)	17:30-18:00	**Arterial thrombosis: The risk of being woman TERESA PADRÓ** (Spain)
17:50-18:10	**RAMs for CAT prevention MARC CARRIER** (Canada)	18:00-18:30	**Venous Thrombosis in women similarities and differences between sexes BEVERLEY HUNT** (UK)
18:10–18:30	**DOACs and LMWHs: competitive of complementary strategies in prevention and treatment of CAT? INGRID PABINGER** (Austria)	18:30-19:00	**CAD in women: from manifestation to management EDINA CENKO** (Italy)
18:30-18:50	**Extended treatment of CAT challenges and perspectives ISABELLE MAHÈ** (France)		**Recent advances in antiphospholipid syndrome VITTORIO PENGO** (Italy)
18:50-19:00	**Discussion**		
19:00-20:00	**ROUND TABLE**	**19:00-20:00**	**WORKSHOP**
	PHARMACEUTICAL SPENDING ON THROMBOSIS TREATMENT: A FINANCIAL BURDEN OR A HEALTH INVESTMENT?		**NEW PLAYERS / COMORBIDITIES IN THROMBOSIS**
			(Joint session with the ESC Working Group in Coronary Pathophysiology and Microcirculation)
	Chairs. **ISMAIL ELALAMY** (France), **ALEXANDROS TSELEPIS** (Greece)		Chairs: **JOAO MORAIS** (Portugal), **TERESA PADRÓ** (Spain)
19:00-19:15	**Pharmaceutical spending: can we move from "cost counting" to "enhancement of value"? KONSTANTINOS ATHANASAKIS** (Greece)	19:00-19:20	**Shear-dependent activation of the NO/cGMP cascade in platelets attenuates thrombus growth COR DE WITT** (Germany)
19:15-19:30	**Pharmaceutical innovation and socioeconomic benefits MICHAEL HIMONAS** (Greece)	19:20-19:40	**Periodontal Disease, Inflammation and Platelet Activation CARLOS MENDIETA** (Spain)
19:30-19:45	**Branded Generics and increased economic efficiency MARKOS OLLANDEZOS** (Greece)	19:40-20:00	**ISACS-Registry: Arterial thrombosis - related events in European countries in transition RAFFAELE BUGIARDINI** (Italy)
19:45-20:00	**Discussion**		
	Discussants: **ESSAM ABOELNAZAR** (Egypt), **GRIGORIS GEROTZIAFAS** (France), **JOHN GOUDEVENOS** (Greece), **INGRID PABINGER** (Austria), **VITTORIO PENGO** (Italy), **EUGENE ROITMAN** (Rusia), **TAZI MEZALEK ZOUBIDA** (Morocco)		

FRIDAY, 21 JUNE 2019

	NIKOS SKALKOTAS HALL		HALL A
08:30-09:30	**PLENARY SESSION**	**08:30-09:30**	**ADVANCED CLINICAL SEMINAR**
	PLATELETS AND IMMUNITY		**MANAGEMENT OF ORAL ANTICOAGULANTS-ASSOCIATED BLEEDING**
	Chairs: **ELMINA LEFKOU** (Greece), **GRIGORIS GEROTZIAFAS** (France)		Chairs: **SAM SCHULMAN** (Canada), **ELISSAVET GROUZI** (Greece)
08:30-08:45	**Interaction between Platelets and Bacteria** **PAOLA TURCATTI** (Uruguay)	08:30-08:50	**Reversal of anti-FXa DOACs with specific antidote. Lessons from recent clinical trial** **JEFF WEITZ** (Canada)
08:45-09:00	**Platelets-Neutrophil interactions in thrombo-inflammation. The effect of antithrombotic drugs** **ALEXANDROS TSELEPIS** (Greece)	08:50-09:10	**Specific antidote for Dabigatran. Efficacy and safety profile** **ELLIAS KYRIAKOU** (Greece)
09:00-09:15	**Immunity and platelets in oncology** **SERGEY ROUMIANTSEV** (Russia)		
09:15-09:30	**Discussion**	09:10-09:30	**Bleeding management using Prothrombin Complex Concentrates** **SAM SCHULMAN** (Canada)
09:30-10:40	**ORAL PRESENTATIONS**	**09:30-10:30**	**ORAL PRESENTATIONS**
	Cancer and thrombosis-Clinical and Basic Science		**Direct Oral Anticoagulants**
	Chairs: **INGRID PABINGER** (Austria), **ARISTOTELIS BAMIAS** (Greece)		Chairs: **EUGENE ROITMAN** (Russian Republic), **ELLIAS KYRIAKOU** (Greece)
	PROCOAGULANT MICROPARTICLES RELEASED BY MYELOMA PLASMA CELLS ARE THE PRINCIPAL VECTOR OF HYPERCOAGULABITY. A MODELIZATION IN VITRO STUDY. Papageorgiou Loula (France)		DEVELOPMENT OF THE FIRST POINT-OF-CARE TEST SELECTIVE OF THE DIRECT ORAL ANTICOAGULANT APIXABAN FOR EMERGENCY ASSESSMENT OF COAGULATION. Ohlmann Philippe (France)
	APIXABAN (AX) FOR THE PREVENTION OF VENOUS THROMBOEMBOLISM (VTE) IN CANCER PATIENTS (CP) RECEIVING CHEMOTHERAPY (CHT) Vladimir Sukhanov (Russia)		COMPARISON OF ANALYTICAL PERFORMANCES OF THREE METHODS FOR THE DETERMINATION OF PLASMA DABIGATRAN CONCENTRATION Desiree Coen Herak (Greece)
	VENOUS THROMBOEMBOLISM OCCURRENCE IN PATIENTS WITH CANCER UNDERGOING CHEMOTHERAPY: THE PROSPECTIVE PREVENT STUDY Stavros Kakkos (Greece)		THROMBIN GENERATION PARAMETERS, BUT NOT ROTEM PARAMETERS, CORRELATE WITH MAXIMUM DOAC PLASMA LEVELS IN PATIENTS WITH NON-VALVULAR ATRIAL FIBRILLATION Elias Kyriakou (Greece)
	A STUDY OF GLOBAL HEMOSTATIC PROFILE IN CANCER PATIENTS UNDERGOING CYTOREDUCTIVE SURGERY (CRS) AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY (HIPEC) Marina Marchetti (Italy)		SIMPLE ANTI-XA-ACTIVITY MEASUREMENTS ALLOW FOR AN EASY SCALING OF DOAC LEVELS Florian Prüller (Austria)
	PROSPECTIVE ASSESSMENT OF BIOMARKERS OF HYPERCOAGULABILITY FOR THE IDENTIFICATION OF NEWLY DIAGNOSED CHEMOTHERAPY NAÏVE PATIENTS WITH MULTIPLE MYELOMA AT RISK FOR CANCER-ASSOCIATED THROMBOSIS. ROADMAT-CAT-MM STUDY Despina Fotiou (Greece)		TREATMENT OF VENOUS THROMBOEMBOLISM WITH RIVAROXABAN: REAL WORD EXPERIENCE FROM LJUBLJANA REGISTRY Gregor Tratar (Slovenia)
	HYPERCOAGULABILITY BIOMARKERS IN A NEW SCORE LINKED TO TREATMENT RESISTANCE FOR MULTIPLE MYELOMA PATIENTS. THE ROADMAP-MM STUDY. Despina Fotiou (Greece)		FACTOR XA INHIBITOR ANTIDOTE, ANDEXANET ALFA DIFFERENTIALLY REVERSES THE EFFECTS OF APIXABAN, BETRIXABAN, EDOXABAN AND RIVAROXABAN. Fakiha Siddiqui (USA)

BIOMARKERS OF HEMOSTATIC DYSREGULATION AND INFLAMMATION IN LYMPHOMA. POTENTIAL RELEVANCE TO THROMBOGENESIS
Darko Antic (USA)

CEREBRAL VENOUS THROMBOSIS CASE SERIES AT KFMC: EXPLORING TREATMENT SAFETY AND EFFICACY OF DIRECT ORAL ANTICOAGULANTS
Mohammed Alsheef (Saudi Arabia)

10:30-11:00 **BREAK, EXHIBITION AND POSTER VIEWING**

11:00-13:00 **MEET THE EXPERTS SESSION**

THROMBOCARDIOLOGY

Chairs: **DIMITRIOS ALEXOPOULOS** (Greece), **JOHN GOUDEVENOS** (Greece)

11:00-11:20 **Antithrombotic therapy for acute coronary syndrome: Current status and future directions**
DIMITRIOS ALEXOPOULOS (Greece)

11:20-11:45 **Aspirin-free strategies in cardiovascular disease and cardioembolic stroke prevention**
DAVIDE CAPODANNO (Italy)

11:45-12:10 **Antithrombotic Therapy of Atrial High Rate Episodes Recorded by Implantable Cardiac Rythm Management Devices**
EMMANUEL SIMANTIRAKIS (Greece)

12:10-12:35 **Anticoagulation for prosthetic heart valves: unresolved questions requiring answers**
GREGORI PATTAKOS (Greece)

12:35-13:00 **Antithrombotic therapy in TAVI. Where do we stand now?**
EMMANOUIL VAVOURANAKIS (Greece)

11:00-12:30 **ADVANCED CLINICAL WORKSHOP**

CLINICAL PREDICTION GUIDES FOR RECURRENT VTE

Chairs: **STAVROS KONSTANTINIDES** (Germany)

11:00-11:40 **Part 1: Clinical Prediction Guides for Recurrent VTE: How do we use them in everyday practice?**
ALBERTO TOSETTO (Italy)

11:40-12:30 **Part 2: Debate: most patients with unprovoked VTE need life-long anticoagulant therapy**

Pro. WALTER AGENO (Italy)

Con. SAM SCHULMAN (Canada)

13:00-13:30 **SATELLITE LECTURE**

Chair: **DIMITRIOS ALEXOPOULOS**

Dual antiplatelet therapy after an acute coronary syndrome: Bridging guidelines and clinical practice
- DIMITRIOS RICHTER (Greece)

12:30-14:00 **PLENARY SESSION**

DISSEMINATED INTRAVASCULAR COAGULATION

Chairs: **EVANGELOS TERPOS** (Greece), **ESSAM ABOELNAZAR** (Egypt)

12:30-12:45 **Update in thrombotic microangiopathies**
PAUL COPPO (France)

12:45-13:00 **DIC: Hypercoagulablity or inflammatory state?**
CHRISTOPHER LATTIMER (UK)

13:00-13:15 **New therapeutic strategies in Sepsis: which is the target? JEAN FRANÇOIS SCHVED** (France)

13:15-13:30 **Guidelines for the diagnosis and treatment of DIC**
GRIGORIS GEROTZIAFAS (France)

13:45-14:00 **Discussion**

14:00-15:00	**LUNCH LIGHT LUNCH, EXHIBITION AND POSTER VIEWING**
	SCIENCE AT A GLANCE SESSION. MODERATED E-POSTER PRESENTATIONS
	Intracranial Thrombotic and Bleeding Events
	Chair: **KONSTANTINOS VEMOS** (Greece)
	EVALUATION OF RELATIONSHIP BETWEEN SERUM TPA LEVEL AND ITS -7351 C/T GENE POLYMOPHISM IN PATIENTS WITH FACTOR XIII DEFICIENCY WITH INTRACRANIAL HEMORRHAGE Shaban Alizadeh (Iran)
	INHERITED THROMBOPHILIA ASSOCIATED WITH ISCHEMIC PEDIATRIC STROKE IN PARENTS-CHILD PAIRS Jasna LenicekKrleza (Croatia)
	PREDICTORS OF THE IN-HOSPITAL MORTALITY IN PATIENTS WITH ISCHEMIC STROKE Eirini-Charikleaiai Siafi (Greece)
	FACTORS PREDICTING 30 DAYS SURVIVAL AFTER HOSPITAL DISCHARGE IN PATIENTS WITH ISCHEMIC STROKE Eirini-Charikleaiai Siafi (Greece)
	CEREBRAL SINOVENOUS THROMBOSIS IN GREEK CHILDREN: A SINGLE CENTRE EXPERIENCE Helen Pergantou
	PREVALENCE OF CEREBRAL VENOUS THROMBOSIS WITH THE USE OF ORAL CONTRACEPTIVE AT A TERTIARY HOSPITAL Mohammed Alsheef (Saudi Arabia)
	Antithrombotic Therapy in Patients Undergoing Invasive Procedures
	Chair: **ELENI ARNAOUTOGLOU** (Greece)
	OUTCOME AND COMPLICTIONS OF INFERIOR VENA CAVA FILTER INSERTION: TERTIARY REFERRAL CENTER EXPERIENCE. Giamal Edin Mohamed Gmati (Saudi Arabia)
	COAGULATION AND CIRCULATING HEPARIN PROFILE IN PATIENTS WITH END-STAGE RENAL DISEASE UNDERGOING MAINTENANCE HEMODIALYSIS Emily Bontekoe (USA)
	BLEEDING INCIDENCE OF PATIENTS ON ANTITHROMBOTIC THERAPY POST ORAL SURGERY Mohammed Alsheef (Saudi Arabia)
	A 38 YEARS OLD WOMAN WITH ANTIPHOSPHOLIPID SYNDROME COMPLICATED BY HEPARIN INDUCED THROMBOCYTOPENIA UNDERWENT TWICE OPEN HEART SURGERY AND MULTIPLE PCIS FOR STENTS RESTENOSIS BEFORE BEING DIAGNOSED Eleftheria Lefkou (Greece)
	COMBINATION OF SINGLE ANTIPLATELET THERAPY AND APIXABAN IN PATIENTS UNDERGOING ENDOVASCULAR PROCEDURES FOR PERIPHERAL ARTERIAL DISEASE Konstantinidis (Greece)
	RISKS FOR BLEEDING AND THROMBOEMBOLISM ACCORDING TO CHA2DS2VASC AND HASBLED SCORES DURING PERIOPERATIVE DOAC INTERRUPTION James Douketis (Canada)
	Antithrombotic Therapy in Acute Coronary Syndromes
	Chair: **EMMANUEL SIMANTIRAKIS** (Greece)
	ANTIPLATELET THERAPY IN PATIENTS WITH CORONARY STENT THROMBOSIS IN REAL CLINICAL PRACTICE. Inga Skopets (Russia)
	IMPORTANCE OF PLATELET MORPHOLOGY PARAMETERS FOR IDENTIFICATION OF PATIENTS WITH RESISTANCE TO DUAL ANTIPLATELET THERAPY IN ACUTE CORONARY SYNDROME Lyudmila Buryachkovskaya (Russia)
	CORONARY ARTERY ECTASIA, AN INDEPENDENT PREDICTOR OF HIGH THROMBUS BURDEN IN PATIENTS PRESENTING WITH ST-ELEVATION MYOCARDIAL INFARCTION Konstantinos Kintis (Greece)

EARLY ANTICOAGULATION IN ACUTE ST-ELEVATION MYOCARDIAL INFARCTION PATIENTS UNDERGOING PRIMARY ANGIOPLASTY - A KEY FOR AN EARLIER REPERFUSION
Stanciulescu Dianalrena (Romania)

CORRELATION OF SPONTANEOUS PLATELET AGGREGATION WITH STENT LENGTH IN PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION: THE EFFECT OF TYPE 2 DIABETES
Maria Marketou (Greece)

	NIKOS SKALKOTAS HALL		HALL A
15:00-17:00	**ADVANCED CLINICAL WORKSHOP**	**15:00-16:00**	**EMLTD COUNCILOR'S AND BOARD'S MEETING**
	ISCHEMIC STROKE		**EMLTD GENERAL ASSEMBLY**
	Chairs: **CHARALAMPOS MILIONIS** (Greece), **GEORGE NTAIOS** (Greece)		
15:00-15:20	**Antithrombotic management in medically-treated patients with cryptogenic stroke and patent foramen ovale -GUILLAUME TURC** (France)		
15:20-15:40	**Intravenous thrombolysis in patients with acute ischemic stroke who are treated with a NOAC MIRA KATAN** (Switzerland)		
15:40-16:00	**Antithrombotic management in patients with embolic stroke of undetermined source ROBERT HART** (Canada)		
16:00-16:20	**Antithrombotic management in patients with intracranial haemorrhage and an indication for antithrombotic treatment ROLAND VELTKAMP** (Germany)	**16:00-17:00**	**STATE OF THE ART SESSION**
			THROMBOIMMUNOLOGY
			Chairs: **ISMAIL ELALAMY** (France)
16:20 16:40	**Dual antiplatelet treatment in patients with ischemic stroke: for whom and for how long? ALEXANDER TSISKARIDZE** (Georgia)	16:00-16:15	**New insight in pathophysiology of antiphospholipid syndrome DIMITRIOS TSAKIRIS** (Switzerland)
16:20-16:40	**Dual antiplatelet treatment in patients with ischemic stroke: for whom and for how long? ALEXANDER TSISKARIDZE** (Georgia)		
		16:30-16:45	**Hydroxychloroquine for Secondary Prevention of Relapses in Primary Antiphospholipid Syndrome ARSENE MEKINIAN** (France)
16:40-17:00	**Haemostatic therapies for acute spontaneous intracerebralhaemorrhage HANNE CHRISTENSEN** (Denmark)	16:45-17:00	**State of the Art Diagnostic and therapeutic Strategies for Heparin Induced Thrombocytopenia ISMAIL ELALAMY** (France)
17:00-17:30	**BREAK, EXHIBITION AND POSTER VIEWING**		

17:30-19:00	ADVANCED CLINICAL SEMINAR	17:30-19:00	MEET THE EXPERTS SESSION
	MANAGEMENT OF PULMONARY EMBOLISM: STATE OF THE ART 2019		**PAD, CAROTID ARTERY DISEASE**
	Chairs: **GUY MEYER** (France), **STAVROS KONSTANTINIDES** (Germany)		Chairs: **MILTIADIS MATSAGKAS** (Greece), **JEFF WEITZ** (Canada)
17:30-18:00	**The pregnant patient with acute PE** **FIONNUALA NI AINLE** (Ireland)	17:30-17:45	**Current evidence in antithrombotic treatment for Carotid artery disease** **ROBERT HART** (Canada)
18:00-18:30	**Risk stratification in the acute phase: Advances in concepts, scores, algorithms** **DAVID JIMENEZ** (Spain)	17:45-18:00	**Antithrombotic treatment during and after carotid interventions** **JOHN KAKISIS** (Greece)
18:30-19:00	**Anticoagulation treatment: The right drug, dose and duration** **STAVROS KONSTANTINIDES** (Germany)	18:00-18:15	**The landscape of antithrombotic treatment in PAD after COMPASS** **JEFF WEITZ** (Canada)
		18:15-18:30	**Which PAD patients will probably benefit more from a COMPASS strategy?** **MILTIADIS MATSAGKAS** (Greece)
		18:30-18:45	**Antithrombotic Treatment During and After Percutaneous Peripheral Interventions** **STAVROS SPILIOPOULOS** (Greece)
		18:45-19:00	**Discussion**

SATURDAY, 22 JUNE 2019

NIKOS SKALKOTAS HALL

08:30-10:30	**INTERACTIVE WORKSHOP**
	MAKING A DIFFERENCE IN VTE AWARENESS AND PREVENTION – FROM GRASSROOTS COMMUNITY ACTIVATION TO CHANGING HEALTHCARE POLICY
	Joint Session with the European Thrombosis and Haemostasis Alliance (ETHA), World Thrombosis Day (WTD) and International Society on Thrombosis and Haemostasis (ISTH)
	Chairs: **ANNA FALANGA** (Italy), **BEVERLEY HUNT** (UK)
	European Thrombosis and Haemostasis Alliance - ANNA FALANGA (Italy)
	World Thrombosis Day. - BEVERLEY HUNT (UK)
	The following specific topics will be discussed:
	How to build a successful coalition in your country? **How do you activate the medical professional community and the general public?** **How do you get media attention?** **Ideas for engagement activities?** **How do you best engage policy makers on the national and European level to drive fundamental policy change?**
	Discussants: **ESSAM ABOELNAZAR** (Egypt), **WALTER AGENO** (Italy), **BENJAMIN BRENNER** (Israel), **JAMES DOUKETIS** (Canada), **ISMAIL ELALAMY** (France), **MILTIADIS MATSAGKAS** (Greece), **ERKIN MIRRAKHIMOV** (Kyrgyzstan), **INGRID PABINGER** (Austria), **VITTORIO PENGO** (Italy), **EUGENE ROITMAN** (Rusia), **ALEX SPYROPOULOS** (USA), **DAVID VARON** (Israel), **TAZI MEZALEK ZOUBIDA** (Morocco)
10:30-11:00	**BREAK, EXHIBITION AND POSTER VIEWING**
11:00-13:00	**STATE OF THE ART SESSION**
	PRESIDENTIAL FAREWELL SYMPOSIUM. THROMBOSIS AND HAEMOSTASIS IN CHILDHOOD AND ELDERLY
	Chairs: **VASILEIOS VOUDRIS** (Greece), **ARISTOTELIS BAMIAS** (Greece)
	Venous thromboembolic disease in childhood - GILI KENET (Israel)
	Antithrombotic treatment in neonates and children - HELEEN VAN OMMEN (The Netherlands)
	Thrombosis risk factors in pediatric cancer - PERGANTOU HELENI (Greece)
	Hemostasis and Thrombosis in the Oldest Old - INNA TZORAN (Israel)
	Safety of Direct Oral Anticoagulants and Vitamin K Antagonists in elderly Patients - DIMITRIOS RICHTER (Greece)
13:00-13:10	**INTRODUCING THE 27TH INTERNATIONAL CONGRESS ON THROMBOSIS**
13:10-13:30	**AWARD CEREMONY**
	Chairs: **ALEXANDROS TSELEPIS** (Greece), **GRIGORIOS GEROTZIAFAS** (Greece), **VITTORIO PENGO** (Italy)
13:30	**CLOSING REMARKS**

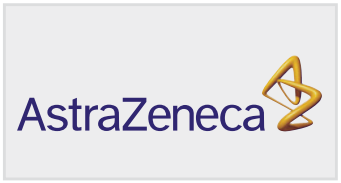
Eliquis®
apixaban

PP-ELI-GRC-0037-OCT16

Βοηθήστε να γίνουν τα φάρμακα πιο ασφαλή και
Αναφέρετε
ΟΛΕΣ τις ανεπιθύμητες ενέργειες για
ΟΛΑ τα φάρμακα
Συμπληρώνοντας την «ΚΙΤΡΙΝΗ ΚΑΡΤΑ»

PFIZER HELLAS A.E. Λεωφ. Μεσογείων 243, 154 51 Ν. Ψυχικό,
Τηλ.: Επιστημονικής Ενημέρωσης: 210 67 85 800, Παραγγελιών: 210 81 99 060

SPONSORS



MEDIA PARTNERS

50 χρόνια

Επενδύουμε στην Ελλάδα,
Παράγουμε στην Ελλάδα,
Στηρίζουμε την Ελλάδα.

PIESiTON
irbesartan

PIESiTON-R
irbesartan + hydrochlorothiazide

DEMOGREL
clopidogrel

DELIPID
ezetimibe

Ivabradine DEMO
ivabradine

Holisten
atorvastatin

VRADEM
bosentan

CARDIO/054/1 Μάιος 2018

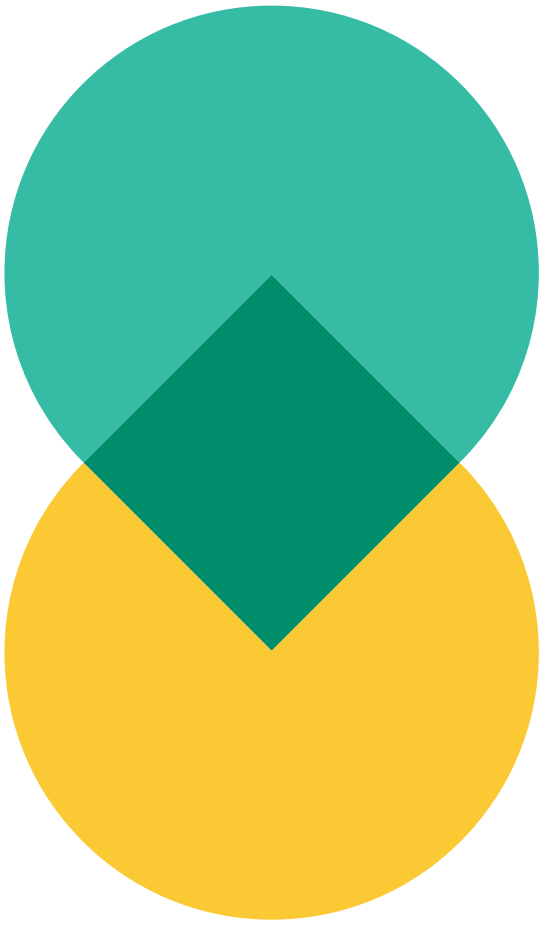
Βοηθήστε να γίνουν τα φάρμακα πιο ασφαλή και Αναφέρετε ΟΛΕΣ τις ανεπιθύμητες ενέργειες για ΟΛΑ τα φάρμακα Συμπληρώνοντας την «ΚΙΤΡΙΝΗ ΚΑΡΤΑ»

www.demo.gr | Ελληνικά Φάρμακα με Παγκόσμια Εμβέλεια |

DEMO ABEE
ΒΙΟΜΗΧΑΝΙΑ ΦΑΡΜΑΚΩΝ

innovis

Future health today



INNOVIS PHARMA

Λεωφ. Κηφισίας 44, Μαρούσι 151 25

T: +30 2162005600, F: +30 2106664804

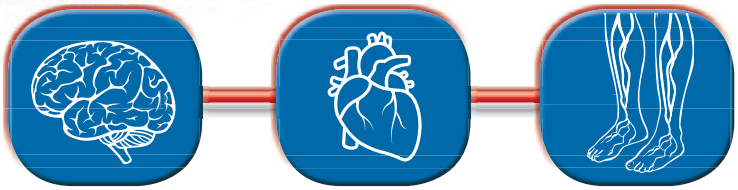
www.innovispharma.gr

Inn_01-K01-0519

ΟΝΟΜΑΣΙΑ ΤΟΥ ΦΑΡΜΑΚΕΥΤΙΚΟΥ ΠΡΟΪΟΝΤΟΣ Clovelen® 75 mg επικαλυμμένα με λεπτό υμένιο δισκία. **ΠΟΙΟΤΙΚΗ ΚΑΙ ΠΟΣΟΤΙΚΗ ΣΥΝΘΕΣΗ** Κάθε επικαλυμμένο με λεπτό υμένιο δισκίο περιέχει 75mg clopidogrel (κλοπιδογρέλης), ως besilate. Έκδοχα: κάθε επικαλυμμένο με λεπτό υμένιο δισκίο περιέχει 2.6 mg μονοϋδρικής λακτόζης.

Για συνταγογραφικές πληροφορίες συμβουλευθείτε την ΠΧΠ ή απευθυνθείτε στην εταιρεία ELPEN.

Φαρμακευτικό προϊόν για το οποίο απαιτείται ιατρική συνταγή.



Clovelen®

Κλοπιδογρέλη

ADRENALIN

CLO/FPA/02-2018/03

ΜΕΛΕΤΗ

SCIENCE[1]

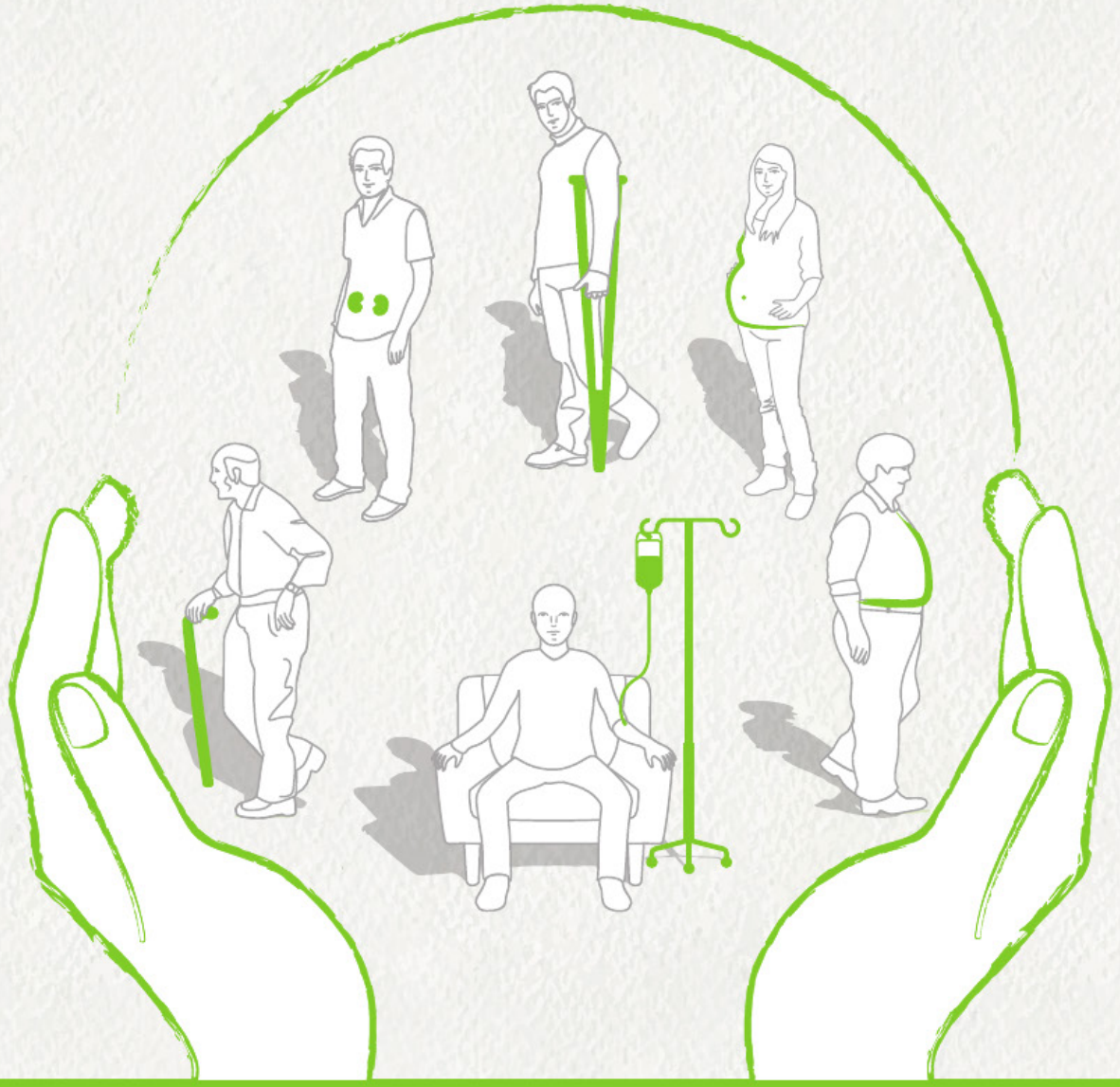
ELPEN Α.Ε. ΦΑΡΜΑΚΕΥΤΙΚΗ ΒΙΟΜΗΧΑΝΙΑ
Λεωφ. Μαραθώνος 95, 190 09 Πικέρμι Αττικής,
Τηλ.: 210 6039326-9, Fax: 210 6039300
www.elpen.gr

ΓΡΑΦΕΙΑ ΕΠΙΣΤΗΜΟΝΙΚΗΣ ΕΝΗΜΕΡΩΣΗΣ
Σεβαστείας 11, 115 28 Αθήνα,
Τηλ.: 210 7488711, Fax: 210 7488731
Εθν. Αντιστάσεως 114, 551 34 Θεσσαλονίκη,
Τηλ.: 2310 459920-1, Fax: 2310 459269

Βοηθήστε να γίνουν τα φάρμακα πιο ασφαλή και Αναφέρετε ΟΛΕΣ τις ανεπιθύμητες ενέργειες για ΟΛΑ τα φάρμακα Συμπληρώνοντας την «ΚΙΤΡΙΝΗ ΚΑΡΤΑ»

1. Ntalas. VI et al Salts of Clopidogrel: Investigation to Ensure Clinical Equivalence:
A 12-Month Randomized Clinical Trial. Journal of Cardiovascular Pharmacology and Therapeutics 2016;21(6):516-525

innohep®
tinzaparin sodium

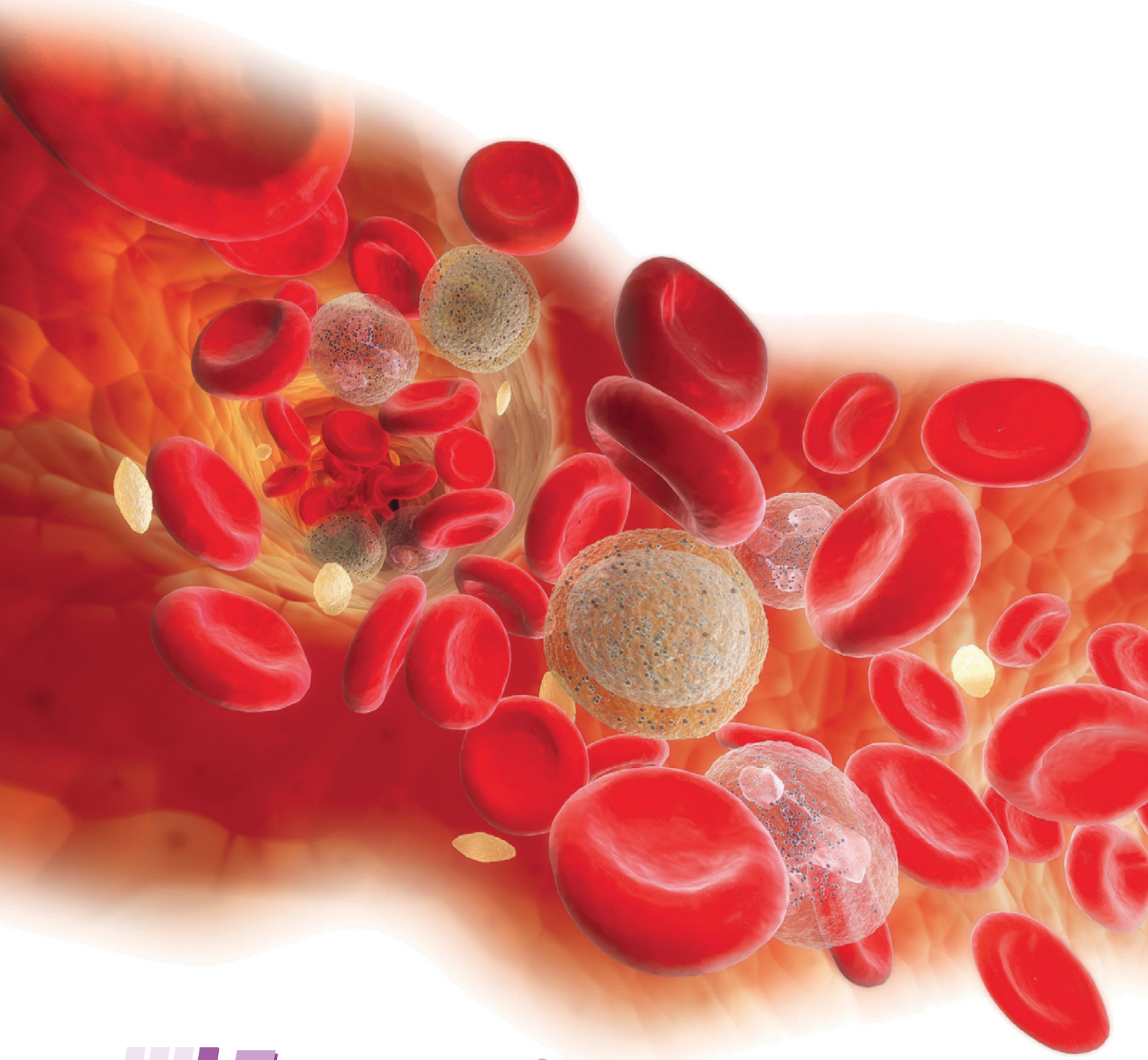


...ιδιαίτερη φροντίδα

Για πληρεις συνταγογραφικές πληροφορίες επικοινωνήστε με την:
LEO Pharmaceuticals Hellas S.A.
Λ. Κύμης & Σενέκα 10, 14564 - Κηφισιά, Τηλ. 212 2225000, Fax. 210 6834342 http://www.leo-pharma.gr

LEO®

LEO



Ivor®

Bemiparin sodium

IvorMAX®

Bemiparin sodium

BIANEΞ Α.Ε. ΒΙΟΜΗΧΑΝΙΑ ΦΑΡΜΑΚΩΝ

ΕΤΑΙΡΕΙΑ ΤΟΥ ΟΜΙΛΟΥ ΓΙΑΝΝΑΚΟΠΟΥΛΟΥ

Γραφεία Επιστημονικής Ενημέρωσης

ΑΘΗΝΑ: Οδός Τατοΐου 146 71 Ν. Ερυθραία, Τηλ.: 210 8009111

E-Mail: mailbox@vianex.gr • **INTERNET:** http://www.vianex.gr

ΘΕΣΣΑΛΟΝΙΚΗ: Ακάδημου 113, Κόμβος Μακρυγιάννη, Εύοσμος Θεσσαλονίκης, ΤΚ 56224, Τηλ: 2310 861683

VE15106

ST Genesia

Innovation

Automated System

Complete Solution

Standardisation

Bring Haemostasis **to light**

Thrombin Generation dedicated to the Clinical Lab

Stago
At the Heart of Haemostasis

Diagnostica Stago S.A.S.
RCS Nanterre B305 151 409
3, allée Thérésa
92600 Asnières sur Seine
France
Ph.: +33 (0)1 46 88 20 20
Fax: +33 (0)1 47 91 08 91
webmaster@stago.com
www.stago.com

Ondexxya (andexanet alfa)

The only approved antidote for reversal of factor Xa inhibitors rivaroxaban and apixaban[1]

NOW APPROVED

Indication[1]

Adult patients treated with apixaban or rivaroxaban when reversal of anticoagulation is needed due to life-threatening or uncontrolled bleeding.

Administration[1]

Lyophilized powder for solution, administered as an intravenous bolus followed by continuous infusion.

Efficacy[1]

Reversal of anti-FXa activity within 2 minutes following end of bolus. The anti-FXa activity returned to the placebo levels and above approximately 2 hours after the end of a bolus or infusion dependent on dosage.

Ondexxya® andexanet alfa

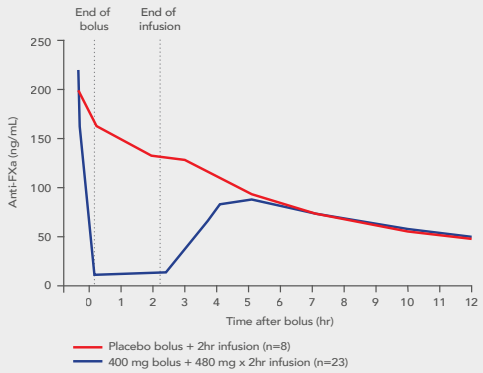
1. Ondexxya SmPC April 2019


BAYER
BAYER

Ondexxya reverses anti-Xa activity by >90% within 2 minutes following bolus administration and is maintained throughout the 2-hour infusion.[1]

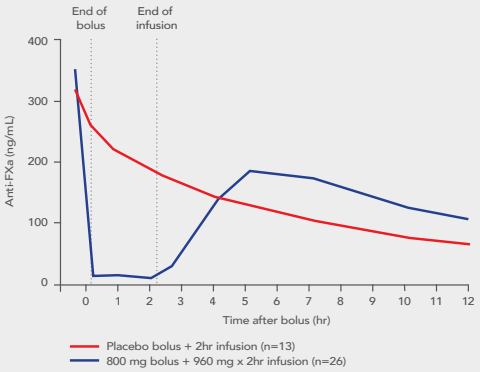
ANNEXA-A[1] apixaban

After a bolus plus 2-hour infusion, Ondexxya reversed anti-FXa activity from baseline by 92% vs 33% for placebo (mean reduction) P<0.0001.



ANNEXA-R[1] rivaroxaban

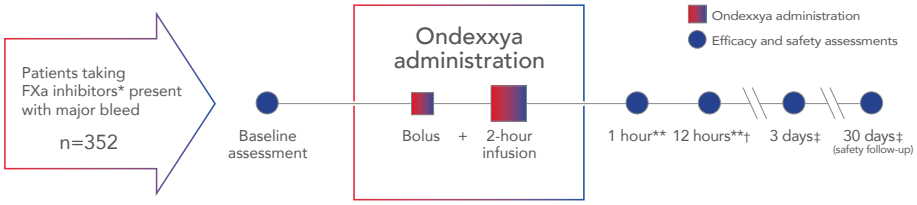
After a bolus plus 2-hour infusion, Ondexxya reversed anti-FXa activity from baseline by 97% vs 45% for placebo (mean reduction) P<0.0001.



ANNEXA-4 a phase 3b/4 study
– in FXa inhibitor patients with acute major bleeding[2]

ANNEXA-4 is a multinational, open-label, single-arm phase 3b/4 study in 352 adult patients receiving a FXa inhibitor who experience acute major bleeding.[2]

Patients and methods



* Patients enrolled were taking apixaban, rivaroxaban, edoxaban or enoxaparin.
** For patients with intracranial haemorrhage, CT or MRI of the head was performed at 1 hour and 12 hours after the end of Ondexxya treatment.
† Assesment of excellent or good haemostatic efficacy was conducted 12 hours after the Ondexxya infusion.
‡ Adverse events were followed through study Day 3, and related AEs and survival were followed through the Day 30 post-treatment visit.

Efficacy outcomes[2]
- Change in anti-FXa-activity
- Clinical haemostatic efficacy at 12 hours

Overall safety measurements[2]
- Thrombotic events
- Antibodies to FX, FXa, Ondexxya
- 30-day mortality

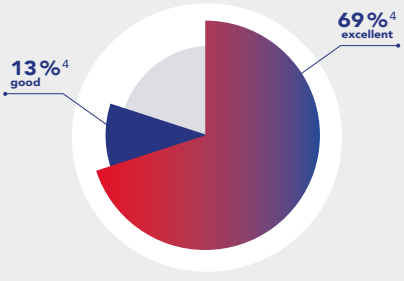
ANNEXA-4 Results

- 82% of patients achieved excellent or good haemostasis at 12 hours* after the Ondexxya infusion[3]
- Andexanet alfa reversed anti-Xa activity by 92% at the end of bolus for both rivaroxaban and apixaban-treated patients[3]
- Mortality (30 days) Total 14%[3] ICH 15%[4]
- Thrombotic events at 30 days (10%)[3]

92%
anti-Xa activity reversal

86%
survival

10%
thrombotic events



n=249

Criteria, ICH haemostatic efficacy[3]

Excellent: ≤ 20% increase in haematoma volume vs baseline at 12 hours post infusion.

Good: >20% but ≤ 35% increase in haematoma volume vs baseline at 12 hours post infusion.

Haemostatic efficacy was reviewed by an independent adjudication committee, on the basis of predetermined criteria for the different types of bleeds.

** Please note that Ondexxya is approved only for reversal of rivaroxaban and apixaban*

1. Ondexxya SmPC April 2019
2. Connolly SJ et al. New Engl J Med. 2016; 375(12):1131-1141
3. Connolly SJ et al. New Engl J Med. 2019;doi: 10.1056/NEJMoa1814051 (incl Supplementary Appendix)
4. ANNEXA-4 oral presentation, the International Stroke Conference (ISC), Hawaii, 2019

Ondexxya® andexanet alfa

Indication[1]

Adult patients treated with apixaban or rivaroxaban when reversal of anti-coagulation is needed due to life-threatening or uncontrolled bleeding.

Abbreviated prescribing information

ONDEXXYA ▼ 200 MG POWDER FOR SOLUTION FOR INFUSION (ANDEXANET ALFA)
Refer to full Summary of Product Characteristics [SmPC] before prescribing).

Presentation
Each vial contains 200 mg of andexanet alfa.
After reconstitution, each mL of solution contains 10 mg of andexanet alfa.

Indication
For adult patients treated with a direct factor Xa (FXa) inhibitor (apixaban or rivaroxaban) when reversal of anticoagulation is needed due to life-threatening or uncontrolled bleeding.

Dosage and administration
Refer to full SmPC for full information on posology and administration.
Recommended dosage:
Ondexxya is initially administered as an intravenous (IV) bolus at a target rate of approximately 30 mg/min at either a low dose of 400 mg over 15 minutes or a high dose of 800 mg over 30 minutes, followed by administration of a continuous infusion at a low dose of 480 mg at 4 mg/min or a high dose of 960 mg at 8 mg/min over 120 minutes.
Reversal of apixaban; The recommended dose regimen of Ondexxya is based on the dose of apixaban the patient is taking at the time of anticoagulation reversal, as well as on the time since the patient's last dose of apixaban. Where the last dose of apixaban was ≤ 5 mg the low dose is used. Where the last dose of axipiban was > 5 mg or unknown and was given < 8 hours or an unknown time before ondexxya administration the high dose is used. Where the last dose of apixaban was > 5 mg or unknown but was known to be given ≥ 8 hours before ondexxya administration the low dose is used.
Reversal of rivaroxaban; The recommended dose regimen of Ondexxya is based on the dose of rivaroxaban the patient is taking at the time of anticoagulation reversal, as well as on the time since the patient's last dose of rivaroxaban. Where the last dose of rivaroxaban was ≤ 10 mg the low dose is used. Where the the last dose of rivaroxaban was > 10 mg or unknown and it was given < 8 hours or an unknown time before ondexxya administration the high dose is used. Where the last dose of rivaroxaban was > 10 mg or unknown but was known to be given ≥ 8 hours before ondexxya administration the low dose is used.
Restarting antithrombotic therapy; Following administration of Ondexxya and cessation of a major bleed, re-anticoagulation should be considered to prevent thrombotic events due to the patient's underlying medical condition. Antithrombotic therapy can be re-initiated as soon as medically indicated following treatment if the patient is clinically stable and adequate haemostasis has been achieved. Medical judgement should balance the benefits of anticoagulation with the risks of re-bleeding.
Elderly patients; (aged 65 years and over); No dose adjustment is required.
Renal impairment; The effect of renal impairment on andexanet alfa exposure levels has not been evaluated. Based on the existing data on clearance, no dose adjustment is recommended.
Hepatic impairment; Based on the existing data on clearance of andexanet alfa, no dose adjustment is recommended. The safety and efficacy have not been studied in patients with hepatic impairment.
Paediatric population; The safety and efficacy of andexanet alfa in children and adolescents have not been established. No data are available.

Method of administration:
Intravenous use; After an appropriate number of vials of Ondexxya has been reconstituted, the reconstituted solution (10 mg/mL) is transferred to a suitable empty IV polyolefin (PO) or polyvinyl chloride (PVC) bag without further dilution, prior to administration by IV infusion using a 0.2 or 0.22 micron in line polyethersulfone (PES) or equivalent low protein-binding filter.

For instructions on reconstitution of the medicinal product before administration, refer to full SmPC.

Contraindications
Hypersensitivity to active substance or any excipient. Known allergic reaction to hamster proteins.

Warnings and precautions
Limitations of use; Clinical efficacy is based upon reversal of anti-FXa-activity in healthy volunteers dosed with apixaban or rivaroxaban. Andexanet alfa is not suitable for pre-treatment of urgent surgery. Use for edoxaban- or enoxaparin-reversal is not recommended due to lack of data. Andexanet alfa will not reverse the effects of non-FXa inhibitors. Although determination of anti-FXa-activity in emergency situations is increasingly recommended, no recommendation for adapted andexanet alfa dosage is available. Therefore, treatment monitoring should be based mainly on clinical parameters indicative of appropriate response (i.e., achievement of haemostasis), lack of efficacy (i.e., re-bleeding), and adverse events (i.e., thromboembolic events).
Dosage recommendation is based upon data-modelling in healthy volunteers. Validation has not been successful, yet. Data from bleeding patients are limited. Preliminary data suggest higher risk of thrombosis for patients receiving the higher dose of andexanet, previous lower dose of the anti-FXa inhibitor, and patients on rivaroxaban.
In ANNEXA-4, intracranial haemorrhage (ICH) patients (GCS > 7 and haematoma volume < 60 mL) have been included. Treatment of patients with more severe ICH with andexanet alfa has not been studied.
Thrombotic events; Thrombotic events have been reported following treatment with andexanet alfa. Patients being treated with FXa inhibitor therapy have underlying disease states that predispose them to thrombotic events. Reversing FXa inhibitor therapy exposes patients to the thrombotic risk of their underlying disease. In addition, independent pro-thrombotic effect of andexanet alfa cannot be ruled out. Duration of this effect in bleeding patients is not known. Laboratory parameters as anti-FXa activity, endogenous thrombotic potential (ETP), or markers of thrombosis might not be reliable for guidance. To reduce this risk, resumption of anticoagulant therapy should be considered as soon as medically appropriate after completion of treatment. In healthy volunteers, dose-dependent increases in coagulation markers F1+2, TAT, and D-dimer after administration of andexanet alfa were observed, but no thromboembolic events were reported. These markers were not measured in patients enrolled in the ANNEXA-4 study, but thromboembolic events have been observed. Monitoring for signs and symptoms of thrombosis is, therefore, strongly recommended.
Use of andexanet alfa in conjunction with other supportive measures; Andexanet alfa can be used in conjunction with standard haemostatic supportive measures, which should be considered as medically appropriate. The safety of andexanet alfa has not been evaluated in patients who received prothrombin complex concentrates, recombinant factor VIIa, or whole blood within seven days prior to the bleeding event, as they were excluded from clinical trials. Pro-coagulant factor treatments (e.g., 3 or 4 factor prothrombin complex concentrate (PCC)/activated PCC, recombinant factor VIIa, fresh frozen plasma) and whole blood should be avoided unless absolutely required, due to lack of data in combination with these treatments.
Infusion-related reactions; In case of mild or moderate infusion reactions, careful observation may be sufficient. For moderate symptoms, consideration may be given to a brief interruption or slowing of the infusion with resumption of the infusion after symptoms subside. Diphenhydramine may be administered.

Please see full SmPC for specific information concerning:- (a) interaction with other medicinal products (and other forms of interaction); (b) fertility, pregnancy and lactation: (c) effects on ability to drive and use machines: (d) overdose.

Undesirable effects

The most frequently reported adverse reactions in clinical trials in healthy subjects with Ondexxya were mild or moderate infusion-related reactions comprising symptoms such as flushing and feeling hot (very common), and cough, dysgeusia, and dyspnoea (common). Transient elevations of D-dimer and F1+2 fragments were also very common in healthy subjects. Other common side effects observed in healthy subjects are urticaria, dizziness postural, headache, palpitations, abdominal discomfort or pain, dry mouth, nausea, pruritus (generalised), back pain, muscle spasms, chest discomfort, hyperhidrosis, and peripheral coldness.

Amongst bleeding patients commonly reported side effects were ischaemic stroke and pyrexia, with uncommonly reported side effects of cerebral infarction, cerebrovascular accident,transient ischaemic attack, acute myocardial infarction, cardiac arrest, myocardial infarction, deep vein thrombosis , iliac artery occlusion, pulmonary embolism.

Refer to full SmPC for further information on side effects reported with Ondexxya.

Legal Category
POM

Package quantities & Basic NHS costs
TBC (4 vials per pack)

Marketing Authorisation Holder
Portola Netherlands B.V., Prins Bernhardplein 200, 1097 JB Amsterdam, Netherlands

Marketing Authorisation Number
EU/1/18/1345/001

Further information available from:
E-Mail: Info@portolaEU.com

Prescribing information last revised
May 2019

Adverse events should be reported. Reporting forms and information can be found at www. mhra.gov.uk/yellowcard.

Adverse events can also be reported to Portola Netherlands B.V. by following email info@portolaEU.com or by phone (Toll Free) Tel : 0800 069 8041 or (Toll) +31 20 225 4560

Ondexxya® andexanet alfa

1. Ondexxya SmPC April 2019

Ondexxya (andexanet alfa)

The only approved antidote for reversal of factor Xa inhibitors rivaroxaban or apixaban when reversal of anticoagulation is needed due to life-threatening or uncontrolled bleeding[1]

Delivering confidence

FXa inhibitor reversal management in life-threatening or uncontrolled bleeds:

- Ondexxya is the only approved antidote for apixaban or rivaroxaban[1]
- Ondexxya reverses anti-Xa activity by >90% within 2 minutes following bolus administration and is maintained throughout the 2-hour infusion[1]
- Haemostatic efficacy achieved in >80% of patients[2]
- Recommended in multiple EU and US guidelines[3,4]

PORTOLA PHARMACEUTICALS

Portola Pharmaceuticals is a commercial-stage biopharmaceutical company focused on the discovery, development and commercialization of novel therapeutics that could significantly advance the fields of thrombosis and other hematologic diseases. The Company's two FDA-approved medicines are Ondexxya® (andexanet alfa) the first and only antidote for patients treated with rivaroxaban and apixaban when reversal of anticoagulation is needed due to life-threatening or uncontrolled bleeding, and Bevyxxa® (betrixaban), the first and only oral, once-daily Factor Xa inhibitor for the prevention of VTE in adult patients hospitalized for an acute medical illness. The company also is advancing cerdulatinib, a Syk/JAK inhibitor for the treatment of hematologic cancers.

1. Ondexxya SmPC April 2019
2. Connolly SJ et al. New Engl J Med. 2019;doi: 10.1056/NEJMoa1814051
3. Steffel J et al. Eur. Heart J. 2018; 39 (16):1330–1393
4. 2019 AHA guidelines

Ondexxya® andexanet alfa

PP-AnXa-EU-0021/2019/04

GR-FON-00001 June 2019

Για οποιαδήποτε πληροφορία (Medical information) αναφορικά με το προϊόν παρακαλώ καλέστε στο 211.176.84.77 ή μέσω mail στην ηλεκτρονική διεύθυνση aspenmedinfo@professionalinformation.co

Arixtra 1,5MG/0,3ML PF.SYR BTX10 PF.SYR. NT : 22,41€, Arixtra 2,5MG/0,5ML PF.SYR BTX10 PF.SYR. NT : 29,04€
Arixtra 7,5MG/0,6ML PF.SYR BTX10 PF.SYR. NT : 94,15€, Arixtra 10MG/0,8ML PF.SYR BTX10 PF.SYR. NT : 104,04€

Φαρμακευτικό προϊόν για το οποίο απαιτείται ιατρική συνταγή.

Πριν τη συνταγογράφηση συμβουλευθείτε την Περίληψη Χαρακτηριστικών του Προϊόντος που διατίθεται στο εκθετήριο

Βοηθήστε να γίνουν τα φάρμακα πιο ασφαλή και Αναφέρετε ΟΛΕΣ τις ανεπιθύμητες ενέργειες για ΟΛΑ τα φάρμακα Συμπληρώνοντας την «ΚΙΤΡΙΝΗ ΚΑΡΤΑ»

3016 Lake Drive, Citywest Business Campus, Dublin 24, Ιρλανδία
Εμπορικό Τμήμα Aspen Greece
Ολυμπιονικών 192 & Λαλέχου 2, 154 51, Νέο Ψυχικό, Αθήνα, Ελλάδα,
T: 216 900 12 80 • F: 216 900 12 81 • **www.aspenpharma.eu**

arixtra
fondaparinux