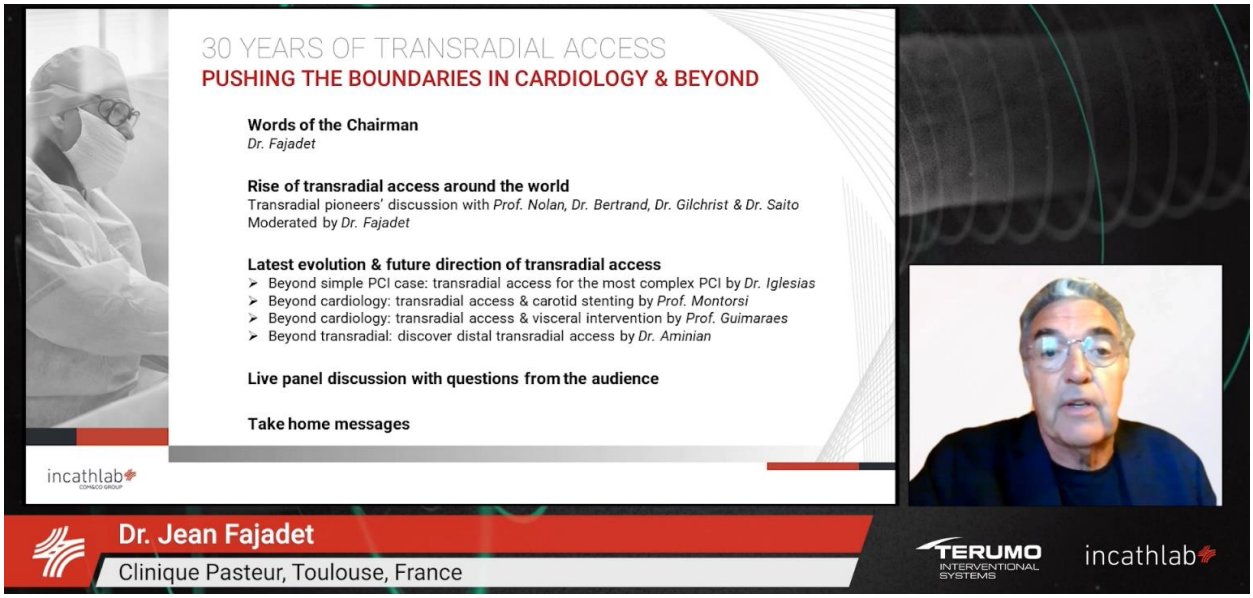
TRI 30th Anniversary Newsletter Vol. 3

Global Symposium "30 Years of Transradial Access"

In this issue, we share highlights from the online global symposium, "30 Years of Transradial Access: Pushing the boundaries in cardiology & beyond," hosted by Terumo and held on September 26, 2022. The virtual event brought together experts in the field of transradial access and with Dr. Jean Fajadet as chairman, proved to be a lively and engaging discussion on all things transradial access (TRA).

1. Opening Note Dr. Fajadet

Dr. Fajadet opened the symposium with, "We have come together to discuss the rise of radial access around the world, the evolution of the technique, and the future direction of transradial approach," setting the positive, forward-looking tone for the event.



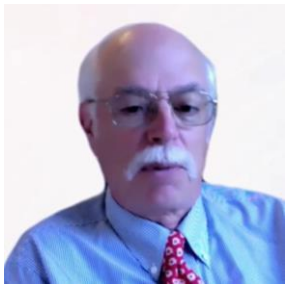
2. Rise of Transradial Access Around the World -Transradial Pioneers' Panel Discussion

Panelists: Prof. James Nolan (UK), Dr. Olivier Bertrand (Canada), Dr. Ian C. Gilchrist (USA), Dr. Shigeru Saito (Japan)

The panel discussion began with each expert sharing their experiences in the early days of transradial, discussing some of the challenges they faced, and how they were able to help an unorthodox approach become an accepted one. The panelists went on to talk about the journey of transradial through to the present day, and the discussion ended with a look at what lies in the future for transradial.

Prof. Nolan

Dr. Saito



Dr. Gilchrist

Dr. Bertrand

Summary of main comments:

- It was so surprising to see how quickly patients could get up and walk after surgery. It was great to see how happy to have had this procedure.
- There wasn't a lot of data in the beginning and there was resistance to the procedure. 8F was the standard for transfemoral intervention (TFI) so moving to radial 6F was a big challenge. TRA finally began to be accepted after evidence showed less complications and superior safety compared to TFI.
- There's no doubt that the evolution of devices for TRA contributed to its widespread expansion. Slender sheaths, guidewires, and other dedicated devices helped optimize the approach, and the improvement of devices for PCI meant it could be applied to complex and other cases.

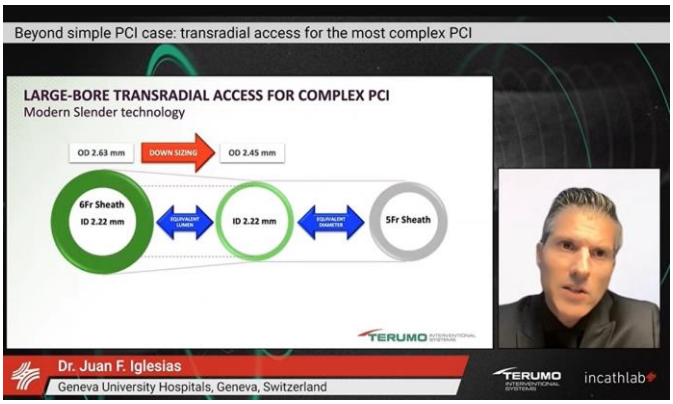
- The cost benefits of TRA are clear. Reducing complications means reducing costs. Speedier recover means same day discharge, freeing up hospital beds and contributing to savings in health expenditure.
- Future outlooks in TRA include the expansion of TRA to the peripheral field, a focus on reducing radial artery occlusion (RAO), and the potential for distal radial access to become more widespread.

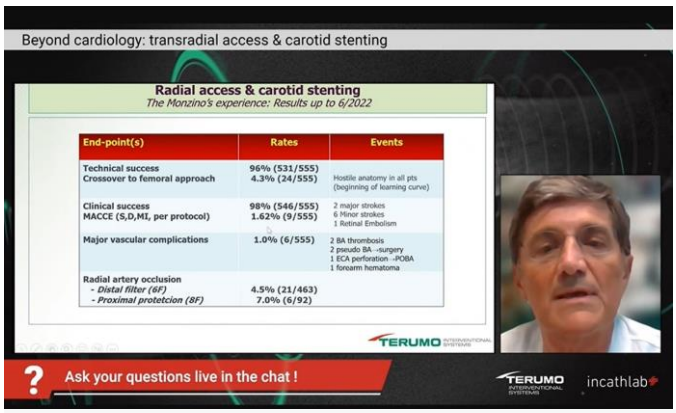
3. Latest evolution and future direction of transradial access

The next part of the symposium was split into four presentations.

TRA for the most complex PCI Dr. Juan Iglesias (Switzerland)

Dr. Juan presented on TRA in complex PCI cases and using clinical outcomes, including COLOR TRIAL result, he illustrated the safety and efficacy of TRI in complex cases, such as CTO, heavy calcification, left main, and complex bifurcation. He concluded with a statement on how recent innovative technological improvements, including slender technology, and increasing operator experience have expanded the use of TRA for the treatment of higher risk and more complex patient subsets.





TRA and carotid stenting

Dr. Piero Montorsi (Italy)

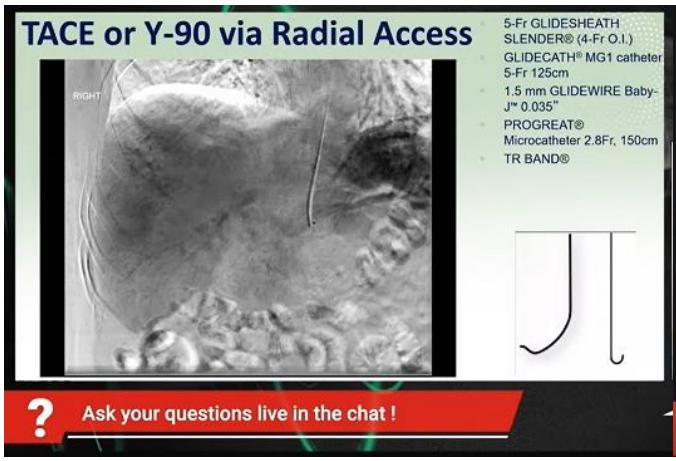
Dr. Montorsi's presentation on TRA in carotid stenting included a discussion on devices and techniques to support a successful TRA procedure, and how the 96% success rate of TRA indicates that it could be used as a standard access option for CAS.

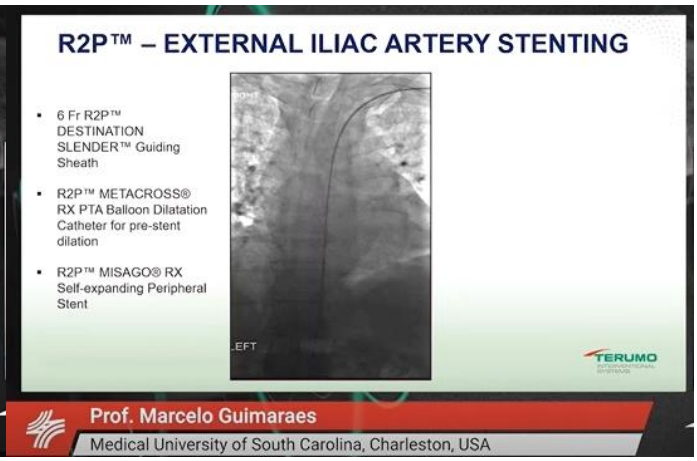
He closed with pointing out that not being able to use 8F protection devices in CAS is a limitation, and suggested using TRA in conjunction with the brachial approach as a possible workaround.

TRA and visceral intervention Prof. Marcelo Guimaraes (USA)

Prof. Guimaraes' presentation on radial artery visceral intervention and peripheral intervention introduced several techniques for this approach, including how to set up the cath lab for left radial access cases, echo-guided puncturing, and targeted region access. He also presented on devices including angiographic catheter designed for R.A.V.I and more. He stated that 90% of embolotherapy cases could be performed with TRA and that there were few limitations.

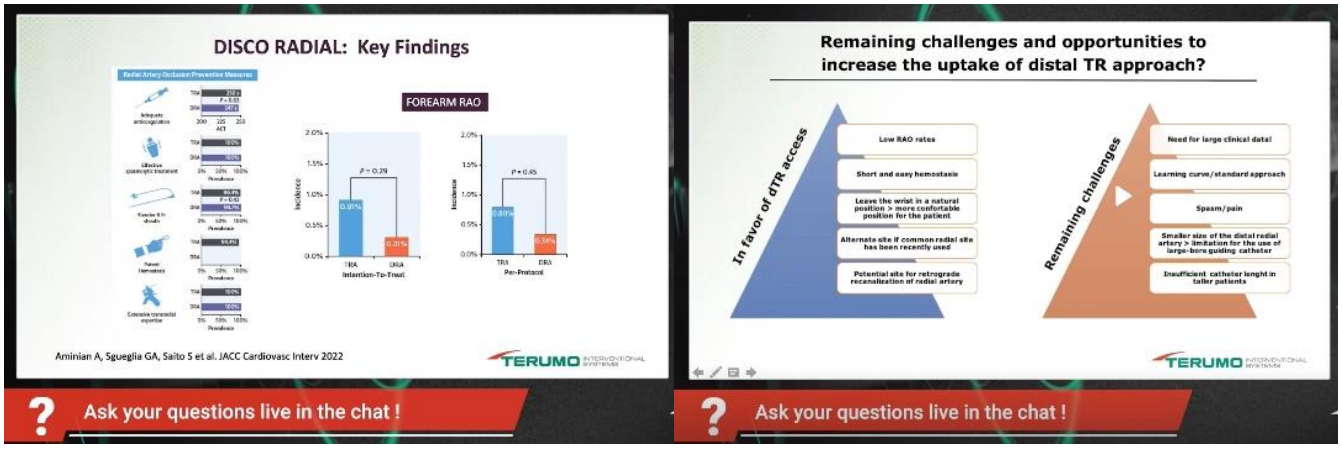
Regarding his outlook for the future, Prof. Guimaraes said he hopes to see improvements in navigation as imaging is integrated into devices providing more precision. He also expects the trend for developing smaller profile devices to continue, and stressed the importance of ensuring smaller devices have a similar performance level as bigger ones. Finally, Prof. Guimaraes raised the issue of cost in healthcare, suggesting investing in the beginning of the healthcare process as a possible preventive solution.





Discover distal transradial access **Dr. Adel Aminian (Belgium)**

In the final presentation, Dr. Aminian discussed the potential advantages and challenges of distal radial access (DRA). He also talked about the results of the DISCO RADIAL study - a comparison between the clinical outcomes of DRA and Conventional Radial Access (CRA) - which suggests that DRA is as safe and effective an access option as CRA, and spoke about the need for more clinical data to establish the technique.



Dr. Aminian also touched on the technical difficulty of DRA, and how the small size of the distal artery is one limitation. He added, however, that DRA is an approach that benefits patients, doctors, and nurses, and that there is always the option to cross over to CRA if DRA fails. “Invest a lot of time to try and learn this technique,” was his closing advice.

4. Live Discussion

The presentations were followed by a live discussion, giving viewers the rare opportunity to pose questions to the TRA experts and have them answered in real time.

5. Take Home Message

Dr. Fajadet closed the symposium with the following message.

1. Transradial intervention became the standard practice in 30 years, from curious innovation at the beginning. Today, this long-term technique is accepted by the whole interventional community. It is the best demonstration of a successful innovation.
2. Radial access is used for most PCI & most patients in cardiology, including for the most complex PCI & CTO procedures. Non coronary intervention, such as carotid, peripheral, visceral, may also see the rise of radial access in the near future.
3. We should remember it is important to keep the radial artery open for access. As Dr. Saito mentioned, we need to continue education on how to best perform radial access, and enhance radial protocol to reduce the risk of complication, specifically radial artery occlusion.

The symposium closed on a high, with anticipation for the future expansion of TRA and a roadmap for the next steps to take in resolving remaining issues.

Watch the full video here:

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