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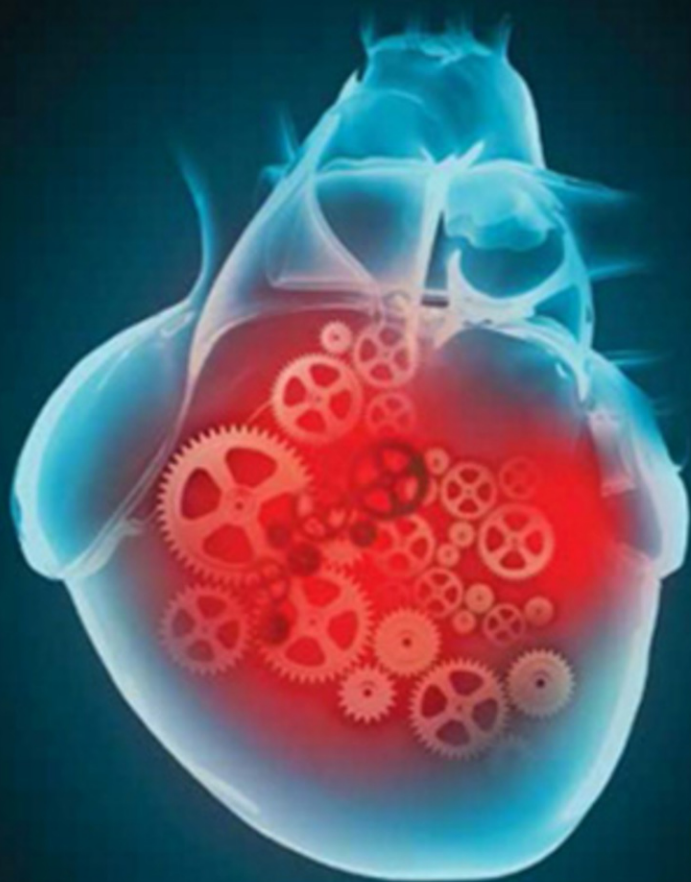
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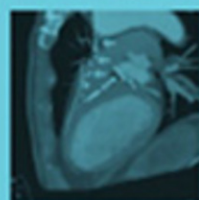
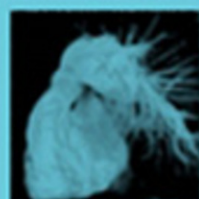
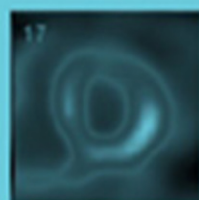
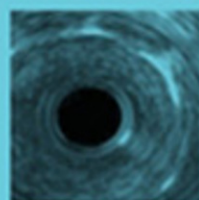
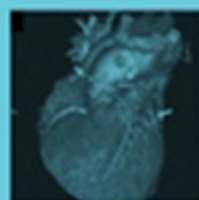
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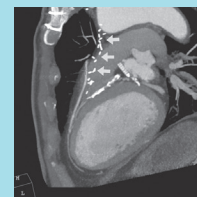
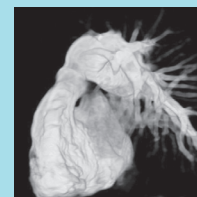
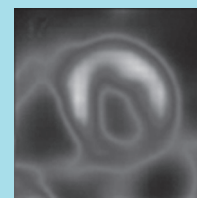
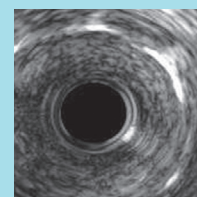
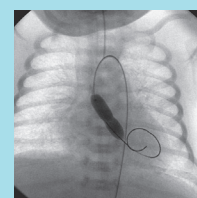
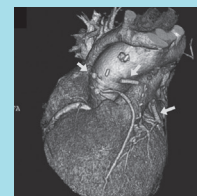
# Interventional Cardiology

## ERIC J. TOPOL, MD

Gary and Mary West Endowed Chair of Innovative Medicine  
Professor of Genomics  
Department of Molecular and Experimental Medicine  
Director, Scripps Translational Science Institute  
Chief Academic Officer, Scripps Health  
Senior Consultant, Scripps Clinic  
Division of Cardiovascular Diseases  
La Jolla, California

## PAUL S. TEIRSTEIN, MD

Chief of Cardiology  
Director, Interventional Cardiology  
Scripps Clinic  
Director, Scripps Prebys Cardiovascular Institute  
Scripps Health  
La Jolla, California



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*To our many fellows who, over the years, have taught and inspired us so much.*

# Contributors

**William T. Abraham, MD, FACP, FACC, FAHA, FESC, FRCP**

Professor of Internal Medicine, Physiology, and Cell Biology  
Chair of Excellence in Cardiovascular Medicine  
Director, Division of Cardiovascular Medicine  
The Ohio State University  
Columbus, Ohio

**Shikhar Agarwal, MD, MPH, FACP**

Fellow, Interventional Cardiology  
Cleveland Clinic  
Cleveland, Ohio

**Jung-Min Ahn, MD**

University of Ulsan College of Medicine  
Asan Medical Center  
Seoul, South Korea

**Takashi Akasaka, MD, PhD**

Professor  
Department of Cardiovascular Medicine  
Wakayama Medical University  
Wakayama, Japan

**Ibrahim Akin, MD**

University Clinic Hamburg-Eppendorf  
Department of Cardiology  
Hamburg, Germany

**Diego Alcivar-Franco, MD**

Fellow  
Summa Cardiovascular Institute  
Summa Health System  
Akron, Ohio

**Scott F. Allen, MD**

Fellow, Cardiovascular Medicine  
University of Michigan Health System  
Ann Arbor, Michigan

**Alexandra Almonacid, MD**

Associate Director  
Core Angiography Laboratory  
Beth Israel Deaconess Medical Center  
Boston, Massachusetts

**Carlos L. Alviar, MD**

Cardiology Fellow  
Leon H. Charney Division of Cardiology  
New York University Langone Medical Center  
New York, New York

**Ali Andalib, MD**

Interventional Cardiology Fellow  
Beth Israel Deaconess Medical Center  
Boston, Massachusetts

**Dominick J. Angiolillo, MD, PhD**

Associate Professor of Medicine  
Director of Cardiovascular Research  
University of Florida College of Medicine Jacksonville  
Jacksonville, Florida

**Gary M. Ansel, MD, FACC**

Interventional Cardiologist  
Ohio Health Heart and Vascular  
Columbus, Ohio

**Stephen Balter, PhD**

Professor of Clinical Radiology (Physics) in Medicine  
Radiology and Medicine  
Columbia University  
New York, New York

**David T. Balzer, MD**

Professor, Pediatrics  
Division of Pediatric Cardiology  
Director, Cardiac Catheterization Laboratory  
Washington University School of Medicine  
St. Louis, Missouri

**Gregory W. Barsness, MD**

Director, Cardiac Intensive Care Unit  
Departments of Cardiovascular Diseases and Radiology  
Mayo Clinic  
Rochester, Minnesota

**Robert H. Beekman III, MD**

Professor  
Pediatric Cardiology  
Cincinnati Children's Hospital Medical Center  
Cincinnati, Ohio

**Olivier F. Bertrand, MD, PhD**

Professor of Cardiology  
Interventional Cardiology  
Quebec Heart-Lung Institute  
Quebec City, Canada

**Farzin Beygui, MD, MPH, PhD**

Professor of Cardiology  
Interventional Cardiology Unit  
Caen University Hospital  
Caen, France

**John A. Bittl, MD**

Interventional Cardiologist  
Munroe Heart  
Munroe Regional Medical Center  
Ocala, Florida

**Ralph Brindis, MD, MPH**

Clinical Professor of Medicine  
University of California, San Francisco  
San Francisco, California  
Regional Senior Adviser for Cardiovascular Diseases  
Kaiser Permanente  
Oakland, California

**Eric Brochet, CMD**

Cardiology Department  
Bichat Hospital  
Paris, France



**Christopher Buller, MD**

Director, Cardiac Catheterization and Intervention  
St. Michael's Hospital  
Professor of Medicine  
University of Toronto  
Toronto, Ontario, Canada

**Heinz Joachim Büttner, MD**

Chief of Interventional Cardiology  
Department of Cardiology and Angiology II  
University Heart Center Freiburg  
Bad Krozingen, Germany

**Robert A. Byrne, MB, BCh, PhD**

Interventional Cardiologist  
German Heart Center  
Technical University of Munich  
Munich, Germany

**Timothy Byrnes, DO**

Fellow  
Summa Cardiovascular Institute  
Summa Health System  
Akron, Ohio

**Ivan P. Casserly, MD**

Assistant Professor of Medicine  
Department of Cardiology  
University of Colorado School of Medicine  
Aurora, Colorado

**Matthews Chacko, MD**

Assistant Professor of Medicine  
Division of Cardiology  
Johns Hopkins University and Hospital  
Baltimore, Maryland

**Derek P. Chew, MBBS, MPH, FRACP, FACC, FCSANZ**

Professor of Cardiology  
Department of Cardiovascular Medicine  
Flinders University  
Regional Director of Cardiology  
Department of Cardiovascular Medicine  
Southern Adelaide Health Service  
Adelaide, Australia

**Leslie Cho, MD**

Director, Women's Cardiovascular Center  
Division of Cardiology  
Cleveland Clinic

**Antonio Colombo, MD**

Director, Cardiac Catheterization Laboratory  
EMO GVM Centro Cuore Columbus  
Chief Director, Interventional Cardiology Department  
University Vita-Salute San Raffaele Hospital  
Milan, Italy

**Marco A. Costa, MD, PhD**

University Hospitals Harrington-McLaughlin Heart and Vascular  
Institute  
Case Western Reserve University School of Medicine  
Cleveland, Ohio

**Alain Cribier, MD**

Professor of Medicine  
Department of Cardiology  
Rouen University Hospital  
Rouen, France

**Fernando Cura, MD, PhD**

Director  
Interventional Cardiology and Endovascular Therapies  
Cardiovascular Institute of Buenos Aires  
Buenos Aires, Argentina

**Matthew Czarny, MD**

Clinical Fellow  
Division of Cardiology  
Johns Hopkins University and Hospital  
Baltimore, Maryland

**Ingo Daehnert, MD, PhD**

Department of Pediatric Cardiology  
University of Leipzig–Heart Center  
Leipzig, Germany

**Gregory J. Dehmer, MD**

Professor of Medicine  
Texas A&M Health Science Center College of Medicine  
Director, Cardiology Division  
Scott & White Healthcare  
Temple, Texas

**Kimberly S. Delcour, DO**

Clinical Assistant Professor  
Department of Internal Medicine  
Division of Cardiovascular Disease–Interventional Cardiology  
University of Iowa Heart and Vascular Center  
Iowa City, Iowa

**Robert S. Dieter, MD, RVT**

Associate Professor of Medicine  
Loyola University  
Maywood, Illinois

**John S. Douglas, Jr., MD**

Professor  
Department of Medicine  
Director, Interventional Cardiology Fellowship Program  
Emory University School of Medicine  
Atlanta, Georgia

**Helene Eltchaninoff, MD**

Professor of Medicine  
Department of Cardiology  
Rouen University Hospital  
Rouen, France

**Marvin H. Eng, MD**

Structural Heart Disease Fellowship Director  
Henry Ford Health System  
Clinical Assistant Professor  
Wayne State University School of Medicine  
Detroit, Michigan

**Zaher Fanari, MD**

Cardiology Fellow  
Section of Cardiology  
Christiana Care Health System  
Newark, Delaware

**Vasim Farooq, MBChB, MRCP, PhD**

Institute of Cardiovascular Sciences  
 Manchester Academic Health Sciences Center  
 University of Manchester  
 Manchester Heart Center  
 Manchester Royal Infirmary  
 Central Manchester University Hospitals NHS Trust  
 Manchester, United Kingdom

**Kenneth Fetterly, PhD**

Assistant Professor of Radiology  
 Division of Cardiovascular Radiology  
 Mayo Clinic and Foundation  
 Rochester, Minnesota

**Peter J. Fitzgerald, MD, PhD**

Professor of Medicine and Engineering  
 Division of Cardiovascular Medicine  
 Stanford University School of Medicine  
 Director, Center for Cardiovascular Technology  
 Center for Cardiovascular Technology  
 Stanford University Medical Center  
 Stanford, California

**Marat Fudim, MD**

Cardiology Fellow  
 Department of Internal Medicine  
 Duke University  
 Durham, North Carolina

**Valentin Fuster, MD, PhD**

Physician-in-Chief  
 Mount Sinai Hospital  
 Director, The Zena and Michael A. Wiener Cardiovascular  
 Institute and  
 The Marie-Josée and Henry R. Kravis Center for Cardiovascular  
 Health  
 Richard Gorlin, MD, Heart Research Foundation Professor  
 Icahn School of Medicine at Mount Sinai  
 New York, New York

**Mario J. Garcia, MD, FACC**

Chief, Division of Cardiology  
 Department of Medicine  
 Montefiore Medical Center  
 Bronx, New York

**Scot Garg, MB, ChB, MRCP**

Department of Interventional Cardiology  
 Erasmus Medical Center  
 Rotterdam, Netherlands

**Baris Gencer, MD**

Fellow  
 Cardiology Division  
 Geneva University Hospital  
 Geneva, Switzerland

**Bryan Goldstein, MD**

Assistant Professor  
 Pediatric Cardiology  
 Cincinnati Children's Hospital Medical Center  
 Cincinnati, Ohio

**Jeffrey A. Goldstein, MD, FACC, FSCAI**

Director, Vascular and Endovascular Medicine  
 Prairie Cardiovascular Consultants  
 Director, Prairie Vascular Fellowship  
 Prairie Cardiovascular Consultants  
 Chairman, Department of Cardiology  
 Saint John's Hospital  
 Springfield, Illinois

**Hanney Gonna, MBBS, BSc, MRCP**

Clinical Research Fellow  
 Imperial Center of Translational and Experimental Medicine  
 National Heart and Lung Institute  
 Imperial College London  
 London, United Kingdom

**Nilesh J. Goswami, MD**

Director, Cardiac Catheterization Laboratory  
 Prairie Heart Institute at St. John's Hospital  
 Springfield, Illinois

**William A. Gray, MD**

Assistant Professor of Clinical Medicine  
 Columbia University College of Physicians and Surgeons  
 Director, Endovascular Services  
 Columbia University Medical Center/New York-Presbyterian  
 Hospital  
 New York, New York

**Giulio Guagliumi, MD**

Cardiovascular Department  
 Azienda Ospedaliera Papa Giovanni XXIII  
 Bergamo, Italy

**Trent Hartshorne, MBBS, FCICM**

Cardiology Senior Registrar  
 Flinders Medical Centre  
 Adelaide, Australia

**Rani Hasan, MD, MHS**

Advanced Fellow, Structural and Peripheral Interventions  
 Instructor in Medicine  
 Division of Cardiology  
 Johns Hopkins University  
 Baltimore, Maryland

**Timothy D. Henry, MD, FACC**

Director, Division of Cardiology  
 Professor, Department of Medicine  
 Cedars-Sinai Heart Institute  
 Los Angeles, California

**Howard C. Herrmann, MD**

Professor of Medicine  
 Perelman School of Medicine of the University of Pennsylvania  
 Director, Interventional Cardiology Program  
 Hospital of the University of Pennsylvania  
 Philadelphia, Pennsylvania

**Dominique Himbert, MD**

Cardiology Department  
 Bichat Hospital  
 Paris, France

**Russel Hirsch, MD**

Director, Cardiac Catheterization Laboratory  
Associate Professor  
UC Department of Pediatrics  
Cincinnati Children's Hospital Medical Center  
Cincinnati, Ohio

**David R. Holmes, Jr., MD**

Professor of Medicine  
Cardiovascular Diseases  
Mayo Clinic  
Rochester, Minnesota

**Yasuhiro Honda, MD**

Clinical Associate Professor of Medicine  
Division of Cardiovascular Medicine  
Stanford University School of Medicine  
Co-Director, Cardiovascular Core Analysis Laboratory  
Center for Cardiovascular Technology  
Stanford University Medical Center  
Stanford, California

**Javaid Iqbal, MBBS, MRCP (UK), PhD**

Clinical Lecturer  
Department of Cardiovascular Science  
University of Sheffield  
Sheffield, United Kingdom

**Bernard Iung, MD, FESC**

Professor of Cardiology  
University of Paris VII  
Cardiology Department  
Bichat Hospital  
Paris, France

**Hani Jneid, MD, FACC, FAHA, FSCAI**

Associate Professor of Medicine  
Director of Interventional Cardiology Research  
Baylor College of Medicine  
Director of Interventional Cardiology  
The Michael E. DeBakey VA Medical Center  
Houston, Texas

**James G. Jollis, MD, FACC**

Clinical Professor of Medicine  
North Carolina Heart and Vascular  
University of North Carolina  
Chapel Hill, North Carolina

**Michael A. Jolly, MD, FACC**

Interventional Cardiologist  
OhioHealth Heart and Vascular  
Columbus, Ohio

**David E. Kandzari, MD**

Director, Interventional Cardiology and Interventional Cardiology  
Research  
Piedmont Heart Institute  
Atlanta, Georgia

**Samir R. Kapadia, MD, FACC**

Director, Sones Catheterization Laboratory  
Cardiovascular Medicine  
Cleveland Clinic  
Cleveland, Ohio

**Adnan Kastrati, MD**

Professor of Cardiology  
German Heart Center and Medical Clinic Rechts der Isar  
Technical University of Munich  
Munich, Germany

**Dean J. Kereiakes, MD, FACC**

Medical Director  
The Christ Hospital Heart and Vascular Center and The Lindner  
Research Center  
Professor of Clinical Medicine  
Ohio State University  
Cincinnati, Ohio

**Morton J. Kern, MD**

Chief of Medicine  
Department of Medicine  
VA Long Beach Health Care System  
Long Beach, California

**Ajay J. Kirtane, MD, SM**

Chief Academic Officer  
Director, Interventional Cardiology Fellowship Program  
Columbia University Medical Center  
The Cardiovascular Research Foundation  
New York, New York

**Amar Krishnaswamy, MD**

Interventional Cardiology  
Cleveland Clinic  
Cleveland, Ohio

**Takashi Kubo, MD, PhD**

Assistant Professor  
Department of Cardiovascular Medicine  
Wakayama Medical University  
Wakayama, Japan

**John Lasala, MD, PhD**

Professor of Medicine  
Division of Cardiology  
Washington University School of Medicine  
Director, Interventional Cardiology  
Division of Interventional Cardiology  
Washington University School of Medicine  
Medical Director, Cardiac Catheterization Laboratory  
Barnes-Jewish Hospital  
St. Louis, Missouri

**Scott M. Lilly, MD, PhD**

Assistant Professor  
Interventional Cardiology  
Division of Cardiovascular Medicine  
Ohio State University  
Columbus, Ohio

**Michael J. Lim, MD**

Jack Ford Shelby Endowed Professor  
Co-Director, Center for Comprehensive Cardiovascular Care  
Saint Louis University  
St. Louis, Missouri

**William L. Lombardi, MD, FACC, FSCAI**

Associate Clinical Professor of Medicine  
Division of Cardiology  
Director, Complex Coronary Artery Disease Therapies  
University of Washington Medical Center  
Seattle, Washington

**Philipp C. Lurz, MD, PhD**

Department of Pediatric Medicine/Cardiology  
University of Leipzig–Heart Center  
Leipzig, Germany

**Jane T. Luu, MD, MPH**

Interventional Cardiologist  
Straub Clinic and Hospital  
Hawaii Pacific Health  
Honolulu, Hawaii

**Bernhard Meier, MD**

Professor and Chairman  
Cardiology Department  
University Hospital Bern  
Bern, Switzerland

**Adrian W. Messerli, MD**

Associate Professor of Medicine  
Division of Cardiovascular Medicine  
Gill Heart Institute  
University of Kentucky  
Lexington, Kentucky

**Gilles Montalescot, MD, PhD**

Professor of Cardiology  
Pitié-Salpêtrière University Hospital  
Institute of Cardiology  
Paris, France

**Pedro R. Moreno, MD**

Professor of Medicine  
Icahn School of Medicine at Mount Sinai  
Director, Interventional Translational Research  
Mount Sinai Hospital  
New York, New York

**Jeffery W. Moses, MD**

Professor of Medicine  
Columbia University Medical Center  
Director, Center Interventional Vascular Therapy  
New York Presbyterian Hospital  
New York, New York

**Debabrata Mukherjee, MD, FACC, FAHA, FSCAI**

Chairman, Department of Internal Medicine  
Chief, Division of Cardiovascular Medicine  
Texas Tech University  
El Paso, Texas

**Sahar Naderi, MD MHS**

Women's Cardiology Fellow  
Division of Cardiology  
Massachusetts General Hospital  
Boston, Massachusetts

**Srihari S. Naidu, MD**

Director, Cardiac Catheterization Laboratory  
Division of Cardiology  
Winthrop University Hospital  
Mineola, New York  
Associate Professor of Medicine  
SUNY Stony Brook School of Medicine  
Stony Brook, New York

**Brahmajee K. Nallamothu, MD, MPH**

Professor of Cardiovascular Medicine  
Department of Internal Medicine  
University of Michigan Medical School  
Ann Arbor, Michigan

**Craig R. Narins, MD**

Associate Professor of Medicine and Surgery  
Divisions of Cardiology and Vascular Surgery  
University of Rochester Medical Center  
Rochester, New York

**Gjin Ndrepepa, MD**

Professor of Cardiology  
German Heart Center  
Technical University of Munich  
Munich, Germany

**Franz-Josef Neumann, MD, PhD**

Endowed Professor of Cardiovascular Medicine  
University of Freiburg  
Medical Director  
Department of Cardiology and Angiology II  
University Heart Center Freiburg  
Bad Krozingen, Germany

**Christoph A. Nienaber, MD, FACC**

Professor of Cardiology  
Imperial College London  
The Royal Brompton and Harefield Trust  
Cardiology and Aortic Center  
London, United Kingdom

**Igor F. Palacios, MD**

Professor of Medicine  
Harvard Medical School  
Director, Knight Catheterization Laboratory  
Institute for Heart, Vascular, and Stroke Care  
Massachusetts General Hospital  
Boston, Massachusetts

**Tullio Palmerini, MD**

Cardiovascular Department  
S. Orsola General Hospital  
University of Bologna  
Bologna, Italy

**Seung-Jung Park, MD, PhD**

Professor  
Internal Medicine  
University of Ulsan College of Medicine  
Asan Medical Center  
Seoul, South Korea

**Manesh R. Patel, MD**

Associate Professor of Medicine  
Duke University School of Medicine  
Durham, North Carolina

**Uptal D. Patel, MD**

Associate Professor of Medicine and Pediatrics  
Divisions of Nephrology and Pediatric Nephrology  
Departments of Medicine and Pediatrics  
Duke Clinical Research Institute  
Duke University School of Medicine  
Durham, North Carolina

**Marc S. Penn, MD, PhD**

Director of Research  
Summa Cardiovascular Institute  
Summa Health System  
Akron, Ohio  
Professor of Medicine  
Integrative Medical Sciences  
Northeast Ohio Medical University  
Rootstown, Ohio

**Femi Philip, MD**

Assistant Professor of Internal Medicine  
University of California, Davis  
Davis, California

**Jeffrey J. Popma, MD**

Director, Interventional Cardiology Clinical Services  
Medicine (Cardiovascular Division)  
Beth Israel Deaconess Medical Center  
Professor of Medicine  
Harvard Medical School  
Boston, Massachusetts

**Matthew J. Price, MD**

Assistant Professor  
Scripps Translational Science Institute  
Director, Cardiac Catheterization Laboratory  
Division of Cardiovascular Diseases  
Scripps Clinic  
La Jolla, California

**Vivek Rajagopal, MD**

Staff Cardiologist  
Piedmont Heart Institute  
Atlanta, Georgia

**Sunil V. Rao, MD**

Associate Professor of Medicine  
Division of Cardiovascular Diseases  
Duke University Medical Center  
Durham Veterans Affairs Medical Center  
Duke Clinical Research Institute  
Durham, North Carolina

**Kausik K. Ray, BSc, MBChB, MRCP, MD, MPhil, FACC, FESC**

Professor of Public Health  
Department of Primary Care and Public Health  
Imperial College London  
London, United Kingdom

**G. Russell Reiss, MD**

Director, Heart Valve Clinic and Transcatheter Valve Therapies  
Divisions of Cardiovascular and Thoracic Surgery and Cardiology  
Dean, St. Mary's Cardiac Center  
Madison, Wisconsin

**Marco Roffi, FESC, FACC**

Vice-Chairman of Cardiology  
Director, Interventional Cardiology Unit  
University Hospital  
Geneva, Switzerland

**R. Kevin Rogers, MD, MSc**

Assistant Professor  
Vascular Medicine and Intervention  
Interventional Cardiology  
University of Colorado  
Aurora, Colorado

**Saurabh Sanon, MD**

Advanced Structural Interventional Cardiology Fellow  
Division of Cardiology  
Mayo Clinic  
Rochester, Minnesota

**Javier Sanz, MD**

Associate Professor of Medicine (Cardiology) and Radiology  
Icahn School of Medicine at Mount Sinai  
Mount Sinai Hospital  
New York, New York

**Bruno Scheller, MD**

Department of Cardiology  
Division of Internal Medicine III  
University of Saarland  
Homburg/Saar, Germany

**Albert Schömig, MD**

Professor of Medicine  
Internal Medicine and Cardiology  
München, Germany

**Beth Schueler, PhD**

Associate Professor  
Radiology Department  
Mayo Clinic Rochester  
Rochester, Minnesota

**Patrick W. Serruys, MD, PhD**

Professor of Cardiology  
Erasmus Medical Centre  
Rotterdam, the Netherlands  
International Center of Circulatory Health  
Imperial College  
London, United Kingdom

**Mehdi Shishehbor, DO, PhD**

Director, Endovascular Services  
Associate Program Director  
Interventional Cardiology Fellowship  
Heart and Vascular Institute  
Cleveland Clinic

**Satya S. Shreenivas, MD**

Director, Center for Structural and Adult Congenital Heart Disease  
Division of Cardiology  
University of Cincinnati  
Cincinnati, Ohio

**Kevin Silver, MD**

Director, Coronary Intensive Care Unit  
Summa Cardiovascular Institute  
Summa Health System  
Akron, Ohio

**Mitchell J. Silver, DO, FACC, FABVM**

Interventional Cardiologist  
Ohio Health Heart and Vascular  
Columbus, Ohio

**Daniel I. Simon, MD**

Chief, Division of Cardiovascular Medicine  
Director, Harrington-McLaughlin Heart and Vascular Institute  
Herman K. Hellerstein Professor of Cardiovascular Research  
University Hospitals Case Medical Center  
Case Western Reserve University School of Medicine  
Cleveland, Ohio

**Vasile Sirbu, MD**

Cardiovascular Department  
Azienda Ospedaliera Papa Giovanni XXIII  
Bergamo, Italy

**Paul A. Sobotka, MD**

Affiliated Clinical Professor  
Medicine/Cardiology  
The Ohio State University  
Columbus, Ohio

**Goran Stankovic, MD, PhD**

Clinic for Cardiology  
Department for Diagnostic and Catheterization Laboratories  
Clinical Center of Serbia  
Medical School of Belgrade  
Belgrade, Serbia

**Curtiss T. Stinis, MD, FACC, FSCAI**

Director of Peripheral Interventions  
Division of Interventional Cardiology  
Scripps Clinic  
La Jolla, California

**Gregg W. Stone, MD**

Professor of Medicine  
Division of Cardiology  
Columbia University College of Physicians and Surgeons  
Director of Cardiovascular Research and Education  
Columbia University Medical Center  
New York-Presbyterian Hospital  
The Cardiovascular Research Foundation  
New York City, New York

**David Suk, MD**

Fellow, Cardiology  
Department of Medicine  
University of California, Irvine  
Irvine, California

**Deephak Swaminath, MD**

Fellow  
Summa Cardiovascular Institute  
Summa Health System  
Akron, Ohio

**Paul S. Teirstein, MD**

Chief of Cardiology  
Director, Interventional Cardiology  
Scripps Clinic  
Director, Scripps Prebys Cardiovascular Institute  
Scripps Health  
La Jolla, California

**On Topaz MD, FACC, FSCAI**

Professor of Medicine  
Duke University School of Medicine  
Durham, North Carolina  
Chief, Division of Cardiology  
Charles George Veterans Affairs  
Asheville, North Carolina

**Alec Vahanian, FESC, FRCP (Edin.)**

Professor of Cardiology  
University of Paris VII  
Cardiology Department  
Bichat Hospital  
Paris, France

**Miguel Valderrábano, MD, FACC**

Associate Professor of Medicine  
Weill College of Medicine at Cornell University  
New York, New York  
Chief, Division of Cardiac Electrophysiology  
Department of Cardiology  
Houston Methodist Hospital  
Houston, Texas

**Andres F. Vasquez, MD**

Cardiology Fellow  
Cardiovascular Medicine  
The University of Texas at Houston  
Houston, Texas  
Interventional Cardiology Fellow  
Division of Interventional Cardiology  
Washington University Medical School  
St. Louis, Missouri

**Amit N. Vora, MD, MPH**

Fellow, Cardiovascular Diseases  
Department of Medicine  
Division of Cardiovascular Diseases  
Duke University Medical Center  
Duke Clinical Research Institute  
Durham, North Carolina

**Robert Wagner, MD, PhD**

Department of Pediatric Cardiology  
University of Leipzig-Heart Center  
Leipzig, Germany

**William S. Weintraub, MD**

John H. Ammon Chair of Cardiology  
Section of Cardiology  
Christiana Care Health System  
Newark, Delaware

**Sandra Weiss, MD**

Associate Program Director for Research  
Section of Cardiology  
Christiana Care Health System  
Newark, Delaware

**Christopher J. White, MD, MSCAI, FACC, FAHA, FESC**

Professor and Chairman of Medicine  
The Ochsner Clinical School  
University of Queensland  
Chief of Medical Services  
System Chair for Cardiovascular Diseases  
Medical Director John Ochsner Heart and Vascular Institute  
Ochsner Medical Center  
New Orleans, Louisiana

**Wendy Whiteside, MD**

Assistant Professor  
UC Department of Pediatrics  
Cincinnati Children's Hospital Medical Center  
Cincinnati, Ohio

**Mathew R. Williams, MD**

Associate Professor  
Cardiothoracic Surgery and Medicine  
Chief, Division of Adult Cardiac Surgery  
Director, Interventional Cardiology  
Director, CVI Structural Heart Program  
NYU Langone Medical Center  
New York, New York



**Paul G. Yock, MD, MA, AB**

Martha Meier Weiland Professor  
Bioengineering and Medicine  
Stanford University  
Stanford, California

**Alan Zajarias, MD**

Associate Professor of Medicine  
Director, Structural Interventional Fellowship Program  
Division of Cardiology  
Washington University School of Medicine  
St. Louis, Missouri

**Jeffrey Zampi, MD**

Assistant Professor  
UC Department of Pediatrics  
Cincinnati Children's Hospital Medical Center  
Cincinnati, Ohio

**Khaled M. Ziada, MD, FACC, FSCAI**

Gill Foundation Professor of Interventional Cardiology  
Director, Cardiac Catheterization Laboratories  
Director, Cardiovascular Interventional Fellowship Program  
Gill Heart Institute  
University of Kentucky  
Lexington, Kentucky

**David A. Zidar, MD, PhD**

Harrington Heart and Vascular Institute  
University Hospitals Case Medical Center  
Case Western Reserve School of Medicine  
Cleveland, Ohio

**Andrew A. Ziskind, MD, MBA**

Managing Director  
Clinical Solutions  
Huron Healthcare  
Adjunct Professor of Medicine  
Washington University  
St. Louis, Missouri  
Clinical Professor  
Kellogg School of Management  
Northwestern University  
Chicago, Illinois

# Preface

The seventh edition of *Textbook of Interventional Cardiology* has been more extensively updated than any previous edition. We have tried to fully capture the excitement and relentless maturation of the field of interventional cardiology. New chapters have been added to address radiation safety, interventions for heart failure, and (for many patients) the lack of need for hospitalization after interventions. Over the years, coronary intervention became increasingly predictable and, in many ways, routine, with the progressive maturation of stents and leaps forward in our adjunct pharmacologic therapies. In some ways, the field of interventional cardiology lost a bit of its pioneering spark that had so characterized this discipline from its inception in the 1980s. In those heady times, performing balloon angioplasty in the coronary artery was unpredictable. The predictability provided by stents was replaced with the unpredictability of stent thrombosis. Interventional cardiologists and scientists had to not only rise to the challenge for each individual patient but also discover the vital innovations that would perpetuate the prominence and importance of the specialty.

Today, the challenges continue, but they have morphed considerably. The profile of patients who undergo coronary intervention has dramatically increased in complexity to include patients with advanced age and those with left main stem lesions, chronic occlusions, and what would formerly have been considered prohibitive complexity. What ever happened to patients with Type A lesions? How can we break the maximal SYNTAX score barrier for percutaneous coronary intervention? At the same time, the crisis in health care economics has placed an undue burden on interventional cardiologists with respect to time, constraints in equipment selection, and fulfilling the responsibility of 24/7 coverage for such emergencies as acute myocardial infarction. There is also the incremental pressure from scorecarding initiatives and challenges to the appropriateness or overuse of procedures. But hopefully, all of these challenges are outweighed by the immense

gratification of helping a symptomatic patient with limitations in quality of life get back to his or her baseline. Nowhere in medicine is this feeling more prevalent than in the transformative field of transcatheter aortic valve replacement.

This book is intended to serve as a resource for the interventional cardiology community, which not only includes practicing cardiologists but also the team involved in procedures, referring physicians, and those training or who have aspiration to train in this awe-inspiring field. We have changed authors for many chapters to provide a sense of newness and a fresh perspective, and in every chapter, we have sought the authors who are widely regarded as the true experts in the field. Going forward, we fully recognize that there needs to be increased cooperativity with cardiac surgeons—the rising popularity of hybrid and collaborative valve procedures that capitalize on the best parts of percutaneous and surgical approaches is clearly indicative of that collaboration.

We want to express our genuine and deep appreciation to the authors from all over the world who have graciously contributed to this new edition. They represent a remarkable brain trust from whom we have learned so much in the review of their input. We thank Taylor Ball and Dolores Meloni, both at Elsevier, for their first rate, professional support of this endeavor. And we are especially grateful to the interventional community of readers of this book who have supported it as the primary reference textbook source for nearly 30 years. That represents a large sense of responsibility for us to maintain, and we hope to have lived up to that, and perhaps exceeded expectations with the seventh edition.

*Eric J. Topol, MD  
Paul S. Teirstein, MD  
La Jolla, California, 2015*



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