

MEET CONGRESS

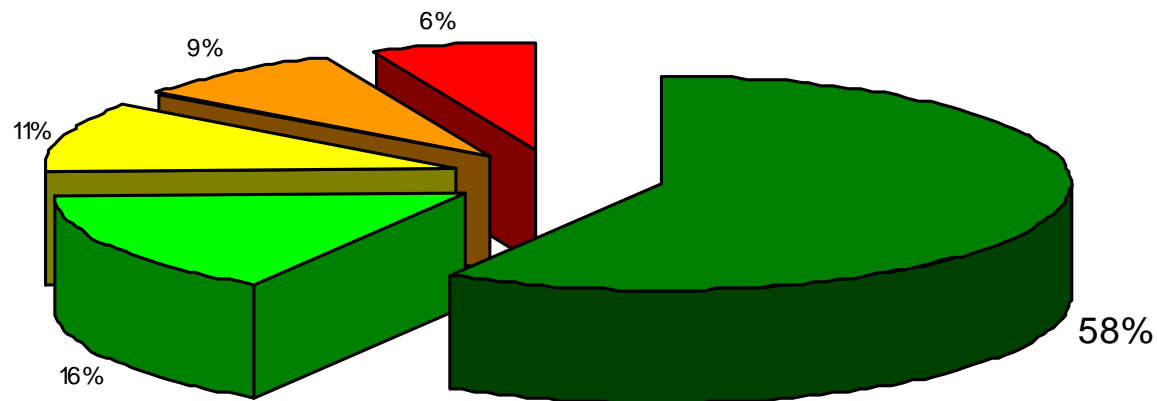
June 18, 19, 20 & 21 2009

607 registrants from 48 different countries

GENERAL EVALUATION

Analysis based on 169 questionnaires

Primary reason for attending the conference



- Update overall knowledge about vascular surgery
- Learn more about one particular technique - which one?
- First time introduction to main topic
- Obtain CME credits
- Other

Most physicians' primary reason for attending the congress was to get **an update** of overall knowledge about vascular surgery (58%).

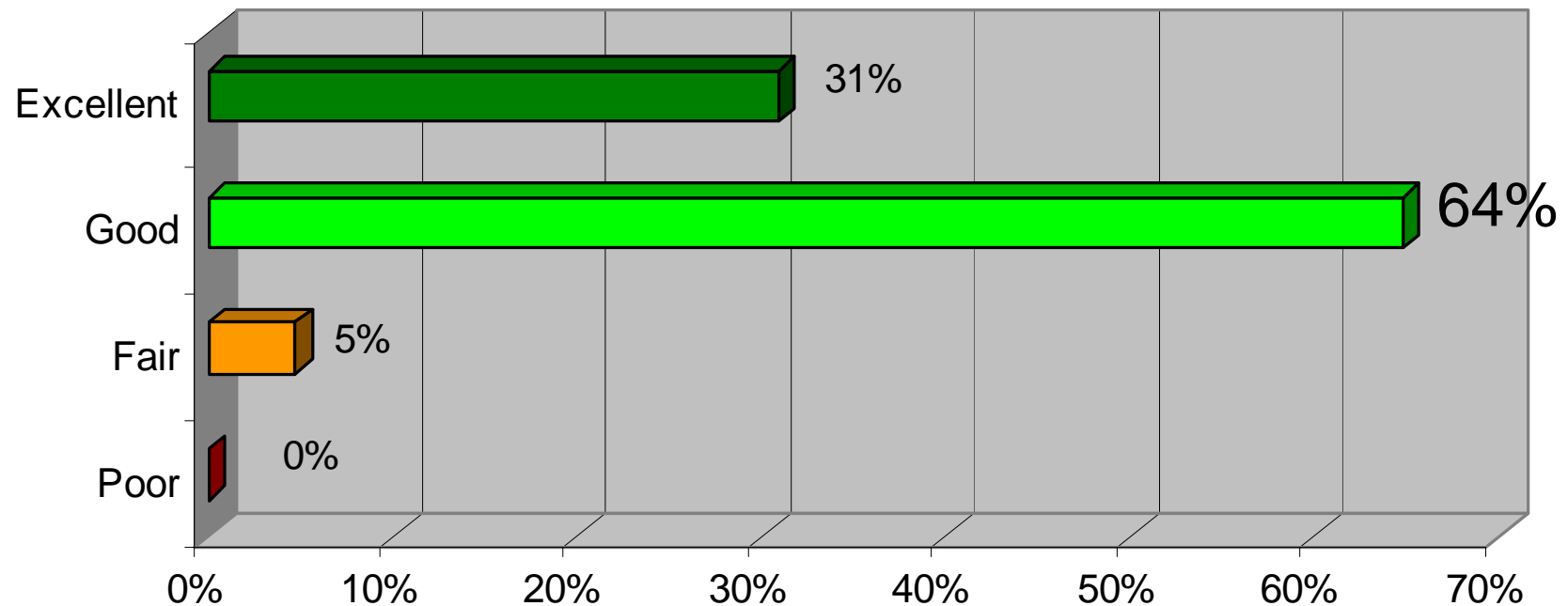
Learn more about one particular technique – which one ?



- Carotid artery stenting – 6
- BTK – 3
- EVAR – 2
- Stenting – 2
- BTK PTA
- Diabetics
- Intima hyperplasia (in stent restenosis treatment) SFA
- Periphery
- Peripheral artery stenting
- SFA

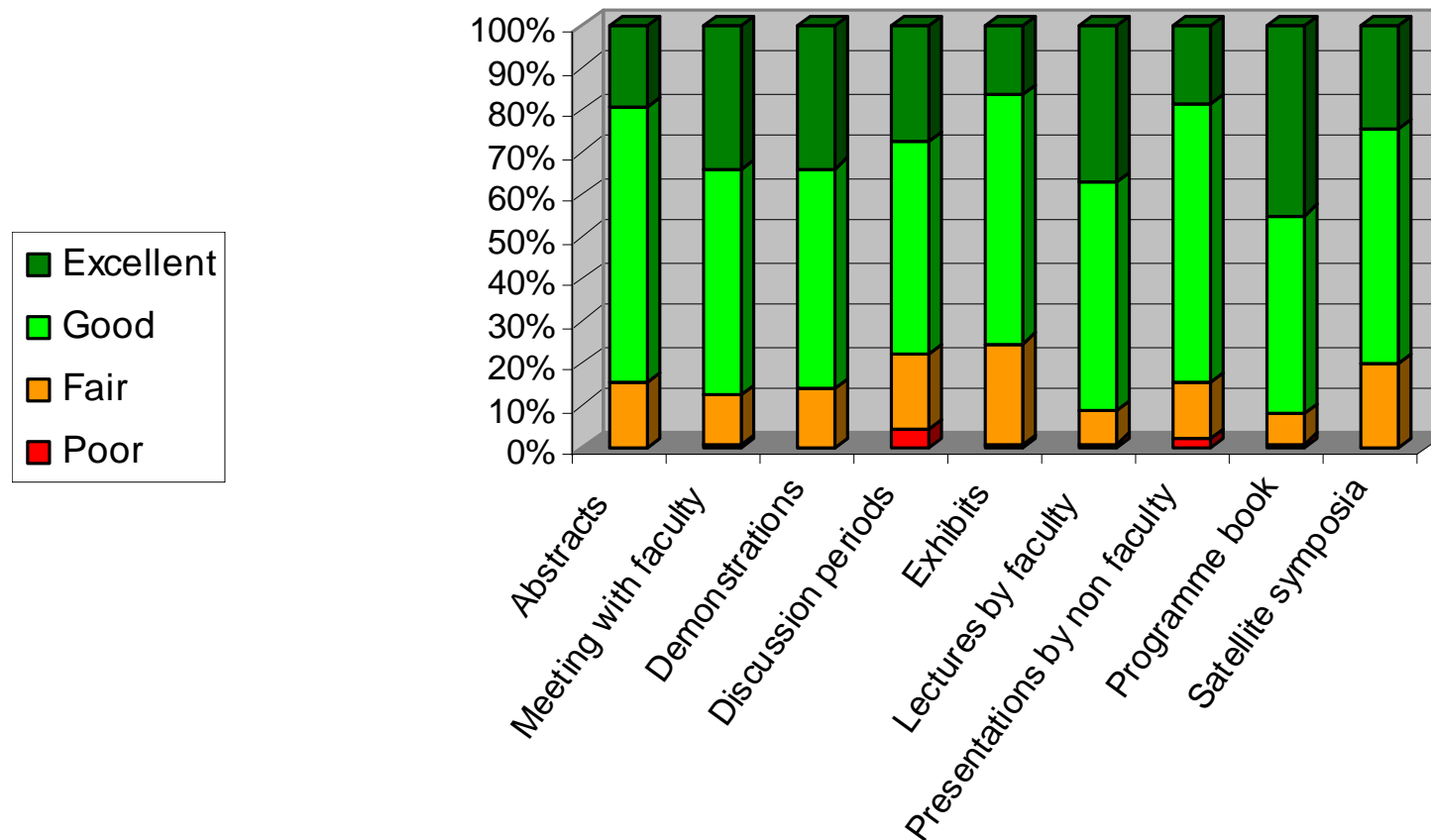


How well did the congress do in fulfilling this goal?



95% of the participants were satisfied in general by the congress program in terms of fulfilling their goals.

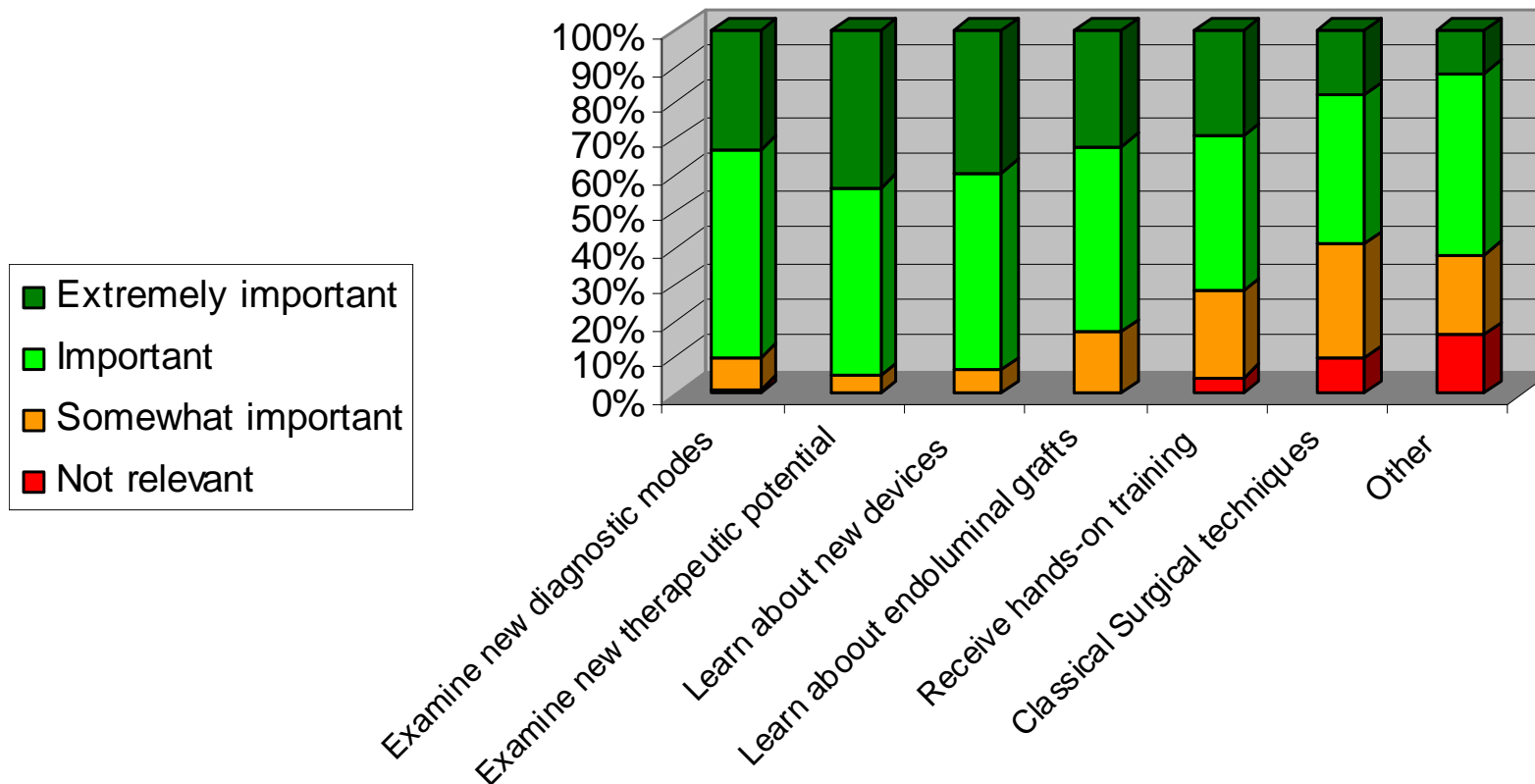
Evaluation of MEET's elements



The evaluation of the MEET's elements shows high satisfaction rates, as for example 92% of our respondents answered that the programme book was good or excellent.



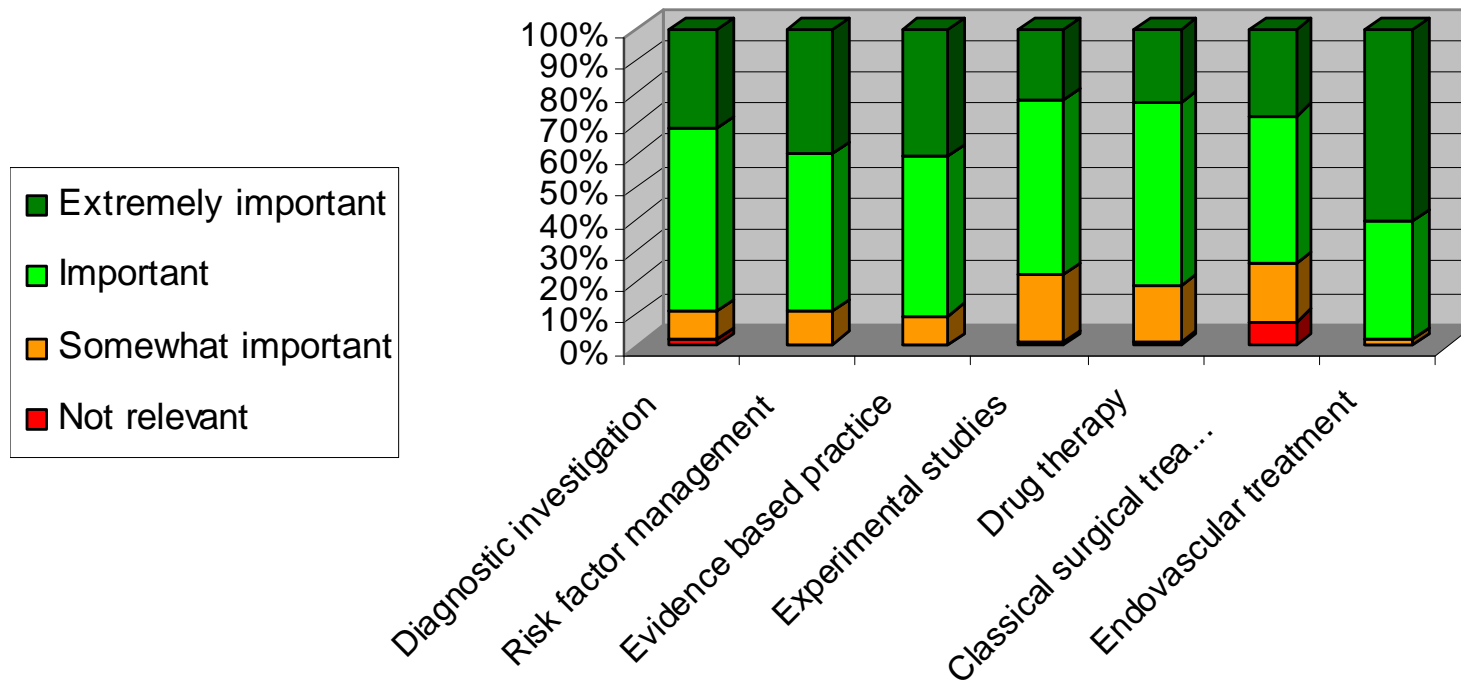
MEET Educational Aspects



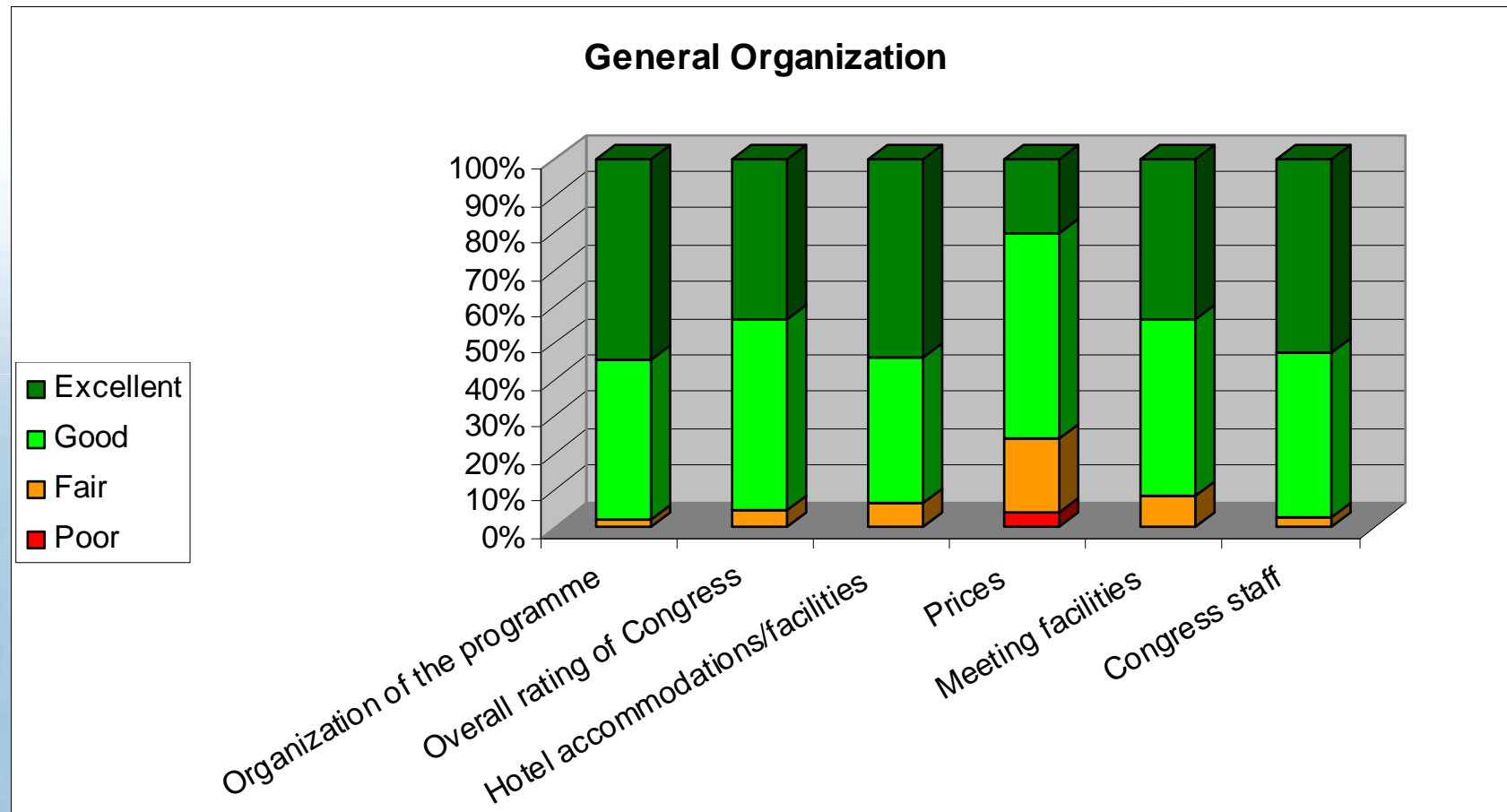
95% of the attendees felt that the examination of new therapeutic potential was extremely important & important.



Importance of MEET's topics to practice

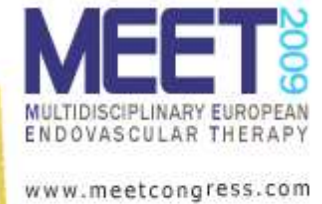


The most important topic was the **Endovascular treatment (up to 99%)**, and the least important were the presentations of **Experimental Studies** and **Classical Surgical Treatment**.



For 99% of our respondents, the organization of the programme was “Excellent” or “Good”. The overall rating of the congress also shows a very good feedback, as up to 97% of our respondents felt it was “excellent” or “good”.

Summary of the information received which will be useful in your practice



- Update of endovascular techniques and follow up patients – 3
- Full information about a lot of techniques – 2
- Generally a lot of information is useful in my practice – 2
- Good update – 2
- New endovascular techniques e.g. chimney technique – 2
- New devices

- Correct and very well targeted information
- Multidisciplinary attitude is the most important message
- Recent data for new devices and trials
- Re enforce one's knowledge and add new information
- Results of endovascular technique
- Solutions for difficult situations
- Some practical hands-on tips and tricks/Useful tips
- Stenting and material

- BTK – 5
- BTK in CCLLI is mandatory using mainly balloons
- Stenting BTK only in extremely difficult cases

- CAS – 7
- CAS
- Don't do CAS in everyone, there is gold standard CEA
- Surgical treatment >>> endovascular for carotid
- The future is endovascular but need more evidence to support CAS
- Very good lectures about indications of CAS in asymptomatic carotid stent (Amor, Veith, Schneider)

- SFA approach and stentings – 4
- PTA more or less stenting of infrainguinal and infrageniculate arteries
- Combination of drug therapy with PTA

- EVAR – 5
- AAA – 2
- TEVAR – 2
- Endovascular treatment of distal lesions
- Endovascular treatment of illi aque
- Infrapopliteal endovascular surgery
- Percutaneous valves
- Trick to cathetering visceral vessel from outside during TAAA endovascular repair

- Extremely nice summary lectures about managing CLI in diabetics and non-diabetics (Bosiers, Peeters)
- Extremely nice summary lectures about preventing hyperfusion syndrome (Amor, Houdart, Theron)
- Proper case selection for endovascular interventions in PAOD
- Percutaneous
- Femoro-popliteal

Further comments



- I would like more sessions about techniques, new devices, more cases (especially EVAR & percutaneous AVR & below the knee angioplasty)
- More recorded presentations in operating rooms
- More training, hands on and simulation sessions
- Not much new learned but if enforces that one is more or less well enough informed of current practice.
- Select better the cases for the experts case presentations
- Some presentations sounded more like advertising than science
- To invite more vascular surgeons who are practicing both conventional and endovascular therapy; less expensive fees for the onsite registration as the schengen VISA is somewhat difficult to get early
- French translation needed – 2
- Booths close too early
- Discussion periods were too short

- Good congress/Well done/Keep it up – 9
- Good care of participants, excellent congress, I appreciated a lot
- Thank you for the meeting staff

- Continue in Cannes' Martinez – 7

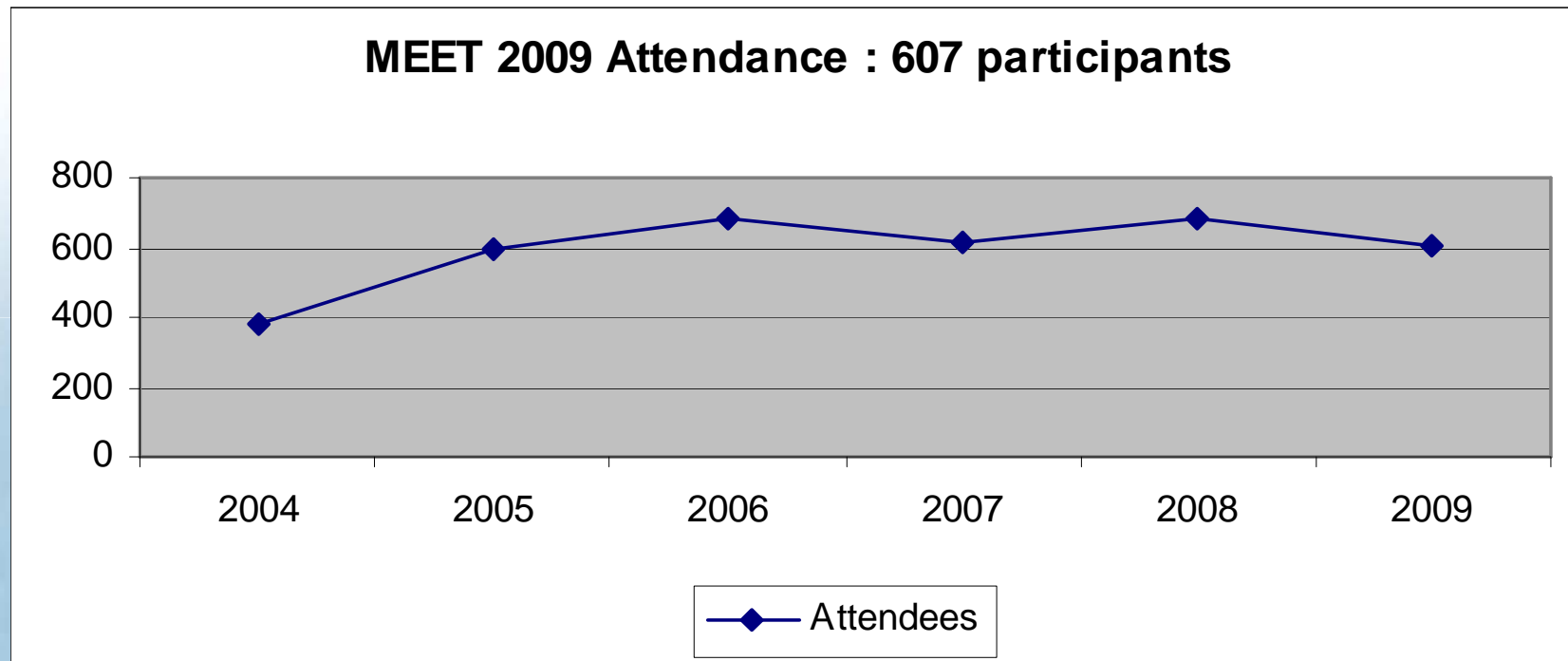


MEET 2009
MULTIDISCIPLINARY EUROPEAN
ENDOVASCULAR THERAPY

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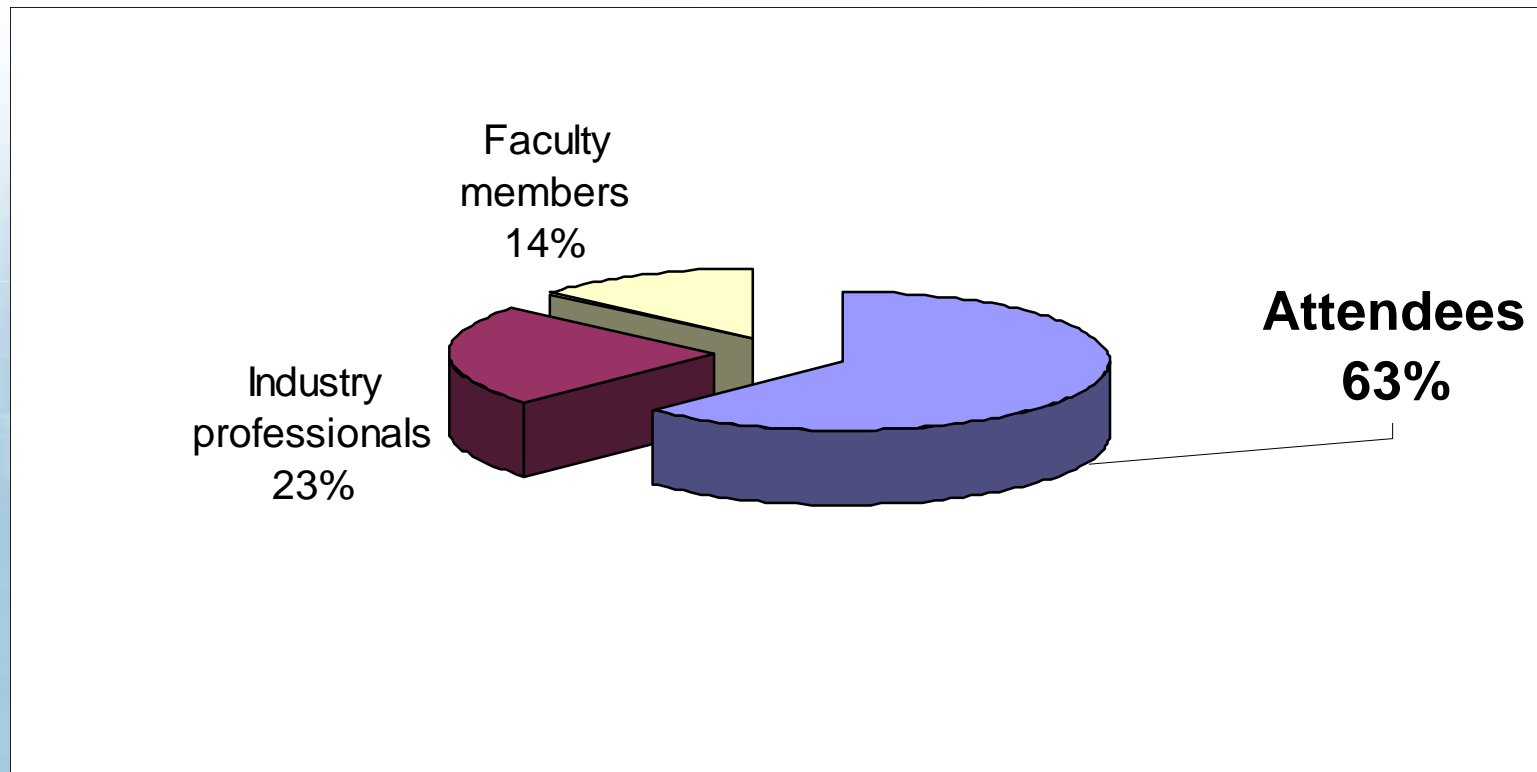
STATISTICS



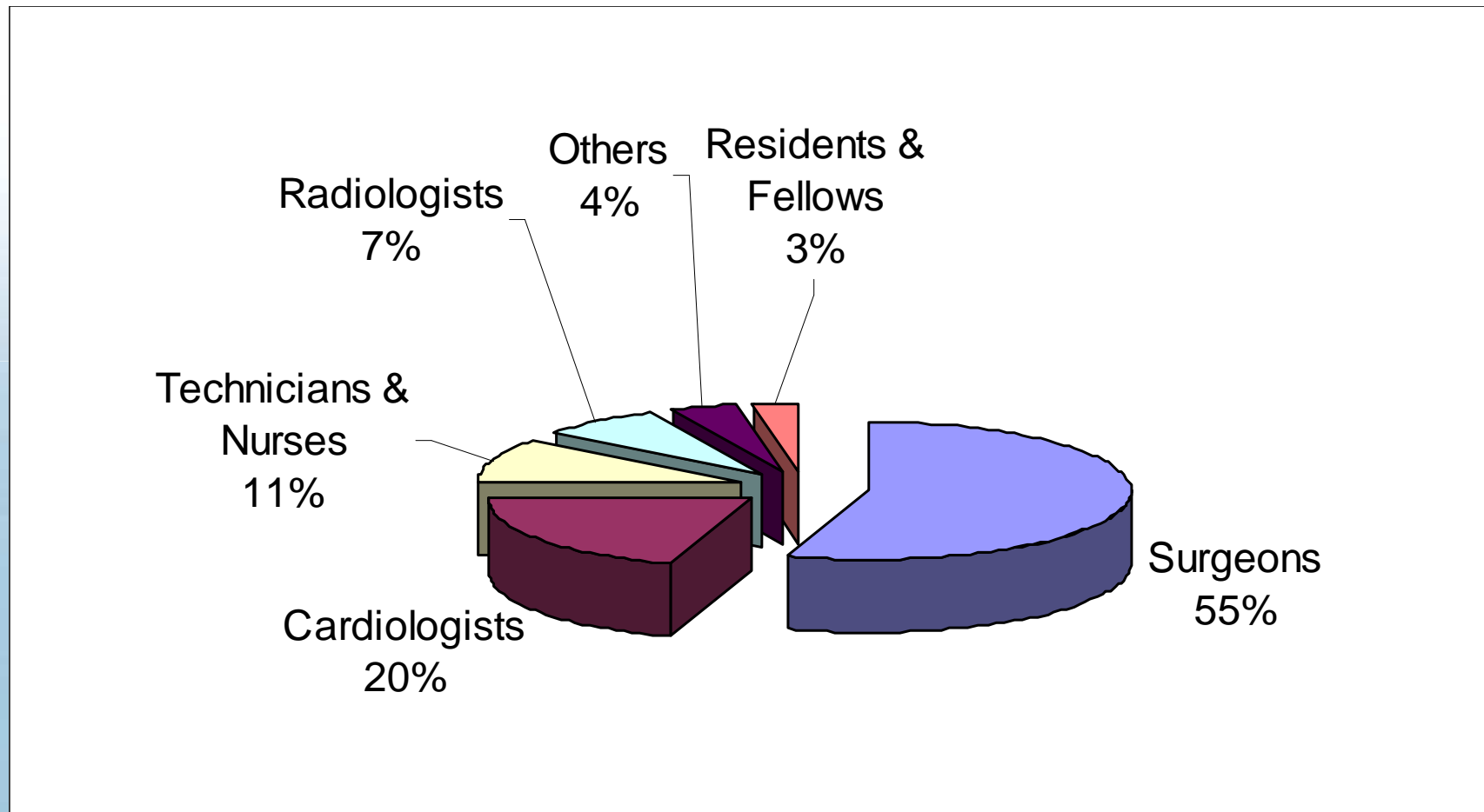


The MEET 2009 Congress drew a total of 607 participants, a slight decrease from 2008, mainly within the Industry Professionals category.

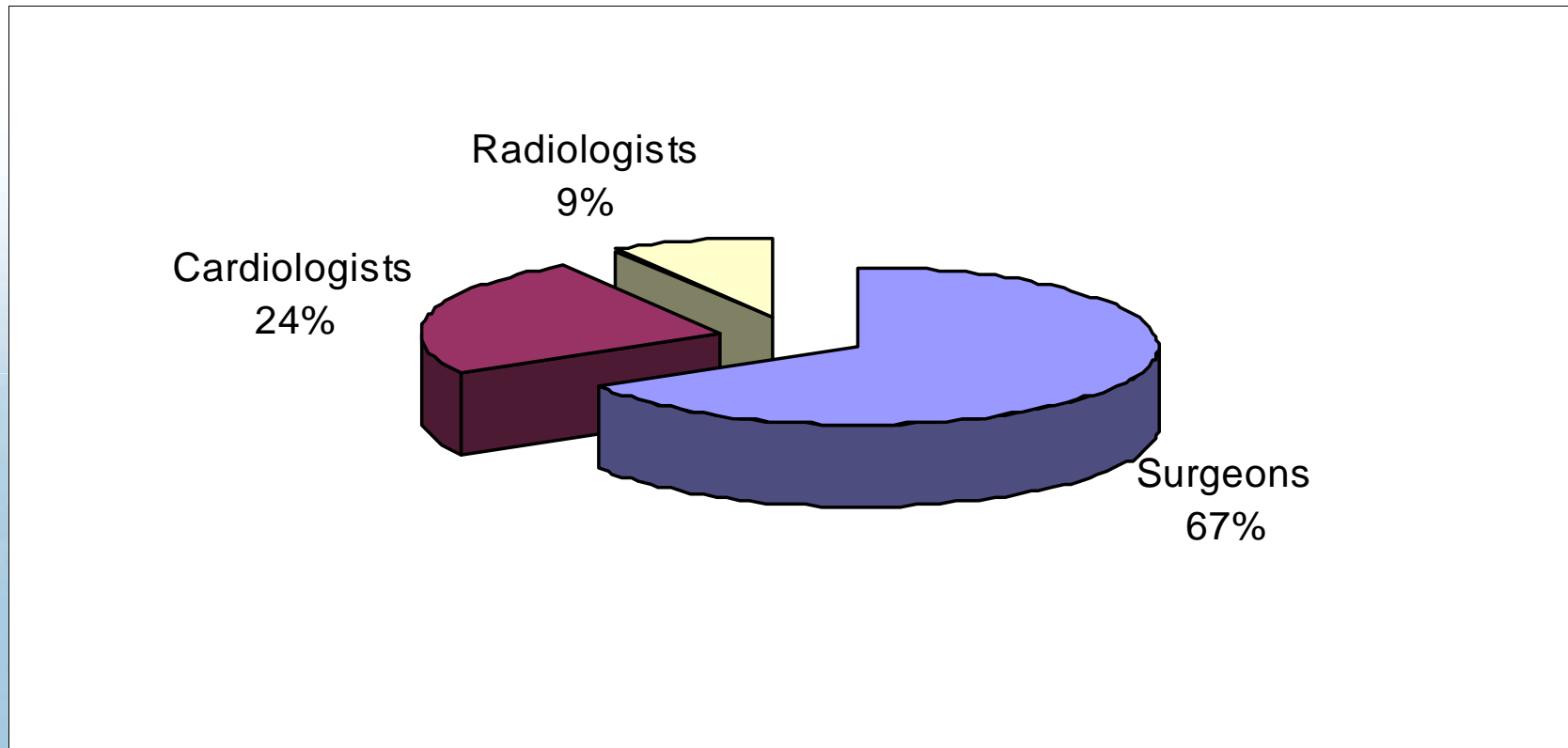
Breakdown by categories



There was only 23% of Industry Professionals, less than in the past



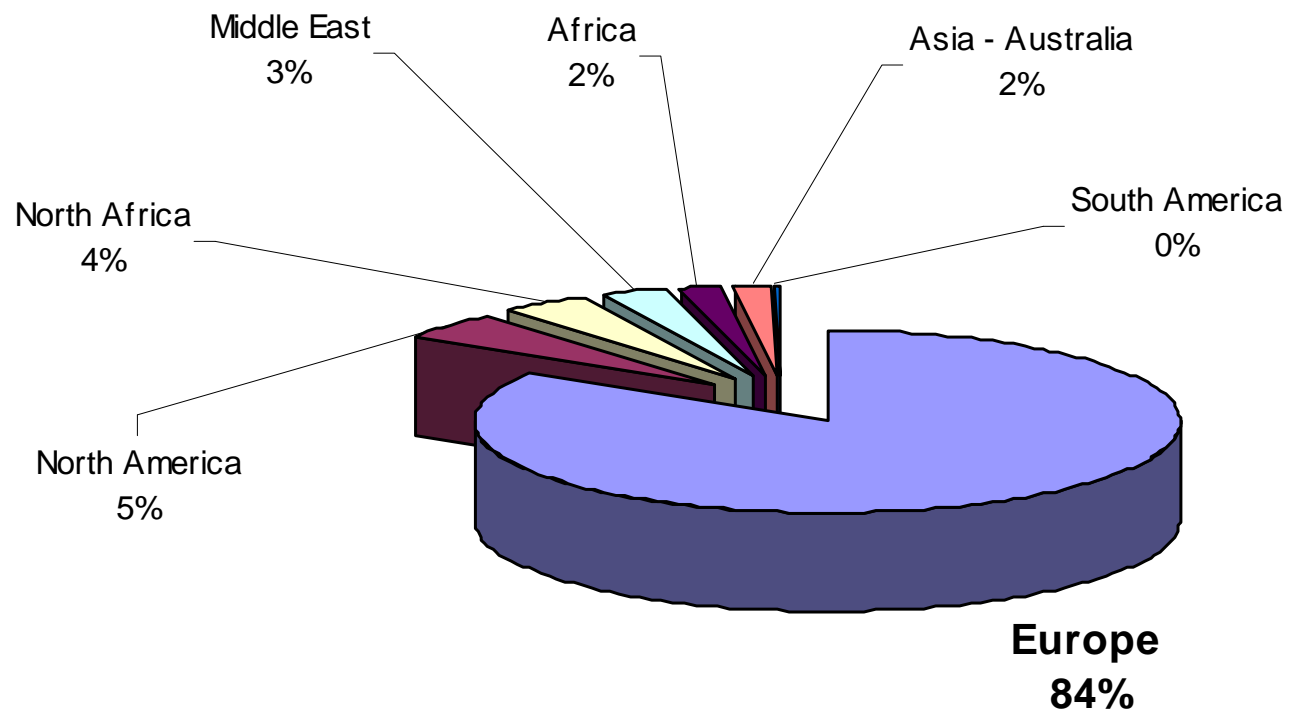
55% of the non-industrial participants were surgeons, it is a 10% increase in comparison with last year.



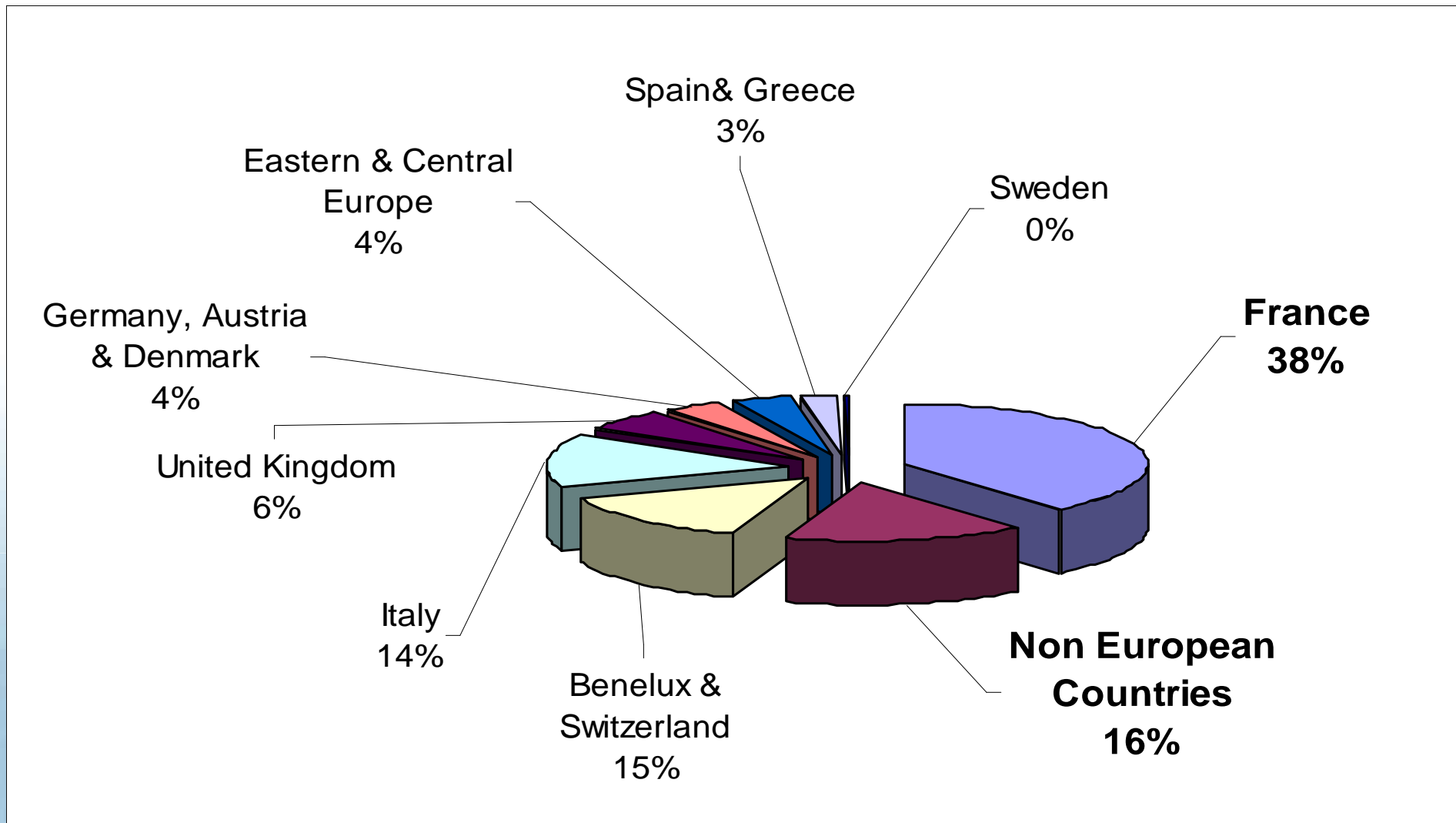
Increase in the proportion of surgeons, a reflection of the daily practice.



Geographic breakdown by regions



More than 80% of the participants were European.

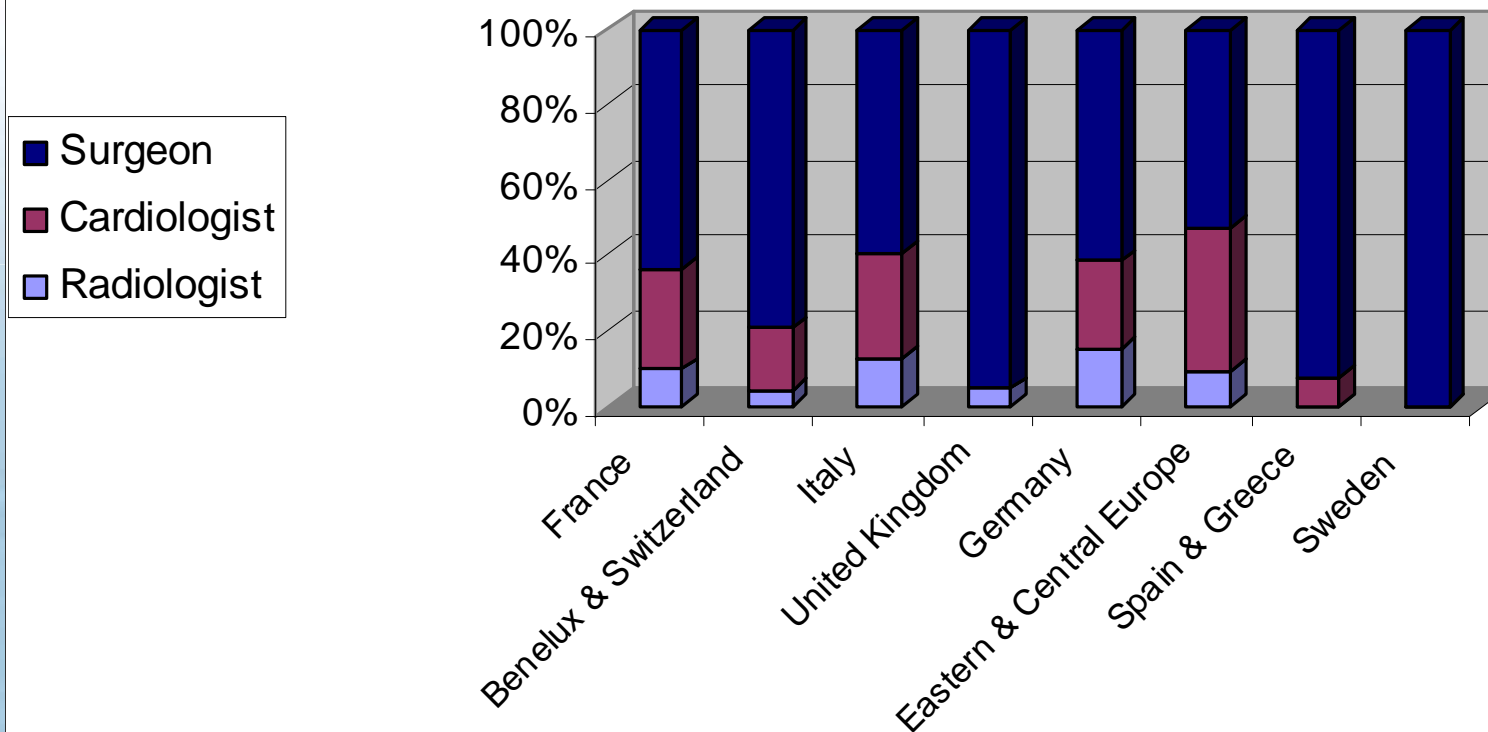


Non European countries: Algeria, Argentina, Australia, Brazil, Canada, China, Egypt, Gambia, India, Indonesia, Iran, Israel, Japan, Lebanon, Libya, Morocco, Mexico, Saudi Arabia, Syria, South Africa, Tunisia, Turkey, United States.

The most represented European countries were France, Italy, Benelux and Switzerland & United Kingdom.



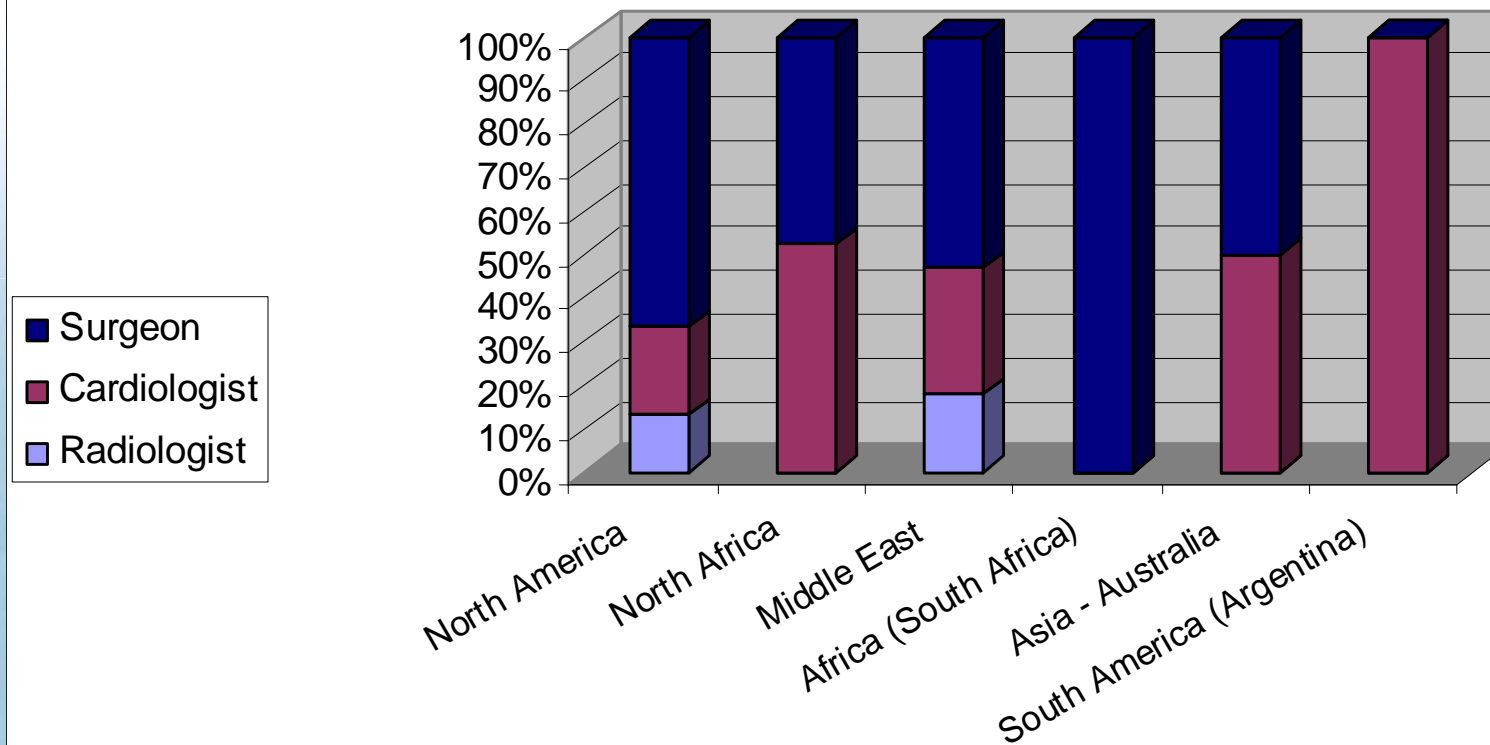
Participant's specialities by country (Europe)



Find above the proportions of the three main specialities in the different countries and group of countries in Europe.



Participant's specialities by country (Non European countries)



Find above the proportions of surgeons, radiologists and cardiologists in non-European countries.