



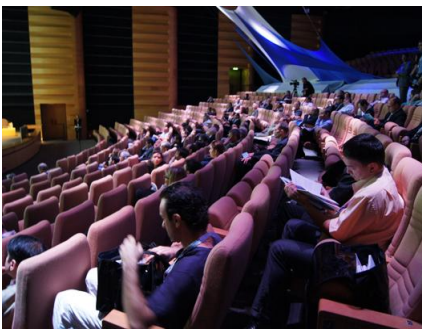
**BUILDING
ENDOVASCULAR
SYNERGIES**

MEET 2010

MULTIDISCIPLINARY EUROPEAN
ENDOVASCULAR THERAPY



June 17-19
Palais du Pharo, Marseille



Main medical session



Buffet



Luncheon Symposium



Faculty Dinner



Cocktail



Exhibitors



580 Registrants
47 Countries represented

EVALUATION SURVEYS



Palais du Pharo,
Marseille France
June 17-19 2010

- ■ Max Amor
- ■ Patrice Bergeron
- ■ Nicholas Cheshire
- ■ Luigi Inglese
- ■ Thomas Ischinger
- ■ Nicola Mangialardi
- ■ Klaus Mathias
- ■ Dieter Raithel

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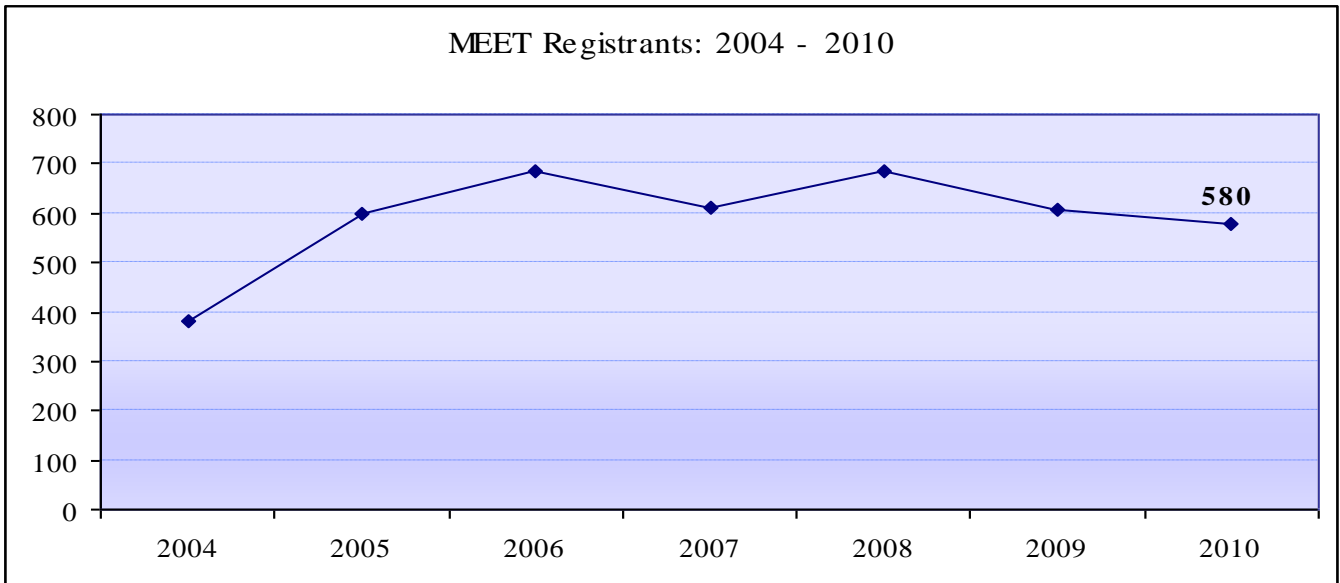
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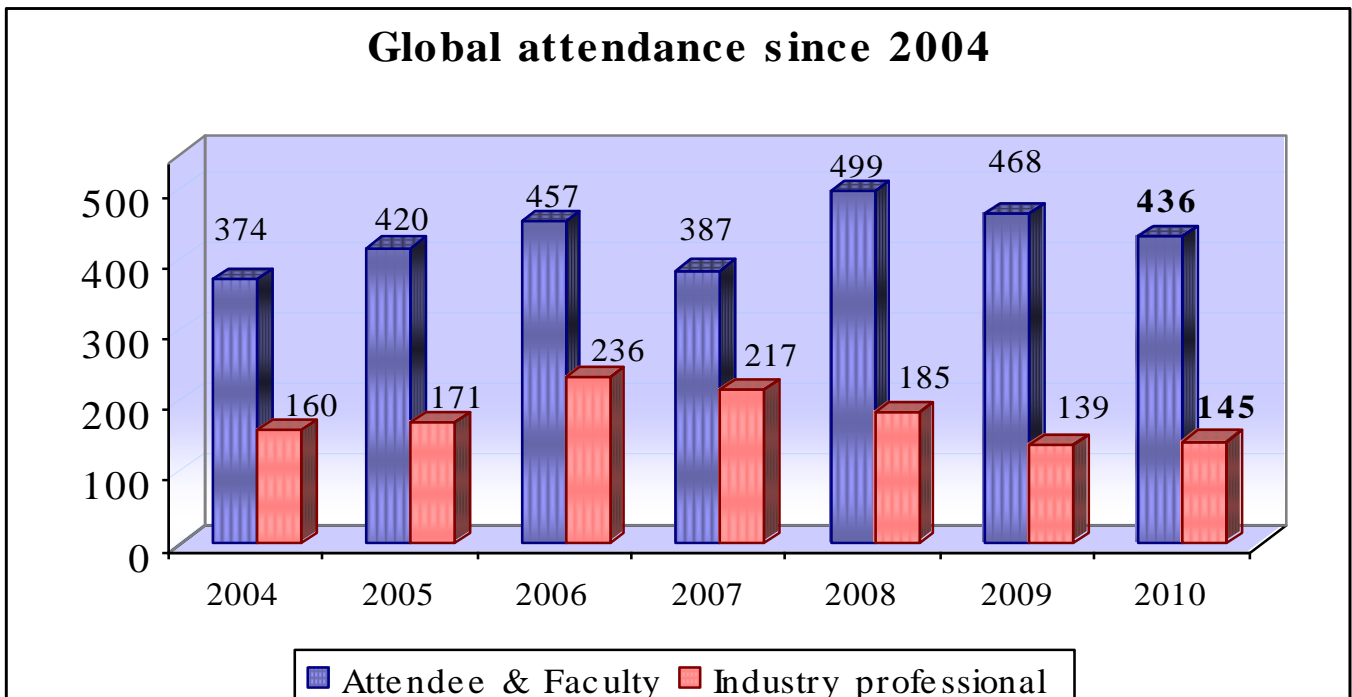


DESCRIPTION OF THE AUDIENCE

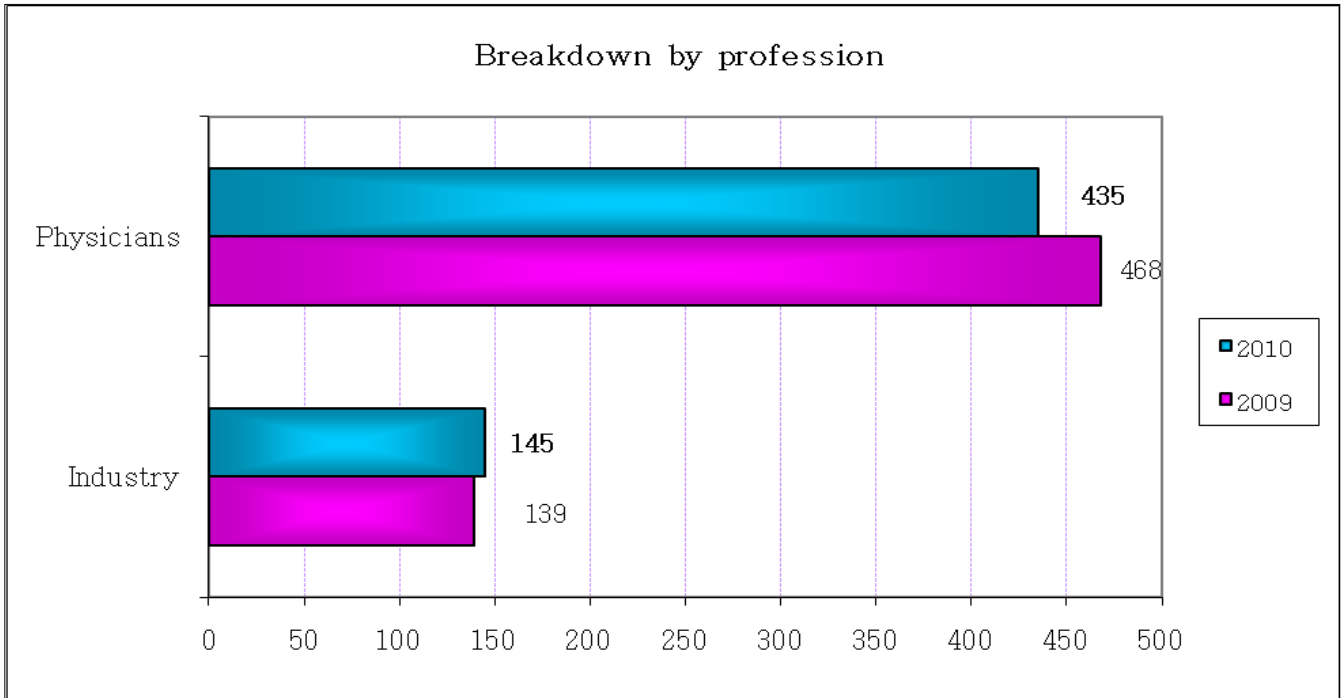
The **MEET 2010** drew a total of **580** participants from all over the world.



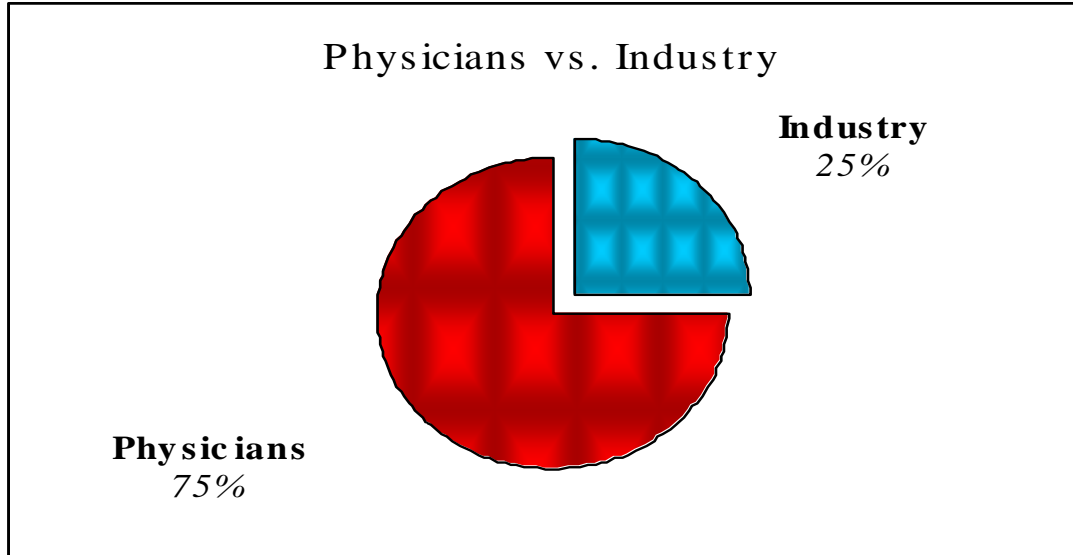
This year, the number of **registrants** has known a slight decrease although it has slowly **fluctuated** around **640** since **2005**.



In 2010, while the number of participants has slightly decreased, it remains above the one of 2005 , and the number of **industry professional** has slightly **increased**

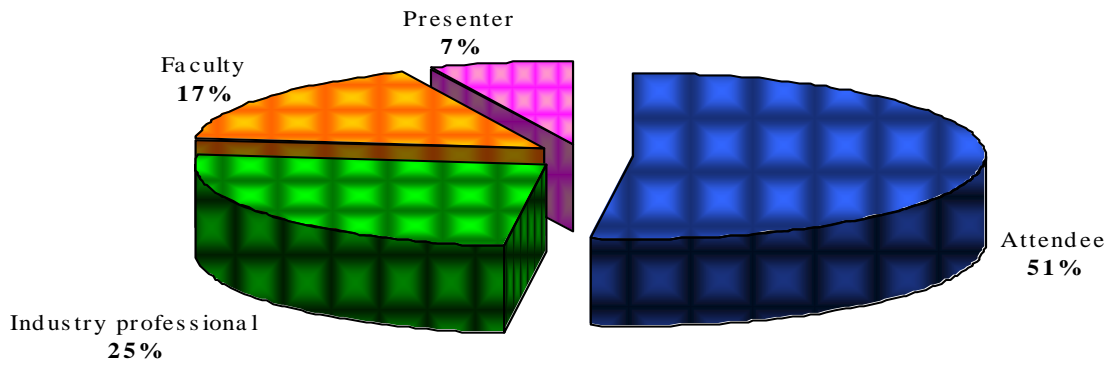


The Chart below shows that the **increase** in the number of **industry professionals** is **compensating** the **slight decrease** of **physicians**.



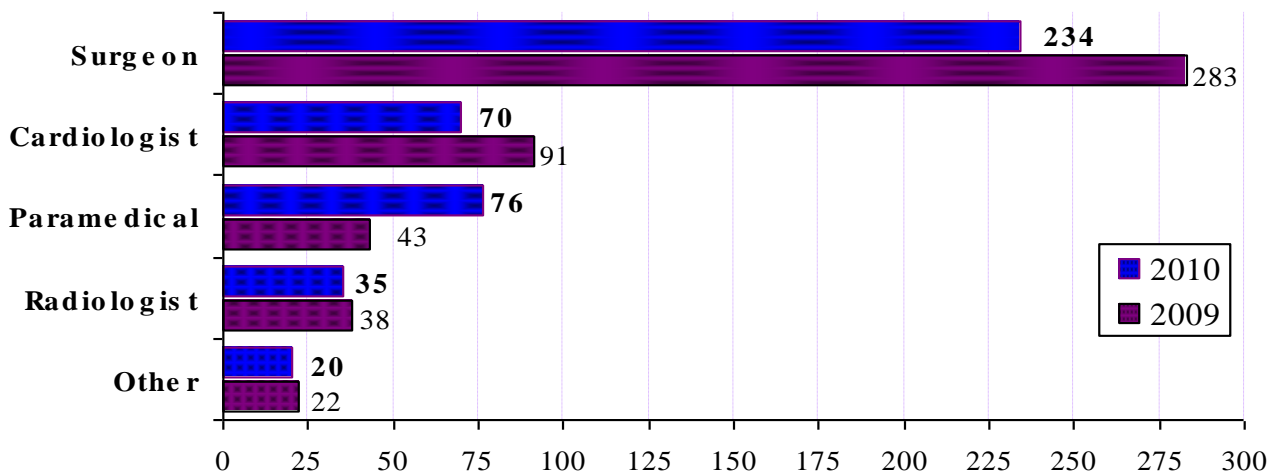
The pie chart emphasises that the **435 physicians** attending to the conference formed a **75% contribution** of the total, against only 145 attendees from the industry (25%). However, *since 2006 and until 2009, the contribution of the industry had gradually decreased.*

Breakdown by category



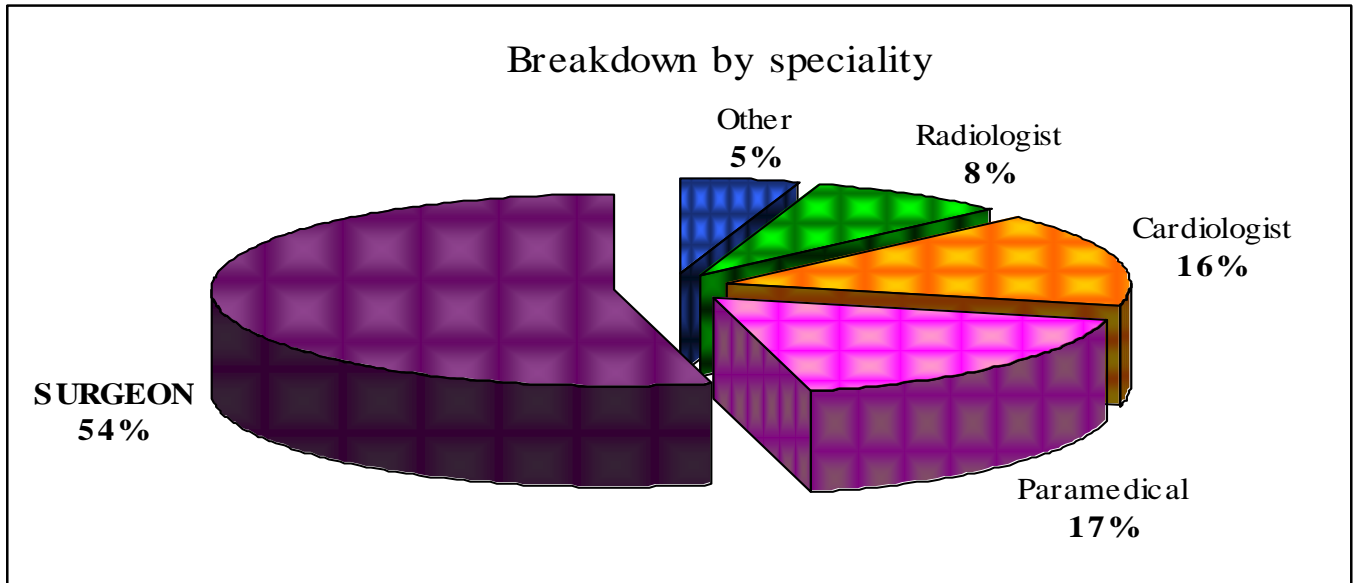
Most of the **Physicians (51%) attending** to the conference were **neither speakers nor industrials.**

Delagate breakdown

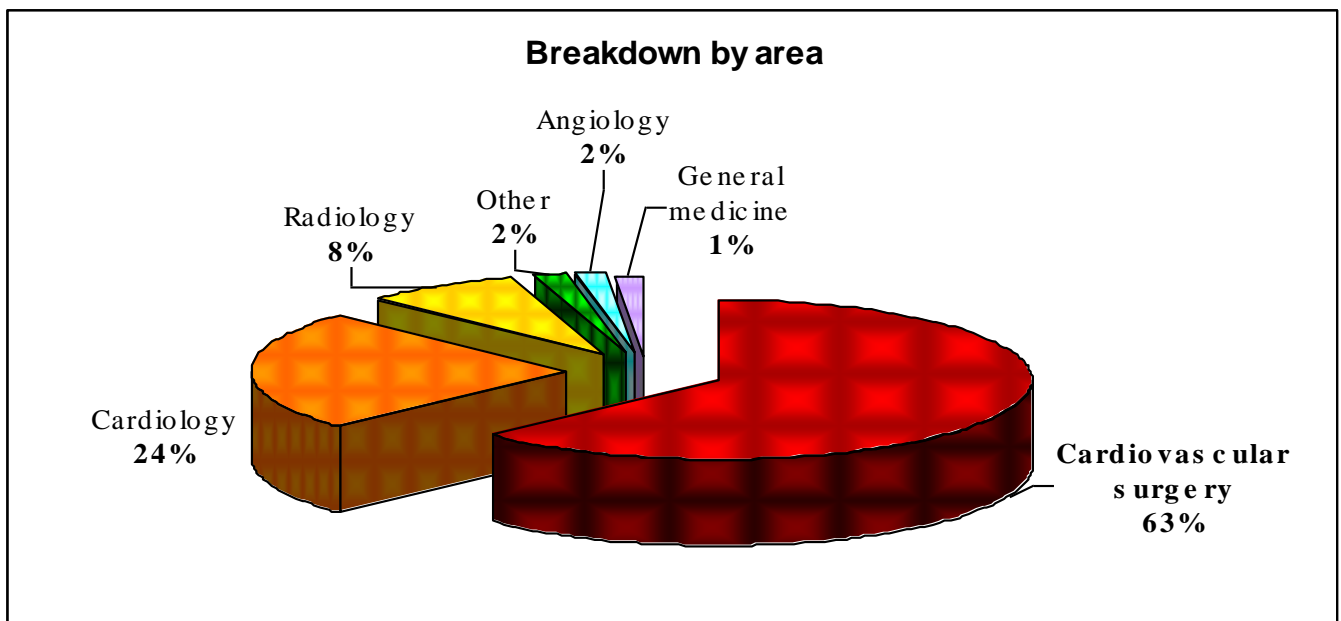


According to this chart the Surgeons (234) and Cardiologists (76) were a little less this year.

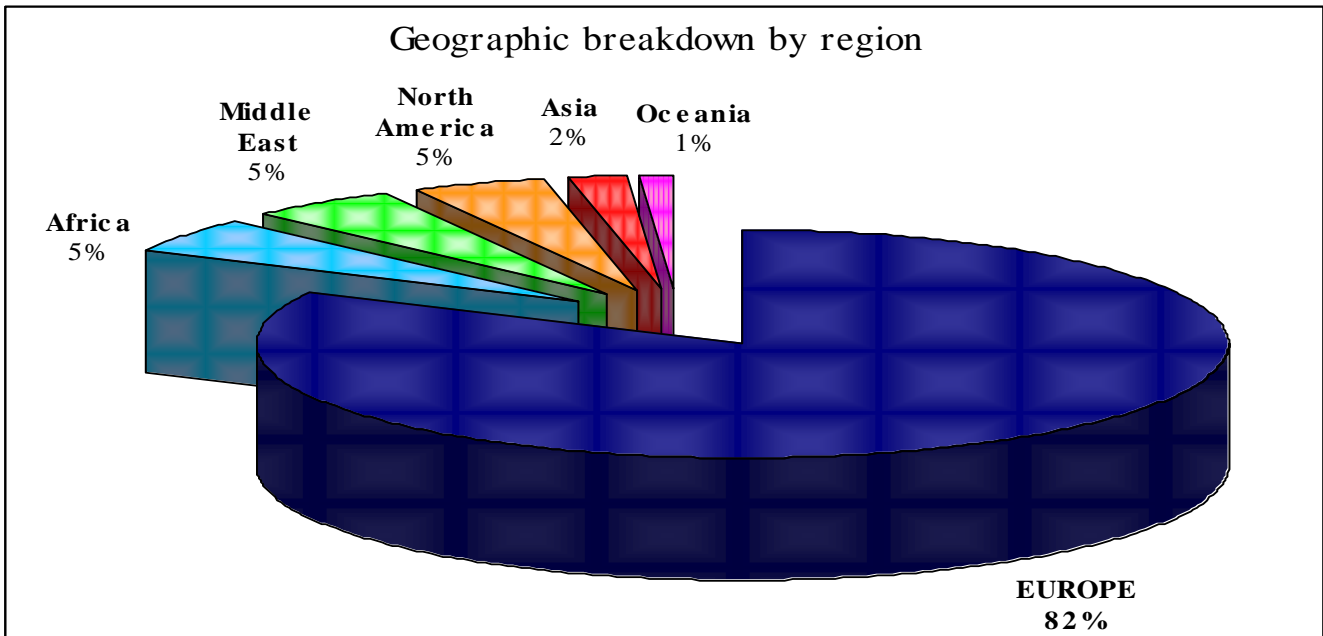
On the opposite, the number of **Paramedical** attending the Conference **soared to reach 76.**



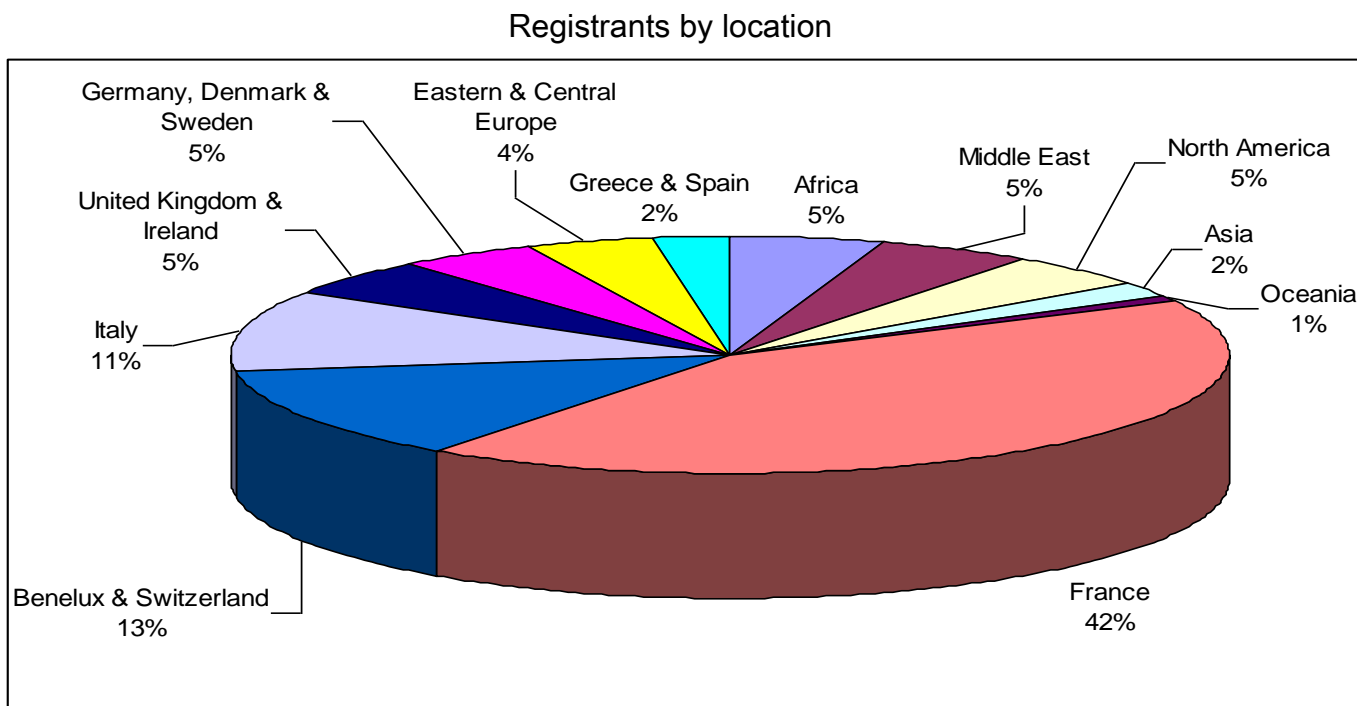
It can be noticed that the **speciality** that was the **most represented** during the Congress was **Surgeon (54%)**, then **Paramedical (17%)** and finally **Cardiologist (16%)**, which corresponds to our targeted audience. It has to be noted that the percentage of surgeons has been going steadily over the past 3 years.



This Chart confirms the observations made previously as **63%** of the non-industrial participants are working in the **Cardiovascular surgery** area or **24%** in the **Cardiology** area.



The pie chart below represents the delegates by region breakdown. It can be seen that in 2010 **Europe** contributes the **largest number of specialists with 82%**.

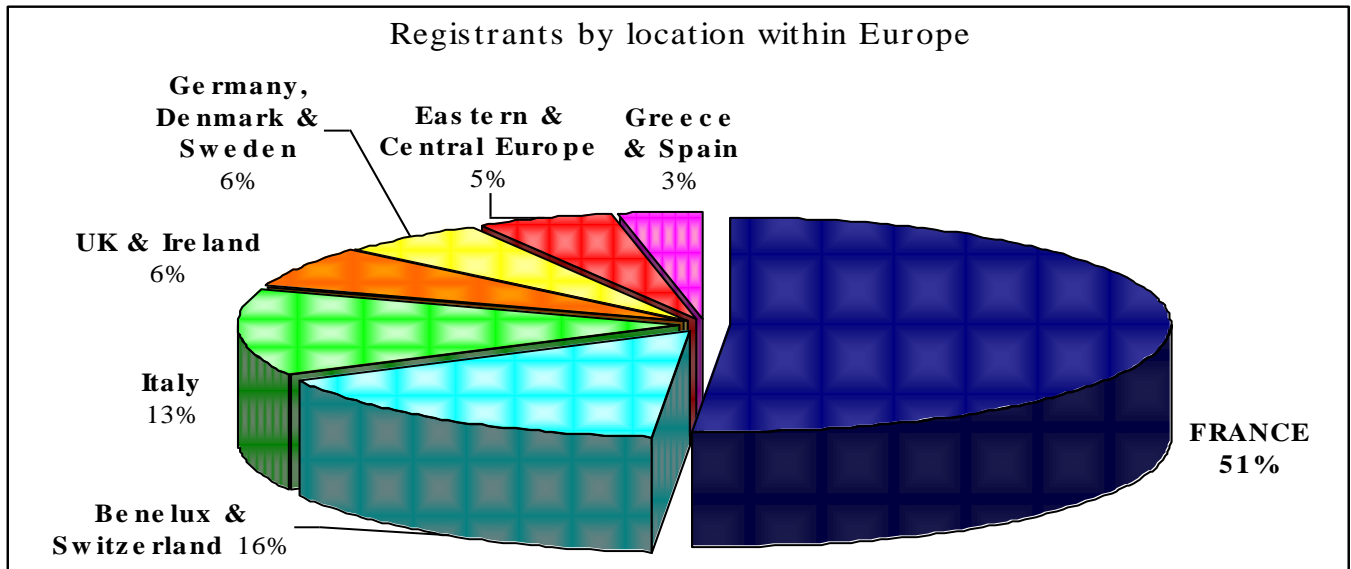


As in 2009, the **most represented areas** in the world are:

- **France with 42%**, which is more than all the non European countries together (18%)
- **Benelux & Switzerland (13%)**
- **Italy (11%)**

We can note that, despite their demographic differences, the **same number of registrants (5%)** came from :

- **UK & Ireland**
- **Germany, Denmark & Sweden**
- **Middle East**
- **North America**



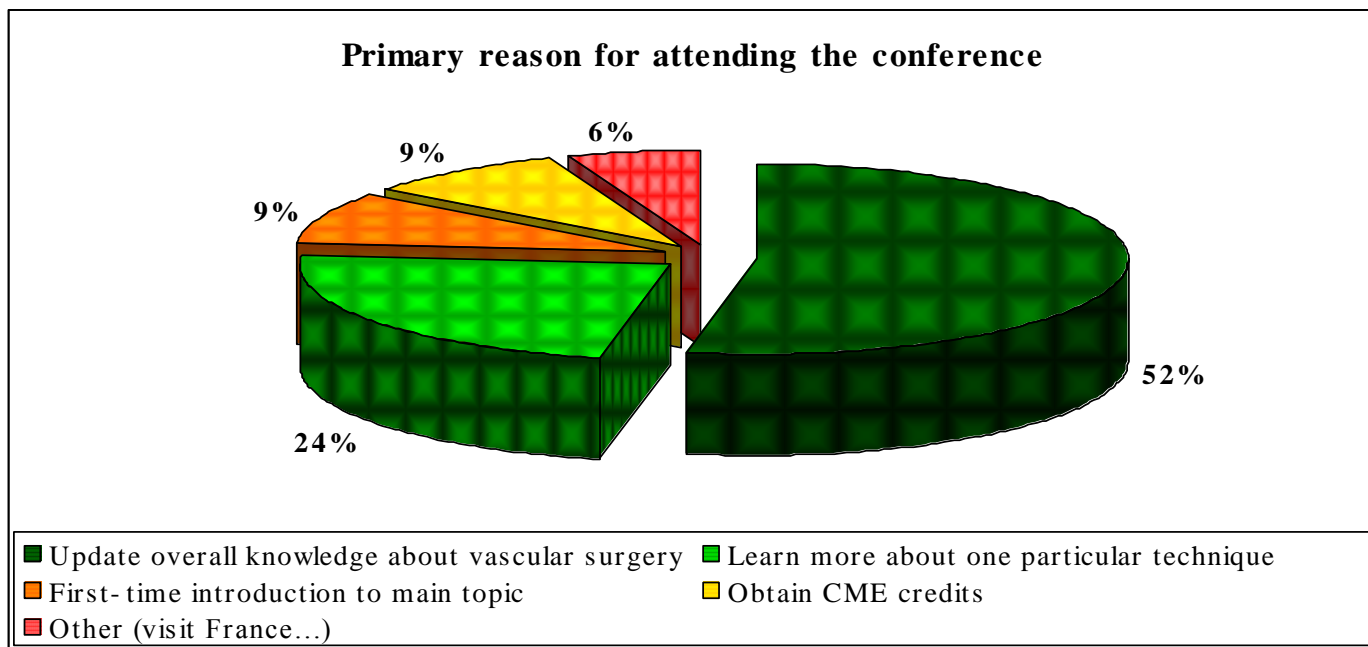
This pie chart plots the **European delegates by region.**

The **most represented areas** within Europe are:

- **France (52%),**
- **Benelux & Switzerland (16%)**
- **Italy (13%)**

This may be linked with the location of the Congress.

At the end of the MEET 2010, 108 physicians filled out the evaluation forms in conformity with the UEMS EVCME Guidelines. The CME Evaluation Survey here below is based on their answers.



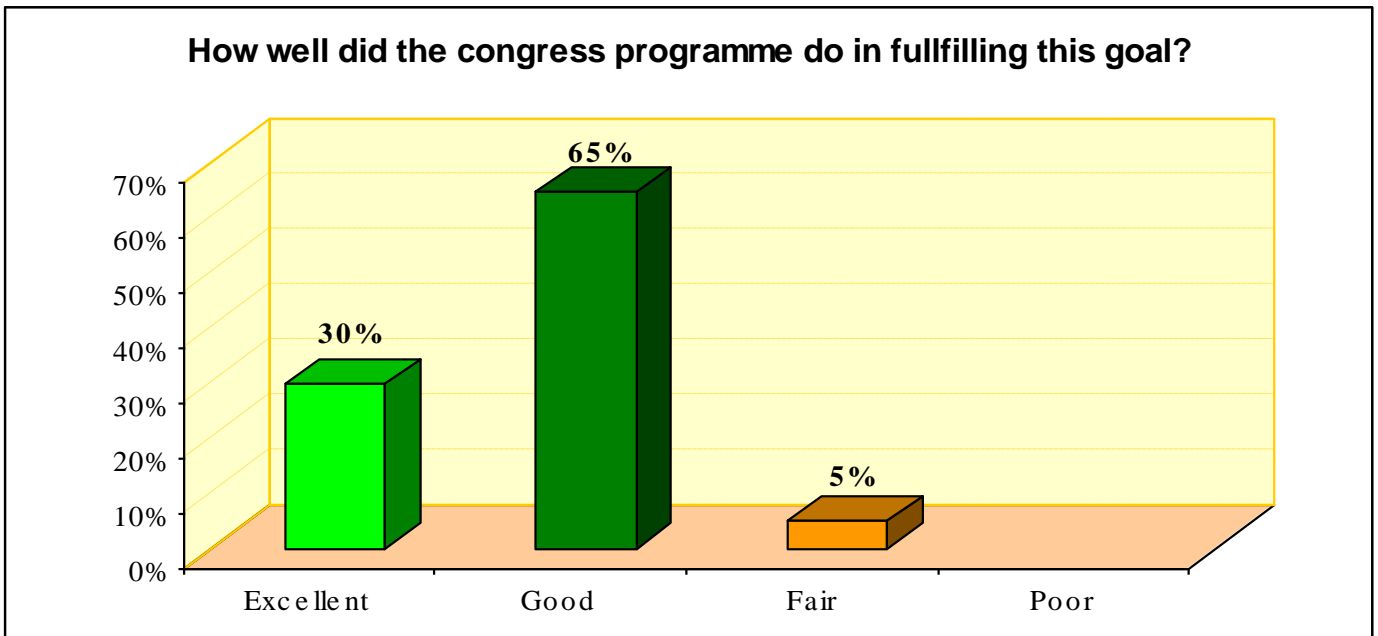
Most physicians' primary reason for attending the congress was to get an **Update of overall knowledge about vascular surgery (52%)**, then it was to **Learn more about one particular technique (24%)**.

They were only **9%** to attend to the conference to **Obtain CME credits** or to **Be introduced to the main topic**.

Learn more about one particular technique:

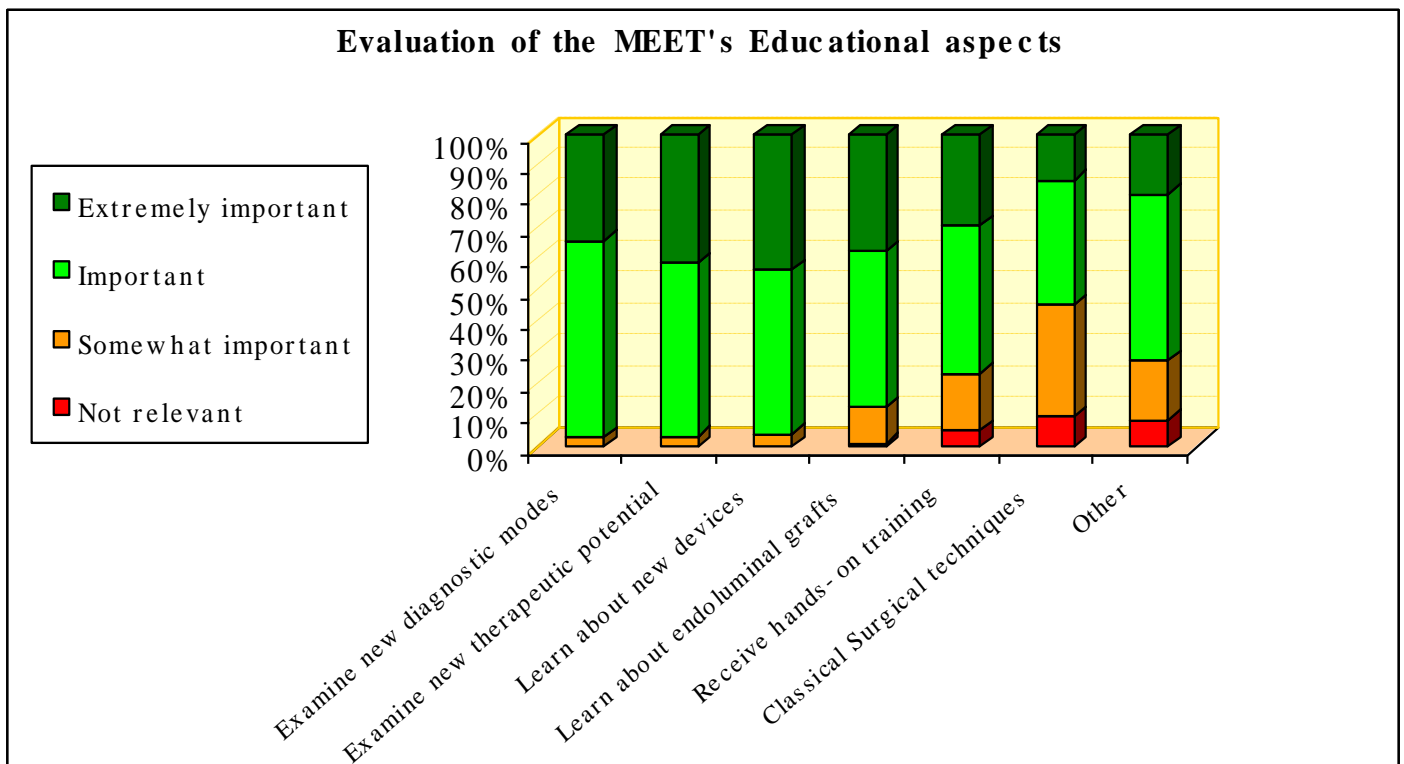
- **BTK - 5**
- **EVAR – 2**
- **TEVAR - 2**
- **Carotid stenting - 2**
- **Phlebology – 2**
- Endovascular Sclerotherapy
- CAS
- Retrograde approach
- Chimney
- Renal
- SFA disease

How well did the congress programme do in fulfilling this goal?



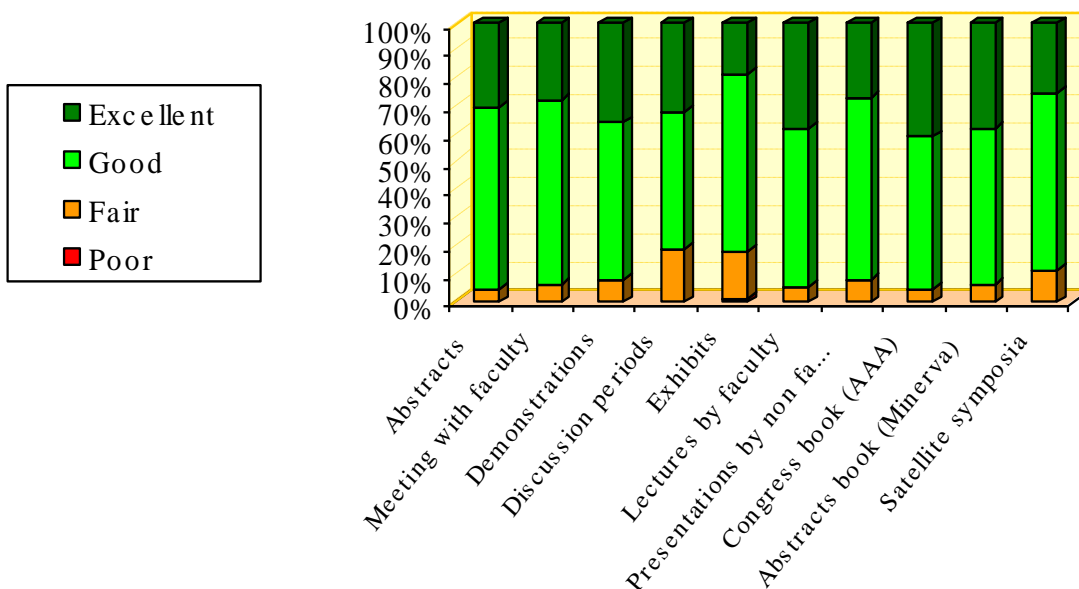
95% of delegates rated the congress programme as “Excellent” or “Good” in achieving their purpose for attending the conference.

Evaluation of the MEET's Educational aspects



More than 95% of the attendees felt that the examination of new diagnostic potential and the therapeutic potential is “Extremely important” or “Important”. However, marks on *hands-on training* and *Classical surgical techniques* are *not relevant* as they were *not on the agenda*.

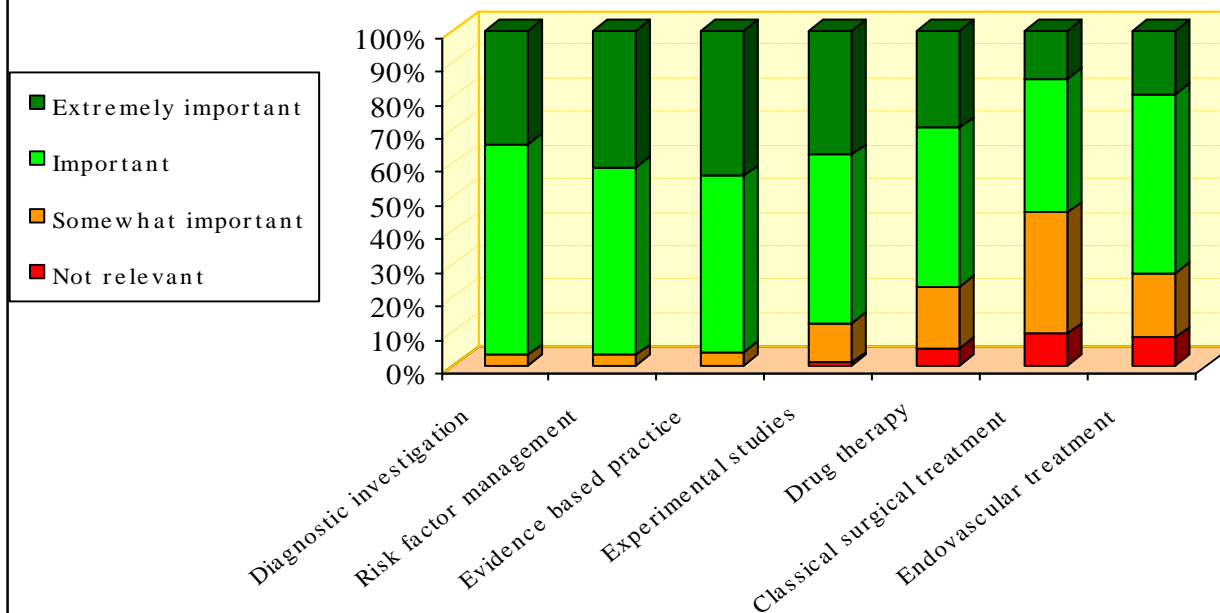
Evaluation of the MEET's elements



All **satisfaction** rates are very high, as for example **97%** of our respondents answered that the **lectures** and the **congress book** were **“Good”** or **“Excellent”**.

Moreover, even the **exhibits**, which have the lowest satisfaction rates, were rated as **“Good”** or **“Excellent”** by **almost 80%** of the respondents.

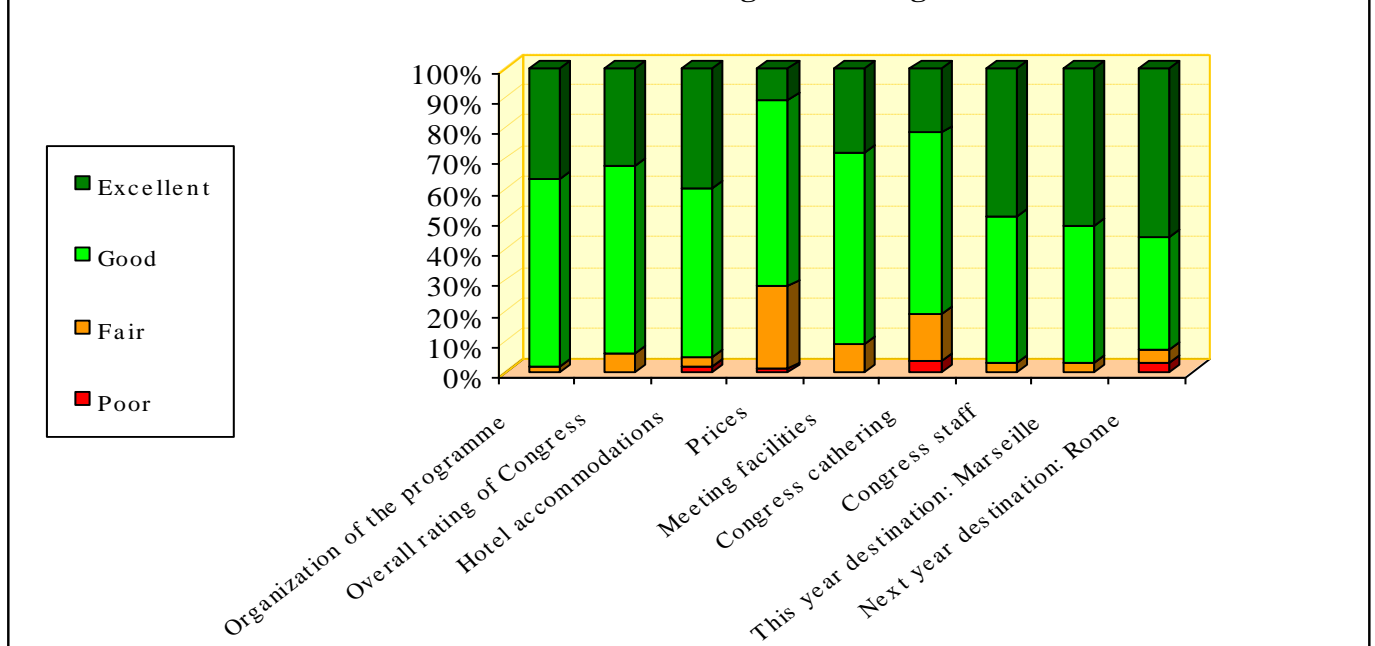
Importance of the MEET's topics to practice



The most important topics are **Risk factor management** and **Diagnostic investigation** (up to **97%**).

On the contrary, **only 60%** of the respondents considered that the **Classical surgical treatment** topic was **“Important”** or **“Extremely important”**.

Evaluation of the MEET's general organization



For **99%** of the respondents, the **Organization of the programme** was “**Excellent**” or “**Good**”.

The overall rating of the congress also shows a **High satisfaction of the attendees** as they were **up to 95%** to think it was “**Excellent**” or “**Good**”.

In addition, even though the attendees seemed less satisfied with the **Prices** they were still **75%** to believe that they were “**Excellent**” or “**Good**”.

The participants were asked to make a **summary of the information which will be useful in their practice**. The more frequent topics were the following:

- **Below The Knee - 10**
- **All endovascular therapies – 4**
- **Carotid stenting – 3**
- **EVAR/ TEVAR – 3**
- **New diagnostic modalities – 2**
- **New devices (closure devices...) – 2**
- **AAA Percutaneous 2**
- **CAS - 2**
- New treatments
- New studies (trials)
- News from other colleagues
- New methods of treating type II endoleak
- Evidence based practice
- Overview of actual therapy
- Aortic dissection – state of the Art treatment
- Treatment of varicose veins

- Renewal interest in surgery of carotid stenosis
- Aortic stent graft placement as it is becoming a percutaneous procedure
- Subintimal SFA and tibial angioplasty
- CEA
- Chimney
- Branched AAA endoprosthesis
- Percutaneous valves
- Renewal hypertension treatment
- Radiofrequency application for intractable hypertension

Most of the attendees abstained from making comments about the MEET 2010, as they were asked in the last question of the inquiry. Nevertheless, we received some interesting **recommendations, critics and positive comments:**

- **About the general organization**

- Go ahead – 2
- I enjoyed it. I will come next year. Merci
- Very good Congress
- Congratulations!

- **About the destination**

- I prefer Cannes – 5
- Please stay in France
- I prefer Marseille
- I think it was a good idea to organize the MEET in Marseille
- I prefer Rome
- Rome will probably boost the congress

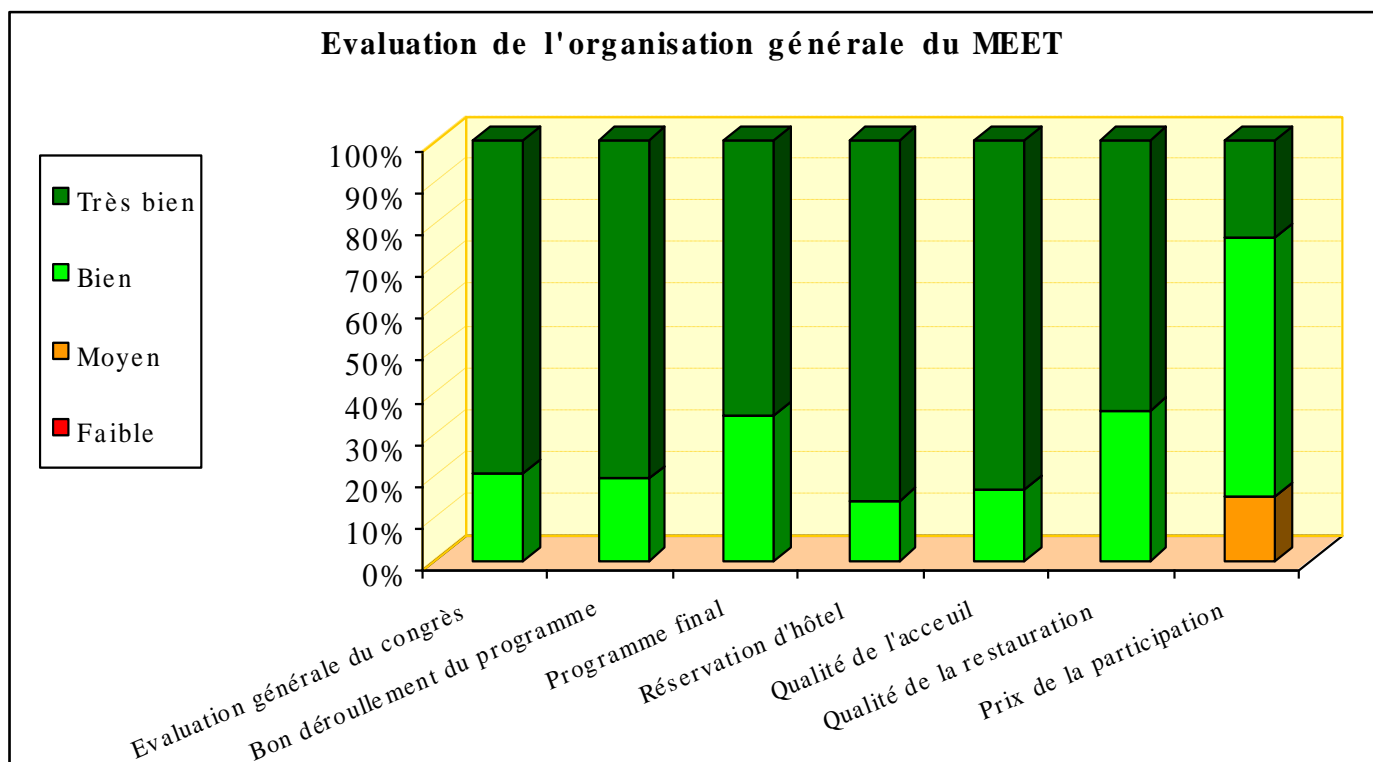
- **Other**

- Evening dinner arrangements for buffet TERRIBLE
- Do not place the MEET after SCV or ESVS meeting

En 2010, pour la **troisième année** consécutive, le MEET comprenait une **session paramédicale francophone**.

Elle a rassemblé cette année près de **77 paramédicaux** Français, Belges et Suisses.

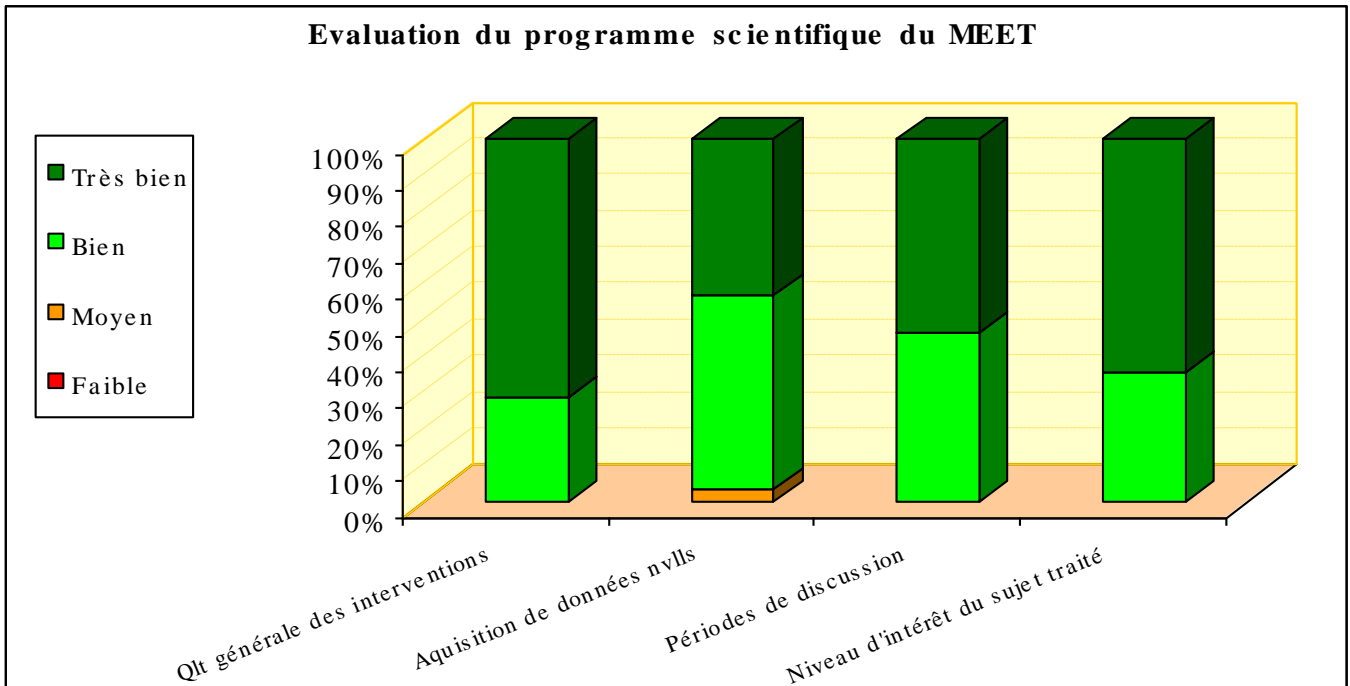
Depuis sa création, les retours sur cette session font état d'un **bilan très satisfaisant**.



Tous les répondants semblent pleinement satisfaits de **l'organisation générale** du congrès (**100%** de "Bien" ou "Très bien").

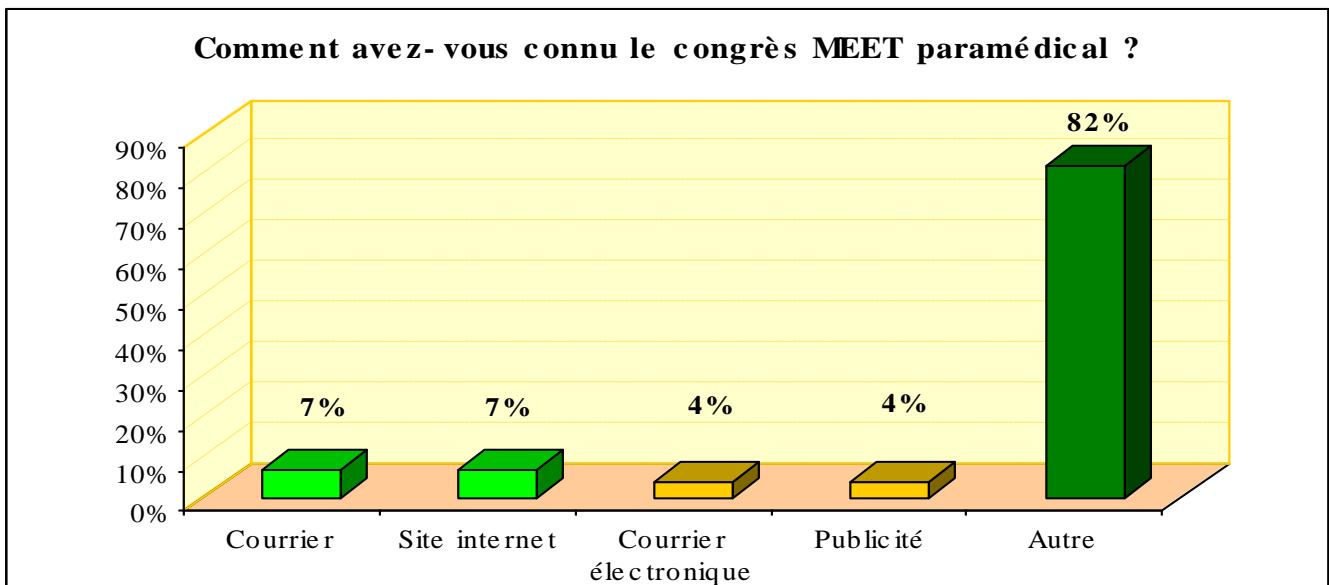
Cependant, en ce qui concerne le *prix de l'inscription* ils sont un très légèrement moins enthousiastes (**90%** de "Bien" ou "Très bien").

Evaluation du programme scientifique du MEET



Tous les répondants jugent que le **programme scientifique** a été **“Bien”** ou **“Très bien”**, excepté une faible minorité (3%) qui qualifie de moyenne l’acquisition de données nouvelles

Comment avez- vous connu le congrès MEET paramédical ?



La **majorité** a connu le MEET paramédical sur son **lieu de travail**.

- A l’hôpital (Chirurgien, Docteur, Bloc) – 13
- Employeur – 3
- Laboratoire – 2
- Connaissance – 1
- Invitation – 1
- Autre – 2