Monday's sessions, however, are combined pediatric and adult sessions because they pertain equally to children and adults, and are of interest to interventionalists (or surgeons) who specialize in the treatment of either children or adults or both.

The morning lecture topics are the trans-septal procedure, coarctation stenting, and a comprehensive afternoon session dealing with all the considerations involved in percutaneous pulmonary valve implantation.

Clearly, for the interventional cardiologists trans-septal puncture has become a "bread and butter" procedure. It is needed to access the left atrium in patients with mitral stenosis to perform valvuloplasty and in patients with pulmonary vein stenosis to perform angioplasty or stent implantation. The trans-septal approach also is a secondary route used to perform balloon aortic valvuloplasty, and a primary route being investigated for percutaneous aortic valve implantation. In addition, percutaneous access to the left atrium is needed when percutaneous cardiac assist is performed. Obviously, the trans-septal is a facilitating procedure, and because of its inherent risks this topic deserves a regular spot on the PICS program. Thus, Howard Herrmann and David Nykanen will review the techniques involved, and reinforce the basics for all attendees.

Coarctation of the Aorta has always been a "pediatric" problem, but recently there has been a marked increase in adult patients. Surprisingly, many native coarctations are first identified in the adult population. Further, a large number of adult survivors of surgical or trans-septal procedures are growing. For many patients, the results of coarctation stenting compare very favorably with excellent surgical results. The device is available in sizes of 4 to 18 mm in a 7 mm long waist. Dr. Amin then will discuss the Bonhoeffer Valve and Dr. Ziyad Hijazi's review of the status of the Edwards Pulmonary Valve. These afternoon topics will be of interest to all, and particularly for many in the United States because of the FDA studies which are planned to begin soon.

We don't know in advance what live cases will be performed on Monday, but it is safe to assume that we will see cases involving the trans-septal procedure, coarctation stenting and percutaneous pulmonary valve implantation. Morning cases are from Milan, Frankfurt, Sao Paulo and Toronto. In the afternoon the cases are from Sao Paulo and Toronto.

Don't forget to stay for the final session which will cover the issues involved in a successful adult congenital and valvular interventional program. Drs. Ted Feldman and Michael Landerberg have such programs, but such programs are unusual and their perspectives and advice will be helpful to many.

Finally, don't leave before the PICS Achievement Award.

Past PICS Achievement Award Winners

Who Will be the Winner in 2006? Find Out Tonight!

1997 - Charles "Chuck" E. Mullins (USA)
Cath Lab Director Emeritus
Baylor College of Medicine and Texas Children's

1998 - Michael Tywan (UK)
Cath Lab Director
Guys Hospital

1999 - Kurt Amplatz (USA)
Professor of Radiology
University of Minnesota

2000 - Lee Benson (Canada)
Director, Cardiac Diagnostic and Interventional Unit
Hospital for Sick Kids, Toronto

2001 - James E. Lock (USA)
Chief of Cardiology
Boston Children's Hospital

2002 - William E. Hellenbrand (USA)
Cath Lab Director
Columbia University

2003 - Allen J. Towner (USA)
President
NuMED Inc.

2004 - Shaked A. Qureshi (UK)
Guys Hospital

2005 - Valmir Fontes (Brazil)
Dante Pazzanese Instituto de Cardiologia

2006 - Find Out This Evening

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CCISC Tuesday Early Morning Meeting

The CCISC (Congenital Cardiovascular Intervenational Study Consortium) meeting will take place on Tuesday, September 12, 2006 in Renior 1 & 2 meeting rooms from 7:00 am - 7:45 am with the following agenda:

- CCISC Update
  Thomas Zellers, MD
- Financial Update Data Verification Update
- CCISC Coate Study Update
  Thomas Forbes, MD
- Discussion of Future Projects
  Dr. Lee Benson will discuss the Management of ASD for Various Congenital Heart Disease and Dr. Philip Moore will discuss PDA Stenting

Other discussions will include, Web-based Physician Practice Survey

Recap of Sunday's Pre-PICS Symposium

By Karim Dia, MD

Sunday, the meeting started with the annual AGA Medical Pre-PICS symposium. After welcoming comments from Dr. Z. M. Hjazi and Mr. F. Gougeon, two sessions were held, the first discussing ASD and PFO device closure and the second involving case presentations involving the use of the Amplatzer Vascular Plug and MVSD closure.

Dr. John Cheatham presented the relatively new Cribriform Septal Occluder. This device is designed for multiple defects with or without septal aneurysms. These defects account for about 3% of all the cases performed with requiring closure, and must have a septal aneurysm. The device has equal LA and RA discs with non-self-centering connecting waist, unlike the Amplatzer Septal Occluder. Dr. Cheatham emphasizes the importance of using TEE or ICE guidance for this procedure to diagnose the multiple defects and help centralizing the "central" defect. The device is available in sizes of 18mm and 21 mm. It is still not FDA approved yet, and is investigational in the U.S.

This was followed by simulated "live cases" using the SimS突发 software simulating transcatheter ASD and PFO issues presented by Drs. Cheatham and Ruiz.

The second session involved physician case presentations discussing the Amplatzer Vascular Plug and MVSD Occluder occluder. The vascular plug is available in sizes ranging from 4 to 16mm in 2 mm increments, and is MRI compatible. Dr. Walsh and Dr. Amin then discussed muscular VSD closure with the Amplatzer MVSD Ocluder device. This device is available in sizes ranging between 16mm and 24mm with a 100mm long waist. Another MVSD occluder for post MI VSDs is available in sizes of 16 to 24mm with a 100mm long waist. Dr. Amin then discussed hybrid or percutaneous MVSD closure which uses minimal thoracotomy on a beating heart in a technique that basically avoids cardiopulmonary bypass. This technique is especially helpful to close MVSDs in small patients (<5 Kg), MVSDs in the anterior or apical septum and it avoids multiple operations for residual defects.

Enjoy one of the seven fine dining Bellagio restaurants - Bacio Ciao, Ciao Prime Steakhouse, Picasso, Michael Mina, Jasmine, or Shinnosu - Le Cirque is the recipient of the 2006 AAA Five Diamond Award, and the deserts at Ciao have been called the “Best in Las Vegas” by Las Vegas Life Magazine. Reservations are suggested. Call (877) 234-6358. You can even use your wireless Blackberry, Treo, WAP phone or PDA twenty-four hours a day to access information on dining, entertainment and resort services at the Bellagio Hotel and Resort.

Stop by Booth #4 to discuss your interventional procedures.
Sunday Workshop - BioSTAR®

By Paul Kramer, MD

Sunday afternoon I attended the BioSTAR® Technology for the Evaluation (BEST acronym) presentation by Michael Mullien, MD from Royal Brompton Hospital in London. I am especially interested in the technology advances currently involving in the septal defect closure arena. Dr. Mullien has had remarkable results with the BioSTAR® device, the first BIOABSORBABLE material to be implanted in the human heart. BioSTAR’s early results provide improved primary performance characteristics with 30 day closure rates of 92% and six month closure rates of 96% nearly eliminating residual leaks.

BioSTAR® also allows future transseptal access for acquired heart disease, valve replacement, LAA repair or E.P. procedure. The bioabsorbable BioSTAR® material allows for more natural healing of the defect with only the minimal framework remaining. We were just recently advised that BioSTAR® has been approved for use in the current MIST II Migraine Interventional trial in the United States and the C.E. Mark is expected in Europe before the end of the year.

Highlights from the Monday Afternoon Sessions at PICS

By Karim Diah, MD

Sunday afternoon marked the official start of PICS symposium with a comprehensive workshop on ASD and PFO closure. A variety of devices were discussed including the Amplatzer devices, NMT devices, WL Gore Helex, St Jude Premere device, Cierra PFX, Sutura technique and the Cardia Intrasept device. Dr. Ruiz discussed the use of ICE to guide PFO closure using AcuNav with emphasis on the detailed protocol of the different views required. Dr. Hijazi also discussed the use of ICE in small children less than 15 kg showing its superiority to TEE. The results of the MIST trial using the STARflex device to close PFOs in patients with migraine with aura was presented by Dr. Michael Mullien. This is the first randomized clinical trial to confirm a causative risk between migraine with aura and PFO. This trial showed significant reduction in migraine burden in patients who had PFO closure with the STARflex device.

Monitoring techniques for detection of right-to-left shunt were discussed by Dr. Alexandrow, including the use of TCD. Dr. Mullien presented an overview of the new BioSTAR® Septal Repair Implant which is the first bioabsorbable septal implant made of modified occluder matrix. mounted in the STARflex device. Preliminary clinical results in 57 patients who underwent the procedure in the UK were encouraging.

A new technology (HeartStitch) utilizing an individually deployable needle to close PFOs was presented. This technology would avoid a long lasting foreign body and yet is performed percutaneously. Animal studies to evaluate its efficacy and safety are still pending.

Simultaneous with the workshop on ASD/PFO closure, oral abstract presentations were held with two for congenital pediatric and one for structural valvular heart disease.

Major topics presented included percutaneous pulmonary valve implantation in the first North American study involving 12 patients to evaluate the feasibility and outcome of this procedure with encouraging results.

Few presentations addressed the feasibility and outcome of device closure of ASDs and muscular VSDs in symptomatic young children including infants less than one year of age who are failing to thrive with encouraging results in this age group.

The experience with the transcatheter closure of perimembranous VSDs were also presented in few presentations showing encouraging results with good closure rates up to 97.5% in one study.

Of note, many presentations discussed the use of interventional procedures in young children, which emphasizes that patients age and weight are becoming less of a contraindication to many of those procedures. This included studies on use of ICE as guidance for ASD closure in children <15 kg, closure of ASDs and muscular VSDs in small children and even infants using either the percutaneous or hybrid approaches.

Q&A From the Floor

Questions:

Q: What’s different about PICS this year that you particularly liked?

A (Zahid Amin, MD): I really like the addition of sessions on adult structural heart disease. This makes it feasible to meet with colleagues in adult Cardiology and gives a new “twist” to this symposium. This conference now emphasizes three areas of interest: Congenital Heart Disease in pediatric patients, Hybrid Procedures, and Structural Heart Disease in Adults.

Q: What do you think is different about PICS this year?

A (Carlos Ruiz, MD): I like the addition of sessions on adult structural heart disease rather than only covering pediatrics. This comes up with a new way of practice putting it in “one stop plane.” I really liked having SimSuite® as part of the workshop on ASD/PFO closure to allow live case simulations. It would be interesting to see if we can have a case simulation on trans-septal puncture in future meetings.