

CONGENITAL CARDIOLOGY TODAY

Timely News and Information for BC/BE Congenital/Structural Cardiologists and Surgeons

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SPECIAL PICS-AICS 2017 PREVIEW

Worldwide Edition

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CONGENITAL CARDIOLOGY TODAY
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www.picsymposium.com

Pediatric & Adult Interventional Cardiac Symposium (PICS~AICS 2017), with Live Case Demonstrations, Will Be Held January 16th-19th, 2017, at Loews Miami Beach Hotel

By Ziyad M. Hijazi, MD; Damien Kenny, MD
on behalf of Course Directors and Co-Directors

Dear Colleagues,

The Pediatric and Adult Interventional Cardiac Symposium – PICS-AICS meeting is celebrating its 20th anniversary this year! The meeting is returning to the Loews Miami Beach Hotel, Miami, January 16th-19th, 2017, following the immense success of the meeting in 2013. This year's meeting will focus on how we can harness advances in technology to continue to grow the field of congenital and structural interventions.

Anniversaries are a time for reflection on the past and also looking to the future. It is 50 years since Rashkind's report of the first balloon atrial septostomy and over 40 years since Noel Mills and Terry King lit up the imagination of interventionalists with the first report of transcatheter ASD closure. We wanted to set the focus of this year's anniversary meeting on the evolution of congenital and structural interventions to date and how technology will likely contribute to advancing the field over the next 50 years.

The live cases remain the focal point of the meeting. Live cases will be beamed from nine

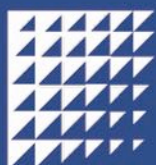
national and international venues with experienced operators that will demonstrate the latest in medical device technology using approved and investigational devices, stents and valves. The live cases this year will be transmitted live via satellite from: Riyadh, Córdoba, Santiago, Dallas, New York, Houston, Pittsburgh, Columbus and Los Angeles.

This year's meeting will commence on January 16th with a TED-Style talk entitled, "From Septostomies to Stem Cells – What the Next 50 Years Will Hold." The TED format has exploded into the public's consciousness and has provided an extremely positive medium for sharing knowledge on all aspects of technology. This will be followed by the oral abstract presentations that allow those who continue to push the boundaries of our field with their scientific endeavors to present their work on the international stage. For each of the first three days, we will maintain the clinical focus of the meeting with lunchtime-taped cases from 9 national and international centers. The afternoon of the first day will include a session dedicated to impediments to device development, and will include talks from representatives of the FDA. A simultaneous one-day Leadership Seminar evaluating aspects of leadership and management in the Cath Lab will be available to those interested.

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Patient Name: Diaz, Johnny
Study Date: 6/6/2016
Height: 73.66 cm
Weight: 16.36 kg
BSA: 0.53 m²
Outpatient Procedure: Left and Right Heart Catheterization w/o LV Angiography, Angioplasty and Stenting of Aortic Coarctation

Gender: M
BP: 138/67
HR: 85

Patient ID: RH00235620
Priority: ROUTINE
DOB, Age: 11/8/2013, 2 yr

Stage 1

Pressures (mmHg)	Sys/A	Dias/V	Mn/EDP
AO	101	62	75
AOAsc	102	60	76
AODsc	83	55	62
LV	100	12	19
RA	15	10	11
RV	23	8	10
MPA	20	8	13
RPA	19	7	12
PCW	14	5	8

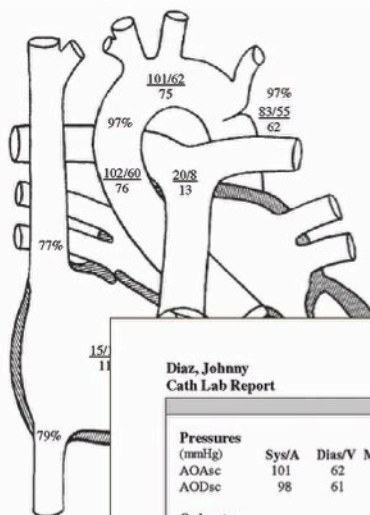
Oximetry (% mmHg)	Sat	PaO2
AO	97	
AOAsc	98	
AODsc	97	
SVC	77	
SVCCh	77	
IVC	79	
RA	77	
RV	79	
MPA	79	
RUPV	98	

Shunts & Resistances	
Eff Flow (Qep)	1.42 l/min
(Qep) I	2.68 l/min/m ²
Qp	1.52 l/min
Qp I	2.87 l/min/m ²
L-R Shunt	0.1 l/min
% L-R	-69.74 %
Rp	3.29 (WU)
Rp I	1.74 (WU)
TPR	8.55 (WU)
TPRI	4.53 (WU)

Cardiac Output	
HR	99 bpm
Hgb	13.2 g/dL
VO2	51.94 ml/min
VO2 I	98 ml/min/m ²
CAo2	97.33 %
CVo2	77.67 %
PAo2	79 %
PVo2	98 %

PAC	141.82 ml O2/l
PVC	175.93 ml O2/l
Fick CO	1.47 l/min
Fick CI	2.77 l/min/m ²

Valve Areas / Gradients	
Peak Mean Area	
(mmHg) (mmHg) (cm ²)	
AV	2 1 2.4



Diaz, Johnny Cath Lab Report

06/06/2016

RH00235620
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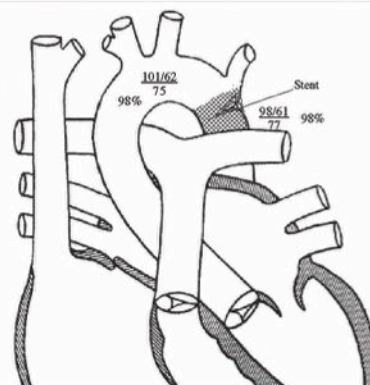
Stage 2

Pressures (mmHg)	Sys/A	Dias/V	Mn/EDP
AOAsc	101	62	75
AODsc	98	61	77

Oximetry (% mmHg)	Sat	PaO2
AOAsc	98	
AODsc	98	
SVC	78	

Cardiac Output	
VO2	51.94 ml/min
VO2 I	98 ml/min/m ²
CAo2	98 %
CVo2	78 %

Post Coarctation Repair



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The seminar will be run by a renowned leadership coach, with interactive group work focused on developing team dynamics and a positive culture within the Cath Lab.

The first of the Live Case Transmissions will occur January 17th, with the whole morning dedicated, without interruption, to live cases. The afternoon includes a state-of-the art session focused on ASD closure, as well as clinical cases dealing with complex structural interventions. Breakout sessions for younger interventionalists, our nursing and technologist colleagues, and how advances in Imaging will continue to develop our interventions will also take place. Later that evening we are presenting a special evening symposium on the RVOT and Transcatheter Pulmonary Valve Replacement. This continues to be one of the most exciting advances in our field over the past 15 years, and updates on the ongoing clinical trials with newer valves will be presented.

Wednesday, January 18th, live cases will be followed by an afternoon session on interventions outside the heart, as well as a session on the left atrial appendage with wet lab anatomy demonstrations, and a session in collaboration with the CCISC on how we can measure and reduce risk in congenital cardiac catheterization. The immensely popular breakout for our Spanish-speaking attendees will also take place later in the afternoon.

Other popular sessions, including, "My Nightmare Case in the Cath Lab" ensure opportunity for discussion and learning from each other's experiences. The final afternoon will provide a competitive feel as "Battle of the Continents," a quiz-based session on all aspects of catheterization, will return for its second year following last year's inaugural victory by North America.

Poster abstracts will be displayed throughout the meeting. We will continue to support younger interventionalists through the *PICS Young Leadership Program*, with the winner receiving faculty status and involvement in the meeting. We also wish to recognize those committed to research with *The Charles S. Kleinman, MD Scientific Scholarship Award*, given in memory of our dear friend Dr. Charlie Kleinman, who was so close to the *PICS* family. The winner will receive a \$5,000 grant towards his/her research endeavor. This year to celebrate our 20th anniversary, we also plan to provide sponsorship to a colleague in a developing country to ensure the meeting continues its philosophy of developing congenital and structural catheterization throughout the world.

We look forward to welcoming you to back to Miami. Please don't forget to get in shape for the *5K Run*, which will take place along the backdrop of the beautiful Miami Beach. It supports a great cause: providing funds for equipment for mission trips to the developing world. Your participation is what makes the meeting the success that it is, and we look forward to learning with you and from you.

Yours truly,

Ziyad M. Hijazi & Damien Kenny
on behalf of Course Directors and Co-Directors

CCT

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PICS-AICS

Pediatric and Adult Interventional Cardiac Symposium



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The PICS Foundation in collaboration with the Rush University Medical Center.

JANUARY 16th - MONDAY SESSION
New: Leadership Seminar

Moderators: John P. Cheatham, Ziyad M. Hijazi

10:00 am - 4:00 pm - Leadership Seminar Presented by Bob Berk, Author of *"Leadership Between the Sheets" Uncovering the Power of Intimacy in Business and in Life*

- Extra registration fee to attend this seminar: Seminar only: \$250, with PICS \$125
- <http://register.rcsreg.com/r2/leader2017/ga/top.html>

10:00-11:30 am - Leadership, Management & Culture by Bob Berk

11:30-11:45 pm - Coffee Break

11:45 am-12:30 pm

- Leadership Track: *Team Alignment*
- Management Track: *Balancing the Books / Understanding is Key!*
 - Your Key Performance Indicators
 - Improving Outcomes
 - Linking to Expectations

12:30- 1:30 pm - Lunch

1:30 - 2:15 pm

- Leadership Track: *Establishing a Winning Culture*
- Management Track: *Inventory and Environment*
 - Deciding What You Need and How to Afford It
 - Defining Priorities
 - Setting and Communicating Expectations

2:15-3:00 pm

- Leadership Track: *Understanding EQ in Leadership*
- Management Track: *Effective QA/QI*
 - Opportunities for Staff Growth & Development
 - Strategic Priorities
 - Integrating Goals

3:00-4:00 pm - Bringing It All Together: Shared Learnings in Implementing Change in Your Environment

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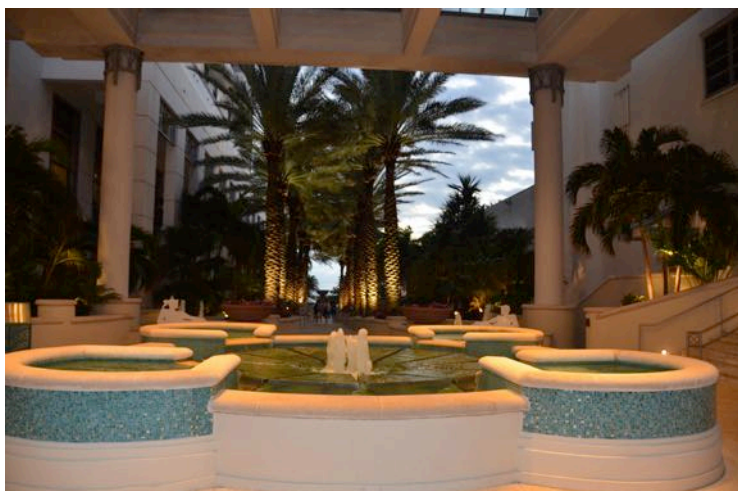
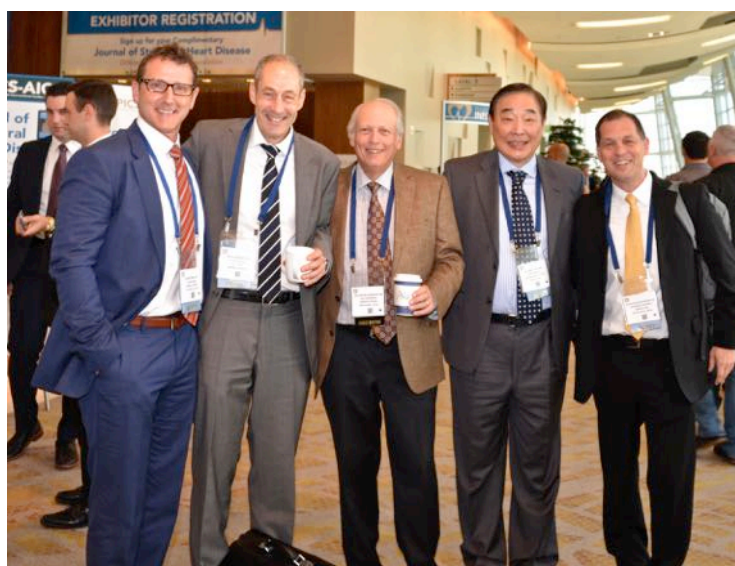
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Visit www.picsymposium.com for up-to-date information.



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JANUARY 16th - PICS MONDAY SESSION
Harnessing Technology for Congenital and Structural Interventions: Celebrating the 20th Anniversary of PICS!

Morning Session

Moderators: Ziyad M. Hijazi; John P. Cheatham

8:00-8:15 am - Welcome - Ziyad M. Hijazi

8:15-8:45 am - Keynote "TED-Style" Lecture: "From Septostomies to Stem Cells – What the Next 50 Years Hold"
 – David Nykanen

8:50-10:30 am - Oral Abstract Presentations I

Moderators: Michael de Moor; John Bass; Alex Javois

10:30-11:00 am - Break

11:00 am -1:00 pm - Oral Abstract Presentations II –

Moderators: Levent Saltik; Redmond Burke; Larry Latson

1:10-2:00 pm - Lunchtime Session - Taped Cases

Moderators: Brent Gordon; Terry King

- Mayo Clinic – Allison Cabalka; Nathan Taggart
- Toronto – Mark Osten
- Stanford – Lynn Peng

Afternoon Session

Moderators: Thomas K. Jones; William Hellenbrand

Session 1

2:00-3:30 pm - Stenting in the 21st Century – How Far Have We Come, and How Far We Have Yet to Go?

Moderators: John Rhodes; Joaquim Miro

- Use of Registries to Examine Outcomes with Stenting – Julie Vincent
- The Biomechanics of Stent Development – Shyam Sathanandam
- Neointimal Ingrowth – Can We Predict & Prevent This? – Felix Berger
- The Physiological Impacts of Stenting – Measuring Flow Dynamics – Aimee Armstrong
- Bioresorbable Technology Is Here, But Is It Enough for CHD Patients? – Daniel Levi
- Stents and Tissue Engineering – Pie in the Sky, or a Reality in the Next 20 Years? – Massimo Caputo

3:30-4:00 pm - Break



JANUARY 16th - PICS MONDAY SESSION
Harnessing Technology for Congenital and Structural Interventions: Celebrating the 20th Anniversary of PICS!

Session 2

4:00-5:30 pm - The Doug Memorial FDA Town Hall and Device Development (Doug Memorial Session)

Moderators: John P. Cheatham; Matthew Gillespie

- Introduction – Allen J. Tower, Jr.
- Devices We Need – Developing a Bioresorbable Scaffold That Works for our Population – Martin Bocks
- Devices Available Elsewhere – Challenges and Progress to Achieving Availability in the US? – Evan Zahn
- Device Development: Current Challenges and How to Overcome Them – Thomas Forbes
- Early Feasibility Study Applicability to Pediatric Device Development – Nicole Ibrahim
- Device Approval in Different Continents – Can We Work Together to Streamline Broader Approval Guidelines? Experience from Japan – Teiji Akagi
- Round Table Discussion

5:30 pm - PICS Achievement Award



JANUARY 17th - PICS TUESDAY SESSION
Harnessing Technology for Congenital and Structural Interventions: Celebrating the 20th Anniversary of PICS!

Morning Session

8:00-8:15 am - Update on Live Cases 2015 – Kiran Mallula

8:15 am -10:30 am - Live Cases - (Riyadh, Santiago, Córdoba)

Moderators: Damien Kenny; Ziyad M. Hijazi

Digital Moderators: Daniel Gruenstein; Alex Javois

Panelists: Carlos Zabal; Jou Kou Wang; BG Alekian; Makram Ebeid; Alvaro Galindo

10:30-10:45 am - Break

10:45 am -1:00 pm - Live Cases - (Riyadh, Santiago, Córdoba)

Moderators: William Hellenbrand; Daniel Levi

Digital Moderators: Gareth Morgan; Kanishka Ratnayaka

Panelists: Wei Gao; Noa Holoschitz; Seong-Ho Kim; Petru Liuba; Tarek Momenah

1:10-2:00 pm - Lunch Session - Taped Cases

Moderators: Richard Ringel; Jacqueline Kreutzer

- **Cincinnati** – Bryan Goldstein
- **Houston** – Huie Lin; John Breinholt
- **Israel** – Elchanan Bruckheim

Afternoon Session

Moderators: Ralf Holzer; Cliff Kavinsky

Session 3

2:00-3:30 pm - State-of-the-Art - ASD Closure

Moderators: Horst Sievert; Worakan Promphan

- **Left Atrial Disengagement** – Bharat Dalvi
- **The Malaligned Atrial Septum – Implications for Closure & Complications** – David Balzer
- **How Recent Erosion Data Has Changed My Practice** – Zahid Amin
- **Revisiting the Deficient IVC Rim Defect – Which Defects Should We Attempt?** – Masood Sadiq
- **ASD Closure Exclusively with TEE – Why & How?** – Felix Berger
- **ASD Closure in Children < 8Kgs – Indications & Techniques** – Jeremy Asnes
- **Transcatheter ASD Suture-Mediated Closure – Current Status & Future Challenges** – Anthony Nobles

3:30-4:00 pm - Break

Session 4

4:00-5:30 pm - Complex Structural Interventions (6 Case Presentations)

Moderators: Cliff Kavinsky; John Carrol; Hussam Suradi

- **TAVR with Close Coronaries** – Issam Moussa
- **TAVR – Valve-in-Valve** – Roberto Cubeddu
- **Tricuspid Valve** – Reda Ibrahim
- **Mitral Valve** – Allison Cabalka
- **Hybrid Case** – Michel Ilbawi
- **Pulmonic in Native Outflow** – Mansour AlJufan
- **Discussion**

JANUARY 17th - PICS TUESDAY SESSION
Harnessing Technology for Congenital and Structural Interventions: Celebrating the 20th Anniversary of PICS!

Breakout Session 1

2:00-3:30 pm - Nursing & Associated Professionals

Moderators: Sharon Cheatham; Karen Iacono

- **Electronic Updates from the Cath Lab** – Karen Iacono
- **Right Heart Cath Without Radiation** – Ileen Cronin
- **Assessing Coronaries in CHD** – Katie Soule
- **Managing PLE ... Anything New?** – Yoav Dori
- **Mechanical Thrombectomy** – Karen Iacono
- **Advances in Pulmonary Hypertension - Diagnosis & Management** – Laura Tucker
- **Transcatheter Innovations** – Aimee Armstrong
- **Discussion**

Breakout Session 2

2:00-3:30 pm - Pediatric Interventional Cardiology Early Career Society (PICES) Session

Moderators: Nathan Taggart; Matthew Crystal

- **Call to Order; General Welcome**
- **Speaker: TBA** - (20 min. talk with 10 min discussion)
- **Tracheo-Endobronchial Stenting**
- **Research Update & New/Old Business** – PICES Executive Committee
- **Case Presentation**

Breakout Session 3

4:00-5:45 pm - Advances in Imaging Modalities to Guide Interventions

Moderators: Aimee Armstrong; Shelby Kutty

- **Update on Fusion Imaging Modalities** – Thomas Fagan
- **3-D Modeling Will Prove more Beneficial than Holography in Guiding Congenital Interventions in the Next 10 Years**
 - Pro: Colin McMahon; Con: Elchanan Bruckheimer
- **Widespread Use of MRI-Guided Interventions Will Be a Reality in the Next 20 Years**
 - Pro: Kanishka Ratnayaka; Con: Daniel Gruenstein
- **Ultrasound for Vascular Access Should be the Gold Standard**
 - Pro: Chris Petit; Con: Zahid Amin
- **Percutaneous Closure of Ventricular Septal Defect Under Echocardiography without Fluoroscopy** – Xiangbin Pan
- **Discussion**

Evening Symposium (This symposium is being sponsored with unrestricted educational grants from Edwards, Medtronic and Venus)

6:30-9:00pm - The RVOT – Volumes, Clinical Trials & the Future

Moderators: William Hellenbrand; Matthew Gillespie; Alistair Phillips

- **Please check the PICS~AICS website for up-to-date information (www.picsymposium)**



PICS-AICS

Pediatric and Adult Interventional Cardiac Symposium

JANUARY 18th - PICS WEDNESDAY SESSION
Harnessing Technology for Congenital and Structural Interventions: Celebrating the 20th Anniversary of PICS!

6:00 am - PICS-AICS 5K Run (see page 16 for registration)

8:15 am -10:15 am - Live Cases - (Dallas, New York, Houston)
Moderators: William Hellenbrand, John P. Cheatham
Digital Moderators: David Balzer; Darren Berman
Panelists: Hideshi Tomita; Christian Spies; Abe Rothman; Raul Rossi; Yun-Ching Fu; Joshua Murphy

10:15-10:45 am - Break

10:45 am -1:00 pm - Live Cases - (Dallas, New York, Houston)
Moderators: John Cheatham; Shakeel Qureshi
Digital Moderators: Jeremy Asnes; Reda Ibrahim
Panelists: Marco Papa; Charles Mullins; Nguyen Lan Hieu; Wei Gao; Wail Alkashkari; Pan Xin

1:10-2:00 pm - Lunch Session - Taped Cases

Moderators: Craig Fleishman; Lee Benson

- Los Angeles – Evan Zahn
- Seattle – Brian Morray
- Dublin – Kevin Walsh; Damien Kenny

Afternoon Session

Moderators: Ralf Holzer; John Carroll

Session 5

2:00-3:30 pm - Interventions Outside the Heart

Moderators: Elchanan Bruckheimer; Mark Galantowicz

- Airway Stenting for CHD Patients: When & How – Gareth Morgan
- Use of Intraprocedural Bronchoscopy to Assess for Airway Compression During Interventions – Matt Gillespie
- Interventions on the Lymphatic System – Early – Outcomes & Longer-Term Applicability – Yoav Dori
- Interventions on the Portal System – K. Sivakumar
- Renal Artery Denervation: Applicability to CHD Patients – Horst Sievert
- Interventions for Middle Aortic Syndrome - A Worthy Venture or Futile Folly? – Shakeel Qureshi
- Transhepatic Liver Biopsy in TCPC Patients - When & How? – Howaida El-Said
- Discussion

3:30-4:00 pm - Break

Session 6

4:00-5:30 pm - Pushing the Boundaries

Moderators: Damien Kenny; Evan Zahn

- Fetal Interventions – 25 Years Later – Doff McElhinney
- Closure of the Premature Duct – How Small Is Too Small? – Joaquim Miro
- Assessing the Physiological Impact of our Interventions – How Imaging May Help – Lee Benson
- The Optimal Catheter Interventions for Pulmonary Hypertension – Where & How Big? – Dietmar Schranz
- The Future of Managing Holes...From Bioresorbable to Histerotripsy – Marc Gewillig
- Advances in Surgical Techniques – Balancing the Viewpoint of the Fabled Perils of Surgical Intervention – Sertac Cicek
- Assessing the Physiological Outcomes of Our Interventions – Are We Underutilizing CPEX Testing? – Jonathan Rhodes
- Discussion

JANUARY 18th - PICS WEDNESDAY SESSION
Harnessing Technology for Congenital and Structural Interventions: Celebrating the 20th Anniversary of PICS!

Breakout Session 4

2:00-3:30 pm - Left Atrial Appendage & Mitral Valve Interventions

Moderators: Roberto Cubeddu; Carlos Pedra

- Wet Lab Anatomy of the LAA – Considerations for Closure – Mark Reisman
- Operator & Institution Requirements for LAA Occlusion – Cliff Kavinsky
- Matching the Device to the Anatomy – YY Lam
- The Watchman Device – Is this the End of the Story for LAA Occlusion in the US for the Next 10 Years? – Saibal Kar
- Problems with Transcatheter Mitral Valve Repair & Replacement – A Surgical Perspective – Matthew Williams
- Novel Approaches to the Mitral Valve for Repair & Replacement – Robert Lederman
- Discussion

Breakout Session 5

4:00-5:30 pm - Measuring and Reducing Risk in Collaboration with CCISC

Moderators: Ralf Holzer; Thomas Forbes

- Data Capture and Registry Participation for QI & QA: There is No "One Shoe Fits All" Solution – Ralf Holzer
- Use of Registry Data to Support QI & QA Efforts & How to Achieve Quality Data Entry: The CCISC Experience – David Nykanen
- Beyond QI and QA: Use of Data for Marketing - Pitfalls & Opportunities – John W. Moore
- Update on IMPACT: Let's Make an Impact on Device Approval – Robert Vincent
- What Does the Future Hold: Integrating Surgical with Cath Data, Longitudinal & Multi-Center Data Capture – Jeff Jacobs
- It's Not Just about the Data: How to Achieve Transparency in Multi-Center QI Initiatives – Lisa Bergersen
- Discussion

Breakout Session 6

4:00-5:30 pm - Spanish Session

Moderators: Carlos Zabala (Mexico); Horatio Faella (Argentina); Daniel Aguirre (Chile)

- Interventional Cardiology for CHD in Cuba - An Update – Juan Carlos Ramiro Novoa (Cuba)
- Computed Modeling & Simulation - Role in Interventions for CHD – Mario Carminati (Italy)
- 3D Printing of the RVOT - Practical Clinical Applications – José Luiz Zunzunegui (Spain)
- 3D RTA and Interventions in CHD. Imaging Overkill or Useful Technology – Francisco Garay (Chile)
- Preliminary Experience with the Venus P-Valve in Latin America – Alejandro Peirone (Argentina)
- Use of The Large V12 Advanta Stent for Coarctation of the Aorta - Early & Late Outcomes in the International Multicenter Trial – Carlos Pedra (Brazil)
- Experience with the ADO II AS - Indications, Technique & Results – Jacek Biakowski (Poland)

7:00 pm - PICS-AICS Dinner at Nikki Beach, Miami (dinner, dancing and a special event)

JANUARY 19th - PICS THURSDAY SESSION
Harnessing Technology for Congenital and Structural Interventions: Celebrating the 20th Anniversary of PICS!

Morning Session

8:00-9:30 pm - Live Cases - (Pittsburgh, Columbus, Los Angeles)
Moderators: Carlos Pedra; Thomas K Jones
Digital Moderators: Wail Alkashkari; Francisco Garay
Panelists: Hasri Samion, Zoltan Turi; Michael Tynan; YY Lam; Horacio Faella

Session 6

9:30-11:00 am - Update on Structural Heart Interventions for Congenital Interventionalists

Moderators: John Carroll; Thomas Jones

- **Optimizing Patient Selection & Procedure Safety for PFO Closure: Lessons Learned from Respect** – Richard Smalling
- **Post PFO Closure Medical Management Issues: Key to Long-Term Outcomes & Individualization of Medication** – David Thaler
- **Congenital Interventionalists Have Nothing to Offer Now or in the Future with TAVR**
 - Pro: Eric Horlick ; Con: Jamil Aboulhosn
- **Interventional Options for Diastolic Heart Failure – Indications, Devices & Approach** – Thomas Jones
- **Update on Outcomes of Transcaval TAVR** – Robert Lederman
- **Surgical Advances to Support Hybrid Interventions in Structural Heart Disease** - Matthew Williams
- **Use of the MitraClip in CHD Patients** – Scott Lim

11:00-11:30 am - Break

11:30 am-1:00 pm - Live Cases - (Pittsburgh, Columbus, Los Angeles)
Moderators: Hule Lin; Lynn Peng
Digital Moderators: Ziyad M. Hijazi; Zahid Aminy
Panelists: Maiy El Sayed; Ali El Halabi; Jae Young Choi; David Fulton; Jacek Bialkowski

Session 7

1:10-2:30 pm - Lunch Session - My Nightmare Case In the Cath Lab

Moderators: Shakeel Qureshi; Dan Gruenstein

Session 8

2:30-4:00 pm - Simplifying the Complex – My Step-by-Step Approach

Moderators: Simone Pedra; Satinder Sandhu

- **RVOT Stenting & Avoidance of the Pulmonary Valve in Neonates** – JV de Giovanni
- **VSD Closure via the Retrograde Arterial Approach** – Thomas Jones
- **PDA Stenting in Tetralogy-Variant Patients** – Mazeni Alwi
- **Hybrid Mitral Valve Replacement in Infants** – Emile Bacha
- **Hybrid Pulmonary Valve Replacement** – Alistair Phillips
- **The Hybrid Approach to HLHS** – Mark Galantowicz
- **Modalities to Support Large Sheath Advancement in RVOT Interventions** – Mario Carminati

4:00-4:40 pm - Battle of the Continents – Quizmaster: Damien Kenny

4:40-5:00 pm - Prize-Giving & GoodBye – Ziyad M. Hijazi

LIVE CASES SITES & OPERATORS

TUESDAY, JANUARY 17TH

Prince Sultan Cardiac Center, Riyadh, Saudi Arabia
(2 cases)
 – Khalid Al Najashi

Private Hospital of Córdoba, Córdoba, Argentina
(2 cases)
 – Alejandro Peirone

Pontificia Universidad Catolira de Chile, Santiago, Chile
(2 cases)
 – Francisco Garay; Carlos Pedra

WEDNESDAY, JANUARY 18TH

Children's Medical Center of Dallas at Southwestern Medical Center, Dallas, TX USA
(2 cases)
 – Alan Nugent

New York-Presbyterian Morgan Stanley Children's Hospital, New York, NY USA
(2 cases)
 – Alejandro Torres; Matthew Crystal; Julie Vincent

Texas Children's Hospital, Houston, TX USA
(2 Cases)
 – Henri Justino; Athar Qureshi

THURSDAY, JANUARY 19TH

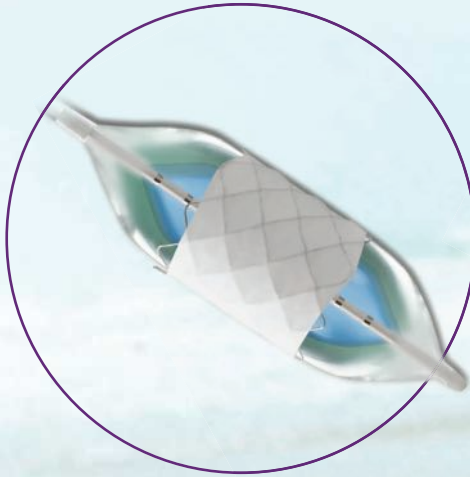
Nationwide Children's Hospital, Columbus, OH USA
(2 cases)
 – Darren Berman; Aimee Armstrong

Children's Hospital of Pittsburgh, Pittsburgh, PA USA
(2 cases)
 – Jaqueline Kreutzer; Sara Trucco

Los Angeles Children's Hospital, Los Angeles, CA USA
(2 cases)
 – Frank Ing



MAKING A DIFFERENCE



CP STENT™ UNMOUNTED OR PRE-MOUNTED ON A BIB® CATHETER
FOR TREATMENT OF COARCTATION OF THE AORTA

NIT-OCCLUD® PDA COIL SYSTEM
FOR TREATMENT OF PATENT DUCTUS ARTERIOSUS



INDICATIONS FOR USE:

The CP Stent™ is indicated for use in the treatment of native and/or recurrent coarctation of the aorta involving a compliant aortic isthmus or first segment of the descending aorta where there is adequate size and Patency of at least one femoral artery associated with one or more of the following: Acute or chronic wall injury; Nearly atretic descending aorta of 3 mm or less in diameter; A non-compliant stenotic aortic segment found on pre-stent balloon dilation; should be confirmed by diagnostic imaging. The CP stent has not been evaluated in patients weighing less than 20kg. As with any type of implant, infection secondary to contamination of the stent may lead to aortitis, or abscess. Over-stretching of the artery may result in rupture or aneurysm formation. Crimping the stent on a balloon catheter smaller than 12mm may cause damage to the stent. This device is intended for single use only. Do not resterilize and/or reuse it, as this can potentially result in compromised device performance and increased risk of cross-contamination. **CONTRAINDICATIONS:** Patients too small to allow safe delivery of the stent without compromise to the systemic artery used for delivery. Unfavorable aortic anatomy that does not dilate with high pressure balloon angioplasty. Curved vasculature. Occlusion or obstruction of systemic artery precluding delivery of the stent. Clinical or biological signs of infection. Active endocarditis. Known allergy to aspirin, other antiplatelet agents, or heparin. Pregnancy.

INDICATIONS FOR USE:

The Covered CP Stent™ is indicated for use in the treatment of native and/or recurrent coarctation of the aorta involving the aortic isthmus or first segment of the descending aorta where there is adequate size and patency of at least one femoral artery associated with one or more of the following: Acute or chronic wall injury; Nearly atretic descending aorta of 3 mm or less in diameter; A non-compliant stenotic aortic segment found on pre-stent balloon dilation; A genetic or congenital syndrome associated with aortic wall weakening or ascending aortic aneurysm. **WARNINGS / PRECAUTIONS:** Coarctation of the aorta involving the aortic isthmus or first segment of the descending aorta should be confirmed by diagnostic imaging. The CP Stent has not been evaluated in patients weighing less than 20kg. As with any type of implant, infection secondary to contamination of the stent may lead to aortitis, or abscess. Over-stretching of the artery may result in rupture or aneurysm formation. Crimping the stent on a balloon catheter smaller than 12mm may cause damage to the stent. Excessive handling and manipulation of the covering while crimping the stent may cause the covering to tear off of the stent. This device is intended for single use only. Do not resterilize and/or reuse it, as this can potentially result in compromised device performance and increased risk of cross-contamination. **CONTRAINDICATIONS:** Patients too small to allow safe delivery of the stent without compromise to the systemic artery used for delivery. Unfavorable aortic anatomy that does not dilate with high pressure balloon angioplasty. Curved vasculature. Occlusion or obstruction of systemic artery precluding delivery of the stent. Clinical or biological signs of infection. Active endocarditis. Known allergy to aspirin, other antiplatelet agents, or heparin. Pregnancy.

INDICATIONS FOR USE:

The Nit-Occlud® PDA coil is a permanently implanted prosthesis indicated for percutaneous, transcatheter closure of small to moderate size patent ductus arteriosus with a minimum angiographic diameter less than 4mm. Nit-Occlud Brief Statement: Do not implant the Nit-Occlud PDA into patients who have endocarditis, endarteritis, active infection, pulmonary hypertension (calculated PVR greater than 5 Wood Units), thrombus in a blood vessel through which access to the PDA must be obtained, thrombus in the vicinity of the implantation site at the time of the implantation or patients with a body weight < 11 lbs (5 kg). An angiogram must be performed prior to implantation for measuring length and diameter of the PDA. Only the pfm medical implantation delivery catheter should be used to implant the device. Administration of 50 units of heparin per kg body weight should be injected after femoral sheaths are placed. Antibiotics should be given before (1 dose) and after implantation (2 doses) in order to prevent infection during the implant procedure. Do not implant the Nit-Occlud PDA in an MR environment. Do not pull the Nit-Occlud coil through heart valves or ventricular chambers. Contrast media should not be injected through the implantation catheter. The catheter must not be connected to high pressure injectors. Patients may have an allergic response to this device due to small amounts of nickel that has been shown to be released from the device in very small amounts. If the patient experiences allergic symptoms, such as difficulty in breathing or swelling of the face or throat, he/she should be instructed to seek medical assistance immediately. Antibiotic prophylaxis should be performed to prevent infective endocarditis during first 6 months after coil implantation. Potential Adverse Events: Air embolism, Allergic reaction to drug/contrast, Apnea, Arrhythmia requiring medical treatment or pacing, Arteriovenous fistula, Bacterial endocarditis, Blood loss requiring transfusion, Chest pain, Damage to the tricuspid or pulmonary valves, Death, Embolization of the occluder, requiring percutaneous or surgical intervention, Endarteritis, False aneurysm of the femoral artery, Fever, Headache/migraine, Heart failure, Hemolysis after implantation of the occluder, Hypertension, Hypotension or shock, Infection, Myocardial infarction, Occluder fracture or damage, Perforation of the heart or blood vessels, Stenosis of the left pulmonary artery or descending thoracic aorta, Stroke/TIA, Thromboembolism (cerebral or pulmonary), Valvular Regurgitation, Vessel damage at the site of groin puncture (loss of pulse hematoma, etc.).

Refer to the Instructions for Use for complete indications, relevant warnings, precautions, complications, and contraindications.

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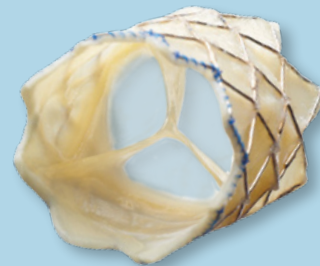


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*US IDE Study

Melody-TPV.com

The Melody TPV System first received CE mark in September, 2006.
The Melody TPV System received Health Canada approval in December 2006
and US approval under an HDE on January 25, 2010 (H080002).
PMA approval received January 27, 2015 (P140017).

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Melody™ Transcatheter Pulmonary Valve Ensemble™ II Transcatheter Valve Delivery System

Important Labeling Information for United States

Indications: The Melody TPV is indicated for use as an adjunct to surgery in the management

of pediatric and adult patients with the following clinical conditions:

- Existence of a full (circumferential) RVOT conduit that was equal to or greater than 16 mm in diameter when originally implanted AND
- Dysfunctional RVOT conduits with a clinical indication for intervention, AND
 - regurgitation: \geq moderate regurgitation, AND/OR
 - stenosis: mean RVOT gradient \geq 35 mm Hg

Contraindications: None known.

Warnings/Precautions/Side Effects:

- DO NOT implant in the aortic or mitral position. Preclinical bench testing of the Melody valve suggests that valve function and durability will be extremely limited when used in these locations.
- DO NOT use if patient's anatomy precludes introduction of the valve, if the venous anatomy cannot accommodate a 22 Fr size introducer, or if there is significant obstruction of the central veins.
- DO NOT use if there are clinical or biological signs of infection including active endocarditis. Standard medical and surgical care should be strongly considered in these circumstances.
- Assessment of the coronary artery anatomy for the risk of coronary artery compression should be performed in all patients prior to deployment of the TPV.
- To minimize the risk of conduit rupture, do not use a balloon with a diameter greater than 110% of the nominal diameter (original implant size) of the conduit for pre-dilation of the intended site of deployment, or for deployment of the TPV.
- The potential for stent fracture should be considered in all patients who undergo TPV placement. Radiographic assessment of the stent with chest radiography or fluoroscopy should be included in the routine postoperative evaluation of patients who receive a TPV.
- If a stent fracture is detected, continued monitoring of the stent should be performed in conjunction with clinically appropriate hemodynamic assessment. In patients with stent fracture and significant associated RVOT obstruction or regurgitation, reintervention should be considered in accordance with usual clinical practice.

Potential procedural complications that may result from implantation of the Melody device include the following: rupture of the RVOT conduit, compression of a coronary artery, perforation of a major blood vessel, embolization or migration of the device, perforation of a heart chamber, arrhythmias, allergic reaction to contrast media, cerebrovascular events (TIA, CVA), infection/sepsis, fever, hematoma, radiation-induced erythema, blistering, or peeling of skin, pain, swelling, or bruising at the catheterization site.

Potential device-related adverse events that may occur following device implantation include the following: stent fracture, *stent fracture resulting in recurrent obstruction, endocarditis, embolization or migration of the device, valvular dysfunction (stenosis or regurgitation), paravalvular leak, valvular thrombosis, pulmonary thromboembolism, hemolysis.

*The term "stent fracture" refers to the fracturing of the Melody TPV. However, in subjects with multiple stents in the RVOT it is difficult to definitively attribute stent fractures to the Melody frame versus another stent.

For additional information, please refer to the Instructions For Use provided with the product.

CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician.

Important Labeling Information for Geographies Outside of the United States

Indications: The Melody Transcatheter Pulmonary Valve is indicated for use in patients with the following clinical conditions:

- Patients with regurgitant prosthetic Right Ventricular Outflow Tract (RVOT) conduits with a clinical indication for invasive or surgical intervention, OR
- Patients with stenotic prosthetic RVOT conduits where the risk of worsening regurgitation is a relative contraindication to balloon dilation or stenting.
- Existence of a full (circumferential) RVOT conduit that was equal to or greater than 16 mm in diameter when originally implanted.

The intended lifetime for the Melody device is 2 years.

Contraindications:

- Venous anatomy unable to accommodate a 22 Fr size introducer sheath; implantation in left heart.
- Unfavorable right ventricular outflow tract for good stent anchorage.
- Severe right ventricular outflow obstruction, which cannot be dilated by balloon.
- Obstruction of the central veins.
- Clinical or biological signs of infection.
- Active endocarditis.
- Known allergy to aspirin or heparin.
- Pregnancy.

Potential Complications/Adverse Events: Potential procedural complications that may result from implantation of the Melody device include the following: rupture of the RVOT conduit, compression of a coronary artery, perforation of a major blood vessel, embolization or migration of the device, perforation of a heart chamber, arrhythmias, allergic reaction to contrast media, cerebrovascular events (TIA, CVA), infection/sepsis, fever, hematoma, radiation-induced erythema, pain at the catheterization site.

Potential device-related adverse events that may occur following device implantation include the following: stent fracture resulting in recurrent obstruction, endocarditis, embolization or migration of the device, valvular dysfunction (stenosis or regurgitation), paravalvular leak, valvular thrombosis, pulmonary thromboembolism, hemolysis.

For additional information, please refer to the Instructions For Use provided with the product.

The Melody Transcatheter Pulmonary Valve and Ensemble II Transcatheter Delivery System has received CE Mark approval and is available for distribution in Europe.

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PICS FOUNDATION

10151 Avenue N.
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The PICS Foundation has been organized exclusively for charitable, educational and scientific purposes.

The focus of the Foundation is to educate physicians and healthcare professionals involved in the care of children and adults with congenital and structural heart disease in the latest advances in the field of interventional therapies for congenital and structural cardiac defects. The PICS Foundation will provide educational meetings and materials to pediatric and adult cardiologists from all over the world. The PICS Foundation will also sponsor research in the area of congenital and structural heart disease.

The PICS Foundation may receive funding via individual contributions and grants from hospitals and other members of the medical community, registration fees from attendees of the annual symposium, exhibit fees from vendors attending the annual symposium and funds from individual contributors.

The primary activity of the PICS Foundation will be conducting an annual meeting for healthcare professionals. The Pediatric & Adult Interventional Cardiac Symposium is an annual meeting that is attended by approximately 1,000 healthcare professionals from all around the world. The symposium consists of 4 days of lectures and live case operations.

To support the PICS Foundation, please contact:

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PICS Achievement Award 2016

The 2016 *PICS Award* will be given on Monday, January 16th, 2017. The Committee, Larry Latson, Shakeel Qureshi and Mario Carminati, chose this year someone special who dedicated his/her life to medicine and interventional therapies.

What distinguishes the *PICS Award* from other awards, is the amount of work that goes into choosing the winner, then in contacting their family members without their own knowledge to collect their photos and memorabilia, and the element of surprise. Please join us in Miami and share the joy with the winner!

CCT

PICS Achievement Award

1997 - Charles E. Mullins
1998 - Michael Tynan
1999 - Kurt Amplantz
2000 - Lee Benson
2001 - James E. Lock
2002 - William E. Hellenbrand
2003 - Allen J. Tower
2004 - Shakeel A. Qureshi
2005 - Vladimir Fontes
2006 - Philipp Bonhoeffer
2007 - John P. Cheatham
2008 - Carlos Ruiz
2009 - Mario Carminati
2010 - Larry Latson
2011 - Horst Sievert
2012 - Horacio Faella
2013 - Savitri Srivastava
2014 - John Bass
2015 - JV de Giovanni, MD
2016 - ???

Pioneer Award

2007 - Terry D. King
2010 - Bill Cook

PICS Foundation Award

2011 - Charles S. Kleinman

Boston City Award

2011 - Ziyad M. Hijazi

Distinguished Service Award

2013 - Sharon L. Cheatham

Excellence in Echocardiography

2014 - Qi-Ling Cao



“Who will be 2016’s PICS~AICS Achievement Award winner?”

Please visit www.PICSymposium.com for up-to-date program changes.

Sign-up Now for the 4th Annual PICS~AICS 5K Run

The 4th Annual PICS~AICS 5K RUN is sponsored by Siemens, and will take place Tuesday, January 17th at 6 am, rain or shine. All fitness levels are welcome!

You'll be making a difference, and supporting CHIMS (Congenital Heart Intervention Mission Support) - <http://chimsupport.com>.

The donation includes:

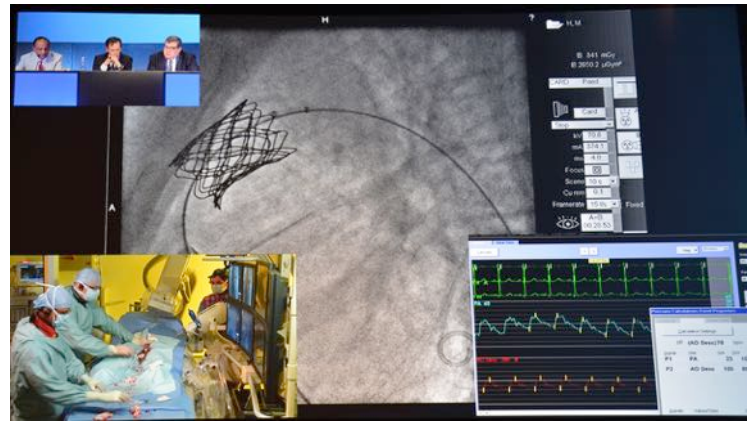
- Technical T-shirt (Men and Women)
- Digital chip timing
- Registration
- Finish line and post-race refreshments.

Race packets can be picked up at the Siemens booth on January 16th 6:00-8:00 pm or at the meeting registration desk, Monday, January 16th, 9:00 am-6:00 pm

Come have some fun in the sun while doing something healthy during the PICS~AICS Symposium.

To Register for the 5K Run, go to: www.PICSymposium.com

CCT



SAVE THE DATE FOR PICS 2017 - Jan. 16th-19th, 2017; Lowes Miami Beach, FL USA

PICS~AICS REGISTRATION INFORMATION

Online Registration for Attendees:

www.picsymposium.com/attendee_registration.html

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For further information, please contact Colene Diodati at:
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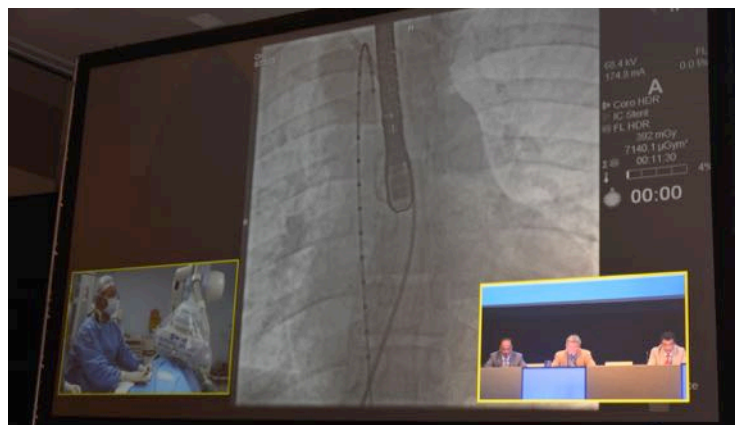
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Clarksburg, MD 20871 USA

Editorial and Subscription Offices:
16 Cove Rd, Ste. 200
Westerly, RI 02891 USA

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The NuDEL System is available for immediate purchase in the EU. Contact us or your local distributor to place an order.

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