



CONGENITAL CARDIOLOGY TODAY

Timely News & Information for Congenital/Structural Cardiologists & Cardiothoracic Surgeons Worldwide

PICS-AICS 2019 Special Preview Issue

Worldwide Edition

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PICS-AICS SAN DIEGO

SEPTEMBER 4-7, 2019



Cases, Cases, and More Cases!

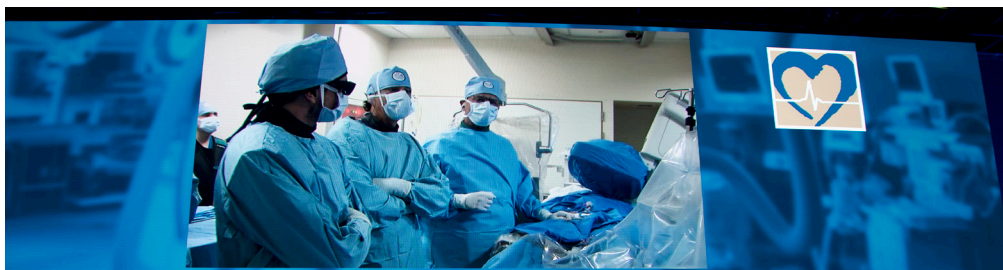
Dear Colleagues,

Welcome to the 22nd *Pediatric and Adult Interventional Cardiac Symposium – PICS-AICS 2019*! The meeting is visiting San Diego for the first time and being held at the beautiful Marriott Marquis, just by San Diego Marina. This year we have extended the number of Live Case sites to 12, the largest number we have ever hosted at *PICS*; this reflects an effort to build on the huge strengths of the meeting by bringing the most up-to-date, cutting-edge interventions to our delegates. This, along with 14 taped cases evaluating interventions such as minimally invasive hybrid VSD closure, lymphatic interventions and PDA stenting, will ensure that attendees can learn and interact as never before.

The meeting this year will commence on Wednesday, September 4th with a special session focused on quality

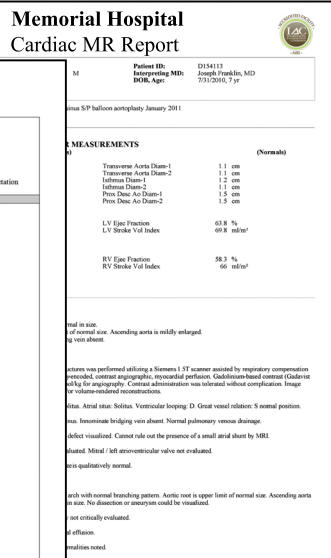
and outcomes. As our interventions become more complex and expectations grow, it is essential that our environment and data collection evolve to protect ourselves and our patients. This session is followed by a Special Symposium on Ductal Interventions with the first of our live cases transmitted from Memphis. Following multiple lunchtime sessions on an array of topics, we will have a further Symposium on PFO Closure with two live case sites, Virginia and Colorado. The day will finish with our Oral Abstract Session, which is sure to be a fantastic reflection of the novel scientific work in our field with over 180 abstracts accepted for presentation at this year's meeting.

Thursday, September 5th will begin with live case transmissions from Doha, Cordoba and Jeddah. There will be taped cases through lunch from Michigan and Cairo, and the afternoon sessions will include ongoing





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collaboration with 3DI3 at *PICS* with further taped cases evaluating the use of 3RDA to guide complex pulmonary artery interventions and transcatheter pulmonary valve replacement. Other sessions on Thursday afternoon will include interventions on both the Atrial and Ventricular Septum and also breakout sessions for our Nursing and Associated Professionals. Thursday evening will see the return of the “Shark Tank,” following on last year’s huge success and again kindly sponsored by PediaVascular with the winner receiving \$25,000 for his or her winning pitch.

Friday, September 6th, begins with live cases from Columbia, Seattle and Cornell with taped cases from Israel and Istanbul. In the afternoon there will be a session on Pulmonary Artery Interventions with Taped Cases and also Transcatheter Valve Replacement as well and Interventions in Heart Failure. There will also be breakout sessions for our younger interventionalist colleagues, as well as an in-depth look at LAA Intervention, including a taped case from Seattle. After the days toils, the *PICS-AICS* dinner event will take place at the Air and Space Museum, and promises to be a blast!

Saturday, September 7th’s cases will be transmitted from Chile, Los Angeles and Chicago. Other popular sessions, including “My Nightmare Case in the Cath Lab” ensure opportunity for discussion and learning from each other’s experiences. This year we have decided to conclude the meeting at lunchtime to provide our delegates with the opportunity to enjoy the California weather or catch earlier flights eastwards.

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. The winner will receive a \$5,000 grant towards his or her research endeavor. We also plan to continue The Terry King Traveling Fellowship Award to sponsor 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 San Diego. Please do not forget to get in shape for the 5K Run on the morning of Thursday, September 5th. 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,

Course Directors and Co-Directors

**Register Online for
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[www.picsymposium.com/
attendee_registration.html](http://www.picsymposium.com/attendee_registration.html)



Educational Objectives

PICS-AICS 2019 will provide physicians, nurses & technologists the opportunity to learn about many aspects of Pediatric and Adult Congenital, and Structural Interventional Cardiology.

Learning Objectives

Upon completion of your participation in this educational activity you intend to incorporate the following into your practice of medicine:

- Utilize new interventional technologies and current strategies developed for the management of children and adults with Congenital and Structural Heart Disease
- Incorporate into your practice the techniques for the proper placement of percutaneous valves, stents and devices for occlusion of Septal Defects
- Initiate advances in diagnosis, evaluation and therapies for children and adults with Congenital and Heart Disease
- Identify the important factors which affect the long-term outcomes and quality of life in children and adults with congenital heart disease
- Incorporate alternative management strategies into transcatheter management for patients with congenital and structural heart defects
- Utilize new clinical research advances in the care of children and adults with congenital heart disease
- Incorporate demonstrated practical techniques related to interventional cardiac therapies in patients with structural and congenital heart disease
- Access the results of new research, and assess their potential applications to clinical practice
- Improve basic knowledge and skills relevant to clinical practice
- Assess the potential of technological innovations and advances to enhance clinical practice and problem-solving

Accreditation

In support of improving patient care, Rush University Medical Center is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing education for the healthcare team.

Rush University Medical Center designates this live activity for a maximum of 29.75 AMA *PRA Category 1 Credit(s)*™.

Physicians should claim only credit commensurate with the extent of their participation in the activity.

ANCC Credit Designation – Nurses

The maximum number of hours awarded for this CE activity is 29.75 contact hours.

This activity is being presented without bias and with commercial support.

This activity has been approved for 38.25 ASRT Category A credits.



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PICS Achievement Award



PICS Achievement Award winner in 2018, Dietmar Schranz, MD (center), in Las Vegas, NV.

PICS Foundation

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.

If you would like to support the PICS Foundation, please contact:

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zhijazi@sidra.org

Kimberly Ray, RN
Foundation Director
kimberly_ray@pics-aics.com

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*The PICS Foundation is a 501(c)(3) organization
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2018
Dietmar Schranz, MD

2006
Philipp Bonhoeffer, MD

2017
Thomas K. Jones, MD

2005
Valmir Fontes, MD

2015
JV DeGiovanni, MD

2004
Shakeel A. Qureshi, MD

2014
John Bass, MD

2003
Allen J. Tower, MD

2013
Savitri Srivastava, MD

2002
William E. Hellenbrand, MD

2012
Horacio Faella, MD

2001
James E. Lock, MD

2011
Horst Sievert, MD

2000
Lee Benson, MD

2010
Larry Latson, MD

1999
Kurt Amplatz, MD

2009
Mario Carminati, MD

1998
Michael Tynan, MD

2008
Carlos Ruiz, MD

1997
Charles E. Mullins, MD

2007
John Cheatham, MD

PICS-AICS 5K Run

Come join everyone in an invigorating morning run. Get up, get healthy, and get your brain and body ready for the day!

Thursday, September 5th at 6am

Registration coming soon on the *PICS* website:
www.picsymposium.com



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Not intended to constitute medical advice or in any way replace the independent medical judgment of a trained and licensed physician with respect to patient needs or circumstances. Melody TPV is not suitable for all patients and ease of use, outcomes, and performance may vary. See the Instructions for Use for indications, contraindications, precautions, warnings, and adverse events.

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Important Labeling Information for the United States

Indications: The Melody TPV is indicated for use in the management of pediatric and adult patients who have a clinical indication for intervention on a dysfunctional right ventricular outflow tract (RVOT) conduit or surgical bioprosthetic pulmonary valve that has \geq moderate regurgitation, and/or a mean RVOT gradient \geq 35 mm Hg.

Contraindications: None known.

Warnings/Precautions/Side Effects

- **DO NOT implant in the aortic or mitral position. Pre-clinical 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 or available on <http://manuals.medtronic.com>.

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™ TPV is indicated for use in patients with the following clinical conditions:

- Patients with regurgitant prosthetic right ventricular outflow tract (RVOT) conduits or bioprostheses with a clinical indication for invasive or surgical intervention. OR
- Patients with stenotic prosthetic RVOT conduits or bioprostheses where the risk of worsening regurgitation is a relative contraindication to balloon dilatation or stenting

Contraindications

- Venous anatomy unable to accommodate a 22 Fr size introducer sheath
- Implantation of the TPV in the left heart
- RVOT unfavorable for good stent anchorage
- Severe RVOT 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, 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 or available on <http://manuals.medtronic.com>.

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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Live Case Schedule

Wednesday, September 4th

LeBonheur Children's Hospital

Memphis, TN, USA
(as part of the PDA Symposium)
Shyam Sathanandam - 1 Case
10:00-10:30am

INOVA Fairfax Hospital

Fallas Church, VA, USA
James Thompson – 1 Case
(as part of the PFO Symposium)
2:00-2:30pm

University of Colorado

Aurora, CO, USA
John Carroll – 1 case
(as part of the PFO Symposium)
3:25-3:55pm



Thursday, September 5th

Sidra Medicine

Doha, Qatar
Younes Boudjemline & Hesham Al-Saloos - 2 cases

Jeddah

Saudi Arabia
Wail Alkashkari (2 cases)

Hospital Privado Universitario de Cordoba

Cordoba, Argentina
Alejandro Peirone, Carlos Pedra & Francisco Garay -2 cases

Session 1: 8:15-10:30am – 135 minutes
45 minutes each site
Saudi, Doha, Cordoba

Session 2: 10:45am-1:00pm – 135 minutes
45 minutes each site
Doha, Saudi, Cordoba

Friday, September 6th

NewYork-Presbyterian Morgan Stanley Children's Hospital at Columbia

New York, NY, USA
Alejandro Torres & Matt Crystal - 2 cases

Seattle Children's Hospital

Seattle, WA, USA
Thomas Jones - 2 cases

NewYork-Presbyterian Komansky Children's Hospital at Weill Cornell Medicine

New York, NY, USA
Ralf Holzer & Harsimran Singh - 2 cases

Session 1: 8:15-10:30am – 135 minutes
45 minutes each site

Session 2: 10:45am-1:00pm – 135 minutes
45 minutes each site



Saturday, September 7th

Pontificia Universidad Catolica de Chile

Santiago, Chile
Francisco Garay - 2 cases

Mattel Children's Hospital at UCLA

Los Angeles, CA, USA
Dan Levi, Jamil Aboulhosn, Morris Salem - 2 cases

Rush University Medical Center

Chicago, IL, USA
Cliff Kavinsky & Joshua Murphy - 2 Cases

Session 1: 8:00-10:00am – 120 minutes
40 minutes each site

Session 2: 10:00am-12:00pm – 120 minutes
40 minutes each site

Guest Faculty

Jamil Aboulhosn, MD
UCLA Medical Center, CA, USA
Daniel Aguirre, MD
Hospital Roberto del Rio, Santiago, Chile
Teiji Akagi, MD
Okayama University Hospital, Japan
Mansour AlJufan, MD
KFSHR & RC, Riyadh, Saudi Arabia
Wail Alkashkari, MD
Pediatric Cardiology, Jeddah, Saudi Arabia
Hala Almarsafawy, MD
Mansoura University, Egypt
Hesham Al-Saloos, MD
Sidra Medicine, Doha, Qatar
Mazeni Alwi, MD
National Heart Institute, Kuala Lumpur, Malaysia
Zahid Amin, MD
Georgia Regents University, GA, USA
Aimee Armstrong, MD
Nationwide Children's Hospital, OH, USA
Raul Arrieta, MD
Instituto de Coracao, Brazil
Jeremy Asnes, MD
Yale University Medical Center, CT, USA
Emile Bacha, MD
New York Presbyterian/Columbia University, NY, USA
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Hospital "Pedro de Elizalde," Argentina
William Benitz, MD
Lucile Packard Children's Hospital, CA, USA
Lee Benson, MD
Hospital for Sick Children, Toronto, Canada
Lisa Bergersen, MD
Boston Children's Hospital, MA, USA
Darren Berman, MD
Nationwide Children's Hospital, OH, USA
Martin Bocks, MD
UH Rainbow Babies & Children's Hospital, OH, USA
Soo Boolkah, NP
Evelina London Children's Hospital, England, UK
Younes Boudjemline, MD
Sidra Medicine, Doha, Qatar
Ralph Brindis, MD
University of California, CA, USA
Elchanan Bruckheimer, MD
Schneider Children's Medical Center, Israel
Gianfranco Butera, MD
Policlinico San Donato IRCCS
Ryan Callahan, MD
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Qi-Ling Cao, MD
Sidra Medicine, Doha, Qatar
Massimo Caputo, MD
University of Bristol, England, UK
Marcus Carlsson, MD
Lund University, Sweden
Mario Carminati, MD
San Donato Milanese, Italy
Ahmet Celebi, MD
Dr. Siyami Ersek Hospital, Turkey

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Jae Young Choi, MD
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King Edward VII Memorial (KEM) Hospital, India
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Maiy El Sayed, MD
Ain Shams University, Egypt
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Shelby Kutty, MD
John Hopkins Hospital, MD, USA
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Center Medical Limited, China
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Robert Lederman, MD
NIH, MD, USA
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Robert Wood Johnson University, NJ, USA
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Texas Children's Hospital, TX, USA
Joshua Murphy, MD
Rush University Medical Center, IL, USA



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Lynn Peng, MD



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QSNICH, Thailand
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Masood Sadiq, MD
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Indications for Use: The NuDEL 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.

Indications for Use: The NuDEL is indicated for use in the treatment of right ventricle to pulmonary artery (right ventricular outflow tract) conduit disruptions that are identified during conduit pre-dilatation procedures performed in preparation for transcatheter pulmonary valve replacement.

Caution: Federal (USA) Law restricts this device to sale by or on the order of a physician. **Contraindications:** Clinical or biological signs of infection. Active endocarditis. Pregnancy. **Contraindications (CoA only):** 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. Known allergy to aspirin, other antiplatelet agents, or heparin. **Contraindications (RVOT only):** Patients too small to allow safe delivery of the stent without injury to a systemic vein or to the right side of the heart. **Warnings / Precautions:** Administer appropriate anticoagulation therapy to reduce potential thrombosis. If the patient is not appropriately anticoagulated, thrombus formation may occur. The sheath must be flushed with heparinized saline via the proximal side port prior to introducing the delivery system into the body. The inflated diameter of the stent should at least equal the diameter of the intended implant site. Excessive handling and manipulation of the covering while crimping the stent may cause the covering to tear off of the stent. Retracting the covered stent back into the sheath may cause the covering to catch and tear off of the stent. Do not exceed the RBP. An inflation device with pressure gauge is recommended to monitor pressure. Pressure in excess of the RBP can cause balloon rupture and potential inability to withdraw the catheter into the sheath. Confirm that the distal end of the introducer sheath is at least 2.5cm back from the most proximal image band before inflating the outer balloon. Failure to do so may stretch the outer tubing and severely hinder balloon deflation. Exercise caution when handling the stent to prevent breakage. The NuDEL system, especially at the stent, is rigid and may make negotiation through vessels difficult. The inflation diameter of the balloon used during stent delivery should approximate the diameter of the obstructive vessel and the intended implant site. If resistance is encountered upon removal, the whole system (balloon, guidewire and sheath) should be removed as a single unit, particularly if balloon rupture or leakage is known or suspected. **Warnings / Precautions (CoA only):** Coarctation of the aorta involving the aortic isthmus or first segment of the descending aorta should be confirmed by diagnostic imaging. The NuMED CP Stent has not been evaluated in patients weighing less than 20kg. The platinum/iridium stent may migrate from the site of the implant. 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. **Warnings / Precautions (RVOT only):** During the Premarket Approval study the Medtronic Melody valve was used for valve restoration. The safety and effectiveness of the Covered CP Stent for pre-stenting of the right ventricular outflow tract (RVOT) landing zone (i.e. prophylaxis or prevention of either RVOT conduit rupture or TPVR fracture; use as a primary RVOT conduit) in preparation of a transcatheter pulmonary valve replacement (TPVR) has not been evaluated. As with any type of implant, infection secondary to contamination of the stent might lead to endocarditis, or abscess formation. The Covered Stent can migrate from the site of implant potentially causing obstruction to pulmonary artery flow. Over-stretching of the RVOT may result in rupture or aneurysm of the RV-PA conduit or the native pulmonary artery. Reference the IFU for a complete listing of indications, contraindications, warnings and precautions. www.bisusa.org

Rx only

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CV-9107 6/19



Daily Program Overview

Wednesday, September 4th

8:00-10:00am

Quality and Outcomes – Are We Doing Enough to Protect Ourselves and Our Patients?

Moderators: *David Nykanen, John Moore, Ralf Holzer,*

There Is More Than One Way to Skin a Cat: How to Compare Outcomes - *Lisa Bergersen*

IMPACT: What the Future Holds - *Robert Vincent*

How Can Accreditation Help to Improve Quality and Outcomes in the Cath Lab? - *Aimee Armstrong*

Dose Reduction in the Pediatric Cath Lab: How Far Can We Go? - *Henri Justino*

When the SH1T Hits the Fan: How Do We Prepare For Bad Outcomes? - *Ralf Holzer*

When the Public Wants to Know: Public Outcomes Reporting - *Ralph Brindis* (NCDR representative) Discussion

10:00am-12:00pm

Smaller and Safer - PDA Symposium

Moderators: *Evan Zahn, Olivier Ghez*

Live Case - Memphis - *Shyam Sathanandam*

Transcatheter PDA Closure in the Premature Infant – Neonatologists Viewpoint - *William Benitz*

Transcatheter PDA Closure – What Does the Data Show? - *Evan Zahn*

Surgical PDA Ligation – The Surgeons View - *Olivier Ghez*



Taped Case – PDA stent (Texas) - *Henri Justino*

Taped Case – PDA stent (Texas) - *Athar Qureshi*

Debate: PDA Stenting Should Be First Choice for Sustaining Pulmonary Blood Flow

Pro: *Bryan Goldstein*

Con: *John Nigro*

12:15-1:55pm

Lunch Symposia Option 1: Advances in Imaging Modalities - Moderators: *Craig Fleishman, Shelby Kutty*

Intraprocedural Imaging for Fetal Interventions – Who Should be Performing this? - *Simone Fontes-Pedra*

Predictive Modeling for Interventions – What Needs to Improve? - *Matt Gillespie*

Update on Cardiac MR Interventions - *Kanishka Ratnayaka*

3 Cases Where Fusion Imaging Improved My Intervention - *Thomas Fagan*

Transthoracic Echo Guided Interventions – Why Hasn't it Caught on? - *Xiang Bin Pan*



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Personalized Medicine – CFD and 3-D Printed Devices Another False Dawn? - *Aimee Armstrong*

From Holography to Augmented Reality – Will the Technology Improve Outcomes? - *Eric Horlick*
Discussion

Lunch Symposia Option 2: Still Learning From Our Interventions - Moderators: *Richard Ringel, Suren Reddy*

Balloon Aortic Valvuloplasty – Patient Choice and Technique - *Christopher Petit*

Stenting of the Ascending Aorta - *Howaida El-Said*

Branch Pulmonary Artery Valve Insertion – When and How? - *Brian Morray*

RV Decompression for Pulmonary Atresia with IVS – 5 Things I Have Learned From Over 100 cases!
- *Mazeni Alwi*

Closing the Pulmonary Hypertensive Duct – An Algorithm From a High Volume Center - *Carlos Zabal*

Embolization of Rudimentary RV to Avoid Coronary Damage in PA-IVS - *Marc Gewillig*

tPVR in Patients Less Than 20 Kgs
- *Jose Luis Zunzunegui*
Discussion

Lunch Symposia Option 2: Interventions in ACHD (Main Session)

Moderators: *Jamil Aboulhosn, Hussam Suradi*

Risk Calculators in ACHD Catheterization – Are They Accurate in Predicting SAE?
- *Nathan Taggart*

Do I Need an Adult Cardiologist Whilst Performing Interventions on Adults - *Alex Javois*

Adapting Surgery in Childhood to Augment Interventions in Adults - *Emile Bacha*

Emerging Technology in Adult Cardiology Applicable to Adults with CHD - *Robert Lederman*

Surgical Strategies to Minimise CPB in Adults with CHD – Is a Sternotomy the Same as CPB?
- *Massimo Caputo*

The Atrial Septum – Gateway to the Left Heart – Think Carefully Before You Shut the Door!
- *Kevin Walsh*
Discussion

2:00-4:00pm

Rebirth of the PFO - Will it be Different the Second Time Around? Moderators: *Cliff Kavinsky, Thomas Forbes*

Live Case (Virginia) - *James Thompson*

PFO and Migraine – Can We Accurately Define Responders? - *Eric Horlick*

PFO and Hypoxemia – Case Presentation - *Issam Moussa*

Challenging Anatomical Subtypes and How to Deal with Them? - *Horst Sievert*

PFO – The Neurologist's Viewpoint - *David Thaler*

Live Case (Colorado) - *John Carroll*

4:00-6:00pm

Oral Abstract Presentations – Main Session
Moderators: *Massimo Caputo, Jacqueline Kreutzer, Larry Latson*

6:00-8:00pm

Welcome Reception



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www.picsymposium.com/attendee_registration.html

Thursday, September 5th

6:00am

PICS-AICS 5K Run

8:00-8:15am

Welcome - Ziyad M. Hijazi

8:15-10:30am

Live Cases – Doha, Cordoba, Jeddah

Moderators: *Damien Kenny, Ziyad M. Hijazi*

Panelists: *Daniel Aguirre, Emile Bacha, Francois Godart, Petru Liuba, Noa Holoschitz*

10:45am-1:00pm

Live Cases – Doha, Cordoba, Jeddah

Moderators: *Thomas Jones, John Cheatham*

Panelists: *Michel Ilbawi, Raul Rossi, Howard Weber, Teiji Akagi, Joshua Murphy*

1:00-1:30pm

Lunch Available

1:15-1:55pm

Taped Case – Michigan - Jeff Zampi

Taped Case – Cairo - *Maiy El Sayed*

Moderators: *Dan Levi, Gianfranco Butera*

2:00-5:30pm

3DI3 at PICS – Main Session

Moderators: *Gregor Krings, Aimee Armstrong*

From 2D to 3DRA in PA Stenting: Start-up and Learning Curve - *Jeremy Anses*

Debate: Stenting in the PA Bifurcation: 3DRA is Mandatory
Pro: *Gareth Morgan*

Con: *Alain Fraise*

Discussion

From Stage I-III: Topography and Stenting - *Gregor Krings*

Extra-Cardiac Structures – When 3D Can Help
- *Mirella Molenschot*

Taped Case: 3DRA-Guided, Complex PA Bifurcation Stenting - *Aimee Armstrong*

3D imaging Pre-, Peri-, and Post-TPVR: How, When, and Why? - *Shelby Kuttly*

3DRA Workflow in TPVR - *Mansour AlJufan*
TPVR in the Patched RVOT: Defining Dimensions and Device Choice - *Evan Zahn*

Finite Element Analysis in TPVR: Predict to Prevent
- *Mario Carminati*

Taped Case: PPVI-Guided by 3DRA (Utrecht)

- *Gregor Krings*

Discussion

Nursing and Associated Professionals (Breakout)

Moderators: *Sharon Cheatham, Karen Iacono*

Reducing Radiation in the Cath Lab - *Clinton Fulk*

Emergencies in the Cath Lab - *Ileen Cronin*

Navigating the Waters of a Multidisciplinary Approach to QI and Research - *Karen Iacono*





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Live Surgery Cases: VSD Closure

*VSD device is not available for sale in the USA

▶ **September 5th, 2019**

- **Private Hospital of Cordoba, Cordoba, Argentina (2 cases)**

- ▶ **Dr. Alejandro Peirone**
- ▶ **Dr. Carlos Pedra**
- ▶ **Dr. Francisco Garay**

Pitfalls of Femoral Access: How to Prevent Complications
- *Soodevi Boolkah*

Planning a New Hybrid Interventional Lab: Things We Forget When Planning - *Emily Kish*

Designing the Perfect Transcatheter Pulmonary Valve for Pulmonary Regurgitation... What are the Issues?
- *John P. Cheatham*
Q & A



Transcatheter VSD Closure – Time to Rethink (Breakout)
Moderators: *JV DeGiovanni, Terry King*

PMVSD Closure – No Data – Really?
- *Dan Gruenstein*

Transcatheter Closure of DCSA VSD's – Technique and Outcomes - *Worakan Promphan*

Transcatheter Closure of PMVSD's with Aortic Valve Prolapse - *Dr. Tin*

Taped Case – Dublin - *Damien Kenny*

Transcatheter Closure of the Majority of VSD's will be Achievable within 10 Years
Pro: *Joaquim Miro*
Con: *Michel Ilbawi*
Discussion

Interventions on the Atrial Septum (Breakout) Moderators:
Zahid Amin, Felix Berger
Taped Case – Philadelphia - *Matt Gillespie*

Missing Posterior Rim – To Close or Not to Close?
Implications for Device Selection? - *Marco Papa*

Device Embolization – Plan A - Avoid. Plan B - Retrieve.
- *Jay Young Choi*

Fenestrated Device Closure – Why and How?
- *Bharat Dalvi*

Secondary Fenestration of the Atrial Septum or of the Implanted Device – Tips and Tricks! - *Lee Benson*
Interventional Treatment of Sinus Venosus Defects - Current Status and Lessons Learned
- *K. Sivakumar*
Discussion

5:30pm
PICS Achievement Award

6:00-7:00pm
“The Shark Tank”

Friday, September 6th

8:00-10:45am
Update on Live Cases 2018 - *Kiran Mallula*

Live Cases – NYP/Columbia, Seattle, NYP/Weill Cornell
Moderators: *William Hellenbrand, Felix Berger*
Panelists: *Raul Arrieta, Mazeni Alwi, Massimo Caputo, Martin Bocks, Yoav Dori, Oscar Mendiz*

10:45am-1:00pm
Live Cases – NYP/Columbia, Seattle, NYP/Weill Cornell
Moderators: *Allison Cabalka, Shakeel Qureshi*
Panelists: *Makram Ebeid, Horacio Faella, Brent Gordon, Olivier Ghez, Amjad Mahmood, Yun-Cheng Fu*

1:15-1:55pm
Taped Cases and New Interventions
Israel - *Elchanan Bruckheimer*
Istanbul - *Omer Goktekin*
Moderators: *Alex Javois, Thomas Fagan*

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2:00-3:45pm

Pulmonary Artery Interventions in the Modern Era (Main Session) Moderators: *Alan Nugent, John Moore*

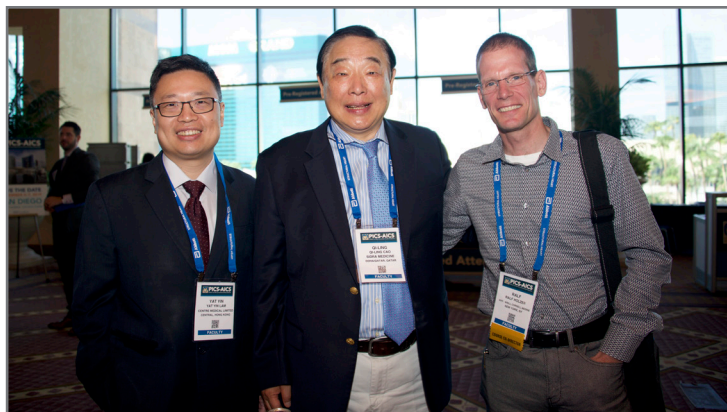
Taped Case - *Frank Ing*

Cutting Balloons, Ultra-High Pressure Dilation and Stenting – A Structured Approach - *Felix Berger*
Beyond the Proximal PAs: Interventional Strategies for Patients with Multiple Peripheral PA Stenosis
- *Doff McElhinney*

Strategies for Complex PA Bifurcation Lesions
- *Ahmet Celebi*

Newer Stent Options Specific for PA Stenting
- *John Cheatham*

When the Interventionalist is Not Enough: Hybrid PA Rehab and Surgical PA Interventions
- *Mark Galantowicz*



Procedural Success, and Medium/Long-Term Outcome of PA Rehab: How do we Know we are Winning?

- *TBD*

Discussion

PICES (Breakout)

Moderators: *Ryan Callahan, Sara Trucco, Gurumurthy Hiremath, Shawn Batilivala*

“Trials and Tribulations - Establishing a Career as a Pediatric Interventional Cardiologist.”

Invited speaker 1: *TBD*

Invited speaker 2: *TBD*

Invited speaker 3: *Audrey Marshall/Q&A*

4:00-5:45pm

Transcatheter Valve Replacement - New Strategies and Techniques (Main Session)

Moderators: *Allison Cabalka, Lee Benson*

When I Should Have Used a Long Sheath to Implant a SAPIEN Valve in the Native RVOT

- *Shabana Shahanabaz*

When I Should Have Used A Pre-stent in the Native RVOT

- *Jamil Aboulhosen*

5 Options for Transcatheter Tricuspid Valve Replacement and Why - *Reda Ibrahim*

Tips and Tricks for Successful Mitral Valve in Valve Therapy - *Allison Cabalka*



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Reintervention on the Melody in the Mitral Position in Small Children - *Mario Carminati*

Debate: Balloon Expandable Systems are Superior to Self-expanding Systems for the Native RVOT
Pro: *Gareth Morgan*
Con: *Zahid Amin*
Discussion

Interventions in Heart Failure (Breakout)
Moderators: *Lynn Peng, Charles Mullins, Yoav Dori*

Reverse PA Banding – Who, Why and How?
- *Dietmar Schranz*

Taped Case - *Darren Berman*

Coronary Artery Stenting in Children – Is There Ever Justification? - *Hideshi Tomita*

Establishing ECMO in the Cath Lab - *David Balzer*

Lymphatic Intervention – Taped Case - *Marc Gewillig*

Impella in the Fontan – When and How - *Vivian Dimas*

New Insights in Cardiac Pumping – Clinical Relevance
- *Marcus Carlsson*

Syntach – A Novel Long-Term Cardiac Support Concept
- *Kristian Solem*
LA Appendage Session (Breakout)



Moderators: *Kevin Walsh, Horst Sievert*
Anatomical Variants and Implications for Closure
- *Mark Reisman*

Patient Selection – Are the Indications too Rigid?
- *YY Lam*

Update on Trials - *Kevin Walsh*

Established and Evolving Devices - *Horst Sievert*

Who Should Be Doing These Cases and Why?
- *Mark Osten*

Taped Case – Seattle - *Mark Reisman*
Discussion

Latin Session (Breakout)
Moderators: *Carlos Pedra, Alejandro Peirone*

From Polar Bears to Raptors. Championing Assistance and Research in Canada
- *Joaquim Miro*

Becoming the Chief Was a Small Step For a Woman but What About Cath Research? What is new in Pittsburgh?
- *Jacqueline Kreutzer*

Cowboys, Cattle, Guns and Rockets. Has Anything Changed in the Cath Lab in Houston?
- *Henri Justino*



New Wines, Pizzas and Pastas in Pediatric Cardiology in Italy

- TBD

Seafood and Wine. Snow Mountains and Beaches. Is There a Better Combination in Interventional Cardiology in Chile?

- TBD

Is Spanish Pediatric Interventional Cardiology Really Better Than the Real Madrid?

- Jose Luiz Zunzunegui

Gauchos in the Argentinean Inland. What is Making a Difference for our Kids with CHD?

- Alejandro Peirone

Syncretism in Pediatric Cardiology: A Mexican Tale

- Carlos Zabala

Forget About Soccer! Brazil is About Music! How to Orchestrate to Become a World Class Program

- Carlos Pedra

7:00-10:00pm

PICS-AICS Dinner - San Diego Air & Space Museum at Balboa Park



Saturday, September 7th

8:00-10:00am

Live Cases – Santiago, UCLA, Chicago

Moderators: Carlos Pedra, Damien Kenny

Panelists: Satoshi Yasukochi, Jou-Kou Wang, Levent Saltik, Philip Roberts, Michel Ilbawi, Masood Sadiq, Pan Xin

10am-12:00pm

Live Cases – Santiago, UCLA, Chicago

Moderators: Ziyad Hijazi, John Cheatham

Panelists: Hala Almarsafawy, Jesus Damsky Barbosa, Hasri Samion, Mark Galantowicz, Gejun Zhang, Ozge Pamukcu

12:00pm

Exhibit Hall Closes

12:00-12:30pm

Lunch Available

12:10–1:30pm

My Nightmare Case in the Cath Lab

Moderators: Shakeel Qureshi, Damien Kenny

1:30pm

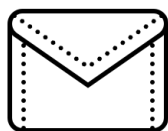
Closing Remarks - Ziyad M. Hijazi



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