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The Use of D'VILL Introducer Sheath in Congenital Cardiac Interventions

Sophia San Fui Yong MD; MI Jones; Eric Rosenthal, MD, FRCP; Shakeel Qureshi, MD

Abstract

The importance of a kink-resistant, long delivery sheath cannot be underestimated in a congenital interventionalist's armamentarium. Most commonly used delivery sheaths include the Mullins (Cook), Flexor (Cook), Arrow-Flex (Arrow) and recently, DrySeal (Gore).¹⁻⁴

We report the use of the D'Vill (NuMED) Long-Length Kink Resistant Introducer Sheath in congenital cardiac interventions. The D'VILL sheath is braided with a radiopaque marker band and has a dilator compatible with a 0.035" guidewire. It is available in 12 French and 14 French sizes with lengths of 30cm, 65cm and 85cm.

We propose the use of the 85cm D'Vill sheath as an alternative long, large-bore delivery sheath which is suitable for most congenital cardiac interventions.



Catalog Number	Introducer (FR)	Usable Length (cm)	Guide Wire (inches)
DV1230	12	30	0.035
DV1265	12	65	0.035
DV1285	12	85	0.035
DV1430	14	30	0.035
DV1465	14	65	0.035
DV1485	14	85	0.035

FIGURE 1 D'Vill Introducer sheath and specifications

Case 1

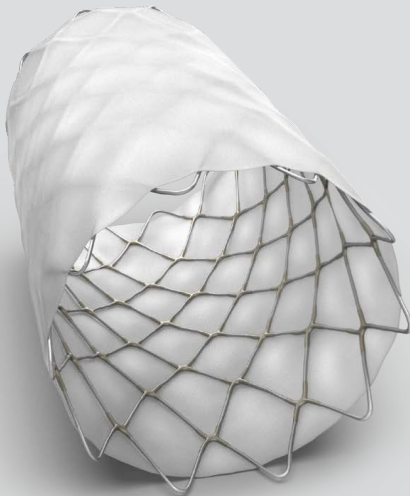
A 31-year-old male with well controlled ulcerative colitis, was admitted with atypical chest pain. A chest radiograph revealed a widened mediastinum. The transthoracic echocardiogram and cardiac CT showed significant aortopathy (**Figure 2A**): bicuspid aortic valve with severe aortic regurgitation, dilated aortic root at 9cm and severe coarctation of aorta. At a multidisciplinary meeting discussion, the decision was to proceed with transcatheter stenting of the coarctation followed by a mechanical aortic valve and aortic root reduction surgery.

After right femoral arterial access, two Perclose Proglide sutures were applied after a check angiogram. Haemodynamic assessment revealed an invasive peak-to-peak gradient of 30mmHg across the coarctation. A 5Fr MPA1 catheter was used to cross the coarctation retrogradely with a 0.035" angled Terumo wire into the ascending aorta. After exchanging the angled Terumo wire for an 0.035" Amplatzer extra-stiff wire, an 8/6 Multi-track catheter was used for angiography. An aortogram demonstrated a left aortic arch with a tight coarctation distal to left subclavian artery. Descending aorta at the level of the diaphragm measured 20mm X 17mm. Proximal transverse arch measured 20mm X 16mm (**Figure 2B**). The 8Fr right femoral arterial short sheath was then exchanged for a 14Fr 85cm D'Vill Introducer sheath, which was advanced across the coarctation into the ascending aorta. A 20mm X 48mm BeGraft aortic stent was then deployed across the coarctation. Post procedural angiogram showed a good result with no complications (**Figure 2C**). Haemostasis was achieved with the pre-applied Perclose sutures.

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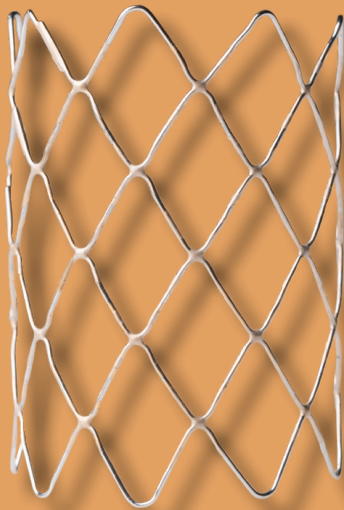
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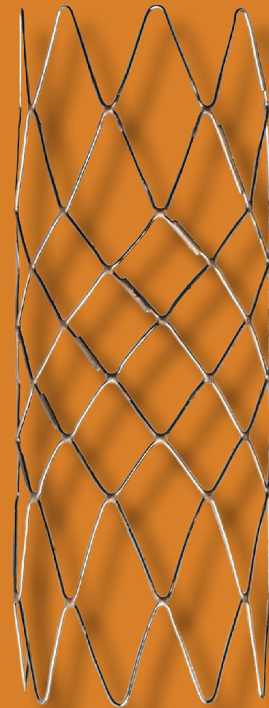
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FIGURE 2A CT 3D image rendering of significant dilated ascending aorta and severe coarctation of aorta

FIGURE 2B Measurements of distal coarctation of aorta

FIGURE 2C Post implantation of BeGraft Aortic stent using 14Fr D'Vill long sheath

FIGURE 2D CT 3D image rendering of aorta post coarctation stenting and aortic root replacement

Three days later, he underwent mechanical aortic root replacement using a 27/29 On-X ascending aortic root prosthesis. He was discharged home after seven days. Six months later, a cardiac CT (**Figure 2D**) showed a good result from the coarctation stent with no complications.

Case 2

A 33-year-old male was born with critical aortic stenosis requiring balloon valvoplasty at Day Two of Life. He went on to have a Ross procedure with a 21mm pulmonary homograft at 14 years of age. Subsequently, at age 26 years, he had an episode of haemophilus influenzae infective endocarditis on the pulmonary homograft. This was treated conservatively with intravenous antibiotics. Subsequently, he had a gradual deterioration in his exercise capacity and serial cardiac imaging revealed a severely stenosed pulmonary homograft with extensive calcification.

Conduit rehabilitation was planned with a view to percutaneous pulmonary valve implantation. Right femoral venous and left femoral arterial access were obtained under ultrasound guidance and Perclose sutures were inserted in the vein. Initial haemodynamics revealed suprasystemic right ventricular pressures.

The stenotic pulmonary homograft was crossed using a 5Fr MPA1 catheter over an angled 0.035" Terumo wire. This was exchanged

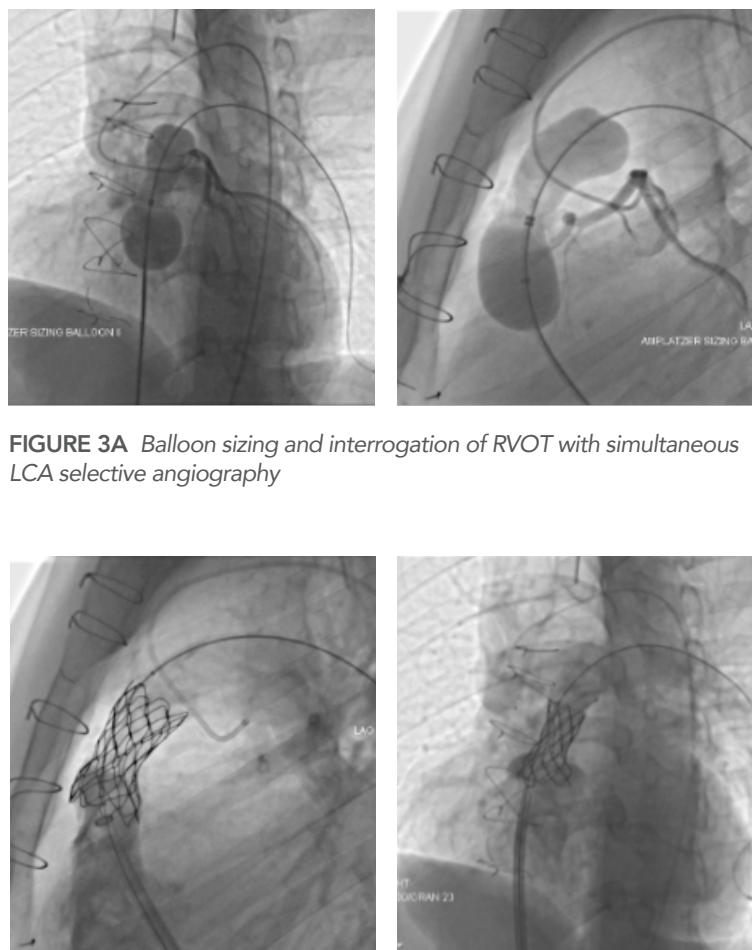


FIGURE 3A Balloon sizing and interrogation of RVOT with simultaneous LCA selective angiography

FIGURE 3B Post 45mm covered Cheatham-Platinum (CCP) stent implantation using 14Fr D'Vill delivery sheath

for an 0.035" Amplatzer extra-stiff wire positioned in a distal left pulmonary artery. An 8/6 Multitrack catheter was then used to perform angiograms in LAO/cranial and straight lateral positions.

Balloon sizing and interrogation of the homograft was performed using a 24mm Amplatzer sizing balloon. Simultaneous selective left coronary artery injection showed no risk of compression (**Figure 3A**).

Given the extent of calcification, a decision was made to pre-stent the homograft. The 0.035" Amplatzer extra-stiff wire was exchanged for an 0.035" Lunderquist extra-stiff wire using a 6Fr JR guide catheter. The femoral venous sheath was exchanged for a 14Fr D'Vill introducer delivery sheath. A pre-mounted 45mm covered Cheatham-Platinum (CCP) stent on a 22mm X 5cm BIB balloon was deployed in the conduit, after checking the position with angiograms (**Figure 3B**).

Because of a 10mmHg residual gradient, the stent was post dilated with a 20mm X 2cm Atlas balloon followed by further check coronary angiogram (**Figure 3C**). A satisfactory landing zone was thus created with no stent recoil (**Figure 3D**). The 14Fr D'Vill sheath was then exchanged for a 24Fr DrySeal Sheath. We proceeded to implant a 23mm Edwards SAPIEN 3 valve within the newly created landing zone. Final MPA angiogram showed no pulmonary regurgitation (**Figure 3E**). There was a final 5mmHg gradient across the valve.

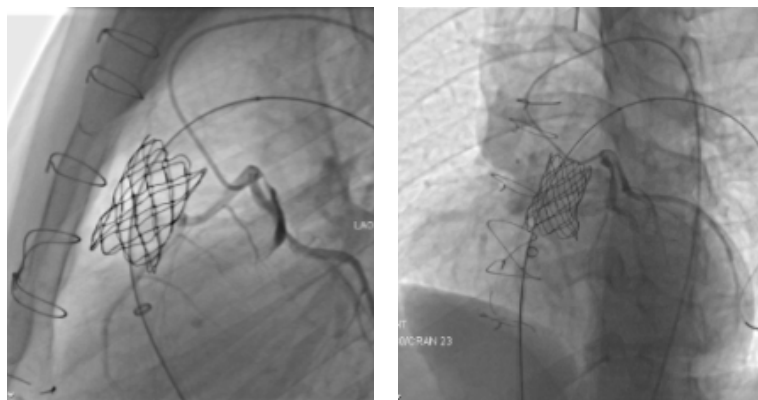


FIGURE 3C Selective coronary angiography post stent implantation and dilation

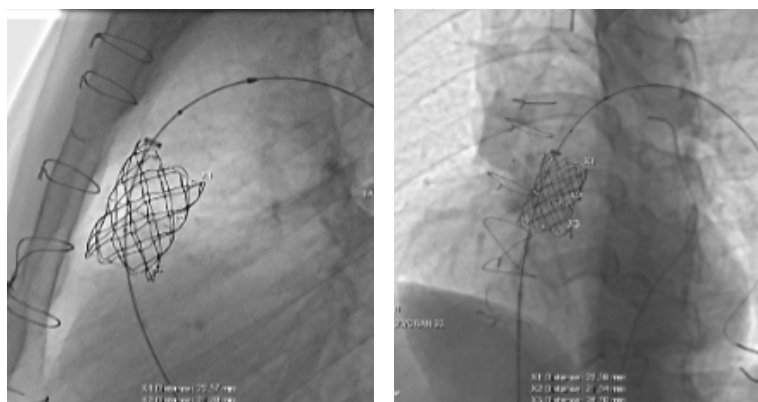


FIGURE 3D Final measurements of landing zone for valve implantation

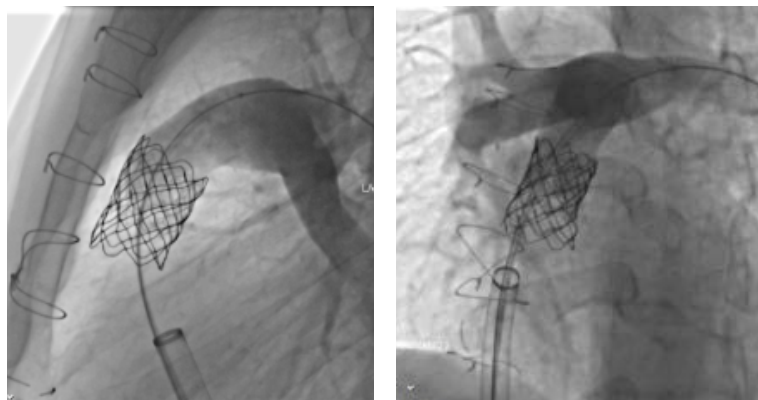


FIGURE 3E Post implantation of 23mm Edwards SAPIEN 3 valve

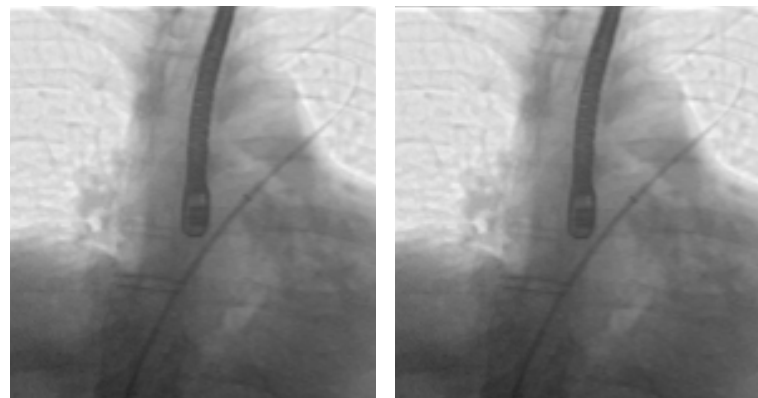


FIGURE 4A 12Fr D'Vill sheath across ASD into left upper pulmonary vein

FIGURE 4B 24mm Occlutech Figulla Flex II device deployed using 12Fr D'Vill delivery sheath

Case 3

A 46-year-old gentleman, previously fit and well, was referred for cardiac screening due to paternal cardiomyopathy. There was an incidental finding of a secundum atrial septal defect. Cardiac MRI demonstrated a dilated RV with RVEDVi 141ml/m² and a Qp:Qs of 1.7:1.

He was attended for a percutaneous closure of his atrial septal defect. Right femoral venous access was obtained and Perclose sutures applied. The defect was crossed using 5Fr MPA catheter into the left-upper pulmonary vein. Balloon sizing with 24mm Amplatzer sizing balloon over Amplatzer extra-stiff wire revealed a waist of 23mm. A decision was made to close the defect with 24mm ASD Occlutech Figulla Flex II device. However, the appropriate delivery sheaths were not available. Therefore, a 12Fr D'Vill delivery sheath was passed over the wire across the defect. A 24mm Occlutech ASD Figulla Flex II Occluder was then introduced into the sheath using a short 11Fr short sheath. The flexibility and stability of the D'Vill sheath allowed for the safe deployment of the device without its usual delivery sheath.

Discussion

To have a dependable delivery sheath in the congenital cardiac catheter laboratory is paramount to procedural safety and success. At various times, all congenital interventional cardiologists may have difficulties in obtaining an optimal sheath position either due to poor trackability or kinking of delivery sheaths.

In our institution, we have utilised the D'Vill Introducer sheaths in various types of interventional procedures. The braided sheath has good trackability and is kink resistant. We have shown a selection of different types of cases here. In Case 1, the D'Vill sheath was easily passed across the coarctation of aorta with good stability. In addition, the radiopaque band at the end of the sheath is exactly at the tip – which is useful for guiding the internal dilator accurately during manipulation.

In Case 2, the D'Vill sheath maintained a stable position within the right ventricle to allow accurate balloon sizing/interrogation of the stenotic pulmonary homograft. It was also comparatively easier to advance the D'Vill sheath over the stenotic conduit into the branch pulmonary arteries. We felt that it has more predictable maneuverability and allows a safer, more precise deployment of the stent within the conduit.

In Case 3, due to a lack of the usual sheath, we used the kink resistance property of the D'Vill sheath, which allowed safe and easy deployment of an ASD device.

We have found the D'Vill sheath to be useful in most cases which require a large bore delivery sheath. It is now our first choice of delivery sheath, when appropriate. In recent years, the 65 cm long GORE DrySeal Flex Introducer sheaths have also been a great addition to the congenital cardiac catheter laboratory, especially the extra-large bore sizes ranging from 20Fr to 26Fr. However, there is a lack of long delivery sheaths in between 16Fr to 20Fr, and this needs to be addressed by the industry.

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Outpatient Imaging Cardiologist

The Ward Family Heart Center at Children's Mercy Kansas City seeks a pediatric cardiologist at the assistant or associate professor level who would have equal roles in echocardiography and general outpatient cardiology. The successful candidate would join an existing group of 28 cardiologists (25 in Kansas City, 2 in Wichita, KS and 1 in Topeka, KS), 4 CV surgeons, 30 APNs. Experience and interest in peri-operative and peri-procedural TEE is a must. Proficiency in 3D and stress echocardiography is preferred. Training/knowledge in MR/CT imaging is preferred but not required. Trainees in their final year are welcome to apply. In addition to providing echocardiography coverage, the successful candidate will be expected to spend one-two days per week in our local general outpatient clinics and serve as attending on cardiology inpatient or consult service 4-6 weeks/year.

Candidates must be board-certified or board-eligible in Pediatric Cardiology. Strong communication skills are key. There are ample opportunities for clinical/translational research and teaching (medical students, residents and Pediatric Cardiology fellows). Salary and academic rank are commensurate with experience.

Our Heart Center serves a population of over 5 million in the heart of the U.S.A. We perform over 500 cardiac operations, 600 cardiac catheterizations including over 200 invasive EP procedures, 18,000 outpatient visits, and more than 20,000 echocardiograms annually. Our two state-of-the-art catheterization labs are both hybrid labs and equipped with the latest 3D imaging and EP technology. Telehealth is available and facilitates our outreach clinics. We have video-conferencing capabilities that are routinely used by providers from distant locations to dial into our conferences for patient care and education. In 2022, the Ward Family Heart Center program was ranked #19 nationally by USNWR.

Our super-specialty resources include Electrophysiology (which includes Clinical EP, pacing and Genetic Arrhythmia), Cardiac Transplantation/Heart Failure, Interventional Cardiology and Advanced Cardiac Imaging (fetal echo, 3D echo, trans-esophageal echo, CT, MRI and 3D printing). We also provide specialized, team-based care in Fetal Cardiology (with on-site delivery services for high-risk neonates), Interstage Monitoring (CHAMP), Preventive Cardiology, Cardiac Genetics, Cardio-oncology, Single Ventricle Survivorship, Pulmonary Hypertension, a dedicated POTS clinic and Cardiac Neurodevelopmental Services.

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General Pediatric Cardiologist

The Heart Center at Nationwide Children's Hospital (NCH) in conjunction with The Ohio State University Department of Pediatrics in Columbus, Ohio seeks a general pediatric cardiologist, at any academic level, to join its growing and dynamic program.

Candidates should be board-certified or eligible in pediatric cardiology. Clinical responsibilities will include general outpatient cardiology, participation on the in-patient cardiology consultation service, and general cardiology night call. Other clinical interests may be explored.

The successful applicant will join our Heart Center team which currently includes 50 attending physicians and 33 advanced practice providers. The Heart Center is a dedicated hospital service-line that carries the mission of providing state-of-the-art, cost-effective care to our patients with congenital and acquired heart disease regardless of age. The Heart Center has over 20,000 outpatient encounters per year, including specialty and multispecialty clinics, and performs over 450 cardiothoracic surgical procedures and 700 cardiac catheterizations yearly. Comprehensive services include a single ventricle program, thoracic organ transplantation, blood conservation strategies, fetal cardiac intervention, a leading adult congenital cardiology service, and a robust mechanical cardiac and pulmonary support program. Outpatient services are provided on the main campus, Close-to-Home locations, and regionally at 10 sites throughout the state.

The applicant will be expected to teach and mentor fellows and trainees. The program includes advanced (4th year) fellowships in Advanced Noninvasive Cardiac Imaging, Interventional Cardiology, Acute Care Cardiology and Heart Failure/Transplantation in addition to the core categorical pediatric cardiology and combined pediatric-adult cardiology fellowship programs. Academic productivity is an expectation. Our program is closely partnered with the Center for Cardiovascular Research which provides infrastructure to support the clinical research enterprise, with opportunities to collaborate with additional research centers within the Abigail Wexner Research Institute at NCH. Research opportunities include engaging in basic science research, clinical research, translational research, population-based studies, and research-based education or quality improvement initiatives.

The Heart Center embraces a culture of patient safety and quality, transparency, value-based care, public health awareness, excellence in education and engagement in translational/ outcomes research. Named to the Top 10 Honor Roll on *U.S. News & World Report's* 2022-23 list of "Best Children's Hospitals," Nationwide Children's Hospital is one of America's largest not-for-profit free-standing pediatric health care systems providing unique expertise in pediatric population health, behavioral health, genomics and health equity as the next frontiers in pediatric medicine, leading to best outcomes for the health of the whole child. Integrated clinical and research programs, as well as prioritizing quality and safety, are part of what allows Nationwide Children's to advance its unique model of care. Nationwide Children's has a staff of more than 13,000 that provides state-of-the-art wellness, preventive and rehabilitative care and diagnostic treatment during more than 1.6 million patient visits annually. As home to the Department of Pediatrics of The Ohio State University College of Medicine, Nationwide Children's physicians train the next generation of pediatricians and pediatric specialists. The Abigail Wexner Research Institute at Nationwide Children's Hospital is one of the Top 10 National Institutes of Health-funded free-standing pediatric research facilities. More information is available at [NationwideChildrens.org](https://www.nationwidechildrens.org). Columbus is the state capital and the 14th most populous city in the US (metropolitan population just over 2 million). It is a diverse community with excellent schools, a thriving economy, and a vibrant arts/food scene.

Candidates are encouraged to submit their curriculum vitae by email to:

Robert Gajarski, MD, MHSA
Cardiology Section Chief
Robert.Gajarski@NationwideChildrens.org

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Global Impact of the New EU MDR Regulations on Congenital Interventional Cardiology

Part 1: The Problem

The PICS Society Bureau of Health Policy

“EU MDR”: Whether you work in Brussels, Bangkok, Buenos Aires or Boston, if you are a congenital interventional cardiologist the European Union Medical Device Regulations (EU MDR) impact you and your patients every day. Recent updates to these complex regulations profoundly impact congenital heart disease (CHD) patient care. Safe, effective devices you rely on are being withdrawn from the market, with incentives for new innovations dimming (notably in Europe). While much of this is due to EU regulatory developments, the impact on patient care is being felt globally.

What can you do? Get educated about these impacts. Recognize that you can influence the global regulatory environment if your community speaks with one voice and with real-world data. Regulators will listen, but there is much work ahead.

In response, The PICS Society and The Association for European Paediatric and Congenital Cardiology (AEPC Interventional Working Group) recently partnered to host a live webinar, “Global Impact of the New EU MDR Regulations on Congenital Interventional Cardiology.”

This month’s column presents highlights of that webinar’s talks by Drs. Tom Melvin and Marc Gewillig, summarizing the challenges of the new EU MDR regulations (next month’s column: webinar talks by Drs. Alan Fraser and Gearóid McGauran on the path forward). The highlights below are a fraction of these excellent presentations and the lively discussion. View the complete session on the PICS and AEPC websites. Note: organizational affiliations of all speakers are for identification purposes only.

Dr. Bökenkamp: This is an important step towards more collaborative efforts between both societies, and it addresses a giant practical problem for us here in Europe. My thanks go to all our speakers and to all of you who have registered for this event.

Dr. Kenny: I am honored to be joined by Dr. Bökenkamp, who chairs the AEPC’s Interventional Working Group. We are all uncertain and a little bit frightened as to the consequences of the new EU MDR. We all have noticed its impacts on availability of some devices. We have assembled a panel of physicians, regulators and academicians to inform you and work with regulators to improve the regulations.

Our first speaker is Dr. Tom Melvin, who previously worked on the regulatory side and is now Associate Professor, Medical Devices & Regulatory Affairs, Trinity College Dublin.

Dr. Melvin: Where did MDR come from and why? The first time we started to regulate medical device products in Europe was in the early 1990s, a different era where there was a need to establish a single market for trade in these types of products. Trying to sell a heart valve in Europe meant complying with different national standards and requirements. Since that time, there have been many piecemeal revisions to the regulations. In 2012, the European Commission laid out a rationale for new regulations, beginning years of protracted negotiating, leading to a revised system and regulations for medical devices applying to all EU Member States which came into effect in May 2021.

In Europe, we are now in the transition period for medical devices: the medical device regulation is applicable for all new products. BUT, for devices approved under previous directives, they can continue to be marketed under their certificate until at the very latest May 2024.

A host of matters were bolted on to the new regulations: expert panels, new transparency rules, clinical evaluations for high-risk products. Some of the challenges in implementing these new changes:

- “Significant changes”: The new regulation applies to all new products. A small design change (routine in medical devices development) may be classified as a “significant change.”
- This requires full compliance with the new regulation under tight time constraints and increased documentation rules.
- Rules concerning clinical evidence: complying with these new rules can be very hard, especially for products currently on the market.
- Under-capacity of organizations (termed “Notified Bodies”) designated to assess medical devices for conformity with the new EU MDR: Currently there are 34-35 Notified Bodies in the EU. All have to be redesignated and given power under the regulation.
- Anecdotally, when product launches are planned, it used to be de facto that all companies came to Europe, seen as much more innovation friendly. But now companies are often going through United States first. We [in the EU] have become out of line with the requirements in the United States for some pathways.

We have moved to a system that has generally increased requirements and challenges. In congenital cardiology, many companies look across their portfolio and see what products have lower volume sales and marginal profits. When costs increase, this can have a significant chilling effect in companies bringing those products into MDR compliance. So, we need to delay these rules so we can get additional time, especially regarding orphan and pediatric products. How do we protect [these products] under current legislation and what is the potential need for additional legislation? Hopefully, we’ll find a sensible solution in the coming weeks and months because it really is needed from a public health perspective.

Dr. Bökenkamp: Our next speaker, Dr. Marc Gewillig, is one of the most experienced and innovative pediatric cardiac interventionalists in Europe and chairs the AEPC Task force on MDR.

Dr. Gewillig: What impact will MDR have on congenital interventional cardiology? We are watching a shift from MDD [Medical Device Directive] to MDR. Europe wants the controls to be much more thorough-with safety first, more required data, plus more control both on production and distribution. Instead of working with a government agency (in the U.S., the FDA), the new MDR created “Notified Bodies:” private companies responsible for the safety of the products.



Because this is all very new, it is difficult to know what the required data and post-market requirements are.... Since these are private companies, it is unclear who is going to control these companies. While the Notified Bodies are responsible for safety of a product, nowhere in the MDR does it say that a Notified Body also has the obligation to certify a good product at a reasonable pace and at a reasonable price. Because the Notified Bodies are responsible only for the safety of a product, if there is ANY doubt, the Notified Bodies will block it.

Before starting a project with a device, the cost and the development time is very unpredictable, and if there is something that companies dislike enormously, it is the unpredictability of their costs.

As for required post-market surveillance, no one is against that. However, much is still unclear, such as whether retrospective data registries can be used or whether to go with a full prospective study every five years. If you ask Notified Bodies, usually the answer is given by their lawyers, not by clinicians or doctors. And as you know, when a lawyer answers, you get the most conservative answer. This means that all things together, we are now in a situation where there is an unbalanced power relationship between the Notified Bodies and manufacturers.

As an example, for some devices the costs under the previous MDD regulations (reviews, audits, testing etc.) those costs under MDR are now (or will soon be) almost tenfold higher! Companies have been confronted with excessive costs, already leading to withdrawal of some devices.

Here is a list of devices that will not survive 2023 because they will be withdrawn from the market [see archived webinar for list]. We would like to thank the companies, some of whom simply gave them to us for use in babies and children. Some of the companies have warned us that these are going to disappear soon!

No company wants to be on this list. Every company wants to say yes. But now that MDR is becoming a reality, they have limited time, limited personnel, limited funding. They need to think about where to invest their money.

If MDR would have been applied a couple of years ago, probably many European inventions would not have been developed. If companies and inventors would try to come on the market today, it would be likely that they wouldn't make it.

I'm afraid that there will be a shift in attitude of the interventional cardiologist. The generation working in the last couple decades was very inventive. We invented quite a few things. We took our share of responsibility. With what's going to hit us, we will be much more protocol driven. Money will become a very, very important issue.... and the progress on new devices will be very long and expensive before they get to market. If they get there at all!

In sum, I hope I have convinced you that there will be a huge major impact.

Dr. Bökenkamp: Thank you both! Drs. Fraser and McGauran, where do we go from here?

In next month's issue of CCT: Part 2, Where We Go from Here...



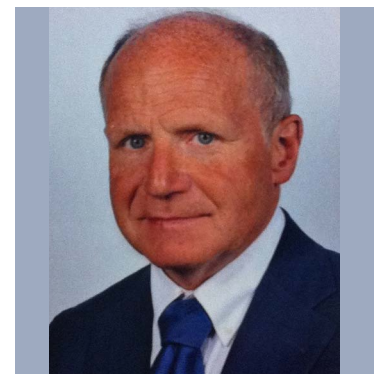
Regina Bökenkamp, MD, PhD



Damien Kenny, MD



Tom Melvin, MBBS



Marc Gewillig, MD, PhD

View the Complete Webinar at CHDinterventions.org and aepc.org

Webinar Moderators:

- Damien Kenny, MD (for The PICS Society)
- Regina Bökenkamp, MD, PhD (for The AEPC Interventional Working Group)
- Eimear McGovern, MD (Digital Moderator)

Faculty:

- Tom Melvin, MBBS, "Where did MDR come from and why?"
- Marc Gewillig, MD, PhD, "What impact will it have on congenital interventional cardiology?"
- Alan G. Fraser, MD, "Collaborative efforts to counter impact of MDR-Core MD & Beyond"
- Gearóid McGauran, MB. BCh, BAO, "The regulators' perspective from Europe"

With thanks to:

- Burak Zengi & the Z event team (webinar support). zevent.com.tr/en
- Inês Silva & Patrick Masterson at DocMatter™ (PICS/CCISC online community) docmatter.com



Duke Pediatric Cardiology Transplant Physician

Duke Pediatric Cardiology and Duke University School of Medicine are seeking an early to mid-career pediatric cardiac transplant/heart failure physician to join our transplant/heart failure team. Candidates should be academically motivated, BE/BC in pediatric cardiology and have advanced training and/or experience in pediatric transplant and heart failure. This position will focus on care in both the in-patient and outpatient settings for the cardiology transplant/heart failure service. The ideal candidate would be motivated to work within a high functioning transplant/heart failure service seeking to provide innovative care to a rapidly expanding patient population. Applicants with research interests/funding are also invited to apply.

The Duke Pediatric and Adult Congenital Heart Center is one of the highest volume pediatric heart programs in the United States. Ranked #7 in 2022 by U.S. News and World Reports for Pediatric Cardiology and Heart Surgery ([USNR pediatric-rankings: cardiology-and-heart-surgery](#)), and recognized for exceptional outcomes ([STS Public Reporting Outcomes](#)), the program has experienced exponential growth over the past 4 years. The current Pediatric Heart Failure/Transplant team consists of 2 Transplant Cardiologists, 2 Nurse Practitioners, a dedicated Pediatric Heart Transplant Coordinator, 4 Congenital Cardiac Surgeons, and additional allied healthcare team members. In 2022 the program performed 14 pediatric heart transplants including numerous innovative approaches such as the [first pediatric "donation after circulatory death \(DCD\)" heart transplant performed in the United States](#), [the first ever partial heart transplant](#) and the [first ever heart-thymus co-transplant](#).

Visit Duke Division of Pediatric Cardiology at <https://pediatrics.duke.edu/divisions/cardiology>

The greater Triangle area of **Raleigh, Durham, and Chapel Hill**, has a population of more than two million residents that offers diverse opportunity. From urban loft living to suburban and rural family homes with acreage – there are options for every lifestyle. The Research Triangle Park (RTP) lies in the midst of the area, a globally prominent research and development center conceived around the main academic centers – Duke University, University of North Carolina, and North Carolina State University. This trio of leading universities, combined with the RTP, has helped create a region that is culturally diverse, economically resilient, and nationally recognized as a wonderful place to live. To learn more about the Duke and Greater Triangle communities, visit <https://www.discoverdurham.com/>

Interested candidates should submit CV and Letter of Interest via <https://pdc.dukehealth.org/physician-jobs>

With a deep commitment to attracting and retaining a diverse staff, Duke University will honor your experiences, perspectives and unique identity. Together, our community strives to create and maintain working, learning and care environments that are inclusive, equitable and welcoming.

Duke is an Affirmative Action/Equal Opportunity Employer committed to providing employment without regard to an individual's age, color, disability, gender, gender expression, gender identity, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status.

Contact Info:

Sherrod Basnight, Physician Recruiter
sherrod.basnight@duke.edu



Call for Abstracts – The 8th World Congress of Pediatric Cardiology and Cardiac Surgery

Gil Wernovsky MD, FAAP, FACC

The 8th World Congress of Pediatric Cardiology and Cardiac Surgery (WCPCCS) will take place August 27th – September 1st, 2023, in Washington, DC, USA. Over 4,500 clinicians, scientists, administrators, and allied health professionals will gather for this once-in-a-lifetime event – held in the USA for the 1st time since 1997.

Attendees are encouraged to submit new research as abstracts for presentation at the 8th World Congress of Pediatric Cardiology and Cardiac Surgery (WCPCCS). Work that has been previously presented at other conferences, but not yet published in manuscript form, may be submitted to the 8th WCPCCS.

Abstracts received between January 17th and May 15th, 2023 will be graded in standard fashion, with final notification made by June 15th, 2023.



8th World Congress of
Pediatric Cardiology and Cardiac Surgery
AUGUST 27 – SEPTEMBER 1, 2023 | WASHINGTON D.C.

— At the heart of the —
pediatric and cardiac
GLOBAL COMMUNITY

Visit WCPCCS2023.org for more information.

Co-Chairs: Jeffrey P. Jacobs, MD • Gil Wernovsky, MD



Important Dates

- Abstract Submission Opens: December 16th, 2022
- Notification of Abstract Acceptance Will Be on a Rolling Basis
- Abstracts Received After May 15th, 2023 Will Only be Considered for Poster Presentation
- Notification of Presentation Format: June 16th, 2023 by 5:00pm EST
- Final Abstracts Submission Deadline June 30th, 2023 (those received and accepted between May 15th and June 30th will be presented as posters)

Seventeen of the scientific tracks will have dedicated abstract sessions. Delegates will have the opportunity to submit their presentations to one of these 17 sessions. Most of the accepted abstracts will be presented as posters, with the “top nine” in each session given the opportunity for oral presentation (8-minute presentation, 5-minute discussion). Utilizing a live audience-response system, the audience will vote on the “Best Abstract” in each session.

Sub-Specialty Oral Abstract Sessions

- Adult Congenital Heart Disease
- Ambulatory Cardiology
- Basic and Translational Science
- Cardiac Anesthesia
- Cardiac Catheterization
- Cardiac, Neonatal and Pediatric Intensive Care/ECMO
- Cardiac Surgery and Cardiopulmonary Bypass
- Cardiac Nursing Clinical Inquiry
- Cardiac Nursing Science
- Echocardiography
- Electrophysiology
- Fetal Cardiology
- Global Cardiac Health
- Heart Failure, Transplant and Mechanical Circulatory Support
- Multimodal Imaging
- Neurodevelopment
- Rheumatic Heart Disease

Best Abstract of the World Congress

No other World Congress has offered this opportunity to young faculty and investigators. Showcasing the “Best Abstract” in each of the above sessions, a comprehensive afternoon plenary session will be held where each of the 17 “Best Subspecialty Abstracts” will be re-presented to the entire congress (8-minute presentation, no discussion), for recognition of excellence as well as ‘cross-talk’ between disciplines. Using state-of-the-art audience response systems, the large, multidisciplinary audience will select the 2023 “Best Abstract of the World Congress.”

Embedded Societies

Fourteen Scientific Societies (below) and post-graduate courses are “embedded” within the 8th WCPCCS, including their annual competition. Fourteen Meetings in One! wcpccs2023.org/





8th World Congress of
Pediatric Cardiology and Cardiac Surgery
AUGUST 27 – SEPTEMBER 1, 2023 | WASHINGTON D.C.

Embedded Meetings and Societal Partners





Heart Institute Executive Co-Director and Chief of Pediatric Cardiology

Cincinnati Children's Hospital Medical Center, an internationally renowned medical center, seeks a Heart Institute Executive Co-Director and Chief of Pediatric Cardiology. Applications and nominations are invited, and confidential conversations are welcomed.

The successful candidate is a leader in pediatric and congenital cardiology, committed to children's health and advancing the field through research, education, and mentorship. In addition, the candidate must demonstrate a personal style that facilitates communication, collaboration, trust, credibility, and confidence among divisional faculty across Cincinnati Children's. It is also envisioned that the successful candidate will have an inclusive and dynamic leadership style that builds consensus and empowers teams to actively participate in decisions across sub-specialties.

Qualifications and Experience

The Heart Institute Executive Co-Director and Chief of Pediatric Cardiology is a central leadership position at one of the leading pediatric healthcare institutions in the world. The Executive Co-Director must be an academic leader in the field of Cardiology. Additionally, the Executive Co-Director should demonstrate strong leadership, administrative, and management abilities and uncompromising integrity and ethics.

Other key qualifications and desired characteristics include:

- Experience working in an interdisciplinary setting, medical clinic facilities involving a culturally diverse population, university teaching, research, grantsmanship, and publications.
- MD/DO degree or equivalent from an accredited school of medicine with at least 10 years post-pediatric residency and fellowship in cardiology or immediately similar field.
- Unrestricted medical license and American Board of Medical Specialties (ABMS) board certified in pediatric cardiology.
- Distinguished nationally and/or internationally recognized leader in pediatric cardiology with leadership experience.
- Exceptional written and oral communication skills, ability to listen and tailor information to specific audiences.
- Collegial, highly collaborative, and visible leadership with a proven record of effectively managing a wide variety of people across a clinical, academic institute as well as individuals nationally and internationally.
- Track record of academic accomplishments suitable for appointment as professor in the non-tenure track at the University of Cincinnati College of Medicine.
- Track record of fostering a positive workplace culture, as well as an inclusive leadership style that builds a team mentality.

Application Process

To apply, please include the following:

- Letter of interest, including information on research, education, leadership, and diversity
- Curriculum vitae

Confidential inquiries and nominations should be addressed to Dr. Jeff Molquentin, Jeff.Molquentin@cchmc.org and Dr. Evie Alessandrini, Evaline.Alessandrini@cchmc.org, Committee Co-Chairs.

Submit application C/O Deborah.Mancini@cchmc.org, Talent Acquisition Physician Faculty Recruiter.

Cincinnati Children's is proud to be an equal opportunity employer that values and treasures Diversity, Equity, and Inclusion. We are committed to creating an environment of dignity and respect for all our employees, patients, and families (EEO/AA)



Camp is Good Medicine

Jonathan Johnson, MD; Andrew Schneider, MD; Brian Joy, MD

Camp Odayin provides medically safe and emotionally supportive camp experiences and community building opportunities for young people with heart disease and their families. We positively impact camper lives by connecting them with friends who face similar medical challenges in the formative years when relationships, fun, and acceptance are vitally important. Our mission is based on a holistic approach to healing hearts and supporting the whole child – not just the disease.

Our goal is to improve the quality of life, mental health, and overall well-being of campers by providing a fun and adventurous environment that includes community, personal growth, and inclusion. We are committed to creating a safe space where campers, staff, and volunteers feel welcomed, respected, valued, and we are dedicated to promoting equity in our programming and in our organization. Campers tell us that because of Camp Odayin, their mental health is better, they have more confidence, and they've met lifelong friends who "get it".

We offer year-round programs and support opportunities for the whole family! In addition to summer camps, we host Fall Family Camps, Winter Camp, online Ticker Talk, parent retreats and more!

"Children with heart disease have unique psychosocial needs that are not often adequately addressed in the clinical care setting. Camp Odayin provides programming opportunities to support my patients and their families outside of the medical system, and moreover, invites them to join a supportive community. Through Camp Odayin, my patients identify with other kids with similar shared experiences, helping to inspire a renewed self-confidence, and cultivation of lifelong friendships!" – Dr. Andrew Schneider

"I always encourage my patients and their families to check out Camp Odayin. They offer such a broad range of activities. From their residential summer camps, family camps, the moms and dads retreats, and their online programming, there is something for everyone to feel engaged and connected to this very supportive community. I love seeing kids come to camp year after year and watch their camp communities and friendship circles develop. The talent show at the end of camp is an excellent example of what a week of camp can do for the campers' confidence and sense of belonging." – Dr. Brian Joy

"I recommend my patients go to camp because of the joy they get while there, the joy their families see watching them connect with other children, and the lifelong relationships that are made. It's a safe, fun, rewarding environment where kids can just be kids, and nobody feels 'different' because of their scars." – Dr. Jon Johnson



2023 Summer Camp Dates and Locations

- **Crosslake, Minnesota**
 - June 21st-25th for grades 1-6
 - July 10th-14th for grades 6-8
 - July 17th-21st for grades 9-11
- **Elkhorn, Wisconsin**
 - July 24th-28th for grades 1-11
- **Everywhere! Virtual Camp**
 - August 18th-19th

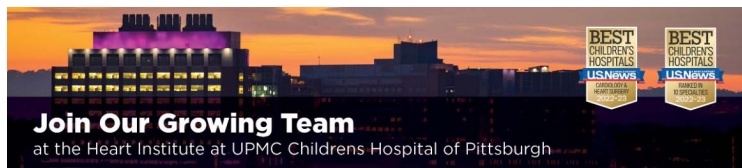
Registration will be open from March 1st – May 1st and can be found on our website www.campodayin.org. We ask families to pay \$25 for their child to attend a week of summer overnight camp. We provide bus transportation to camp from Minneapolis, Milwaukee & Chicago, and we also offer a travel stipend to families who need financial assistance.

At Camp Odayin, campers build resilience, learn relationship skills, gain independence, and gain a sense of normalcy and restored childhood. Simply put, **Camp Odayin changes lives.**

For more information, contact:

Sara Meslow
Executive Director, Camp Odayin
651.351.9185
sara@campodayin.org





UPMC CHILDREN'S HOSPITAL of PITTSBURGH

The Heart Institute at UPMC Children's Hospital of Pittsburgh, one of the premier pediatric cardiology programs in the country, is currently recruiting for an outstanding leader for the position as the Director of Perinatal Cardiology, as well as two excellent candidates for the faculty positions of non-invasive cardiac imager with emphasis on fetal cardiac imaging, and an inpatient cardiac care (acute care).

The Heart Institute provides comprehensive pediatric cardiology services including CT surgery, interventional cardiology, cardiac intensive care, electrophysiology, advanced imaging (MRI/CT), heart failure, transplant, pulmonary hypertension, adult congenital, fetal, and preventative cardiology programs, among others. Our program serves pediatric and adult congenital heart patients within central and western Pennsylvania, surrounding states, as well as national and international locations. Our group consists of 33 pediatric cardiologists, 5 pediatric cardiothoracic surgeons, 8 pediatric cardiac intensivists and 9 cardiology fellows along with 19 physician extenders and a staff of over 100. We are honored to be ranked #3 nationally and #1 in Pennsylvania for pediatric cardiology and heart surgery by U.S. News and World Report. Our Cardiothoracic Surgery Program, led by Dr. Victor Morell, is one of the top programs in the country, having held a 3-star rating from Society of Thoracic Surgery (STS) consistently over many years. UPMC is a nationally ranked medical center that serves as the regional referral center for multiple specialties providing a growing collaborative environment for quality care.

DIRECTOR OF PERINATAL CARDIOLOGY

- We are seeking a motivated and experienced individual to serve as the Director of Perinatal Cardiology. The current program is part of our non-invasive imaging section, led by Dr. Laura Olivieri. Over 1,500 fetal studies per year at our main Children's Hospital of Pittsburgh campus and affiliated sites. We currently have 4 fetal outreach locations throughout Western, PA. Our Perinatal Program collaborates closely with the UPMC Magee-Womens Hospital, which is the regional referral center for OBGYN patients, performing approximately 11,000 deliveries per year, with an active inpatient and outpatient program. The development of outreach fetal screening opportunities with a growing neonatal/MFM network will be a key component of this effort. Magee-Womens Research Institute & Foundation is an independent research institute and one of the largest in the nation that focuses on reproductive biology, and women's and infants' health. Since its inception in 1992, MWRI has been a leader in funding from the NIH and other sources. Opportunities are available to work with members of the MWRI on specific research projects.
- As a member of the division of pediatric cardiology and core imaging faculty, the Director of Perinatal Cardiology will also provide direct inpatient and outpatient care, read transthoracic and perform transesophageal echocardiograms. Additionally, this individual will participate in fellow, resident, and medical student teaching and have a demonstrated commitment to academic and clinical excellence in pediatric cardiology. Preference will be given to candidates with more than 5 years of post-fellowship cardiology experience, experience with developing a fetal cardiology program, and those with an interest and track record for academic success in fetal medicine.

This position comes with a competitive salary and faculty appointment commensurate with experience and qualifications at the University of Pittsburgh School of Medicine. The University of Pittsburgh is an Equal Opportunity/Affirmative Action Employer. Interested individuals should forward a letter of intent curriculum vitae, and three letters of reference. Informal inquiries are also encouraged.

Contact information:

Jacqueline Kreutzer, MD, FSCAI, FACC; Chief, Division of Cardiology
 UPMC Children's Hospital of Pittsburgh
 412-692-6903, Jacqueline.kreutzer@chp.edu



JONATHAN JOHNSON, MD

Pediatric Cardiology
 Chair, Pediatric Cardiology Mayo Clinic,
 Rochester, Minnesota
 Camp Odayin Medical Director,
 Board of Directors & Volunteer "Camp Doc"



ANDREW SCHNEIDER, MD

Pediatric Cardiology and Electrophysiology
 Co-Director of Electrophysiology
 The Children's Heart Clinic / Children's
 Minnesota
 Camp Odayin Board of Directors &
 Volunteer "Camp Doc"



BRIAN JOY, MD

Pediatric Cardiac Critical Care and
Pediatric Cardiology
 Medical Director, Cardiovascular ICU
 MHealth Fairview Masonic Children's Hospital
 Camp Odayin Board of Directors &
 Volunteer "Camp Doc"



Heart Institute Echo CT MRI Faculty Opportunity

Cincinnati Children's Hospital Medical Center, an internationally renowned medical center, seeks a BE/BC Pediatric Cardiologist at the Assistant, Associate or Professor level within the Heart Institute. This position is a part of the non-invasive imaging subsection with responsibilities in echocardiography and CT/MRI. Applications and nominations are invited, and confidential conversations are welcomed.

The Echocardiography Lab currently includes 13 imaging faculty and 25 cardiac sonographers and performs over 15,000 transthoracic and 500 transesophageal echocardiograms annually. Members of our world-renowned team have expertise in CT/MRI and perform/interpret approximately 1000 scans per year. Our facilities include state-of-the-art reading rooms as well as the necessary technology to perform current advanced imaging techniques.

The Heart Institute and the non-invasive imaging service pride themselves on excellent clinical outcomes. The acceptable candidate would be expected to maintain similar high standards of clinical service.

The applicant would be expected to participate in clinical service including (but not limited to):

- Perform/interpret transthoracic, transesophageal echocardiograms and cardiac CT/MRIs.
- Perform a single out-patient clinic on a weekly basis.
- Provide limited periods of in-patient and/or consult service coverage.
- Participate in all Heart Institute clinical and management conferences.
- Perform teaching and instruction commensurate with the training mission of Cincinnati Children's and the Heart Institute

Required:

- M.D., D.O., or equivalent degree
- Current active medical license issued by the State of Ohio or eligible for license.
- Appropriate medical credentialing through the Medical Staff Services offices
- Completion of all required pre-employment activities.
- Non-invasive imaging 4th year training or significant imaging experience

Preferred:

- Board certification

Interested candidates should address all inquiries to:

Andrew Redington, MD
Executive Co-Director and Chief of Pediatric Cardiology
Cincinnati Children's Heart Institute,
andrew.redington@cchmc.org

Or submit an on-line application thru Cincinnati Children's Career page:

<https://jobs.cincinnatichildrens.org/>

Enter Requisition # 138644 in the box provided and attach a cover letter of interest and your CV.



Cincinnati Children's Opens First in the U.S. Heart and Mind Wellbeing Center

Terry DeMio, Cincinnati Enquirer

The distress of having a child with a congenital heart defect starts at the point of diagnosis and continues through life. Even so, specialized mental health care for the kids and their families is scarce in the United States.

As of Tuesday, Cincinnati Children's Hospital Medical Center, www.cincinnatichildrens.org, is offering that specialized care for infants and children with congenital heart defects and for their families, including parents and siblings and even prospective parents who receive a prenatal cardiac diagnosis. The Heart and Mind Wellbeing Center at the hospital is the first of its kind in the United States, hospital officials said.



Cincinnati Children's Hospital Medical Center in Avondale, OH. Photo Credit: Albert Cesare/The Enquirer

Cincinnati Children's started the center as a way to provide whole care aligned with the American Heart Association's scientific statement in 2022 on an unmet need for mental health care in this population, www.ahajournals.org/doi/full/10.1161/HCQ.000000000000110.

Dr. Nadine Kasparian, a psychologist at Cincinnati Children's and director of the new center, was among experts who were

involved in research that shows that people with congenital heart defects and their families struggle with mental health.

She said the researchers charted "enormous evidence" of the need for mental health care among this population across a lifetime.

"We make a really strong argument for the need to integrate psychological services and mental health care," Kasparian said.

She said the mental health care is imperative, noting:

- About 40,000 babies a year in the United States are born with congenital heart defects.
- Congenital heart defects make up the most common birth defects in the United States.
- About 1 in 4 children with these heart defects experience "intense fear, worry and sadness."
- About 4 in 5 parents report severe psychological distress at the time of a child's discharge after cardiac surgery.
- About one-fourth undergo at least one surgery in their first year of life, but even with surgery, "there is still no cure for congenital heart disease."

Kasparian said the center will help patients from birth throughout their lives, using research-proven treatments focused on enhancing both their physical and mental health.

The American Heart Association hopes the evidence that people with congenital heart defects face a higher risk for anxiety and mood disorders will spur new standards for integrating that care into congenital heart centers, www.heart.org/en/news/2022/07/14/people-born-with-heart-defects-need-lifetime-mental-health-care-report-says.

Kasparian said that by providing the care routinely to those with heart defects and their families, the new Heart and Mind Wellbeing Center normalizes mental health care, destigmatizing it.



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CONGENITAL HEART INTERNATIONAL PROFESSIONALS

The congenital heart professionals network exists to facilitate communications between congenital heart professionals locally, regionally, and globally.

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Funded by Cincinnati Children's Heart Institute



Excellent Opportunity for an Adult Cardiologist with Congenital Heart Disease Training at Children's Hospital of Michigan

Children's Hospital of Michigan is the leader in treating the most children and adults with congenital heart disease (CHD) for cardiovascular care in the Metropolitan Detroit area. We have a large volume of adult patients with CHD (ACHD) supported with certified cardiologists in ACHD, two cardiac surgeons who perform surgery, interventional and EP cardiologists who perform procedures in these patients. We are in the process of certification for the center of excellence for the ACHD at Children's Hospital of Michigan. With an extensive team of attendings and a dedicated nursing staff, the Pediatric Cardiologists and Pediatric Cardiovascular surgeons at Children's Hospital of Michigan provides a full range of advanced cardiac services for newborns, infants, children, and adolescents with congenital or acquired heart disease, and for adults with congenital heart disease.

The Cardiology and Heart Surgery programs at Children's Hospital of Michigan are ranked among the U.S. News & World Report's 2021-2022 Best Children's Hospitals. Our program is also designated as one of two UNOS certified cardiac transplant centers in the state of Michigan.

We are actively seeking an additional cardiologist with training/experience to join our robust program to participate in the care of the burgeoning ACHD patients.

- Full-time, employed opportunity – Available immediately
- On service 4 weeks per year (Cardiology service)
- Work week is flexible and comprised of 2 days of clinic, 1 day in the cath lab if eligible, and 1 administrative day; teaching required
- Dedicated nursing staff of five with one that is designated for ACHD, and additional for cath/EP
- Academic appointment through Central Michigan University
- Affiliation with Central Michigan University, Michigan State University, and Wayne State University School of Medicine for collaboration in teaching and research

Candidate Requirements

- MD or DO degree required
- Board certification required
- At least 1 year of advanced fellowship training in ACHD
- Ability to obtain licensure in the State of Michigan
- An interest in teaching and research highly preferred as resident/fellow teaching is to be expected

About Children's Hospital of Michigan

Since 1886, the Children's Hospital of Michigan has been dedicated to providing the highest quality medical care to children and adolescents in a caring, efficient, and family-centered environment. A proud member of the Detroit Medical Center, the Children's Hospital of Michigan is the first and most experienced pediatric specialty hospital in the state and is internationally recognized for more than 40 pediatric medical and surgical specialties/services that it offers.

The Children's Hospital of Michigan has 228 licensed beds and is staffed by more than 2,000 employees. It has 517 physicians on the medical staff, including 323 pediatric specialists, and 680 pediatric-trained nurses. Of the 517 physicians on the medical staff, 185 are Wayne State University faculty physicians employed by University Pediatricians. The majority of the remaining physicians are in other smaller practice groups or are independent, with the exception of a small number of employed gastroenterologists, urologists, and surgeons.

The Department of Pediatrics at Wayne State University School of Medicine supports the teaching of residents, specialists, fellows, and medical students in training. More Michigan pediatricians are trained at Children's Hospital than at any other hospital in the state. Children's Hospital of Michigan is the third largest recipient of Children's Education funding in the country, which equates to \$13 million annually. Ground breaking clinical, translational, and basic science research is also a major focus for the medical staff at the Hospital.

The combination of outstanding, high quality clinical care, teaching, and research has earned the Children's Hospital of Michigan to be ranked among the best in the country in eight pediatric specialties according to U.S. News & World Report's 2015-16 Best Children's Hospitals rankings. The Children's Hospital of Michigan is nationally ranked in Cardiology and Heart Surgery (#37), Nephrology (#41), Neurology and Neurosurgery (#24), and Orthopedic.

Children's Hospital of Michigan includes an American College of Surgeons verified, freestanding Level I Pediatric Trauma Center and verified pediatric burn center. The hospital provides exceptional care, around the clock, to injured children and families from time of injury through recovery and rehabilitation. When pediatric patients need emergency transport, Children's Hospital of Michigan's PANDA One provides a dedicated pediatric and neonatal ambulance service and team. Children's Hospital of Michigan's emergency departments see 90,000 children each year.

How to Apply

If interested, please submit a copy of your current CV and contact information for immediate consideration.

All inquiries and personal information are kept confidential.

Contact: Wendy Castaldo, 937.214.9317, Wendy.Castaldo@tenethealth.com



IU Researchers Receive \$200,000 Grant from Department of Defense to Study Heart Defect in Infants

IU School of Medicine Researchers have Received a Department of Defense Discovery Award of \$200,000 to Study a Common Congenital Heart Defect in Babies Called Coarctation of the Aorta

Indiana University School of Medicine researchers have received a Department of Defense Discovery Award of \$200,000 to study a common congenital heart defect in babies called Coarctation of the Aorta.

The aorta is the main artery that carries blood away from the heart to the rest of the body. Coarctation of the aorta is a congenital heart condition where there is a narrowing of the aorta that obstructs blood flow to vital organs. It could develop by itself, or in combination with other heart defects—including along with hypoplastic left heart syndrome, one the most severe forms of congenital heart defects.

“Critical coarctation of the aorta is immediately life-threatening and treatment currently requires cardiothoracic surgery that is invasive and technically challenging,” said Benjamin Landis, MD, assistant professor of pediatrics in the Division of Pediatric Cardiology. “Perioperative complications may have longstanding repercussions on the child’s ability to thrive and develop normally. There is also evidence that even an excellent surgical repair does not cure the patient of long-term cardiovascular risks.”

Landis and his collaborator Yunlong Liu, PhD, who is the director of the IU Center for Computational Biology & Bioinformatics, plan to use single-cell RNA sequencing of aortic tissues that are removed during cardiothoracic surgery of infants with severe coarctation of the aorta to learn more about the cells that make up the defect, which they hope could ultimately lead to new medical treatment options instead of surgery.

“Single-cell RNA sequencing is a technology that can measure gene expression levels in each individual cell,” Landis said. “This process is well-suited for studying coarctation, which often has a complex geometrical structure and contains multiple different types of cells in the tissue.”

Landis said defining the pathobiology early in the disease process can help them identify medical targets responsive to early interventions which could prevent later development of cardiovascular diseases or re-development of coarctation of the aorta.



INDIANA UNIVERSITY
SCHOOL OF MEDICINE



“This project will be the first of its kind to perform single-cell RNA sequencing in patients with coarctation of the aorta,” Landis said. “This could be the first step toward a more complete understanding of the disease processes that are active in neonates and help us identify treatments to prevent chronic comorbidities and avoid future need for interventions. The Department of Defense Discovery Award funding is pivotal for us to be able to embark on this exciting research.”

The Division of Pediatric Cardiology is one of the top-ranked pediatric cardiology programs in the country. Learn more about research, clinical care and fellowship training in the division.



NEONATOLOGY TODAY
Peer Reviewed Research, News and Information in Neonatal and Perinatal
Medicine



Director Congenital Cardiac ICU Care

Cedars-Sinai Medical Center, one of the nation's leading academic medical center, has begun a unique congenital heart program focused on providing seamless continuous care for congenital heart patients from conception through senescence by one integrated, subspecialized team. The Guerin Family Congenital Heart Program (CHP), housed within the Smidt Heart Institute is a joint venture between the Heart Institute, the Department of Pediatrics, the Department of Cardiac Surgery, the Department of Cardiology and the new Cedars-Sinai Guerin Children's is seeking a **Director of Congenital Cardiac ICU Care**.

Cedars Sinai has the largest delivery service in Los Angeles with over 6000 births per year as well as a 45 bed Level 4 NICU, a 12-bed combined pediatric and congenital cardiac intensive care unit and a new state of art pediatric medical-surgical unit. Currently the ICU is staffed by 8 attending pediatric intensivists, many with extensive cardiac experience. The full complement of cardiac diagnostic testing is readily available, as are the latest advances in catheter-based interventions and surgical procedures. The new Director will work closely with other program leaders to further develop the program to its full potential.

The identified candidate will provide senior administrative leadership in the cardiac ICU working in close collaboration with senior CHP and PICU leadership to create and implement a unique common vision for the CICU. The candidate will provide clinical expertise on all cardiac cases in the ICU.

The candidate must be board-certified in pediatric ICU and/or pediatric cardiology with a minimum of five years working as an attending level pediatric cardiac intensivist and must possess or be able to obtain a valid, non-restrictive California Medical License. The successful candidate must have a strong commitment to clinical excellence, academic medicine and teaching. Finally, the candidate must be passionate about their work and fully engaged in programmatic design and growth.

Cedars-Sinai Medical Center, a state-of-the-art, 958 bed tertiary acute care academic medical center is committed to excellence in compassionate patient care, research, education, and community programs to improve the lives of our patients. Academic rank and compensation will be commensurate with experience and qualifications. If you are interested in joining a flourishing clinical, academic and research environment in a growing medical center, please send your curriculum vitae in confidence to:

Please submit CV and cover letter to:
Evan Zahn, MD, Director, Guerin Family Congenital Heart Program
<http://apply.interfolio.com/110217>

At Cedars-Sinai Medical Center we are proud of our diverse team and inclusive work environment. We are committed to recruiting, selecting and retaining an engaged workforce from many backgrounds, perspectives and experiences at all levels of the organization, including age, gender identity, race, religion, gender, sexual orientation, physical or mental disability, military and/or veteran status or any other basis protected by federal and state law.

Our Compensation Philosophy

We offer competitive total compensation that includes pay, benefits, and other incentive programs for our employees. The total pay range shown above takes into account the wide range of factors that are considered in making compensation decisions including knowledge/skills; relevant experience and training; education/certifications/licensure; and other business and organizational factors. This total pay range includes any incentive payments that may be applicable to this role. We also offer a comprehensive faculty benefits package.

Pay Range: \$388,639 - \$653,349 Total Cash Compensation



MAY

18-20

SCAI 2023 Scientific Sessions

Phoenix, AZ, USA

<https://scai.org/scai-2023-scientific-sessions>

JUNE

23-26

ASE 2023 – Foundations and the Future of Cardiovascular Ultrasound

National Harbor, MD, USA

<https://www.asescientificsessions.org/>

28-1

CSI Frankfurt

Frankfurt, Germany

<https://www.csi-congress.org/conferences-courses/conferences/csi-frankfurt>

JULY

28-29

CICT 2023 – CICT Controversies in Interventional Cardiovascular Therapies

Pasadena, CA, USA

<https://cictsymposium.com/>

AUGUST

27-01

8th World Congress of Pediatric Cardiology and Cardiac Surgery

Washington, DC, USA

<http://wcpccs2023.org/>



Pediatric Cardiologist

The Ward Family Heart Center at Children's Mercy Kansas City seeks a candidate at the assistant or associate professor level who would join our team as a pediatric cardiologist based at the CMKC multi-specialty clinic in Wichita, KS. The successful candidate would join an existing group of 28 cardiologists (25 in Kansas City, 1 in Wichita, KS and 1 in Topeka, KS), 3 CV surgeons, 30 APNs. Our Wichita office consists of one cardiologist, an APRN and dedicated sonographers and nursing staff. The position has minimal inpatient duties but will require monthly travel to support our outreach clinics in central and western Kansas. Experience and interest in outpatient cardiology and echocardiography is a must. There are opportunities also for development of a Fetal Echocardiography program in the community if interested. Trainees in their final year are welcome to apply.

Candidates must be board-certified or board-eligible in Pediatric Cardiology. Strong communication skills are key. There are opportunities for teaching medical students and residents with faculty appointment at the University of Kansas School of Medicine – Wichita campus. Salary and academic rank are commensurate with experience.

Wichita is a prosperous, thriving community with a metropolitan population of 650,000, the largest city in Kansas. Located 180 miles southwest of Kansas City, the city is known for its central role in American aviation design and manufacturing. It is an affordable and very livable city of historic neighborhoods, highly-rated schools and several colleges and universities.

Our Heart Center serves a population of over 5 million in the heart of the U.S.A. We perform over 500 cardiac operations, 600 cardiac catheterizations including over 200 invasive EP procedures, 18,000 outpatient visits, and more than 20,000 echocardiograms annually. Our two state-of-the-art catheterization labs are both hybrid labs and equipped with the latest 3D imaging and EP technology. Telehealth is available and facilitates our outreach clinics. We have video-conferencing capabilities that are routinely used by providers from distant locations to dial into our conferences for patient care and education. In 2021, the Ward Family Heart Center program was ranked # 24 nationally by USNWR.

Our Kansas City-based super-specialty resources include Electrophysiology (which includes Clinical EP, pacing and Genetic Arrhythmia), Cardiac Transplantation/Heart Failure, Interventional Cardiology and Advanced Cardiac Imaging (fetal echo, 3D echo, trans-esophageal echo, CT, MRI and 3D printing). We also provide specialized, team-based care in Fetal Cardiology (with on-site delivery services for high-risk neonates in Kansas City), Interstage Monitoring (CHAMP), Preventive Cardiology, Cardiac Genetics, Cardio-oncology, Single Ventricle Survivorship, Pulmonary Hypertension, a dedicated POTS clinic and Cardiac Neurodevelopmental Services.

Please submit CV and cover letter to:

<https://faculty-childrensmercykc.icims.com/jobs/22985/physician/job>

For more information:

Aliessa Barnes MD, Co-Director, Ward Family Heart Center; Chief, Section of Cardiology
816.983.6225, physicianjobs@cmh.edu

For more information about Children's Mercy Kansas City and about Kansas City itself, visit cmkc.link/TakeYourPlace.



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