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Unbreakable Hearts: The Work of the Ukrainian Children's Cardiac Center (UCCC) in Wartime Conditions

Andrii Maksymenko, MD

The Ukrainian Children's Cardiac Center (UCCC) is not only the largest, highly-specialized pediatric cardiac surgery clinic in Ukraine, but also one of the leading medical centers in Europe. The Center was established in 2003 by leading Ukrainian cardiac surgeon Illya Yemets. He is the founder of the field of cardiac surgery for congenital heart defects in Ukraine and is known to an international audience as the first to routinely use umbilical blood in operations on newborns with critical heart defects within the first hours of life. In 2024, he was awarded the title of Honorary Member of the Congenital Heart Surgeons' Society. Throughout the Center's existence, he has led it and ensured its continuous development and prosperity. Before the full-scale invasion, the Center annually provided more than 27,000 ambulatory visits and performed over 3,000 heart surgeries, saving the lives of patients from birth to old age. Since February 24, 2022, despite unprecedented challenges, the team at the Center has not stopped working for a single day, demonstrating unique resilience and dedication to their mission.

During the first months of the war, the team of doctors, together with their patients, lived continuously in the institution like one big family. Together, they reorganized the departments of the Center into safe premises on the basement and first floors, where they continued to aid children and adult patients in a city under partial siege.

Later, in order to protect the most vulnerable patients and to create a backup medical hub, in March 2022, by order of the Ministry of Health of Ukraine, the Lviv branch of the UCCC was established. During its operation (2022–2024), 6,547 consultations for children and 282 for pregnant women were provided in Lviv, 49 surgical operations and 23 percutaneous procedures were performed. In addition, understanding the critical need for medical care throughout the country, the Center's doctors began to provide regular outreach consultations in frontline and de-occupied territories, examining the local population; over 6,000 children and adults with heart pathology were observed in close to frontline and liberated regions.

On July 8, 2024, the enemy carried out a targeted missile strike on the medical infrastructure of Kyiv. As a result of the strike on the territory of the National Children's Hospital "Okhmatdyt" hospital, the pediatric building of the UCCC suffered significant destruction. Operating rooms, intensive care units, the radiology department, expensive equipment, and life-support systems were damaged, completely halting the work of the building. The entire pediatric service was urgently relocated to the building for adults at 24 Yurii Illienko Street. This created an enormous burden on the team and infrastructure, as the departments were not designed for such a number of patients. These problems were overcome and work was successfully reorganized

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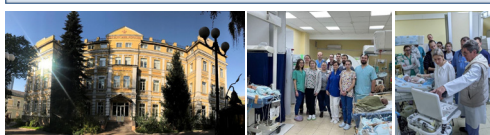


Three-year experience of the Ukrainian Children's Cardiac Center operating under martial law.

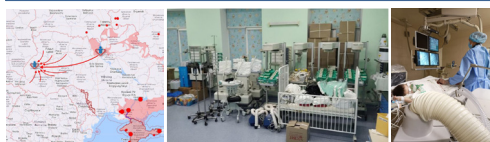
Andrii Maksymenko, Yuliia Kiian, Roman Sekelyk, Vadym Tkachuk, Andrii Kurkevych, Oksana Vitovska, Illya Yemets

Ukrainian Children's Cardiac Center, Kyiv, Ukraine.

Background: The Ukrainian Children's Cardiac Center (UCCC) is a leading medical institution providing care for children with cardiovascular pathology. In a three-year period of a full-scale military invasion, it faced numerous challenges that required significant reorganization to remain operational.



Methods: The methods for the reorganization of the UCCC during martial law in 2022-2025 presented. Ensuring safety for staff and patients: relocation of key departments, including neonatal ICU, to secure basements; partial evacuation and establishment of the Center's branch with the entire range services in the relatively safe region.



Maintaining institution functioning: work in conditions of partial siege of the city; overcoming logistical problems; provision with necessary survival products; creation of alternative sources in conditions of disruption of water and electricity supply. Retaining of personnel and delivering medical care to patients: creation the network of cardiology specialists in the regions; implementation of on-site consultations program for de-occupied cities. Evacuation of patients and medical services from buildings damaged by rocket attack to another facilities in July 2024.

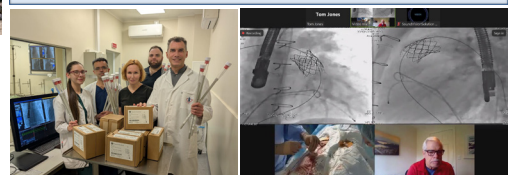
Results: In the first year of the military invasion, the total number of consultations for children with heart defects in UCCC decreased by 36% (from 20281 to 12986).



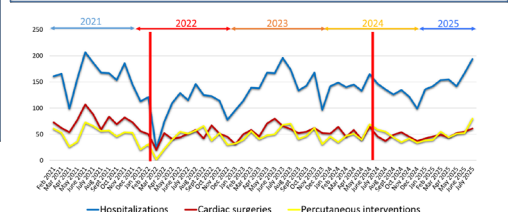
The number of hospitalizations decreased by 34.4% (from 1891 to 1240), percutaneous interventions decreased by 15.8% (from 581 to 489) and cardiac surgeries by 33.6% (from 1046 to 695) with overall mortality rate 1,1% (1,05% in 2021). On-site consultations increased by 557% (from 802 to 5270). Implemented measures made it possible to maintain the UCCC performance, create an additional branch in a remote area, expand the regional network of consultant assistance and deliver care to patients.



Center's activity in 2024 was restored to the level prior the full-scale invasion. In comparison with 2021, in 2024 the total number of consultations for children with heart defects in UCCC increased by 7,7% (from 20281 to 21843), the number of hospitalizations decreased by 4,8% (from 1891 to 1801), percutaneous interventions increased by 1,7% (from 581 to 591) and cardiac surgeries decreased by 11,5% (from 1046 to 926) with overall mortality rate 1,1% (1,05% in 2021). On-site consultations increased by 469% (from 802 to 4563). In July 2024 after the rocket attack the successful evacuation and reorganization of healthcare services for children with cardiovascular pathology made it possible to preserve the Center's activity as a result of the facilities relocation.



Support from international partners allowed us to obtain numerous materials for treatment that were unavailable in Ukraine. Close work with colleagues from the United States provided us with Melody valves, and under their online supervision, a series of the first valve implantations in Ukraine were performed.



Conclusions: The state of war forces to change the fixed principles of functioning of UCCC. Adaptation to new conditions and organizational changes make it possible to preserve the work of the medical institution and expand its capabilities in a wartime.

Abstract poster presented at PICS 2025 in Chicago, Illinois

to cover the additional demand for pediatric interventions and operations. Over the next year, reconstruction and repair work was carried out on the damaged building to make the building for younger children better than before the missile attack. These works are in the final stages and are expected to be completed and fully operational this year.

Activity in Numbers: Dynamics of Work and Resilience Under Pressure

Despite the destruction, the analysis of key indicators over the past five years for both groups, children and adults, demonstrates not only resilience but also significant growth, even under conditions of full-scale war.

Consultations: The number of consultations steadily increased: from 25,098 in 2020 to 49,377 in 2023. In 2024, despite the loss of an entire building, the team carried out 49,377 consultations. This was made possible thanks to the intensification of work in the surviving building, where the number of consultations increased by 9% compared to 2023.

Hospitalizations: The dynamics of hospitalizations are also impressive: from 3,305 in 2020, the number more than doubled — to 7,056 in 2023. To compensate for the loss of the pediatric building, the adult department increased hospitalizations by 32%.

Surgical Procedures (All Types): The total number of operations of all types steadily increased from 2,356 in 2020 to 3,258 in 2023. In 2024, even after the destruction of the pediatric building, the Center's team managed to maintain the highest pace of work, performing 3,258 operations:

- Surgical Operations: 1,213 interventions in 2024.
- Percutaneous Interventions: 1,187 interventions, which is 14% more than in 2023.
- Electrophysiological (EP) Procedures: 858 interventions, an incredible 36% increase compared to 2023.

Support for the Military and International Activity

A separate priority of the Center's work has become assistance to the defenders of Ukraine. For example, in 2024, 167 servicemen were hospitalized, 37 of whom underwent surgery. In total, the adult service provided 708 consultations to military personnel.

Even under conditions of war, the UCCC retains the status of an international medical hub. Assistance to foreign citizens continues, and the Center's specialists share their experience abroad: in 2024, they performed 34 TAVI procedures in five clinics in Kazakhstan and provided the first proctoring visit to Greece.



Despite the war and the risks associated with staying in Ukraine, patients from other countries continue to seek opportunities to be operated on at the Center. During the three years of the war, the Center provided consultative services to more than 250 patients and provided inpatient treatment, including cardiac surgery, to more than 100 patients with congenital and acquired cardiovascular pathology.

Support from the Global Community

Thanks to the support of friends from around the world, especially from the United States, the doctors of the Center received otherwise inaccessible and exclusive medical consumables and equipment. Thus, with the assistance of Professor Thomas Jones and the international representative office of Medtronic, interventional cardiologists received free Melody valves, which were successfully implanted in children with heart defects for the first time in Ukraine, marking the beginning of the percutaneous valve implantation program.

Doctors from Seattle Children's Hospital, in particular Brian Murray, with the support of Edwards Lifesciences, sent balloons for atrioseptostomy to Ukraine, which made it possible to save dozens of newborns in the first minutes of life. The Arlene Campbell Foundation, together with partners, provided charitable assistance and logistics on the long journey from the United States to Ukraine.

The doctors of the institution express immense gratitude to colleagues from America and all benefactors who helped during the difficult years of the war to save the hearts of children in Ukraine.

Conclusion

The Ukrainian Children's Cardiac Center is an example of resilience and unbreakability of Ukrainian medicine. Despite a direct missile strike, the destruction of its building, and working in extremely difficult conditions, the team of the Center not only continues to save thousands of lives but also demonstrates stable growth in the volume of care, develops new areas, helps the military, and strengthens international partnerships.

If you would like to support this effort, please visit the International Charity Foundation – Child's Heart:

<https://share.google/syh44sj3YpWoWOyST>



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Dr. Shyam Sathanandam

Dr. David Kalfa

The Future of Heart Care is Here



The Nicklaus Children's Hospital Heart Institute, ranked **#1 in South Florida for Pediatric Cardiology & Heart Surgery***, continues to advance excellence in pediatric heart care.

Dr. Kalfa, chief of Cardiovascular Surgery, co-director of the institute and professor of surgery and pediatrics at FIU Herbert Wertheim College of Medicine, is internationally recognized for pioneering minimally invasive surgical techniques that improve outcomes and quality of life.

Alongside him, Dr. Shyam Sathanandam, chief of Cardiovascular Medicine and co-director of the institute, is a leader in interventional cardiology—making Nicklaus Children's heart program the only one in Florida led by two co-directors.

Together, they ensure even the most complex pediatric heart cases receive world-class care close to home.

*highest ranking from U.S. News & World Report



Where Your Child Matters Most™



Special PICS Collection on PDA Stenting in the Journal of Pediatric Cardiology

Karim Diab, MD, FACC, FASE, FPICS; Howaida El-Said, MD, PHD; Mazeni Alwi, MD, FPICS

We are delighted to announce the release of a special PICS Collection of Pediatric Cardiology dedicated entirely to Patent Ductus Arteriosus (PDA) stenting. This issue was guest-edited by Karim Diab, Howaida El-Said, and Mazeni Alwi, and brings together a rich set of manuscripts from investigators and clinicians across the globe. The collection reflects the remarkable growth of PDA stenting as a therapy and its increasing role as a standard option in the care of neonates and infants with ductal-dependent Congenital Heart Disease.

PDA Stenting: Past, Present, and Future – Highlights from a Special Edition

Patent ductus arteriosus (PDA) stenting has rapidly evolved from an alternative to surgical shunts into a front-line strategy for infants with ductal-dependent pulmonary or systemic circulations. The recent Pediatric Cardiology special edition brought so far over 25 manuscripts spanning technical advances, imaging innovations, comparative outcomes, and institutional perspectives, providing a panoramic view of where the field stands and where it is heading (**Figure 1**).

What emerges from this collection is a clear picture of PDA stenting as a maturing therapy—no longer considered experimental, but rather a nuanced intervention with a growing evidence base, refinements in technique, and expanding global adoption.

A Global Effort

One of the most striking features of this special edition is the breadth of contributions. Authors from centers in North America, Europe, Asia, and the Middle East have shared their experiences, technical innovations, and outcome data. This underscores the fact that PDA stenting has become a global practice, with lessons learned across diverse clinical settings and patient populations.

For centers in high-resource environments, the emphasis has been on refining access strategies, leveraging advanced imaging, and pushing the boundaries of precision and safety. In contrast, reports from low- and middle-resource settings highlight ingenuity, adaptability, and the importance of PDA stenting as a feasible and often life-saving alternative where surgical options are limited. Together, these perspectives give the special edition both breadth and depth, reinforcing that PDA stenting has a role across the full spectrum of congenital heart care worldwide.

Key Themes Emerging

Several major themes are reflected throughout the collection:

- **Technical Progress:** A variety of innovative techniques have been developed to improve stent deployment, reaccess, and management of complex ductal anatomies. These refinements reflect the creativity and problem-solving spirit of the interventional community.
- **Imaging & Simulation:** Sophisticated tools such as virtual reality, computational modeling, and pre-catheterization CT angiography are no longer novelties—they are becoming part of the planning toolkit, improving accuracy and providing educational opportunities for trainees.
- **Comparative Outcomes:** Across multiple manuscripts, PDA stenting continues to hold its ground against surgical shunts, with evidence pointing to comparable or favorable outcomes in terms of pulmonary artery growth, early survival, and procedural risk. These data contribute to an ongoing shift in practice patterns.
- **Institutional & Human Factors:** Beyond data, perspectives in this issue highlight how local culture, team dynamics, and institutional readiness all shape whether PDA stenting is adopted and how it is performed.
- **Challenges & Complications:** Finally, the collection does not shy away from difficult cases. Reports of acute stent occlusion, left pulmonary artery loss, and the need for ECMO support remind us that complications remain real and must be anticipated, managed, and shared transparently to advance the field.

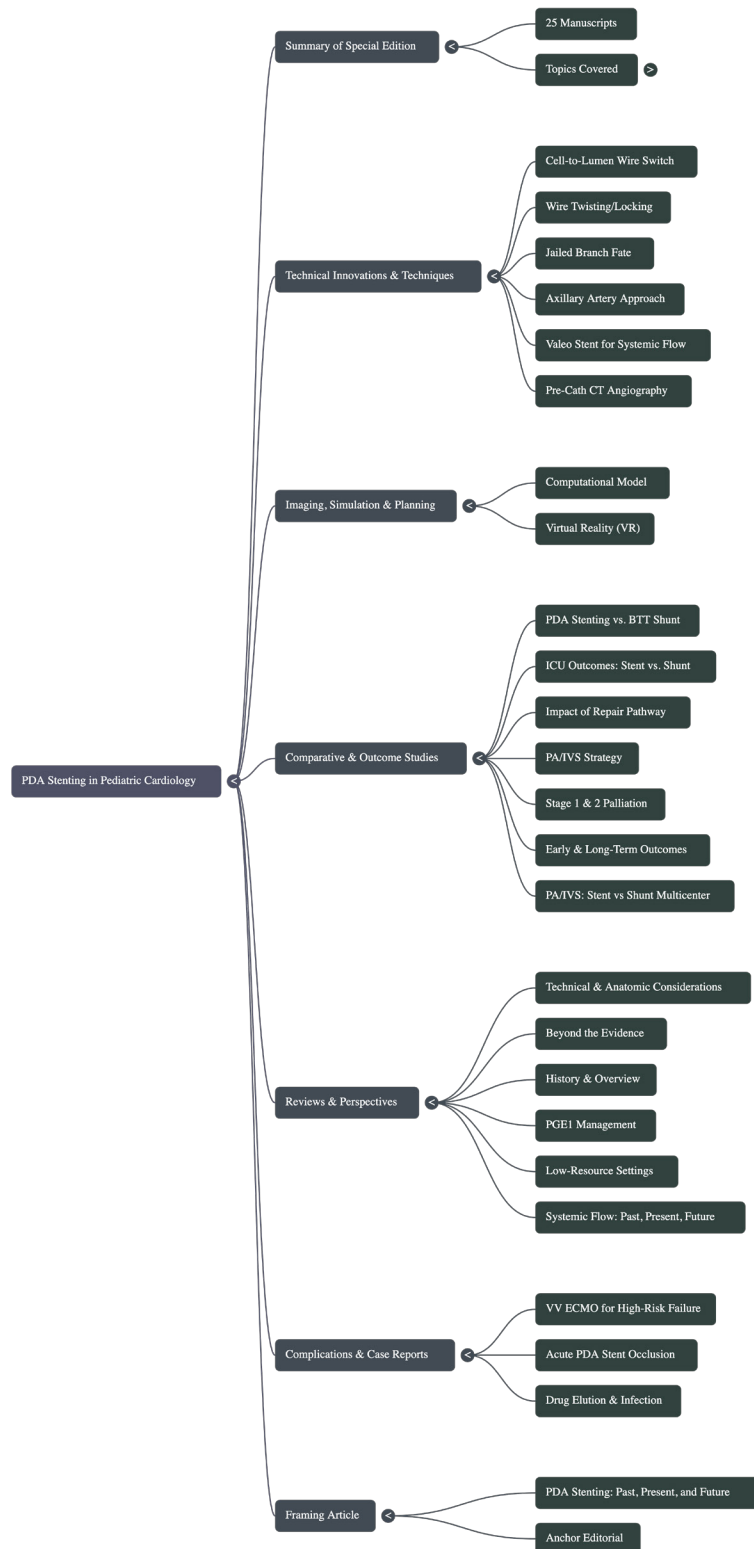
Why This Matters Now

The timing of this special collection is particularly significant. PDA stenting is increasingly recognized not simply as an “alternative to the modified Blalock-Taussig-Thomas (BTT) shunt,” but as a distinct therapy in its own right, with its own evolving body of evidence, indications, and best practices. As congenital cardiology teams strive to balance surgical and interventional approaches, having this consolidated body of work provides both a snapshot of current practice and a roadmap for future directions.

Moreover, the field is reaching an inflection point. Questions around long-term outcomes, durability of stents, timing of reinterventions, and integration into broader palliation strategies



FIGURE 1 The recent *Pediatric Cardiology* special edition has over 25 manuscripts spanning technical advances, imaging innovations, comparative outcomes, and institutional perspectives, providing a panoramic view of where the field stands and where it is heading



are now at the forefront. This special edition provides a platform for addressing these questions and will hopefully catalyze further multicenter collaborations.

Looking Forward

As editors, we are proud to share this special issue and grateful to the many authors, reviewers, and institutions that contributed. We believe this collection captures the spirit of innovation and collaboration that defines pediatric and congenital interventional cardiology.

Looking ahead, we hope to see continued expansion of the evidence base, more prospective multicenter studies, and greater integration of novel technologies such as bioresorbable scaffolds, drug-eluting platforms, and patient-specific simulation. Equally important will be the effort to ensure that PDA stenting is accessible not only in tertiary centers in high-resource countries, but also in regions where surgical infrastructure is limited.

Invitation to the Community

We encourage the congenital heart community to explore this special collection, titled PDA Stenting: Past, Present, and Future, now available in *Pediatric Cardiology* at the link here PDA Stenting: Past, Present and Future, <https://link.springer.com/collections/ajfdjggib>. We are confident it will serve as a valuable resource for clinicians, researchers, and trainees at all levels.

We also warmly invite future submissions that continue to advance the field. Whether through innovative techniques, collaborative outcome studies, or thoughtful perspectives, your contributions will help shape the next chapter of PDA stenting and neonatal palliation.



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PICS Symposium 2025 Chicago – Commemorating Our History, Preparing for the Future

Kamel Shabbani, MD, FPICS & Norm Linsky, MPA, MA

This year's recent PICS Symposium, our 28th year, celebrated two milestone anniversaries in our profession's history. In 1975, Dr. Terry King (partnering with the late Dr. Noel Mills) performed the first in-human transcatheter closure of an atrial septal defect (ASD). This transformed care for many millions of CHD patients to come. To celebrate that event's 50th anniversary, Dr. King gave a keynote address and served as faculty throughout the week. He and Dr. Ziyad M. Hijazi also participated in several

media interviews generating international interest. In Chicago, we also celebrated the 5th anniversary of the PICS Society itself, which has given our profession its own long-sought professional home.

Save the Date

See you at PICS Symposium 2026 in San Diego, CA on August 30th to September 2nd, as well as at PICS/IPC 2026 in Istanbul on April 15th-18th. We will

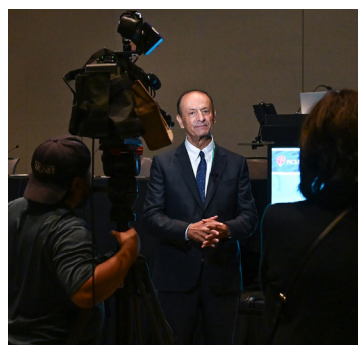
welcome and celebrate PICS member #1,000 at one of those meetings!

Photo Credits

Christina Mendenhall and Carina Mask. Full photo gallery at www.CHDinterventions.org.



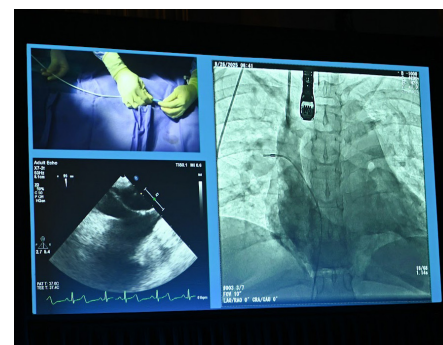
THANK YOU to The A-Team that made it happen. Thanks also to those not shown: Dan Levi, Carlos Pedra, Allison Cabalka, Aimee Armstrong, Gejung Zhang, William Hellenbrand, Emily Kish, Thomas Jones, Shabana Shahanavaz and all the world-class faculty.



News at 11! PICS Symposium 2025 generated global press coverage.



2025 PICS Achievement Award winner is Dr. Allison Cabalka. Thank you for your incredible service!



The symposium featured live cases from around the world focused on 'news you can use' to standing room only audiences throughout the week.



Presentation of the 2025 PICS Career Achievement Award to Terry D. King, MD, for performing the first transcatheter repair of an ASD 50 years ago. Thank you Dr. King.



Kimberly Ray, RN and Sir Shakeel Qureshi, MBChB, FRCP, FPICS. Kim is this year's (and every year's) MVP. Thanks also to the entire staff team.



We won! Third Annual Team PICS friendly soccer game. The last warm-up before the opening round of next year's World Cup/ Mexico City.



25 years went by fast. Thank you for sharing your story with us at PICS Symposium Chicago. Congratulations on your remarkable life, excellent health and flourishing career.



Congenital Cardiology Today's (CCT) Co-Founder Dr. John Moore, Publisher & Editor-in-Chief Kate Baldwin, and Founder/Senior Editor Tony Carlson. Thank you for your partnership.



Pramod Sagar, MD received the PICS Young Leadership Award winner. Congratulations Dr. Sagar, we look forward to great things ahead.



2025 Fellows & Early Career Course participants and several faculty. Thank you to our visionary sponsors!



Fellows & Early Career Course 2025 and the Expo Hall (both fully at-capacity): Hands-on training throughout the week.



Congratulations to Shark Tank 2026 winner Dr. Andreas Escher! We look forward to amazing accomplishments from you and the other superb finalists. Thank you CobiCure & EverPulse for being the catalyst for innovations of the future.



Rob Langford, the world's Master of live cases, flanked by expert photographers Carina Mask and Christina Mendenhall. Not shown: Phil Joseph and Rebecca Draznin, responsible for excellent A-V coordination.



THE PICS SOCIETY



In the words of PICS Symposium & PICS Society founder Dr. Ziyad M. Hijazi: As always, PICS Symposium is the place to catch up with long-time friends and make new ones. While our community is scattered throughout the globe, we are connected in so many ways. Thank you to the sponsors that made Symposium possible. Thank you also to our dedicated faculty and great staff. Above all, thank you to the patients and families we are privileged to serve!

Thank you to all of the PICS 2025 Industry Partners. PICS would not be possible without your generous contributions. Your support was essential for making this year's meeting a success.

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Mount Sinai Health System Welcomes Chief of Congenital Heart Surgery/Director of Pediatric Cardiovascular Surgery

Christian Pizarro, MD, Renowned Pediatric Heart Surgeon, Joins Mount Sinai Health System as Chief of Congenital Heart Surgery and Director of Pediatric Cardiovascular Surgery

Christian Pizarro, MD, an internationally recognized leader in congenital heart surgery and pediatric cardiac care, has joined Mount Sinai Health System as Chief of Congenital Heart Surgery and Director of Pediatric Cardiovascular Surgery. He will also serve as Director of Pediatric Heart Transplantation and Co-Director of the Mount Sinai Children's Heart Center.

In these roles, Dr. Pizarro will expand upon and lead Mount Sinai's pediatric heart surgery program by providing collaborative and comprehensive care for infants and children with congenital and acquired heart disease. Dr. Pizarro aims to achieve excellent outcomes with a special focus on neonatal surgery, heart transplantation, and complex cardiac repairs, positioning the program to be a competitive and self-sustaining leader within Mount Sinai Health System.

"I am very pleased to join Mount Sinai and I look forward to working with the team to build a comprehensive pediatric cardiac unit, which will include offering new services like valvular and airway reconstruction," said Dr. Pizarro. "Together with our talented multidisciplinary team, we will continue to push the boundaries of what's possible in congenital heart surgery, delivering world-leading compassionate care to babies and children across the region and beyond."

Dr. Pizarro will also serve as Professor of Cardiovascular Surgery, and Pediatrics, at the Icahn School of Medicine at Mount Sinai and Surgical Director of the Pediatric Cardiovascular Intensive Care Unit.

Dr. Pizarro brings more than two decades of experience in complex congenital heart surgery and pediatric cardiac care to Mount Sinai. He previously served as Chief of

Pediatric Cardiothoracic Surgery and Cardiac Transplantation at Nemours Children's Hospital in Delaware, where he achieved excellent clinical outcomes, particularly in neonatal surgery, over two decades.

Dr. Pizarro earned his medical degree from the University of Chile in his native country. He completed his general and cardiothoracic surgery training at the Hospital of the University of Pennsylvania and Children's Hospital of Philadelphia, followed by a fellowship in congenital heart surgery at the Hospital for Sick Children, Great Ormond Street in London.

Board certified in both surgery and thoracic surgery, Dr. Pizarro is internationally recognized for his expertise in neonatal cardiac surgery, single-ventricle palliation, complex biventricular repairs, and pediatric heart transplantation. He is a prominent leader and member of multiple professional societies where he has served on various committees, including the Congenital Heart Surgeons Society, Society of Thoracic Surgeons, American Association for Thoracic Surgery, European Association for Cardiothoracic Surgery, and World Society of Pediatric Cardiology and Heart Surgery.

Dr. Pizarro has authored more than 150 peer-reviewed publications and is a widely respected innovator in the surgical treatment of hypoplastic left heart syndrome, Ebstein anomaly, aortic aneurysms following congenital heart surgery, and other complex congenital heart conditions. He is also actively involved in global health, leading surgical missions with Hearts with Hope and serving on the board of Surgeons of Hope.

"We are delighted to welcome Dr. Pizarro to Mount Sinai," said Lisa M. Satlin, MD, Chair

of the Jack and Lucy Clark Department of Pediatrics at the Icahn School of Medicine at Mount Sinai. "He is a highly accomplished surgeon whose depth of experience in congenital heart surgery will be transformative to the care we provide to children and families across our Health System."

"Dr. Pizarro is a world-leading congenital heart surgeon with a reputation for clinical excellence," said David H. Adams, MD, Cardiac Surgeon-in-Chief of the Mount Sinai Health System and Marie-Josée and Henry R. Kravis Professor and System Chair of Cardiovascular Surgery, Icahn School of Medicine. "His arrival signals our unwavering commitment to building one of the finest pediatric and congenital heart surgery programs in the nation that will complement the incredible multidisciplinary expertise already here in congenital imaging, intensive care, anesthesia, and intervention."

Mount Sinai Children's Heart Center, in partnership with Mount Sinai Fuster Heart Hospital, provides advanced, state-of-the-art cardiac care to pediatric patients for all conditions, from the most common disorders to the rarest cases. The team collaborates with colleagues throughout The Mount Sinai Hospital who are ranked No. 2 nationally for Cardiology, Heart, and Vascular Surgery by U.S. News & World Report.

Dr. Pizarro began this new role within Mount Sinai Health System on Wednesday, July 2, 2025.



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Stereotaxis Receives US FDA Clearance for MAGiC Sweep Catheter

Stereotaxis (NYSE: STXS), a pioneer and global leader in surgical robotics for minimally invasive endovascular intervention, today announced that it has received U.S. Food and Drug Administration (FDA) 510(k) clearance for its groundbreaking MAGiC Sweep™ catheter. MAGiC Sweep is the world's first robotically navigated high-density electrophysiology (EP) mapping catheter, representing a significant advancement in the technology available to diagnose and treat complex arrhythmia patients.

High density mapping has transformed the EP field, enhancing cardiac ablation procedures by enabling more efficient, detailed and precise identification of arrhythmia origin. The combination of high-density mapping with robotics is designed to offer multiple improvements:

- **Efficient High-Density Mapping:** Equipped with 20 electrodes, MAGiC Sweep facilitates rapid and detailed electroanatomical mapping of the heart chambers.
- **Extended Reach & Precision:** Seamless integration with Stereotaxis' Robotic Systems enables precise navigation of the catheter to otherwise difficult to reach areas of the heart.
- **Atraumatic Design:** The catheter's design prioritizes patient safety with an atraumatic shaft.
- **Anatomical Accuracy:** The catheter supports more anatomically accurate maps by avoiding the distension caused by rigid catheters.
- **Efficient Workflow:** MAGiC Sweep enables improved robotic procedural workflow, particularly as Stereotaxis advances algorithms that support automated mapping with MAGiC Sweep.

"The development of the first ever robotically navigated high-density mapping catheter is a major milestone for the EP field," said Dr. Roderick Tung, Chief of Cardiology and Director of Cardiovascular

Clinical Research at The University of Arizona College of Medicine - Phoenix. "Mapping with multi-electrode catheters has taught us so much in both mechanism and therapy for both atrial and ventricular arrhythmias. Remaining limited to only point-by-point mapping has held back the adoption of robotic navigation, as we have become accustomed to seeing human arrhythmias in exquisitely high resolution. We look forward to the positive impact we expect MAGiC Sweep to have on our patients and new possibilities in the field."

"The ability to combine high-density mapping with robotics is an exciting long-awaited milestone for the community of robotic electrophysiologists and the broader EP field," said Dr. Daniel Cooper, Professor of Medicine and Director of Electrophysiology Lab at Washington University. "By helping us efficiently create more accurate and detailed maps of complex arrhythmia, robotic high-density mapping with MAGiC Sweep supports our efforts to provide the most effective and safe ablation procedures for our patients."

"FDA clearance of MAGiC Sweep marks a pivotal moment for Stereotaxis as we advance a broad portfolio of differentiated robotically-navigated catheters. MAGiC Sweep is Stereotaxis' first FDA clearance for an interventional catheter in nearly 20 years, but is only the first of multiple robotically-steered interventional devices being advanced as part of our comprehensive innovation strategy," said David Fischel, Stereotaxis Chairman and CEO. "This catheter reflects our commitment to significant innovations that advance robotics in electrophysiology and across endovascular interventions."



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