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Damien Kenny, MD;
Ziyad M. Hijazi, MD
on behalf of all the PICS Directors &
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@PICS_AICS

Register Online for
PICS Symposium 2021

[https://register.rcsreg.com/r2/
pics2021/ga/top.html](https://register.rcsreg.com/r2/pics2021/ga/top.html)

Welcome

Dear Colleagues,

We hope this message finds you and your loved ones well and safe. This past year has been full of obstacles imposed on us by a global pandemic. Last September, and with your help, we were able to navigate some of those obstacles when we put together our first Live Online meeting with over 1000 registrants! This year, as we look to overcome the challenges of the SARS-CoV-2 pandemic, we are thrilled to announce that the Pediatric and Adult Interventional Cardiac Symposium, PICS 2021, will be taking place in person! This September, we head back to Las Vegas where the conference will be held at the beautiful Aria Hotel from Wednesday, September 1st to Saturday, September 4th. As an added bonus, this year's meeting will be incorporating the 3DI3 Symposium under the directorship of Dr. Aimee Armstrong and Dr. Gregor Krings, with a focus on Interventional Imaging Modalities. And in another first, we are thrilled to announce that the PICS society will be launching the first annual PICS Fellows and Early Career course, to be held from August 29th-August 31st at the Aria Hotel as well.

The main symposium will kick off on the morning of Wednesday, September 1st, where Dr. Hijazi will address all the attendees in a welcome speech. As usual, we will start PICS with our ever-popular live cases! This year, our first set of live cases will be coming to you from Sao Paolo, Toronto, and Jeddah. A lunch break will mark the end of the live cases, though we have taped cases that will play during our first day lunch session. The taped cases will make way for our main Wednesday afternoon session, which centers around the Pulmonary Valve. A rich list of speakers will provide content that ranges from the utility of 3D imaging to an overview of the outcome of the SAPIEN valve, and an examination of the impact of the Melody valve, among other great talks. In keeping with the pulmonary valve theme, there will be a platform for self-expanding valves, with the keynote address this year entitled "How This All Started and Challenges to Come", to be delivered by Dr. Boudjemline. For those looking for other great learning opportunities, our Wednesday afternoon breakout session will be a very entertaining and diverse Tips and Tricks session! A coffee break



PICS Society



Symposium 2021

Pediatric and Congenital Interventional Cardiovascular Society



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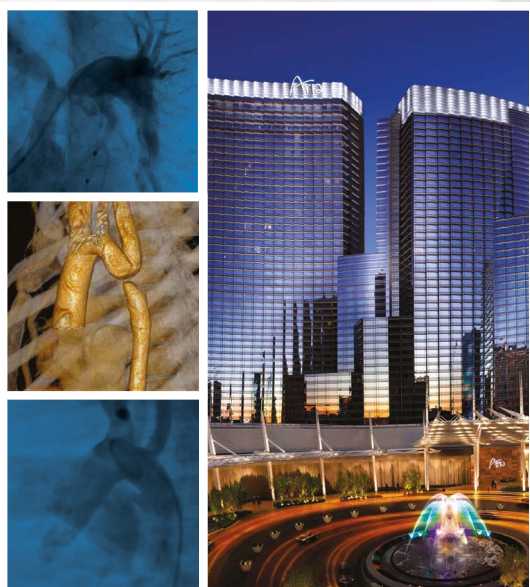


PICS Society

Pediatric and Congenital Interventional Cardiovascular Society



Symposium 2021



SAVE THE DATE
SEPTEMBER 1-4, 2021

LAS VEGAS

ARIA CONVENTION CENTER, LAS VEGAS

www.picsymposium.com

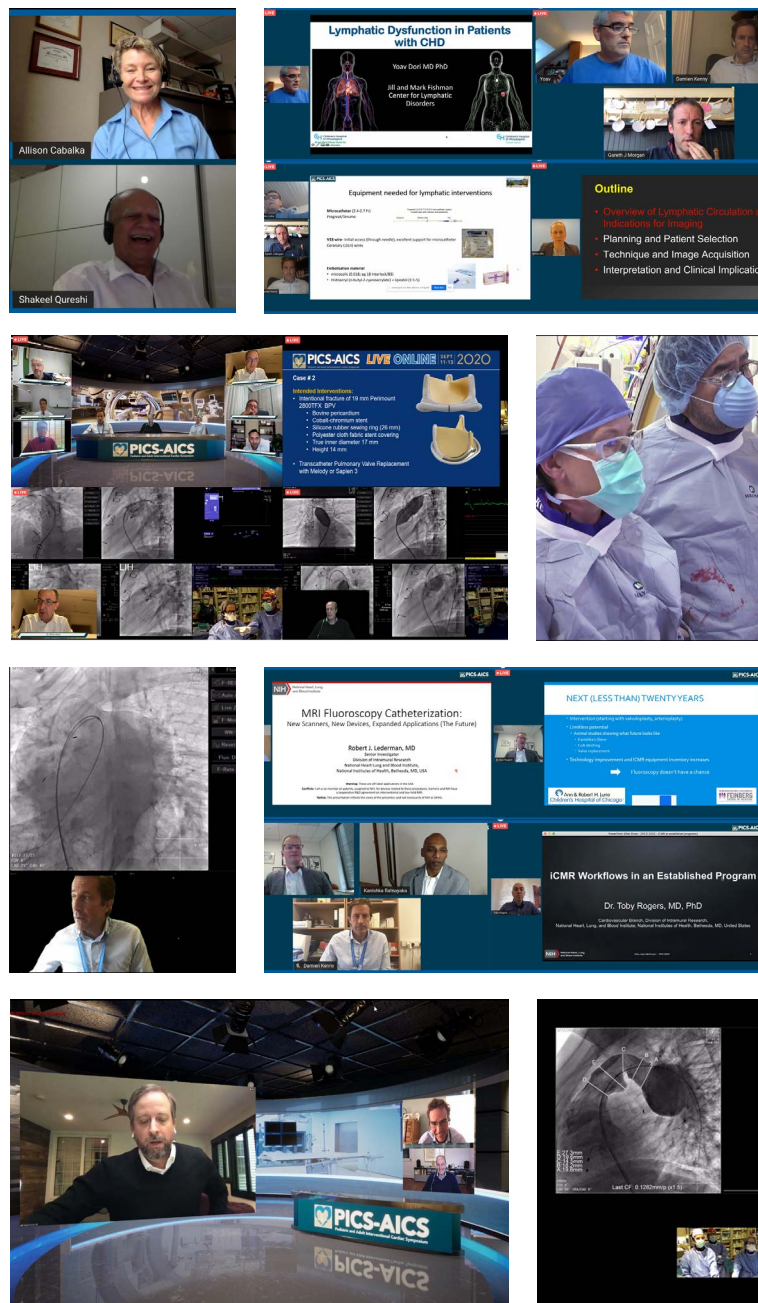
www.CHDinterventions.org

Thursday, September 2nd, promises more great content as we start with live cases from New Orleans, Philadelphia, and Chicago. As the live sessions come to an end, you will have time to refuel over lunch – though make sure to enjoy the 3DRA demonstrations provided by our vendors during the lunch break. Our main afternoon session on Day 2 focuses on Lymphatics, and we take a deep lymphatic dive into accessing the thoracic duct, redirecting venous flow, lymphatic decompression, and other great talks. Simultaneously, we will have three breakout sessions in the afternoon of our second day that include: Vascular Obstruction, our PICES session, and our nursing and technologists breakout session. As the afternoon comes to an end, we will take this opportunity to bring back the PICS Achievement Award to recognize the hard work and tremendous contribution of this years' recipients. In the evening, Venus Medtech is hosting a special symposium. Make sure to register for this symposium, as seats are limited!

Friday, September 3rd, will begin with an address from Mr. Norm Linsky, the Executive Director of the PICS Society. The PICS Society is entering its second year and Mr. Linsky will update us on the fantastic progress to date. We will have more great live cases, this time coming to you from Columbus, Cincinnati, and Boston. Lunchtime symposia will be held by Medtronic and Abbott and will help replenish hungry minds in preparation for the first of two main afternoon sessions, tackling the evolving practice of PDA stenting. Talks about ductal morphology, airways compression, pre-procedural imaging, and stent types will shed light on the most up-to-date approaches to PDA stenting. A simultaneous breakout session revolving around pulmonary artery stenting will take place. The second main afternoon session, titled Interventional Treatment of Sinus Venosus ASD, will walk us through pre-procedural and intra-procedural imaging, outcomes and complications, and a lively discussion about the use of covered stents for sinus venosus ASDs. The second breakout session on Day 3 revolves around the ever-exciting Bioresorbable technology. As Friday's academic events conclude, the night will only be just beginning with our annual Dinner Event that will take place on Friday evening, during which we will be awarding those founding members of the PICS Society with their certificates! We hope to see each and every one of you there!

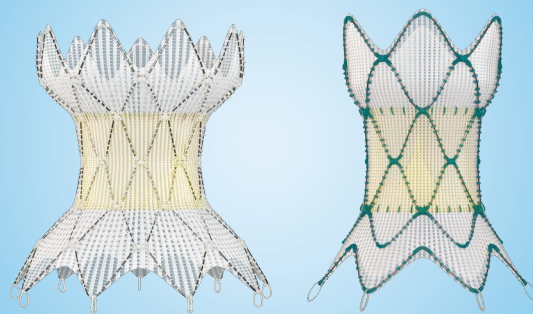
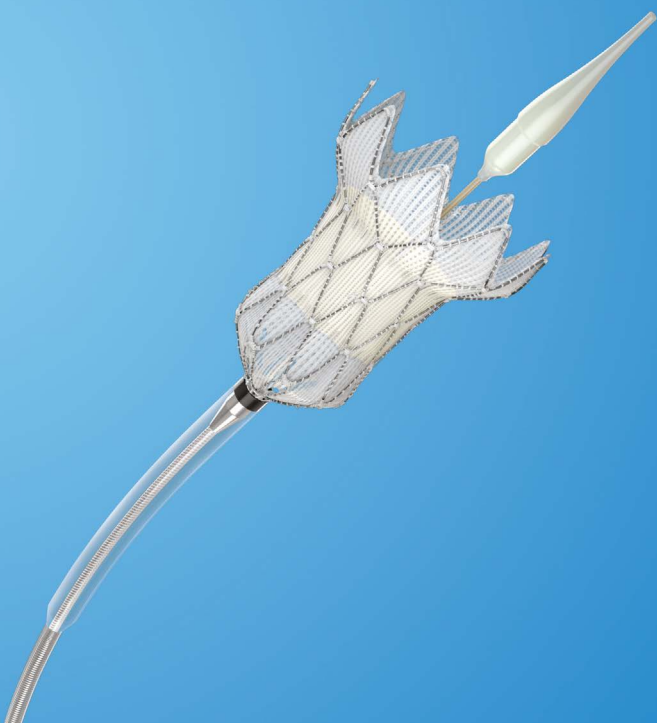
On Saturday, September 4th, the last day of the conference, we start with a morning session focusing on Adult Congenital Heart Disease that covers important topics like atrial arrhythmia in the ACHD population, mitral valve-in-valve techniques, tricuspid valve repair in CHD patients, and much more! The first breakout session of the day covers pulmonary vein stenosis. A brief coffee break will recharge our batteries and will serve as a segue to the second morning session; a look at cardiovascular interventions in infants less than 2.5 kg in weight. Here, we explore the fascinating world of fetal interventions and make our way to the challenges posed by this group of patients. A simultaneous breakout session will look at aortic interventions, including coarctations, aortic valvuloplasty, and the use of covered stents in the aorta, among other topics. From there, we transition to Nightmare Cases as we look to learn from our most challenging times in the cath lab.

We cannot wait to welcome you all, in person, to Las Vegas. We are excited to put the challenges of last year behind us, and we look



forward to your help in making this year's meeting a smashing success. For those of you unable to travel due to ongoing restrictions, we will be providing registration for online streaming. Your participation is what makes this conference possible. We look forward to learning with, and from, all of you.

Kamel Shibbani, MD; Damien Kenny, MD; Ziyad M. Hijazi, MD
On behalf of all the PICS Directors and Co-Directors



ONE. PARTNER.

Every step of the way

Harmony™

Transcatheter Pulmonary Valve (TPV)

Backed by our commitment to providing solutions and support to you and your CHD patients, we offer dedicated clinical experts who can provide guidance in all stages of the therapy.

Indications

The Harmony™ transcatheter pulmonary valve (TPV) system is indicated for use in the management of pediatric and adult patients with severe pulmonary regurgitation (i.e., severe pulmonary regurgitation as determined by echocardiography and/or pulmonary regurgitant fraction $\geq 30\%$ as determined by cardiac magnetic resonance imaging) who have a native or surgically-repaired right ventricular outflow tract and are clinically indicated for surgical pulmonary valve replacement.

Contraindications

The following are contraindications for the use of this device: active bacterial endocarditis or other active infections, known intolerance to Nitinol (titanium or nickel), or an anticoagulation/antiplatelet regimen.

Warnings

General: Implantation of the Harmony TPV system should be performed only by physicians who have received Harmony TPV system training. The transcatheter pulmonary valve (TPV) is to be used only in conjunction with the Harmony delivery catheter system (DCS). This procedure should only be performed where emergency pulmonary valve surgery can be performed promptly. Do not use any of the Harmony TPV system components if any of the following has occurred: it has been dropped, damaged, or mishandled in any way, or if the use-by date has elapsed.

Transcatheter pulmonary valve (TPV): This device was designed for single use only. Do not reuse, reprocess, or resterilize the TPV. Reuse, reprocessing, or resterilization may compromise the structural integrity of the device and/or create a risk of contamination of the device, which could result in patient injury, illness, or death. Do not resterilize the TPV by any method. Exposure of the device and container to irradiation, steam, ethylene oxide, or other chemical sterilants renders the device unfit for use. The device is packaged with a temperature sensor. Do not freeze the device. Do not expose the device to extreme temperatures. Do not use the device if the arrow on the sensor points to the symbol that indicates that the temperature limit has been exceeded. Do not use the device if any of the following have occurred: the tamper-evident seal is broken, the serial number tag does not match the container label, the arrow on the sensor points to the symbol that indicates that the temperature limit has been exceeded, or the device is not completely covered by the storage solution. Do not contact any of the Harmony TPV system components with cotton or cotton swabs. Do not expose any of the Harmony TPV system components to organic solvents, such as alcohol. Do not introduce air into the catheter. Do not expose the device to solutions other than the storage and rinse solutions. Do not add or apply antibiotics to the device, the storage solution, or the rinse solution. Do not allow the device to dry. Maintain tissue moisture with irrigation or immersion. Do not attempt to repair a damaged device. Do not handle the valve leaflet tissue or use forceps to manipulate the valve leaflet tissue. Do not attempt to recapture the device once deployment has begun. Do not attempt to retrieve the TPV if any one of the outflow TPV struts is protruding from the capsule. If any one of the outflow TPV struts has deployed from the capsule, the TPV must be released from the catheter before the catheter can be withdrawn. Do not attempt post-implant balloon dilatation (PID) of the TPV during the procedure, which may cause damage to or failure of the TPV leading to injury to the patient resulting in reintervention.

Delivery catheter system (DCS): This device was designed for single use only. Do not reuse, reprocess, or resterilize the DCS. Reuse, reprocessing, or resterilization may compromise the structural integrity of the device and/or create a risk of contamination of the device, which could result in patient injury, illness, or death. Do not reuse or resterilize the DCS. If resistance is met, do not advance the guidewire, DCS, or any other component without first determining the cause and taking remedial action. Do not remove the guidewire from the DCS at any time during the procedure.

Precautions

General: Clinical long-term durability has not been established for the Harmony TPV. Evaluate the TPV performance as needed during patient follow-up. The safety and effectiveness of Harmony TPV implantation in patients with pre-existing prosthetic heart valve or prosthetic ring in any position has not been demonstrated. The Harmony TPV system has not been studied in female patients of child-bearing potential with positive pregnancy.

Before use: Exposure to glutaraldehyde may cause irritation of the skin, eyes, nose, and throat. Avoid prolonged or repeated exposure to the chemical vapor. Use only with adequate ventilation. If skin contact occurs, immediately flush the affected area with water (for a minimum of 15 minutes) and seek medical attention immediately. The TPV and the glutaraldehyde storage solution are sterile. The outside of the TPV container is nonsterile and must not be placed in the sterile field. The TPV and DCS should be used only in a sterile catheterization laboratory (cath lab) environment. Ensure that sterile technique is used at all times. Strictly follow the TPV rinsing procedure. For TPV 25: Ensure that all green sutures have been removed from the attachment suture loops on the TPV before loading onto the DCS. Prevent contamination of the TPV, its storage solution, and the DCS with glove

powder. Verify the orientation of the TPV before loading it onto the DCS. The inflow end of the TPV with attachment suture loops must be loaded first. Do not place excessive pressure on the TPV during loading. Inspect the sealed DCS packaging before opening. If the seal is broken or the packaging has been damaged, sterility cannot be assured. Proper functioning of the DCS depends on its integrity. Use caution when handling the DCS. Damage may result from kinking, stretching, or forceful wiping of the DCS. This DCS is not recommended to be used for pressure measurement or delivery of fluids. Carefully flush the DCS and maintain tight DCS connections to avoid the introduction of air bubbles.

During use: The TPV segment is rigid and may make navigation through vessels difficult. Do not advance any portion of the DCS under resistance. Identify the cause of resistance using fluoroscopy and take appropriate action to remedy the problem before continuing to advance the DCS. Careful management of the guidewire is recommended to avoid dislodgement of the TPV during DCS removal. Once deployment is initiated, retrieval of the TPV from the patient is not recommended. Retrieval of a partially deployed valve may cause mechanical failure of the delivery catheter system or may cause injury to the patient. Refer to the section below for a list of potential adverse events associated with Harmony TPV implantation. During deployment, the DCS can be advanced or withdrawn prior to the outflow struts protruding from the capsule. Once the TPV struts contact the anatomy during deployment, it is not recommended to reposition the device. Advancing the catheter forward once the TPV struts make contact with the anatomy may lead to an undesired deployment or may cause damage to or failure of the TPV and injury to the patient. Refer to the section below for a list of potential adverse events associated with the Harmony TPV implantation. Physicians should use judgment when considering repositioning of the TPV (for example, using a snare or forceps) once deployment is complete. Repositioning the bioprosthesis is not recommended, except in cases where imminent serious harm or death is possible (for example, occlusion of the main, left, or right pulmonary artery). Repositioning of a deployed valve may cause damage to or failure of the TPV and injury to the patient. Refer to the section below for a list of potential adverse events associated with the Harmony TPV implantation. Ensure the capsule is closed before DCS removal. If increased resistance is encountered when removing the DCS through the introducer sheath, do not force passage. Increased resistance may indicate a problem and forced passage may result in damage to the device and harm to the patient. If the cause of resistance cannot be determined or corrected, remove the DCS and introducer sheath as a single unit over the guidewire, and inspect the DCS and confirm that it is complete. If there is a risk of coronary artery compression, assess the risk and take the necessary precautions. Endocarditis is a potential adverse event associated with all bioprosthetic valves. Patients should make their healthcare providers aware that they have a bioprosthetic valve before any procedure. Post-procedure, administer appropriate antibiotic prophylaxis as needed for patients at risk for prosthetic valve infection and endocarditis. Prophylactic antibiotic therapy is recommended for patients receiving a TPV before undergoing dental procedures. Post-procedure, administer anticoagulation and/or antiplatelet therapy per physician/clinical judgment and/or institutional protocol. Excessive contrast media may cause renal failure. Preprocedure, measure the patient's creatinine level. During the procedure, monitor contrast media usage. Conduct the procedure under fluoroscopy. Fluoroscopic procedures are associated with the risk of radiation damage to the skin, which may be painful, disfiguring, and long term.

Potential Adverse Events

Potential risks associated with the implantation of the Harmony TPV may include, but are not limited to, the following: ■ death ■ valve dysfunction ■ tissue deterioration ■ hematoma ■ heart failure ■ cerebrovascular incident ■ perforation ■ rupture of the right ventricular outflow tract (RVOT) ■ compression of the aortic root ■ compression of the coronary arteries ■ sepsis ■ pseudoaneurysm ■ erosion ■ stent fracture ■ arrhythmias ■ device embolization or migration ■ pulmonary embolism ■ occlusion of a pulmonary artery ■ laceration or rupture of blood vessels ■ device misorientation or misplacement ■ valve deterioration ■ regurgitation through an incompetent valve ■ physical or chemical implant deterioration ■ paravalvular leak ■ valve dysfunction leading to hemodynamic compromise ■ residual or increasing transvalvular gradients ■ progressive stenosis and obstruction of the implant ■ hemorrhage ■ endocarditis ■ thromboembolism ■ thrombosis ■ thrombus ■ intrinsic and extrinsic calcification ■ bleeding ■ bleeding diathesis due to anticoagulant use ■ fever ■ pain at the catheterization site ■ allergic reaction to contrast agents ■ infection ■ progressive pulmonary hypertension ■ progressive neointimal thickening and peeling ■ leaflet thickening ■ hemolysis. General surgical risks applicable to transcatheter pulmonary valve implantation: ■ abnormal lab values (including electrolyte imbalance and elevated creatinine) ■ allergic reaction to antiplatelet agents, contrast medium, or anesthesia ■ exposure to radiation through fluoroscopy and angiography ■ permanent disability.

Please reference the Harmony TPV system instructions for use for more information regarding indications, warnings, precautions, and potential adverse events.

Caution: Federal law (USA) restricts these devices to the sale by or on the order of a physician.

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Minneapolis, MN 55432-5604
USA
Tel: (763) 514-4000
Fax: (763) 514-4879
Toll-free: (800) 328-2518

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CardioVascular Technical Support
Tel: (877) 526-7890
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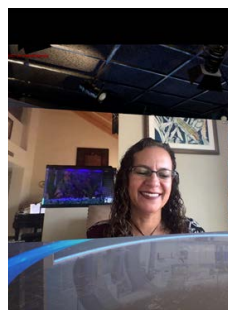
Educational Objectives

PICS-AICS 2021 will provide physicians, nurses and technologists the opportunity to learn about many aspects of Pediatric and Adult Congenital and Structural Interventional Cardiology.

Learning Objectives

Upon completion of your participation in this educational activity, you will be able to incorporate the following into your practice of medicine:

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



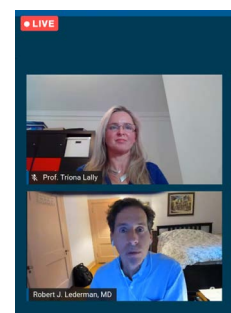
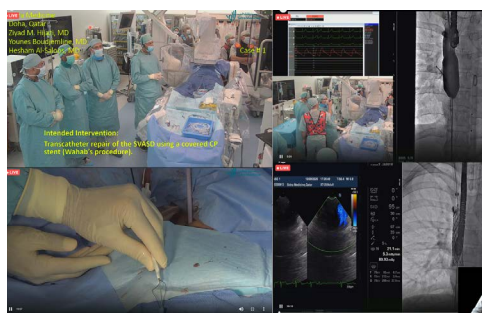
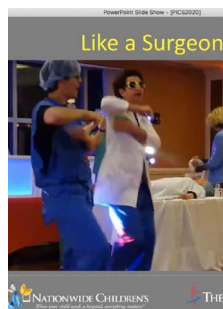
Accreditation

Sponsored for CME credit by Rush University Medical Center.

Rush University Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Rush University is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

ASRT credits applied for. This activity is being presented without bias and with commercial support.





The PICS Society

On behalf of our Board, our volunteer committees and our growing global membership, we are honored to introduce the PICS Society, the professional society devoted solely to specialists in minimally invasive treatment of Congenital Heart Disease (CHD). We represent the collective voice of physicians, nurses and technologists in our growing field. We foster the highest quality of care by connecting our community and learning from one another. Join us and strengthen our voice!

Our Vision

A world where anyone who can benefit from minimally invasive techniques to treat CHD can access safe, effective care.

Our Mission

We promote the highest quality care globally for infants, children and adults with CHD through minimally invasive techniques. We partner to further knowledge and skills of all involved, fostering research, education and advocacy on behalf of you and the patients we are privileged to treat.

Background and History

We are new AND we are also celebrating our 25th silver anniversary! We have a new name (and a new logo!), but our history runs deep. Since 1997 the PICS Foundation has held the annual Pediatric & Adult Interventional Cardiac Symposium. The Symposium has a proud history of excellence in education for physicians, nurses and technologists in our field. Each year the Symposium focuses on the newest technologies, teaching via live cases, dealing with (and avoiding) challenges, tried-and-true refreshers and much more. The Symposium will continue as best-in-class for many years to come. However...

2020 - Transformation and Growth

In recent years, many reached out to Symposium organizers recommending that our profession needs its own medical professional society devoted solely to our maturing discipline. Common threads emerged, threads which quickly became the core values of our—your—new professional organization. Here are those values:

- Our perspective is truly international
- Our leadership comes from many nations
- Our commitment is to the highest quality care
- Rigorous, high standards for membership are key
- Education is year-round, available anytime
- We must lead in developing guidelines
- We are pursuing universal advocacy principles
- Respectful partnership with national societies is vital
- We take pride in working with our industry partners
- We commit to mentoring the “next generation”
- We will ensure the Symposium continues best in the field
- We are VERY affordable to all who wish to join us

As a result, in our 25th anniversary year, the PICS Foundation has formally transformed into the PICS Society, the professional global “home” for those dedicated to our field. We are equally dedicated to partnering with national societies to ensure their continued growth. This signifies transformation of our global profession into a recognized, unified community of dedicated medical providers.

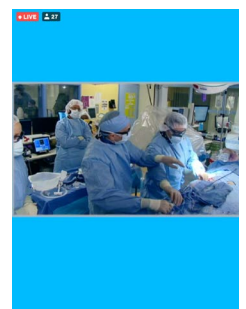
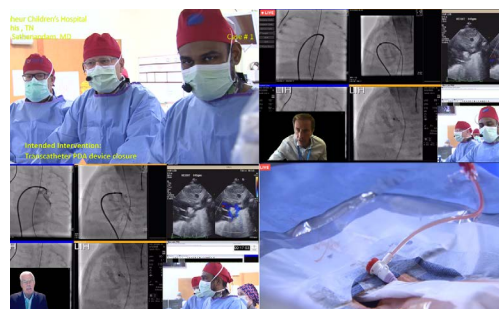
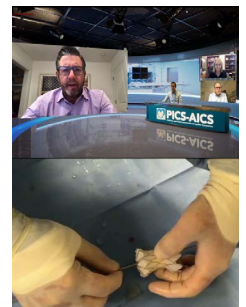


PICS Society

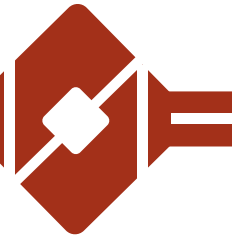
Pediatric and Congenital Interventional Cardiovascular Society

To find out more about the PICS Society, visit

www.CHDinterventions.org
(click on "PICS Society") or email
nlinsky@CHDinterventions.org



NuMED: A legacy of innovation and improving lives of patients with congenital heart defects



1984 NuMED, Inc. established in Hopkinton, NY



1996 Z-5™ Atrioseptostomy Catheter receives U.S. approval



1993 TYSHAK® and Z-MED™ receive U.S. approval

2003 Allen Tower Sr. receives PICS Lifetime Achievement Award



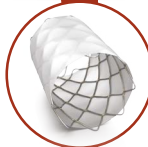
1997 Founding sponsor of first PICS

2004 CP Stent® receives CE mark for Coarctation of the Aorta



2003 Balloon in Balloon (BIB®) Catheter receives CE mark for stent placement

2018 NuDEL™ all-in-one stent delivery system U.S. approved for CoA & RVOT



2017 Covered CP Stent™ receives U.S. approval for RVOT



2021 Coming soon...

GROWING TOGETHER.

COMMITTED TO PEDIATRIC AND CONGENITAL
INTERVENTIONAL CARE FOR 25 YEARS AND COUNTING.

JOIN US AT PICS 2021 FOR OUR PRODUCT SHOWCASE EVENT

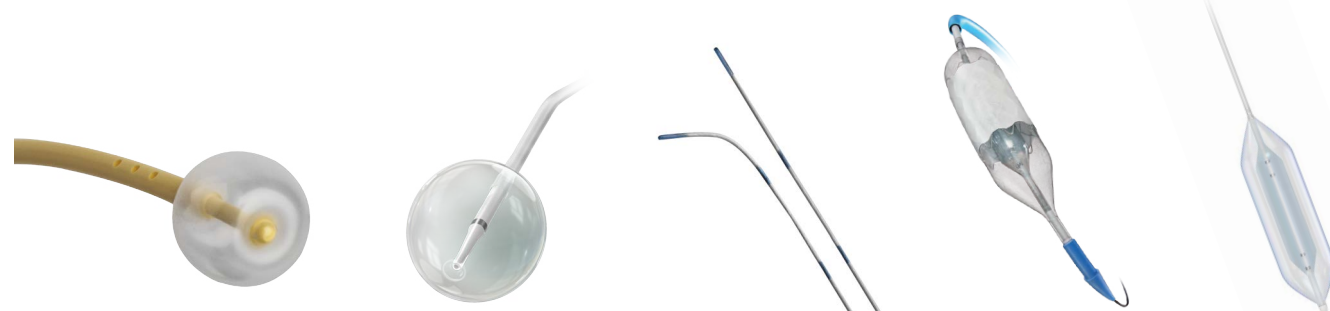
An exclusive opportunity to gain hands-on experience with our most referenced devices and our newest innovations. Each have been developed with your most important patients in mind.

Wednesday, September 1, 2021

Aria Convention Center
Immediately following the PICS Welcome Reception



Pre-Register
Here to Attend





Daily Program Overview

Wednesday, September 1st

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

8:15-10:30am **Live Case Session #1**
Sao Paulo, Brazil
Toronto, Canada
Jeddah, Saudi Arabia

10:30-10:45am **Coffee Break**

10:45-12:45pm **Live Case Session #2**
Sao Paulo, Brazil
Toronto, Canada
Jeddah, Saudi Arabia

1:00-1:45pm **Lunchtime Taped Cases**
Atrial Flow Regulator
MitraClip in CHD Patient

2:00-4:00pm **Pulmonary Valve Session**
The Impact of tPVR – What is the data?

- What Has Been the Real Benefit of tPVR?
- Putting the Impact of Melody into Perspective
- What Do We Really Know About the Sapien Valve Outcomes?
- What's your current algorithm for the fully-grown patient with a large, patched RVOT?
- 3D Imaging of the RVOT and Tools for Analysis
- How I use Computer Cased Simulation Prior to tPVR Cases

Self-Expanding Valves and Platforms

Med Zenith Valve
Pulsta Valve
Venus P Valve
Harmony
Alterra

Keynote Address

"How This All Started and Challenges to Come"

2:00-4:00pm **PICES Session (Breakout)**
Theme: Expanding the Interventional Quiver:
Available Equipment for the Congenital
Interventional Cardiologist

Tips and Tricks Session (Breakout)

- Dealing With Curvatures, Angles, and Vascular Tortuosity During Interventions in CHD
- A Structured Protocol for Transhepatic Interventions

- Dealing with Porto-systemic Shunts
- Options for the Embolized Stent
- When to Push and When to Fold – Complex Decision Making in CHD Interventions
- Establishing an Advanced 3D Imaging Program for the Cath Lab – 10 Tips on How to Get Started
- Debate: Technological Advances Have Improved Outcomes in the Last 10 years

4:00-4:15pm **Coffee**

4:15-6:00pm **Oral Abstract Session**

6:00-8:00pm **Welcome Reception**
Exhibit Hall Open

Thursday, September 2nd

8:00-8:15pm **Update on Live Cases 2020**

8:15-10:30am **Live Case Session #1**
New Orleans Children's Hospital, New Orleans, LA, USA
Rush University Medical Center, IL, USA
Children's Hospital of Philadelphia, PA, USA

10:30-10:45am **Coffee Break**

10:45-12:45pm **Live Case Session #2**
New Orleans Children's Hospital, New Orleans, LA, USA
Rush University Medical Center, IL, USA
Children's Hospital of Philadelphia, PA, USA

1:00-2:00pm **Lunch Session**
Four Vendor 3DRA Demonstrations

2:00-5:30pm **Lymphatic Session**


- Demystifying the Lymphatic System
- Stratifying Fontan Risk by Pre-Op Lymphatic Imaging
- Techniques for Accessing the Thoracic Duct: What are the Options?
- Defining the Optimum Target – Periportal Lymphatic vs the Thoracic Duct
- Redirecting Venous Flow for Lymphatic Decompression
- My Lymphatic Intervention Algorithm: How I Improve Outcomes

Case Based Learning
Expert Panel



Quality and Experience

Celebrating 50 Years!

A photograph showing several hands of different skin tones joined together in a circle on a wooden surface, symbolizing unity and teamwork. The image is overlaid with a blue gradient.

THANK YOU for all you do.
We have weathered
many storms ...
Together we still can.



2:00-3:30pm Vascular Obstruction (Breakout)

- Options for Thrombolysis and Thrombectomy
- Options for Systemic Venous Obstruction in Pediatric Practice
- Dealing with Complete Pulmonary Artery Occlusion
- Recanalizing the Atrietic Aorta
- Returning Flow Through Occluded Shunts
- Recanalizing Occluded Vessels in Non-CHD: Technical Lessons Learned

4:00-5:30pm Nursing and Associated Professionals (Breakout)

- Transcatheter Pulmonary Valves: A Historical Perspective Suggestion
- Cardiac Anesthesia in the Cath Lab
- Are the Risks Higher in Today's Cath Lab?
- How Do We Manage Inventory With the High Cost of Technology?
- New Cath Lab Guidelines
- Bioabsorbable Devices: Where Are We?
- Questions/Discussion

5:30pm PICS Achievement Awards

6:30pm Venus MedTech Industry Dinner Symposium

2:00-3:30pm Pulmonary Artery Stenting (Breakout)

- Stent Modifications for PA Stenting
- Algorithm for Unzipping Small Diameter Stents
- 3-D Imaging to Guide Complex Bifurcation Stenting
- PA Stenting in the Context of tPVR – Planning for the Future
- Strategic Approach to Diffuse Branch PA Stenoses
- Long-Term Strategy for PA Rehabilitation and Decision Making; Case Based Presentations

4:00-5:30pm Bioresorbable Technology (Breakout)

- Is There a Role for PLLA or Magnesium Coronary Stents in Children?
- Advantages and Challenges of Zinc Alloys for Pediatric Stents
- The CARAG ASD Occluder: Update on Human Implants - Horst Sievert
- Use of PLLA Septal Occluders in China
- Possibilities for the Future: Iron Alloys and Nanoparticles?
- Regulatory and Commercialization Pathway for a Biodegradable Device in Pediatrics

4:00-5:30pm Interventional Treatment of SVASD

- Preprocedural Imaging to Guide Patient Selection
- Debate: All Anatomical Subtypes Can be Treated with Covered Stents
- Intraprocedural Imaging Modalities
- Procedural Techniques to Facilitate Stent Stability
- Outcomes
- Complications

6:30-10:00pm PICS Dinner Event

Friday, September 3rd

8:00-8:15am Introducing the PICS Society

8:15-10:30am Live Case Session #1
 Nationwide Children's Hospital, OH, USA
 Cincinnati Children's Hospital, OH, USA
 Boston Children's Hospital, MA, USA

10:30-10:45am Coffee Break

10:45-12:45pm Live Case Session #2
 Nationwide Children's Hospital, OH, USA
 Cincinnati Children's Hospital, OH, USA
 Boston Children's Hospital, MA, USA

1:00-2:00pm Lunchtime Industry Symposiums
 Medtronic
 Abbott

2:00-3:30pm PDA Stenting

- An Algorithmic Approach to PDA Stenting
- Optimal Pre-procedural Imaging Modalities
- Impact of Ductal Morphology on Outcomes
- Is Airway Compression a Real Concern?
- PDA Stenting in Infants < 2.5 kgs
- DES vs BMS – What Does the Data Tell Us?

Saturday, September 4th

8:00-9:30am ACHD/Structural Session

- Update on TV Repair and Potential Application to CHD Patients
- Interventions for Atrial Hypertension
- Complex Coronary Artery Fistula in the Adult – Indications and Techniques for Closure
- The Adult with ASD and Atrial Arrhythmia – Decision-Making Algorithm
- Transapical Techniques for Mitral PVL
- Mitral Valve-In-Valve – How Far Can We Push?



Opening Fall 2021

Dickinson Image-Guided Intervention Center at Rady Children's Hospital-San Diego



Nation's first pediatric image-guided intervention center

- Interventional Cardiac MRI Suite
- Siemens X-Ray Artis Icono Biplane Systems (2)
- Siemens Magnetom Sola 1.5T MRI System
- Future Advanced Imaging Technology

Cutting-edge pediatric procedures

- Radiation-free MRI Cardiac Catheterization
- Sedation-free Cardiac MRI
- Transcatheter Electrosurgery
- Transcatheter Cavopulmonary Anastomosis
- Leadless Transcatheter Pacemaker Implantation
- Complex Airway Intervention/Bronchial Stenting
- Novel Transcatheter Device Innovation
- Transcatheter Valve Implantation
- Universal Patent Ductus Arteriosus Stenting
- Preterm Infant Patent Ductus Arteriosus Device Closure
- Helen and Will Webster Foundation 3D Innovations Lab

World-class expertise

Howaida El-Said, MD, PhD
Henri Justino, MD
Kanishka Ratnayaka, MD
John Moore, MD, MPH
James Perry, MD

John Nigro, MD
Sanjeet Hegde, MD, PhD
Matthew Brigger, MD, MPH
Justin Ryan, PhD



8:00-9:30am

Pulmonary Vein Stenosis (Breakout)

- Understanding Congenital Pulmonary Vein Stenosis
- Surgery is a Better Primary Option/ Transcatheter Intervention is a Better Option
- Multimodality Approach to Treat Pulmonary Vein Stenosis
- Treating PVS – Should This Be Restricted to Specialized Centers
- Considerations Between Hope and Frustration: When to Treat and Not to Treat PVS

9:30-10:00am

Coffee Break

10:00-11:30am

Interventions in Infants < 2.5 kgs

- It Starts Before Birth: Update on Fetal Transcatheter Interventions
- Challenges, Risks and Risk Adjustments for Interventions Performed in Small Infants
- Percutaneous Vascular Access in Small Infants
- Hybrid Procedures in Low-Weight Infants
- Limitations and Challenges of Circulatory Support and Surgical Bailout in Small Infants
- Pulmonary Flow Regulators in Small Infants – Technical Approach and Outcomes

10:00-11:30am

Aortic Interventions (Breakout)

- Neonatal Balloon Aortic Valvuloplasty – What has IMPACT Taught Us?
- Balloon Angioplasty for Coarctation in Infancy – Is it a Good Option?
- Treating Coarctation of the Aorta in the Adult...A Different Kind of Beast
- Covered Stents Beyond Coarctation
- Interventional Therapy for Middle Aortic Syndrome
- How to Close Sinus Valsalva Rupture

11:30-1:00pm

Nightmare Case In the Cath Lab

1:00pm

Closing Remarks

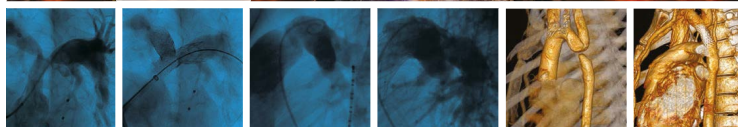


PICS Society

Pediatric and Congenital Interventional Cardiovascular Society



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<https://register.rcsreg.com/r2/pics2021/ga/top.html>

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