

**FEBRUARY 8 - FRIDAY**

**Friday Overview**

By Gil Wernovsky, MD



Today we hit the half way mark of Cardiology 2008, with a full day of plenary sessions and subspecialty breakouts, posters, and some sessions truly 'unique' to this meeting. Early AM sessions will include a session on fetal cardiology presented in a non-traditional format with very brief slide presentations followed panel discussions of controversial issues. Simultaneously will be sessions on the growing population of adults with CHD, talks on general cardiology issues, and a basic review of common CHD including heart specimens, postoperative care. The morning sessions will close with "Hot Topics", as well as the presentations of the top three abstracts in competition for the 5th Annual Outstanding Investigator Award, presented by Drs. Adnan Bhutta (Arkansas Children's Hospital), Christopher Petit (CHOP), and Robert Gajarski (Ann Arbor).

***"Once again, please take the time to visit our exhibitors. We could not provide the comprehensive course content, faculty, and amenities at Cardiology 2008 without them."***

At 12:30, grab your box lunch and join Dr. Michael Brook as he once again hosts Cardiology Jeopardy! This 'game show' combines surgeons and cardiologists in 3 teams competing for the grand prize. [We exactly decided what that prize is yet....., most likely just bragging rights.]

The afternoon plenary sessions will focus on later outcomes following intervention for CHD, including important factors related to quality of life. Our keynote speaker Jean Chatzky, and her son Jake, will give us a very unique perspective about growing up with CHD. The evening reception will be a time to eat, drink, network and relax, and will be held throughout the lower level of the hotel. The eve-

ning will conclude with the 2nd Annual Cardiology Ensemble—this year there will be over 20 musicians and singers participating, performing music from genres as disparate as classical, country, jazz and pop. Please join us for the show from 8:30-10:30 pm.

Remember the sunrise sessions will resume at 7am tomorrow (Saturday), and will include direct interaction with experts on NIRS, ECMO, cardiopulmonary bypass, handheld echocardiography and pacemakers. Audio files of pathologic heart sounds will also be available. Also, at 7am will be the top three presentations of nursing research, as a moderated poster session from 7-8 am.

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**Pulmonary Valve Replacement Break – Out Session**

By Matthew Gillespie, MD

Dr. Gary Webb discussed the current indications for pulmonary valve replacement (PVR), and urged caution when deciding about the timing of PVR given the excellent long-term survival of postoperative tetralogy of Fallot patients.

Dr. Matthew Gillespie spoke about the challenges that a dilated RV outflow tract presents to current percutaneous technologies. Using an animal model of dilated RVOT, the investigators at CHOP are exploring novel technologies and strategies for minimally invasive PVR.

Dr. William Hellenbrand gave an update on the USA Feasibly trial underway at Boston Children's, Columbia Medical Center, and Miami Children's. We anxiously await the 6 month follow up data.

Dr. Phillipp Bonhoeffer spoke on the worldwide experience with the Melody valve. Thus far, the Melody Valve has been implanted in 453 patients worldwide, with excellent clinical result and low morbidity and mortality.

Dr. James Quintessenza, gave the surgeons perspective on PVR. He detailed the various surgical options, including his experience with a PTFE bicuspid valve sewn into the pulmonary position. He also spoke about the potential limitations of the current generation of percutaneous heart valves, and encouraged a collaborative approach between surgeons and interventional cardiologists moving forward

**"Ohmmm": EP Harmonic Convergence**

By James C. Perry, MD

On a sunny, winter afternoon in Scottsdale, ~60 people sought an electrifying Zen experience, and found the EP breakout session, focused on postoperative arrhythmias and sudden cardiac death. Bradley Marino examined arrhythmias after the Ross, particularly the relationship of late AI to development of VT. From a study in press, 11% have new VT. Rich Friedman reviewed the types of CHDs most at risk of SCD: coarctation, TGA, univentricular physiology and left sided obstructive lesions.

Jim Perry followed, on the relationship of heart failure, ACHD and VT substrate, requiring different management approaches ("the best AA therapy may be heart failure therapy"). Phil Saul covered 3-D mapping of circuits in CHDs and ablation strategies. While recurrence rates are higher, >50% of CHD patients may need only one procedure.

Mitch "Device Doctor" Cohen reviewed ICD indications and implantation techniques after CHD surgery. He focused on recent TOF data and the need for global assessment of ICD impact. Adrienne Kovacs ended the session, noting the assessments of depression and anxiety, informed consent and the affect of shocks in our ICD patients. After some harmonic group chanting, everyone left, seeking early wine.

**"What's for Dinner?!"**

By James C. Perry, MD

OK, got your attention... Endorsing the creed, "Knowledge is Good," our hearty EP Seekers returned for Sir Robert Anderson's glorious description of the anatomy of the conduction system. One never fails to benefit from the rediscovery, both literal and figurative, of that which makes the EP heart beat to a different drum than, say, the cath jockeys.

Phil Saul reviewed the role that mostly natural history studies tell us when we consider who should get an ablation. He then gave supportive evidence for a practical revision of some published guidelines. Jim Steven did an admirable job as Sacrificial Anesthesiologist for the session, reviewing the drugs and expertise we often take for granted in the EP lab.

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Pictures from Cardiology 2008

Jim Perry wished more interventional cath jockeys were present for the talk on “Adding an EP study to a hemodynamic cath”, and focused on the potential benefits of knowing about inducibility, mapping, and EP effects on hemodynamic variables. Rich Friedman showed cool movies on the magnetic field steerability of new EP systems and only one slide of the NY Giants. Ronn Tanel answered the question “Are the late results of ablation really as good as we thought?” with a resounding “Yes, let’s go eat”. As the borborygmus drowned out the final speaker, folks left for dinner.

PVR Briefing

By Gary Webb, MD

When should the pulmonary valve be replaced? How should the pulmonary valve be replaced? These questions were addressed on Thursday afternoon. Gary Webb suggested that patients with pulmonary regurgitation should have a pulmonary valve replacement (PVR) when regurgitation is moderate-severe, when the right ventricle is dilated, and when there is a clinical indication for PVR.

Matt Gillespie described some of his research on an animal model of pulmonary regurgitation. Philipp Bonhoeffer provided an update on his pioneering work with percutaneous PVR at Great Ormond Street. The world experience has now reached 453 implants. Bill Hellenbrand gave an update on the experience with 43 percutaneous pulmonary valve implants in the USA.

Jim Quintessenza reminded the audience that the successes of PVR to this point have been surgical in nature, and that it will take some time for the percutaneous valve to prove that it has comparable performance and durability.



DON'T FORGET

The 2nd Annual  
Cardiology Ensemble  
8:30 pm—10:30 pm

with over 20 musicians and singers participating, performing music from genres as disparate as classical, country, jazz and pop.

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