

CONGENITAL CARDIOLOGY TODAY

Timely News and Information for BC/BE Congenital/Structural Cardiologists and Surgeons

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SPECIAL PICS-AICS 2018 PREVIEW
Worldwide Edition

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www.picsymposium.com

PICS-AICS 2018, September 5th-8th, Las Vegas - Optimizing Decision Making in Congenital Interventions

*By Ziyad M. Hijazi, MD; Damien Kenny, MD
on behalf of Course Directors and Co-Directors*

Dear Colleagues,

Welcome to the *21st Pediatric and Adult Interventional Cardiac Symposium – PICS-AICS* meeting! The meeting is returning to the Las Vegas at the MGM Grand, home to so many great events over the decades. This year's meeting will focus on how our decisions affect our outcomes. The live cases remain the focal point of the meeting. Live cases will be beamed from nine national and international venues with experienced operators that will demonstrate the latest in medical device technology using approved and investigational devices, stents and valves. The live cases this year will be transmitted live via satellite from: Riyadh, Doha, São Paulo, New York, Columbus, San Diego, Seattle, Cincinnati and Memphis.

This year we have collaborated with *3D/3* to provide a full day on Wednesday, the 5th of September focused on Advanced Imaging Modalities for Congenital and Structural Interventions. The imaging symposium will include live and taped cases focused on how integral advances in imaging are to driving the accuracy and success of our interventions. This will be followed by the oral abstract presentations that allow those who continue to push the boundaries of our field with their

scientific endeavors to present their work on the international stage. Each day we will maintain the clinical focus of the meeting with lunchtime taped cases from 11 national and international centers. The afternoon of the second day will include a symposium dedicated to the right ventricular outflow tract with truly world-class speakers contributing from the surgical and imaging specialties. There are further sessions dedicated to cutting edge advances in stenting and also the renaissance of transcatheter PFO closure with breakout sessions for younger interventionalists, and our nursing and technologist colleagues.

Friday, September 7th, begins with live cases from New York, Cincinnati and San Diego, with taped cases from Philadelphia, Cairo and Sydney. In the afternoon, there will be a special Global Summit focusing on device development and determining whether there are pathways to simplify international device approval. Representatives from regulatory bodies in North America, Europe and Asia will be present. This will be followed by a session on Registries, Decision Making, Quality and Outcomes. Ultimately it is our outcomes that will define us and this session will look at how we can understand and utilize these variables to allow us as interventionalists to continue to evolve with riskier cases protecting ourselves and our patients. The immensely popular breakout for our Spanish-speaking attendees will also take place later in the afternoon.

CONGENITAL CARDIOLOGY TODAY

CALL FOR CASES AND OTHER ORIGINAL ARTICLES

Do you have interesting research results, observations, human interest stories, reports of meetings, etc. to share? Submit your manuscript to: RichardK@CCT.bz

we can understand and utilize these variables to allow us, as interventionalists, to continue to evolve with riskier cases, while protecting ourselves and our patients. The immensely popular breakout for our Spanish-speaking attendees will also take place later in the afternoon.

Saturday, September 8th cases will be interposed with a session on Developments in Structural Heart Disease, including a taped case from the NIH. Other popular sessions, including "My Nightmare Case in the Cath Lab," ensure opportunity for discussion and learning from each other's experiences. The final afternoon will provide a competitive feel as "Battle of the Continents," a quiz-based session on all aspects of catheterization, will return for its third year with other continents vying to knock North America off its winning run over the last two years.

Poster abstracts will be displayed throughout the meeting. We will continue to support younger interventionalists through the PICS Young Leadership Program, with the winner receiving faculty status and involvement in the meeting. We also wish to recognize those committed to research with The Charles S. Kleinman, MD Scientific Scholarship Award, given in memory of our dear friend Dr. Charlie Kleinman, who was so close to the PICS family. The winner will receive a \$5,000 grant towards his/her research endeavor. We also plan to continue The Terry King Traveling Fellowship Award to sponsor a colleague in a developing country to ensure the meeting continues its philosophy of developing congenital and structural catheterization throughout the world.

We look forward to welcoming you to back to Las Vegas. Please don't forget to get in shape for the 5K Run. It supports a great cause: providing funds for equipment for mission trips to the developing world. Your participation is what makes the meeting the success that it is, and we look forward to learning with you and from you.

Yours truly,

*Ziyad M. Hijazi & Damien Kenny
On behalf of Course Directors and Co-Directors*

CCT

**Visit www.picsymposium.com
for up-to-date information.**

Accreditation

In support of improving patient care, Rush University Medical Center is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing education for the healthcare team. Rush is a not-for-profit health care, education and research enterprise comprised of Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health

Rush University Medical Center designates this live activity for a maximum of 32.00 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only credit commensurate with the extent of their participation in the activity.

ANCC Credit Designation – Nurses

The maximum number of hours awarded for this CE activity is 32.00 contact hours.

PICS-AICS has been approved for 33.25 ASRT Category A Credits.



PICS-AICS
Pediatric and Adult Interventional Cardiac Symposium



RUSH



@PICS_AICS (https://twitter.com/PICS_AICS)



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www.facebook.com/RushUniversityMedicalCenter



www.youtube.com/rushmedicalcenter

The PICS Foundation in collaboration with the Rush University Medical Center.

SEPTEMBER 5th - WEDNESDAY
The International Symposium on 3D Imaging for
Interventional Catheterization in CHD

6:30 am-6:00 pm - Registration

7:00-8:15 am - Breakfast Available

7:00 am-5:00 pm - Poster Abstracts

8:00-10:00 am - 3DRA Boot Camp:

Moderators: Gregor Krings; Aimee Armstrong

- **Welcome and Introduction** – Gregor Krings; Aimee Armstrong
- **Why Do 3DRA?** – Evan Zahn
- **Cookbook: How to Do 3DRA** – Aimee Armstrong
- **The Great Debate: 3 Vendors' Versions of 3DRA**
– Thomas Fagan; Gregor Krings; Evan Zahn
- **Q&A**
- **3DRA of the Airway and Esophagus: Why It Matters**
– Mirella Molenschot
- **The Role of the Cath Lab Technologist** – Paul Lawrence
- **How to Measure Using 3DRA** – Thomas Fagan
- **Q&A**

10:00-10:15 am - Coffee Available

10:15-11:45 am - Collaborating with the Non-Invasive Imaging Team

Moderators: Craig Fleishman; Jacqueline Kreutzer

- **Tips and Tricks for Multi-Modality Image Fusion**
– Shyam Sathanandam
- **Taped Case: Echo Fusion with Fluoroscopy** – Pei-Ni Jone
- **3D ICE: Is It Worth the Cost?** – John P. Cheatham
- **Intraventricular Blood Flow Dynamics: Will It Impact Outcomes?** – Shubhika Srivastava
- **Creating a Culture of Collaboration** – Aimee Armstrong
- **Q&A**

11:45 am-12:00 pm - Lunch Available

12:00-12:45 pm - Lunch and Live Case from Nationwide Children's Hospital – Darren Berman

Moderators: Evan Zahn; Bryan Goldstein; Lee Benson; Shakeel Qureshi

12:45-2:15 pm - TOF Imaging and Intervention:

Moderators: Jeremy Collins; Daniel Levi; Emile Bacha

- **When Should We Replace the Pulmonary Valve in TOF?**
– Anne Marie Valente
- **Predicting Coronary Compression in TPVR: Is Finite Element Analysis the Answer?** – Doff McElhinney
- **What Does the Surgeon Need to Know Before a TOF/PA/MAPCA Case?** – Frank Hanley
- **3D Printing for Surgical and Interventional Planning**
– Lee Benson
- **Will We Need 3D Printing When We Have...**
 - **Holography** – Elchanan Bruckheimer
 - **Photorealistic Visualization?** – Gregor Krings; Aimee Armstrong
- **Q&A**

SEPTEMBER 5th - WEDNESDAY
The International Symposium on 3D Imaging for
Interventional Catheterization in CHD

2:15-2:30 pm - Coffee Available

2:30-3:30 pm - Biomedical Engineering Meets Coarctation:

Moderators: Jeffrey Zampi; Thomas Fagan

- **Computational Fluid Dynamics for Aortic Interventions**
– Aimee Armstrong
- **From 3DRA to 4DRA** – Gregor Krings
- **4D Cardiac MR** – Jeremy Collins
- **Q&A**
- **Closing Remarks** – Gregor Krings; Aimee Armstrong

3:30-4:00 pm - Coffee Available

4:00-6:00 pm - Three Vendor Breakout - Hands-On Rooms for 3DRA Post-Processing

4:00-6:00 pm - Oral Abstract Presentations

Moderators: Larry Latson; Terry King; Robert Vincent

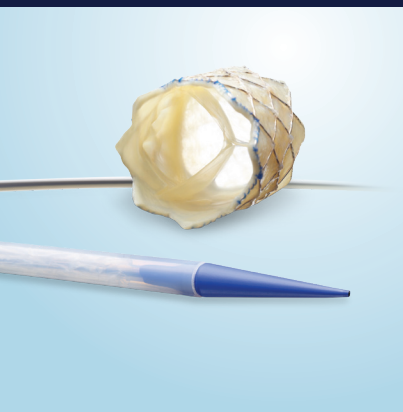
6:00-8:00 pm - WELCOME RECEPTION - EXHIBIT HALL - PICS-AICS Sessions and Exhibit Hall - MGM Convention Center 3rd Level



Don't Forget to
Save the Date
for PICS~AICS 2019 at the
Marriott Marquis - San Diego Marina,
September 4-7, 2019



RIGHT DESIGN.



Melody™
Transcatheter Pulmonary
Valve (TPV) System



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

*Melody Transcatheter Pulmonary Valve Study:
Post Approval Study of the Original IDE Cohort
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UC201809030a EN 04/2018

Confident with over

7

years of clinical data.*

The only transcatheter valve designed specifically for RVOT conduits and bioprosthetic valves. Thin leaflets from naturally derived tissue open and close under minimal pressure. The flexible delivery system is designed for the right side of the heart and offers controlled, stepwise deployment of the valve with balloon-in-balloon technology.

**Melody TPV —
The Right Design
for Your Patients**

Medtronic
Further, Together

Melody™ Transcatheter Pulmonary Valve, Ensemble™ II Transcatheter Valve Delivery System

Important Labeling Information for the United States

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

Contraindications: None known.

Warnings/Precautions/Side Effects:

- **DO NOT implant in the aortic or mitral position. Pre-clinical bench testing of the Melody valve suggests that valve function and durability will be extremely limited when used in these locations.**
- DO NOT use if patient's anatomy precludes introduction of the valve, if the venous anatomy cannot accommodate a 22 Fr size introducer, or if there is significant obstruction of the central veins.
- DO NOT use if there are clinical or biological signs of infection including active endocarditis. Standard medical and surgical care should be strongly considered in these circumstances.
- Assessment of the coronary artery anatomy for the risk of coronary artery compression should be performed in all patients prior to deployment of the TPV.
- To minimize the risk of conduit rupture, do not use a balloon with a diameter greater than 110% of the nominal diameter (original implant size) of the conduit for pre-dilation of the intended site of deployment, or for deployment of the TPV.
- The potential for stent fracture should be considered in all patients who undergo TPV placement. Radiographic assessment of the stent with chest radiography or fluoroscopy should be included in the routine postoperative evaluation of patients who receive a TPV.
- If a stent fracture is detected, continued monitoring of the stent should be performed in conjunction with clinically appropriate hemodynamic assessment. In patients with stent fracture and significant associated RVOT obstruction or regurgitation, reintervention should be considered in accordance with usual clinical practice.

Potential procedural complications that may result from implantation of the Melody device include the following: rupture of the RVOT conduit, compression of a coronary artery, perforation of a major blood vessel, embolization or migration of the device, perforation of a heart chamber, arrhythmias, allergic reaction to contrast media, cerebrovascular events (TIA, CVA), infection/sepsis, fever, hematoma, radiation-induced erythema, blistering, or peeling of skin, pain, swelling, or bruising at the catheterization site.

Potential device-related adverse events that may occur following device implantation include the following: stent fracture, stent fracture resulting in recurrent obstruction, endocarditis, embolization or migration of the device, valvular dysfunction (stenosis or regurgitation), paravalvular leak, valvular thrombosis, pulmonary thromboembolism, hemolysis.

"The term "stent fracture" refers to the fracturing of the Melody TPV. However, in subjects with multiple stents in the RVOT it is difficult to definitively attribute stent fractures to the Melody frame versus another stent.

For additional information, please refer to the Instructions for Use provided with the product or available on <http://manuals.medtronic.com>.

CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician.

Important Labeling Information for Geographies Outside of the United States

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

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

Contraindications:

- Venous anatomy unable to accommodate a 22 Fr size introducer sheath
- Implantation of the TPV in the left heart
- RVOT unfavorable for good stent anchorage
- Severe RVOT obstruction, which cannot be dilated by balloon
- Obstruction of the central veins
- Clinical or biological signs of infection
- Active endocarditis
- Known allergy to aspirin or heparin
- Pregnancy

Potential Complications/Adverse Events: Potential procedural complications that may result from implantation of the Melody device include the following: rupture of the RVOT conduit, compression of a coronary artery, perforation of a major blood vessel, embolization or migration of the device, perforation of a heart chamber, arrhythmias, allergic reaction to contrast media, cerebrovascular events (TIA, CVA), infection/sepsis, fever, hematoma, radiation-induced erythema, pain, swelling or bruising at the catheterization site.

Potential device-related adverse events that may occur following device implantation include the following: stent fracture, stent fracture resulting in recurrent obstruction, endocarditis, embolization or migration of the device, valvular dysfunction (stenosis or regurgitation), paravalvular leak, valvular thrombosis, pulmonary thromboembolism, hemolysis.

"The term "stent fracture" refers to the fracturing of the Melody TPV. However, in subjects with multiple stents in the RVOT it is difficult to definitively attribute stent fractures to the Melody frame versus another stent.

For additional information, please refer to the Instructions for Use provided with the product or available on <http://manuals.medtronic.com>.

The Melody Transcatheter Pulmonary Valve and Ensemble II Transcatheter Delivery System has received CE Mark approval and is available for distribution in Europe.

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SEPTEMBER 6th - THURSDAY
PICS-AICS 2018
Optimizing Decision Making in Congenital Interventions

6:30 am-5:00 pm - Registration

7:00-8:15am - Breakfast Available

7:00-8:00 am - Moderated Posters

Moderators: Zahid Amin; Thomas Forbes

8:15-10:30 am - LIVE CASES – Qatar, Brazil, London

Moderators: Damien Kenny, Ziyad M. Hijazi

Panelists: Carlos Zabal; Jou Kou Wang; BG Alekyan; Makram Ebeid; Alvaro Galindo; Francois Godart

10:30-10:45 am - Coffee Break

10:45 am-1:00 pm - LIVE CASES – Qatar, Brazil, London

Moderators: Thomas Jones; Mario Carminati

Panelists: Petru Liuba; John Breinholt; John Bass; Hide Hara

12:45-1:15 pm - Lunch Available

1:10-2:00 pm - TAPPED CASES - Houston, Penn State, Chicago

Moderators: Nathan Taggart; Jacqueline Kreutzer

2:00-5:30 pm - SESSION 1: The Native RVOT Symposium | Assessment and Treatment of the "Native" Right-Ventricular Outflow Tract: "Times They Are A Changing"

Moderators: Evan Zahn; Allison Cabalka; Emile Bacha

Imaging, Assessment and Indications

- Tapped Case – John P. Cheathan
- Echocardiographic Assessment of the RVOT: Gold Standard or Outdated? – Craig Fleishman
- Cardiac MRI: Beyond Volumes and Regurgitant Fraction – Ruchi Garg
- What Does CT Imaging and 3D Modeling Bring to the Table? – Shelby Kutty
- Who Needs a Pulmonary Valve? Evolving Indications for PVR – Zahid Amin

**Treatment Options for the Native RVOT:
Past, Present and Future**

- Newer Surgical Approaches to Primary Repair of TOF – Frank Hanley
- What's the Best Surgical Approach for Dysfunctional RVOT After TOF Repair? – Emile Bacha

3:45-4:00 pm - Coffee Break

- The Growing Experience with Currently Approved Valves in the "Native" RVOT – Allison Cabalka
- Creativity in Treating the Native RVOT: Russian Dolls, Hybrid and Beyond – Marc Gewillig
- The Next Generation: Update on the Native RVOT Valve Trials – Evan Zahn
- Where Catheter-Based Treatment for RVOT Is Going Next: Tissue Engineering and Beyond – Daniel Levi

5:00-5:30 pm - Debate – Surgical PVR is Time-Tested and Superior to tPVR in this Population...Stop Wasting Our Time

- Pro: Michel Ilbawi
- Con: Matthew Gillespie
- Discussion

SEPTEMBER 6th - THURSDAY
PICS-AICS 2018
Optimizing Decision Making in Congenital Interventions

2:00-3:45 pm - SESSION 2: NOVEL APPROACHES TO STENTING (Breakout)

Moderators: Felix Berger; Julie Vincent

- Covered Stenting for Sinus Venosus ASD's – Shakeel Qureshi
- Optimal Approaches to Unzipping Small Diameter Stents – Howaida El-Said
- Newer Options for Large-Diameter, Balloon-Expandable Stents – Marc Gewillig
- Newer Covered Stent Design and Application in CHD – Elchanan Bruckheimer
- Techniques to Reposition or Retrieve Malposed or Embolized PA Stents – Frank Ing
- Stenting and MRI-Guided Interventions – Will They Ever Be Compatible? – Kanishka Ratnayaka
- What is Needed in the Future? – Felix Berger
- Discussion / Questions

The entire PICS-AICS sessions and Exhibit Hall will be in the MGM Convention Center 3rd Level



SEPTEMBER 6th - THURSDAY
PICS-AICS 2018
Optimizing Decision Making in Congenital Interventions

4:00-5:45 pm - SESSION 3: ATRIAL SEPTAL and LEFT ATRIAL APPENDAGE INTERVENTIONS (Breakout)

Moderators: John Carroll; YY Lam; Anthony Nobles

- Present Status of PFO Closure: Indications, Guidelines, and Unanswered Questions – John Carroll
- Present Status of LAA Occlusion: Indications, Guidelines and Unanswered Questions – Clifford Kavinsky
- Preparing for PFO Closure: What Imaging and Other Testing is Needed? – Eric Horlick
- Preparing for LAA Occlusion: What Imaging and Other Testing is Needed? – Mark Reisman
- Performing PFO Closure: Routine and Challenging Cases – Horst Sievert
- Performing LAA Closure: Routine and Challenging Cases – Kevin Walsh
- Interventions on the Atrial Septum in Heart Failure – Joseph Vettukattil

2:00-3:45 pm - SESSION 4: NURSING AND ASSOCIATED PROFESSIONALS (Breakout)

Moderators: Sharon Cheatham; Karen Iacono

- Social Media: Education, Documentation and Updates for CHD – Gina Langlois
- How to Design & Test Bioresorbable Stents for CHD in the Animal Lab – Emily Kish
- Endocarditis of Bioprosthetic Valves: Surgical and Transcatheter – Doff McElhinney
- Assessing the Surgically-Repaired RVOT for Transcatheter Pulmonary Valve – Matthew Gillespie
- 3-D Printing for Education & Interventional Planning – Joseph Graziano
- Using 3-D Overlay for Intervention – Darren Berman
- Accreditation for the Cath Lab – Joanne Chisholm
- Discussion / Questions

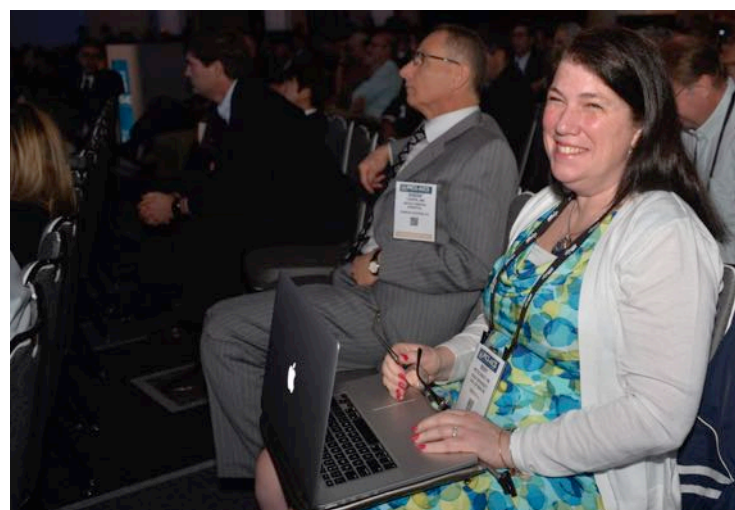
4:00-5:30 pm - SESSION 5: PICES SESSION: "Innovation on the Fly" (Breakout)

- PICES Business Meeting – Nathan Taggart; Sara Trucco; Jeff Zampi; Shawn Batlivala; Mike Seckeler
- SVC Syndrome: Venous Recanalization and "Train-Track" Technique for Venous Bifurcation – Varun Aggarwal
- Complex Norwood Stenting Case – Neil Patel
- "Real-Time Innovation in the Lab: Tips from a 'Master' Interventionalist" – Ziyad M. Hijazi
- Questions / Discussion / Concluding Remarks

5:45 pm - PICS-AICS Achievement Award, Main Session

6:00-7:30 pm - PediaVascular Supporting Device Development – The Shark Tank

Moderators: Tim Moran; Martin Bocks; Matthew Gillespie; William Hellenbrand; Daniel Levi; Lynn Peng



PICS-AICS
 Pediatric and Adult Interventional Cardiac Symposium

VEGAS
 MGM GRAND LAS VEGAS
 SEPTEMBER 5-8, 2018



www.picsymposium.com

SEPTEMBER 7th - FRIDAY
PICS-AICS 2018

Optimizing Decision Making in Congenital Interventions

6:00 am-7:00 am - PICS-AICS 5K Run (See page 17)

6:45 am-5:00 pm - Registration

7:00-8:15 am - Breakfast Available

7:00 am- 5:00 pm - Poster Abstracts

7:00-8:00 am - Moderated Posters

Moderators: Mario Carminati; Alex Javois

8:00-8:15 am - Update on Live Cases 2017 – Kiran Mallula

8:15-10:30 am - LIVE CASES – New York, Cincinnati, San Diego

Moderators: William Hellenbrand; Ralf Holzer;

Panelists: Jeremy Asnes; Abraham Rothman; Raul Rossi;
Martin Bocks; Joshua Murphy; Gejun Zhang

10:30-10:45 am - Coffee Break

10:45 am-1:00 pm - LIVE CASES – New York, Cincinnati, San Diego

Moderators: John P. Cheatham; Alan Nugent

Panelists: Marco Papa; Charles Mullins; Nguyen Lan Hieu;
Wail Alkashkari; Sahar El-Shedoudy

12:45-1:15 pm - Lunch Available

1:10-2:00 pm - TAPED CASES – Philadelphia, Cairo, Sydney

Moderators: Richard Ringel; Brent Gordon

2:00-3:45 pm - SESSION 6: WORKING WITH REGULATORS
– GLOBAL SUMMIT ON DEVICE DEVELOPMENT

Moderators: Ziyad M. Hijazi; Thomas Forbes; John P. Cheatham;
Panelists: Nicole Ibrahim; Zahid Amin; Shakeel Qureshi; Hideshi Tomita; Sertac Cicek

- Challenges to Bringing a Device to Market – Where Do I Start? – Matthew Gillespie
- Strategies Introduced by the FDA to Streamline Device Approval – Nicole Ibrahim
- Use of Registries to Support Device Approval – Thomas Forbes
- US-Japanese Initiatives to Harmonize Device Approval - HBD-Children – Hideshi Tomita
- HBD-Children: Japanese Regulatory Perspective
- Where is Europe in All of This? – Thomas Melvin [via Skype]
- Panel Discussion

SEPTEMBER 7th - FRIDAY
PICS-AICS 2018

Optimizing Decision Making in Congenital Interventions

2:00-4:00 pm - SESSION 10: SPANISH SESSION (Breakout)

Moderators: Horacio Faella; Carlos Zabal; Alejandro Peirone

- My Experience with Lepu Devices – An Overview – Raul Arrieta
- New Imaging Technologies for CoA Stenting – Juan Pablo Sandoval
- Tips and Tricks for LAA Closure – Daniel Aguirre
- Collaboration between Adult and Pediatric Interventionalists: Argentinian Experience – Oscar Mendiz
- Experience with the Venus Valve in LATAM – Alejandro Peirone
- Abernathy Syndrome: What the Hell Is It, and How Do I Treat It? – Henri Justino
- Acute and Follow-up Outcomes of Melody in the Mitral Position – Gianfranco Butera
- Use of Melody Outside the Pulmonary Position – Jose Zunzunegui Martinez
- Debate: Transcatheter Closure of PDA's in Premature Infants Is Worthwhile:
 - Pro: Joaquim Miro
 - Con: Jacqueline Kreutzer

3:30-4:00 pm - Coffee Available

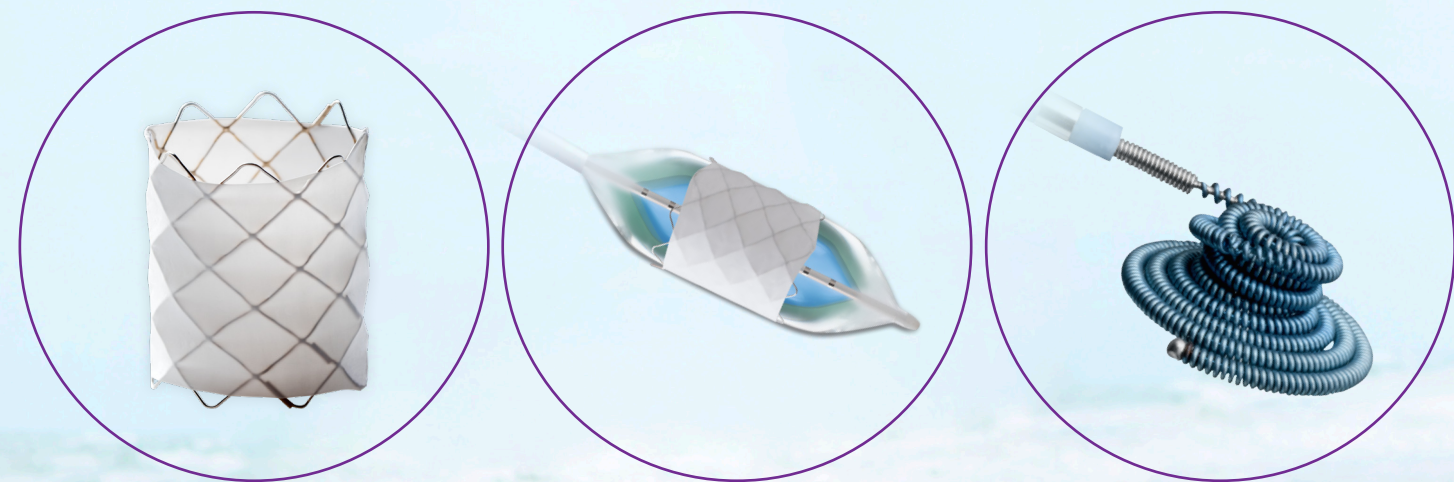
4:00-5:30pm - SESSION 7: REGISTRIES, DECISION MAKING, QUALITY AND OUTCOMES (Breakout)

Moderators: Ralf Holzer; Lisa Bergersen

- 15 Years of C3PO and 10 Years of IMPACT – We Have Come a Long Way, But What Have We Learned? – Lisa Bergersen
- TBD
- From Data to Decisions: Decision Making in Pediatric Cardiology – Colin McMahon
- Can We Adequately Risk-Adjust for Extremely High-Risk Cases? – David Nykanen
- The Use and Impact of Registry Data: A Surgeon's Perspective – Mark Galantowicz
- The Use and Impact of Registry Data: An Interventionalist's Perspective – Ralf Holzer
- Round Table Discussion on the Use and Impact of Registry Data – All presenters



MAKING A DIFFERENCE



CP STENT®
 LARGE DIAMETER, BALLOON EXPANDABLE STENT

BIB® (BALLOON IN BALLOON)
 CP STENT® PLACEMENT CATHETER

NIT-OCCLUD®
 COIL SYSTEM FOR PDA CLOSURE



CP Stent® Indications for Use:

The CP Stent is indicated for use in the treatment of native and/or recurrent coarctation of the aorta involving a compliant aortic isthmus or first segment of the descending aorta where there is adequate size and patency of at least one femoral artery and balloon angioplasty is contraindicated or predicted to be ineffective.

The Covered CP Stent is indicated for use in the treatment of native and/or recurrent coarctation of the aorta involving the aortic isthmus or first segment of the descending aorta where there is adequate size and patency of at least one femoral artery associated with one or more of the following: acute or chronic wall injury; nearly atretic descending aorta of 3 mm or less in diameter; a non-compliant stenotic aortic segment found on pre-stent balloon dilation; a genetic or congenital syndrome associated with aortic wall weakening or ascending aortic aneurysm.

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

Contraindications: Clinical or biological signs of infection. Active endocarditis. Pregnancy. Contraindications (CoA only): Patients too small to allow safe delivery of the stent without compromise to the systemic artery used for delivery. Unfavorable aortic anatomy that does not dilate with high pressure balloon angioplasty. Curved vasculature. Occlusion or obstruction of systemic artery precluding delivery or the stent. Known allergy to aspirin, other antiplatelet agents, or heparin. Contraindications (RVOT only): Patients too small to allow safe delivery of the stent without injury to a systemic vein or to the right side of the heart. Warnings / Precautions: Radiofrequency heating during MRI scans on overlapped, 10 zig CP Stents has not been evaluated. Excessive force while crimping may weaken welds of the stent. Crimping the 8 zig stent on a balloon catheter smaller than 12mm, and the 10 zig on a balloon catheter smaller than 26mm, may cause damage to the stent. The stent is rigid and may make negotiation through vessels difficult. Warnings / Precautions (CoA only): Coarctation of the aorta involving the aortic isthmus or first segment of the descending aorta should be confirmed by diagnostic imaging. The NuMED CP Stent has not been evaluated in patients weighing less than 20kg. As with any type of implant, infection secondary to contamination of the stent may lead to aortitis, or abscess. Over-stretching of the artery may result in rupture or aneurysm formation. Warnings / Precautions (Covered CP Stent only): Excessive handling and manipulation of the covering while crimping the stent may cause the covering to tear off of the stent. Crimping the device in the opposite direction of the folds in the covering may cause the covering to catch while inserting into the hemostasis tool and introducer. This could cause the covering to tear off the stent. Pulling the Covered stent back through the introducer and/or hemostasis valve may cause the covering to catch and tear off of the stent. Warnings / Precautions (RVOT only): During the Premarket Approval study the Medtronic Melody valve was used for valve restoration. The safety and effectiveness of the Covered CP Stent for pre-stenting of the right ventricular outflow tract (RVOT) landing zone (i.e. prophylaxis or prevention of either RVOT conduit rupture or TPVR fracture; use as a primary RVOT conduit) in preparation of a transcatheter pulmonary valve replacement (TPVR) has not been evaluated. As with any type of implant, infection secondary to contamination of the stent might lead to endocarditis, or abscess formation. The Covered Stent can migrate from the site of implant potentially causing obstruction to pulmonary artery flow. Over-stretching of the RVOT may result in rupture or aneurysm of the RV-PA conduit or the native pulmonary artery. The inflated diameter of the stent should at least equal the diameter of the intended implant site. Reference the IFU for a complete listing of indications, contraindications, warnings and precautions.

BIB® Indications for Use:

The BIB® Catheter Balloon is indicated for CP Stent™/Covered CP Stent™ placement in vessels over 8mm in diameter.

Refer to the Instructions for Use for complete indications, relevant warnings, precautions, complications, and contraindications.

CP Stent is a registered trademark of NuMED, Inc. BIB is a registered trademark of NuMED, Inc. Nit-Occlud is a registered trademark of pfm medical, inc.

Rx only CV-9058 - 5/18 ©2018 B. Braun Interventional Systems Inc.



Nit-Occlud® Indications for Use:

The Nit-Occlud® PDA coil is a permanently implanted prosthesis indicated for percutaneous, transcatheter closure of small to moderate size patent ductus arteriosus with a minimum angiographic diameter less than 4mm.

Nit-Occlud® Brief Statement:

Do not implant the Nit-Occlud PDA into patients who have endocarditis, endarteritis, active infection, pulmonary hypertension (calculated PVR greater than 5 Wood Units), thrombus in a blood vessel through which access to the PDA must be obtained, thrombus in the vicinity of the implantation site at the time of the implantation or patients with a body weight < 11 lbs. (5kg). An angiogram must be performed prior to implantation for measuring length and diameter of the PDA. Only the pfm medical implantation delivery catheter should be used to implant the device. Administration of 50 units of heparin per kg bodyweight should be injected after femoral sheaths are placed. Antibiotics should be given before (1 dose) and after implantation (2 doses) to prevent infection during the implant procedure. Do not pull the Nit-Occlud coil through heart valves or ventricular chambers. Contrast media should not be injected through the implantation catheter. The catheter must not be connected to high pressure injectors. Patients may have an allergic response to this device due to small amounts of nickel that has been shown to be released from the device in very small amounts. If the patient experiences allergic symptoms, such as difficulty in breathing or swelling of the face or throat, he/she should be instructed to seek medical assistance immediately. Antibiotic prophylaxis should be performed to prevent infective endocarditis during first 6 months after coil implantation. Potential Adverse Events: Air embolism, Allergic reaction to drug/contrast, Apnea, Arrhythmia requiring medical treatment or pacing, Arteriovenous fistula, Bacterial endocarditis, Blood loss requiring transfusion, Chest pain, Damage to the tricuspid or pulmonary valves, Death, Embolization of the occluder, requiring percutaneous or surgical intervention, Endarteritis, False aneurysm of the femoral artery, Fever, Headache/ Migraine, Heart failure, Hemolysis after implantation of the occluder, Hypertension, Hypotension or shock, Infection, Myocardial infarction, Occluder fracture or damage, Perforation of the heart or blood vessels, Stenosis of the left pulmonary artery or descending thoracic aorta, Stroke/TIA, Thromboembolism (cerebral or pulmonary), Valvular Regurgitation, Vessel damage at the site of groin puncture (loss of pulse, hematoma etc.).

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SEPTEMBER 7th - FRIDAY
PICS-AICS 2018
Optimizing Decision Making in Congenital Interventions

4:00-5:30 pm - SESSION 8: DUCTAL INTERVENTIONS (Main Session)

Moderators: Brian Morray; Henri Justino

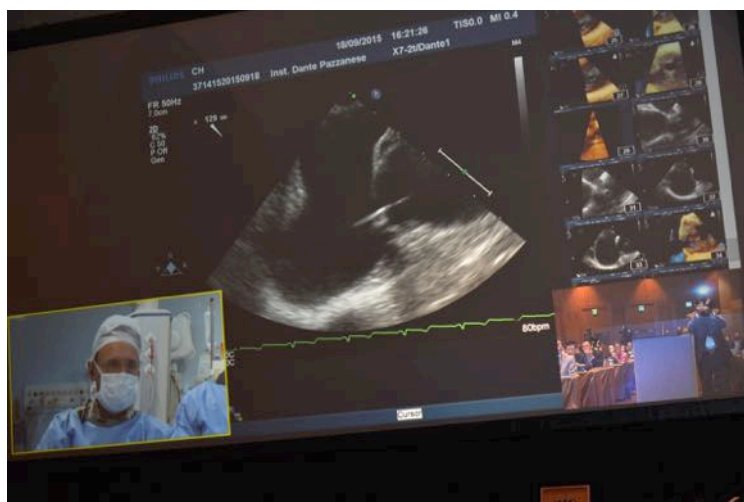
- **Vascular Approach – Which Vessel for Which Morphology?** – *Chris Petit*
- **Techniques for Dealing with Branch Pulmonary Artery Stenosis** – *Mazeni Alwi*
- **Comparative Outcomes with BTTS** – *Alex Javois*
- **Putting It All Together: A Standardized Approach to PDA Stenting** – *Athar Qureshi*
- **Morphology and Imaging of the Premature PDA** – *Evan Zahn*
- **PDA Closure in Premature Infants:**
 - **Montreal Approach** – *Joaquim Miro*
 - **Turkish Approach** – *Nazmi Narin*

4:00-5:30 pm - SESSION 9: CCISC CASE PRESENTATIONS and CONTROVERSIES (Breakout)

Moderators: Thomas Forbes; Olivier Ghez

- **Abnormal Venous Anatomy Pre-Fontan** – *Kiran Mallula*
- **Vocal Cord Paralysis Following PA Stenting** – *David Balzer*
- **Intimal Flap in a RV-PA Conduit** – *Gianfranco Butera*
- **Pre-stenting is Necessary for tPVR in the Native RVOT** – *Ahmet Celebi*
- **ECMO Cannulation – Is This is the Realm of the Interventionalist?** – *Gareth Morgan*
- **Still “Compliance Testing” Pre-CoA Stenting – Really?!** – *Mario Carminati*
- **Discussion/Questions**

7:00-10:00 pm - PICS-AICS Dinner Event – Splash Pool - Join us for a cocktail reception, dinner, dancing and great Las Vegas Entertainment. The Young Leadership, Best Abstract Winner and Kleinman Award will be presented tonight.



Visit www.picsymposium.com for up-to-date information.

Please visit www.PICSymposium.com for up-to-date program changes.

SEPTEMBER 8th - SATURDAY
PICS-AICS 2018
Optimizing Decision Making in Congenital Interventions

6:45 am-5:00 pm - Registration

7:00-8:15 am - Breakfast Available

7:00 am-5:00 pm - Poster Abstracts

7:00-8:00 am - Moderated Posters

Moderators: JV DeGiovanni; Gareth Morgan

8:00-9:20 am - LIVE CASES – Memphis, Seattle

Moderators: Carlos Pedra; Lee Benson

Panelists: Hasri Samion; Sertac Cicek; Horacio Faella;
 Satoshi Yasukochi; Hesham Al-Saloos

**9:30-11:00 am - SESSION 11: DEVELOPMENTS IN
 STRUCTURAL HEART DISEASE WITH RELEVANCE TO
 CONGENITAL HEART DISEASE**

Moderators: Clifford Kavinsky; John Carroll

- **Management of Large Bore Arterial Access and Its Complications** – Issam Moussa
- **MitraClip in Congenital Heart Patients** – Scott Lim
- **Percutaneous Therapies for Tricuspid Valve Disease** – Reda Ibrahim
- **Collaborating in Management of Coronary Arterial Fistula** – Mark Osten
- **TAVR in a Patient with Bicuspid Aortic Valve Disease – Case Presentation** – Hussam Suradi
- **Atrial Septal Interventions for Heart Failure** – Saibal Kar
- **Taped Case** – Robert Lederman
- **Transcatheter Reverse Potts Shunt Update** – Younes Boudjemline

11:00-11:30 am - Coffee Available

11:30 am-1:00 pm - LIVE CASES – Memphis, Seattle

Moderators: JV DeGiovanni; Ziyad M. Hijazi

Panelists: Daniel Aguirre; Jose Zunzunegui-Martinez;
 Oscar Mendiz; Alejandro Peirone; Pan Xin

1:10-2:30 pm - MY NIGHTMARE CASE IN THE CATH LAB

Moderators: Shakeel Qureshi; Damien Kenny

2:30-4:00 pm - SESSION 12: HYBRID CASE PRESENTATIONS

Moderators: Mark Galantowicz; Lynn Peng

- **My Best Hybrid Case** – Julie Vincent
- **Hybrid Stenting of Aortic Coarctation** – Carlos Pedra
- **Hybrid Interventions in Children < 2kgs** – Jae Young Choi
- **Hybrid PA Stenting** – Dietmar Schranz
- **Hybrid Pulmonary Valve Replacement** – Zahid Amin
- **My Best Hybrid Case** – Jamil Aboulhosn
- **Discussion/Questions**

**2:30-4:00 pm - SESSION 13: PUSHING THE BOUNDARY IN
 ASIA (Breakout)**

Moderators: Levent Saltik; Teiji Akagi

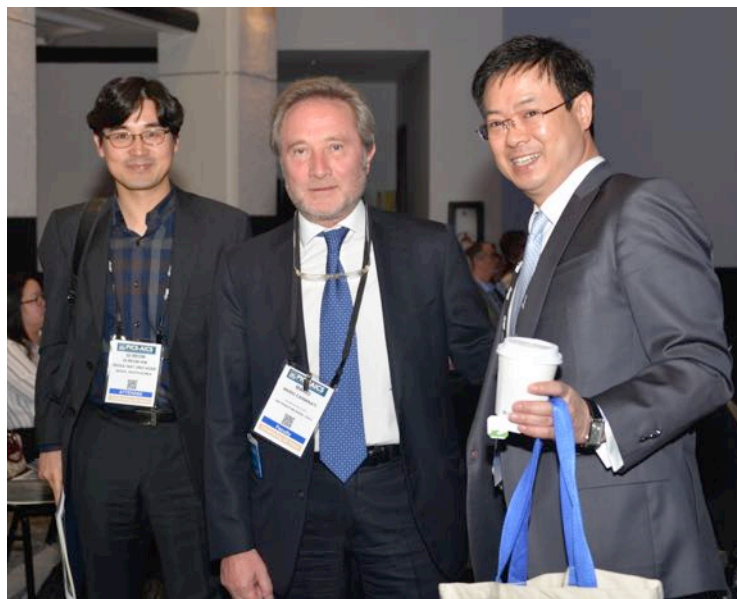
- **Transcatheter Closure of Doubly Committed VSD's** – Yun Ching Fu
- **Device Decompression of the Atrial Septum** – K. SivaKumar
- **Echo Guidance for Transcatheter Interventions – Update on the Pan Approach** – Xiang Bin Pan
- **Self-Expanding Transcatheter Pulmonary Valve Replacement - Experience from Asia** – Worakan Promphan
- **PDA Closure with Severe PAH – The Pakistan Experience** – Masood Sadiq
- **Thinking Outside the Box in a Limited Resource Environment – Tips and Tricks to Deal with Complications** – Bharat Dalvi

SEPTEMBER 8th - SATURDAY
PICS-AICS 2018
Optimizing Decision Making in Congenital Interventions

4:00-4:45 pm - BATTLE OF THE CONTINENTS

Moderator: Damien Kenny

4:45 pm - FINAL COMMENTS: Ziyad M. Hijazi





LIVE CASES SITES & OPERATORS

WEDNESDAY, SEPTEMBER 5TH

Nationwide Children's Hospital, Columbus, OH

Darren Berman (*Imaging Conference at PICS*) - (1 case)

THURSDAY, SEPTEMBER 6TH

Sidra Medicine, Doha, Qatar

Younes Boudjemline and Hesham Al-Saloos (2 cases)

Dante Pazzanese Instituto de Cardiology, São Paulo, Brazil

Carlos Pedra and Alejandro Peirone (2 cases)

London, UK, Hammersmith Hospital, Imperial College Healthcare NHS Trust

Iqbal Malik (1 case)

FRIDAY, SEPTEMBER 7TH

New York (Columbia), Morgan Stanley Children's Hospital, New York, NY

Alejandro Torres and Matthew Crystal (2 cases)

Cincinnati Children's Hospital, Cincinnati, OH

Bryan Goldstein and Aimee Armstrong (2 cases)

Rady Children's Hospital - San Diego, CA

John W. Moore and Howaida El-Said (2 cases)

SATURDAY, SEPTEMBER 8TH

Memphis, LeBonheur Childrens Hospital, Memphis, TN

Shyam Sathanandam (2 cases)

Seattle Children's Hospital, Seattle, WA

Thomas Jones (2 cases)



"Friday, September 7th- PICS-AICS Dinner Event 7-10 pm at MGM's Splash Pool"

Nit-Occlud PDA

- › Safe and effective
- › Update of the PDA
Post Approval Trial

www.pfmmedicalusa.com



Oral Presentation by Dr. Daniel Levi

- ▶ **Wednesday, Sept. 05, 4:08pm**
Main Session Room, 3rd level
- ▶ **Please visit pfm medical**
Booth #229

PICS Achievement Award 2018

The 2018 PICS Award will be presented on Thursday, September 6th, 2018 at 5:30 pm in the Main Session. The Committee: Chair, Larry Latson, and the Committee Members, JV DeGiovanni and Mario Carminati, chose this year someone special who dedicated his/her life to Medicine and Interventional Therapies.

What distinguishes the PICS Award from other awards, is the amount of work that goes into choosing the winner, then in contacting their family members without their own knowledge to collect their photos and memorabilia, and the element of surprise. Please join us in Las Vegas, and share the joy with the winner!

This year PICS-AICS will be sponsoring an interventionalist from a country with an evolving congenital cardiac program to attend the meeting so that we may optimize sharing of ideas, techniques and knowledge with developing programs.

The PICS-AICS 2018 recipient of the Terry King Traveling Scholarship is Dr. Lubega Sulaiman from the Uganda Heart Institute, Mulago Hospital, Kampala, Uganda.

CCT

PICS Achievement Award

1997 - Charles E. Mullins
1998 - Michael Tynan
1999 - Kurt Amplatz
2000 - Lee Benson
2001 - James E. Lock
2002 - William E. Hellenbrand
2003 - Allen J. Tower
2004 - Shakeel A. Qureshi
2005 - Vladimir Fontes
2006 - Philipp Bonhoeffer
2007 - John P. Cheatham
2008 - Carlos Ruiz
2009 - Mario Carminati
2010 - Larry Latson
2011 - Horst Sievert
2012 - Horacio Faella
2013 - Savitri Srivastava
2014 - John Bass
2015 - JV DeGiovanni
2017 - Thomas Jones
2018 - Who will it be?

Pioneer Award

2007 - Terry D. King
2010 - Bill Cook

PICS Foundation Award

2011 - Charles S. Kleinman

Boston City Award

2011 - Ziyad M. Hijazi

Distinguished Service Award

2013 - Sharon L. Cheatham

Excellence in Echocardiography

2014 - Qi-Ling Cao



"Who will be 2018's PICS~AICS Achievement Award winner?"

PICS FOUNDATION

10151 Avenue N., Chicago, IL 60617 USA

The PICS Foundation has been organized exclusively for charitable, educational and scientific purposes.

The focus of the Foundation is to educate physicians and healthcare professionals involved in the care of children and adults with Congenital and Structural Heart Disease in the latest advances in the field of interventional therapies for congenital and structural cardiac defects. The PICS Foundation will provide educational meetings and materials to pediatric and adult cardiologists from all over the world. The PICS Foundation will also sponsor research in the area of Congenital and Structural Heart Disease.

The PICS Foundation may receive funding via individual contributions and grants from hospitals and other members of the medical community, registration fees from attendees of the annual symposium, exhibit fees from vendors attending the annual symposium and funds from individual contributors.

The primary activity of the PICS Foundation will be conducting an annual meeting for healthcare professionals. The Pediatric & Adult Interventional Cardiac Symposium is an annual meeting that is attended by approximately 1,000 healthcare professionals from all around the world. The symposium consists of 4 days of lectures and live case operations.

To support the PICS Foundation, please contact:

Ziyad M. Hijazi, MD, MPH, FACC, MSCAI:

zhijazi@me.com

Kimberly Ray: kimberly_ray@pics-aics.com

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The PICS Foundation is a 501(c)(3) organization.



Sign-Up Now for the 5th Annual PICS~AICS 5K Run

The 5th Annual PICS~AICS 5K RUN is sponsored by Siemens, and will take place Friday, September 7th at 6:00 am, rain or shine. All fitness levels are welcome!

You'll be making a difference, and supporting CHIMS (Congenital Heart Intervention Mission Support) - <http://chimsupport.com>.

The donation includes:

- Technical T-shirt (Men and Women)
- Digital chip timing
- Registration
- Finish line and post-race refreshments.

Race packets can be picked up at the Siemens booth on Wednesday, September 5th, 4:00-6:00 pm and on Thursday September 6th, 8am-4pm.

Come have some fun in the sun while doing something healthy during the PICS~AICS Symposium.

To Register for the 5K Run, go to: www.PICSymposium.com

CCT



SAVE THE DATE FOR PICS 2019 - DATE, 2019; USA

PICS~AICS REGISTRATION INFORMATION

Online Registration for Attendees:

www.picsymposium.com/attendee_registration.html

Registration & Hotel Questions:

For further information, please contact Colene Diodati at:
pics@candsmeetings.com

Registration for Faculty and Exhibitors:

For further information, please contact Kimberly Ray at:
kimberly_ray@pics-aics.com

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11502 Elk Horn Dr.
Clarksburg, MD 20871 USA

Editorial and Subscription Offices:

16 Cove Rd, Ste. 200
Westerly, RI 02891 USA

Publishing Management

- Tony Carlson, Founder, President & Senior Editor
- TCarlsonmd@gmail.com
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Pediatric and Adult Interventional Cardiac Symposium



NuDEL™

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The NuDEL™ Stent Delivery System is designed for the efficient and effective treatment of Coarctation of the Aorta.

The NuDEL includes a triaxial balloon in balloon designed catheter with a Covered Mounted CP Stent™, which is then covered by a sheath as an all-in-one system. Combining the proven technologies of our NuMED BIB® balloon catheter and our Covered CP Stent™, the NuDEL System employs both our compact delivery method and the “zig” pattern stent design.

The NuDEL System is available for immediate purchase in the EU. Contact us or your local distributor to place an order.

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