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Damien Kenny, MD, FPICS;
Ziyad M. Hijazi, MD, MPH, FPICS
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[https://register.rcsreg.com/r2/
pics2026/ga/top.html](https://register.rcsreg.com/r2/pics2026/ga/top.html)

Welcome to PICS 2026

Dear Colleagues,

We are delighted to welcome you to **PICS 2026**, taking place in the beautiful city of **San Diego, California**, from **August 30th through September 2nd, 2026**, at the Marriott Marquis San Diego Marina. On behalf of the PICS leadership, directors, and faculty, we are honored to bring together the global community of pediatric and congenital interventional cardiologists, surgeons, imagers, nurses, allied health professionals, trainees, and industry partners for another outstanding educational and collaborative experience.

This year's program reflects the remarkable innovation and growth occurring across our field. From groundbreaking live cases and challenging case discussions to emerging technologies and multidisciplinary collaboration, PICS 2026 has been designed to provide practical insights, stimulate debate, and inspire new ideas that ultimately improve patient care.

We begin on **Sunday** with opening remarks from **Dr. Ziyad M. Hijazi**, followed by a dynamic series of **taped case presentations** from experts around the world, oral abstract sessions showcasing the latest research, and educational tracks covering **transcatheter pulmonary valve replacement**, advances in congenital interventions, and the ever-popular **"My Nightmare Case in the Cath Lab."** The day concludes with the opening of the Exhibit Hall and our **Welcome Reception**, providing an opportunity to reconnect with colleagues and forge new collaborations.

Monday features one of the hallmarks of the PICS experience—**live case transmissions** from leading centers in Brazil, Canada, and Argentina, allowing participants to witness contemporary techniques and real-time decision-making. The afternoon includes a special keynote address by **Dr. Mark Galantowicz**, followed by comprehensive sessions on **Adult Congenital Heart Disease (ACHD)**, lively **Great Debates**, the educational **PICES Session**, dedicated programming for **lymphatic interventions**, and a track specifically designed for **nursing and allied health professionals**. The day culminates with the presentation of the



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PICS Achievement Award and our increasingly popular **PICS Soccer Game Social Event**.

On **Tuesday**, attendees will experience another exceptional lineup of live cases from **Seattle Children's Hospital, UC San Diego Health, and Rady Children's Hospital**, highlighting the latest techniques and technologies in congenital intervention. Afternoon sessions focus on multidisciplinary collaboration in congenital cardiac catheterization, the practical business aspects of running a successful congenital cath program, pulmonary flow restrictors, endovascular grafts, and future-focused discussions exploring **artificial intelligence, advanced imaging, augmented reality, bioresorbable technologies, and other innovations shaping the next generation of patient care**. The day concludes with a special **Early Career Academy** program emphasizing professional development and mentorship.

Our final day, **Wednesday**, begins with the annual PICS Society business meeting and concludes the conference with additional live cases from leading institutions including **Nicklaus Children's Hospital, Children's Healthcare of Atlanta, and Rush University**. As always, these live demonstrations provide invaluable opportunities to learn from complex procedures, expert commentary, and interactive discussion among faculty and attendees. We will then close PICS 2026 with final remarks from **Drs. Ziyad M. Hijazi and Damien Kenny**, reflecting on the knowledge shared and relationships strengthened throughout the meeting.

Beyond the educational program, San Diego offers a spectacular setting for networking and professional engagement. Whether enjoying the waterfront, exploring the city's renowned attractions, or sharing conversations with colleagues from around the world, we hope you will take advantage of the many opportunities to connect both inside and outside the conference venue.

Most importantly, PICS remains a community defined by innovation, collegiality, and a shared commitment to improving outcomes for patients with Congenital and Structural Heart Disease. Your participation, expertise, and enthusiasm continues to make this meeting the premier forum for advancing the field of pediatric and congenital interventional cardiology.

We are grateful for your support and look forward to learning with, and from, all of you.

Warm regards,

Kamel Shibbani, MD, FPICS, Damien Kenny, MD, FPICS and
Ziyad M. Hijazi, MD, MPH, FPICS

On behalf of all the PICS Directors and Co-Directors





Your PICS Society: A Progress Report

This August we look forward to welcoming you to our 29th PICS Symposium where you will join nearly 1,000 colleagues at our “intellectual feast” of live cases, stimulating debates, early career programs, nurses/technologists session, our Latin Session, special recognition events, industry symposia, lectures, abstracts, our 3D I3 Imaging session, and the profession’s most comprehensive exhibit hall. Here is how we’ve grown since last year in Chicago.

A Brief Look Back: At the start of the 2020 PICS Symposium, PICS Symposium Founder **Dr. Ziyad M. Hijazi** noted that the first Symposium was held in 1997 (with 87 attendees) and had grown considerably since then. Then he made a major announcement: PICS had just transformed to become the long-envisioned professional home for Congenital Heart Disease Interventionalists and their teams throughout the globe.

Thanks to your involvement, much has been accomplished since that announcement. In our seventh year as a full-service medical professional society—along with celebrating 29 years of The PICS Symposium—we have much to report.

Here are a few of the many highlights from the past year:

- Growth in PICS membership: 63 countries – member #1,000 within reach
- Growth in allied professionals’ membership: Member #100 to be announced in San Diego
- Landmark philanthropic commitments expanding educational programs
- Strong, transparent partnerships with industry: R&D, policy, dialogue, sponsorship
- DocMatter Community dramatic growth: Thank you NuMED for Children & B. Braun Interventional Systems
- More programs and leadership slots for early career colleagues
- Deep pipeline of guidelines from those who know our field best: **YOU**
- Advocacy with regulatory agencies to expand devices availability
- Close partnerships with national societies on every continent
- Growing recognition as the field’s global “go to” professional society
- Increasing educational content for colleagues in the developing world
- New PICS website content, format, resources
- Expanded social media and public relations presence

A Look at the Present and Beyond: An important part of PICS’ growth has been to “expand the table,” providing more opportunities for all PICS members to participate in your society and, by definition, to chart the future direction of your profession overall. We have grown considerably in that regard, and now have nineteen active committees. Here is our “report card” showing highlights from a sample of those volunteer-led committees, and some of the many opportunities that lie ahead.

COMMITTEE	LEADERS	HIGHLIGHTS	WHAT'S NEXT
Adult CHD	Dr. Jamil Aboulhosen	Organized roundtable of relevant societies and patient groups to coordinate in advocacy, education, and guidelines	Global training directors survey (Dr. Gabriele Egidio Assenza) in final stage, publish results defining future ACHD training frameworks.
Advocacy & Policy	Drs. Frank Ing & Sarosh (Shawn) Batlivala	Identified devices most at-risk of withdrawal from market; dialogue with stakeholders to reverse that case-by-case; policies limiting innovation & access remain major concerns (e.g., EU MDR).	Much work ahead. Focused, collective engagement—with hard data—continues as goal #1.
Clinical Guidelines	Drs. Athar Qureshi, Tom Fagan, Chris Petit, Catherine Tomasulo, Varun Aggarwal	Coordinated development, review & endorsement of several clinical documents.	Finalize the profession’s first global compendium of all such documents relevant to our field; prioritize those to update.

COMMITTEE	LEADERS	HIGHLIGHTS	WHAT'S NEXT
Communications & Social Media	Dr. Kamel Shibbani	Active and growing presence on LinkedIn, Instagram, and X. New PICS website launch in progress, new content rolling out monthly.	Expanded pursuit of the committee’s mission: to establish PICS as the voice of the CHD interventional community through consistent, engaging information.
Early Career Committee	Dr. Tacy Downing	Longterm strategy for continued development of programs by and for early career interventionalists; evaluation plan for current PICS offerings.	Evaluation of PICS’ numerous programs for early career interventionalists and their teams.
Education	Dr. Guru Hiremath Malikarjun	Designed 2-year webinar plan. Recruited & engaged elite global committee. Rapidly growing “Tips & Tricks” series.	Rapidly growing Tips & Tricks series; quarterly Master Class webinars; long-term education plan.
Governance & Strategy	Dr. Bill Hellenbrand (Budget); Dr. Ziyad M. Hijazi (Nominating & Bylaws); Drs. Vivian Dimas & Frank Ing (Strategic Plan)	Sound financial stewardship, governance and planning ensure PICS is built to last. Long-range strategic planning working group underway.	Finalize and adopt the PICS long-range strategic plan; update Bylaws as necessary; nominate candidates for Board.
Lymphatics Working Group	Dr. Yoav Dori	Organize and lead annual lymphatics program at Symposium.	Develop long-range plan for PICS involvement with education, research, policy in this rapidly emerging area.
Membership	Drs. Lee Benson, Sharon Cheatham, Bharat Dalvi	Growth accelerated significantly 2025-2026, as has engagement on PICS committees.	Inform members about volunteer opportunities, serve as “eyes & ears” of the Society, submit papers to Pediatric Cardiology Journal.
Nurses & Allied Health Professionals (NAHP)	Emily Kish, Curtis Alford, Caroline Turner, Veronica Zitterman, 100+ others	Growing fast! NAHP members serve on several other committees. Expanded educational programming. Quarterly “all nurse/tech” education zooms; led efforts to abstract 300+ PICS didactic videos; deep engagement on DocMatter.	Continuing the momentum. Join us!
Quality Improvement	Dr. Ralf Holzer	Led and published the profession’s definitive guideline on quality in the CHD cath lab.	Leading the definitive guideline on patient selection (publish in the coming months).
PICS/CCISC DocMatter Community	Drs. Tom Forbes & Damien Kenny; 15-member Advisory Committee	Leading global online forum for case discussions, emerging device debates, research exchange, more.	Continued engagement across all member categories. Included with PICS membership thanks to unrestricted support (NuMED for Children, B. Braun Interventional Systems Inc.).
PICS-IPC Istanbul	Drs. Ahmet Celebi, Mario Carminati, Ziyad Hijazi, Damien Kenny	Highly successful 2023 and 2024 partnerships brought PICS programming to audiences in Asia, Europe, and the Middle East.	PICS-IPC Istanbul returns April 14–17, 2027. Mark your calendars.
Publishing Partners	Kate Baldwin (Editor-in-Chief, CCT); Pediatric Cardiology Journal (Dr. Karim Diab, Editor-in-Chief)	CCT is PICS’ official News & Information Partner. Pediatric Cardiology Journal is the official PICS Society journal.	Both continue FREE for all PICS members. Continued growth of PICS member content in both publications.

Also of note, there will be much activity in San Diego regarding *The PICS Society Mussallem Early Career Development Academy*. After two years as five teams (each with five early career participants and one senior mentor), the first class of twenty-five participants will graduate at PICS San Diego, with one team selected for the Best Research Project Award. Thanks goes to the founding supporters of Class #1; Medtronic, Edwards, Gore, Abbott, the Gloria Baylis Foundation, and the Shah Family Foundation. Class #2 (2026–2028) will begin its efforts as well in San Diego, with gratitude to our continuing supporters and with the Academy renamed in honor of a multi-year commitment from the



Mussallem Congenital Heart Disease Alliance. Thanks also goes to the Academy's Co-Founders, Drs. Gianfranco Butera and Aimee Armstrong, Committee Chair, Dr. Butera, and Co-Chair, Dr. Raul Rossi Filho.

To all of our committee and working group leaders—and to the scores of others who volunteer their time for these efforts—we say thank you! If you would like to volunteer for committee service contact PICS staff at membership@CHDInterventions.org. We look forward to seeing you soon in San Diego!

Register Online for PICS Symposium 2026

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To find out more about the PICS Society, visit

<https://www.picsymposium.com/home.html>
(click on "PICS Society") or email
nlinsky@CHDInterventions.org

Educational Objectives & Accreditation

All PICS 2026 CME Accreditation information is listed at:

www.picsymposium.com

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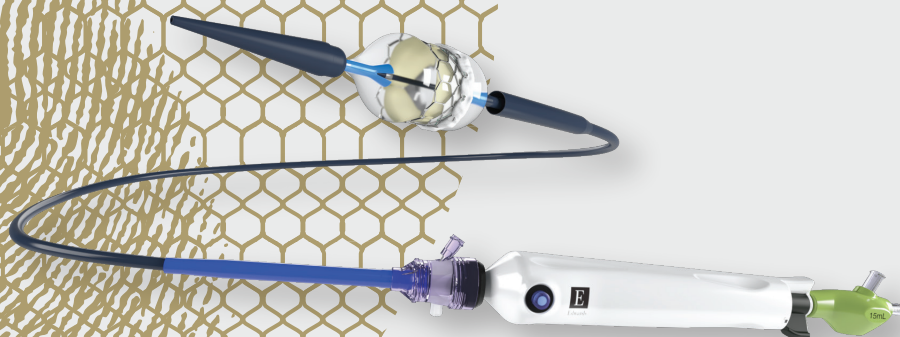
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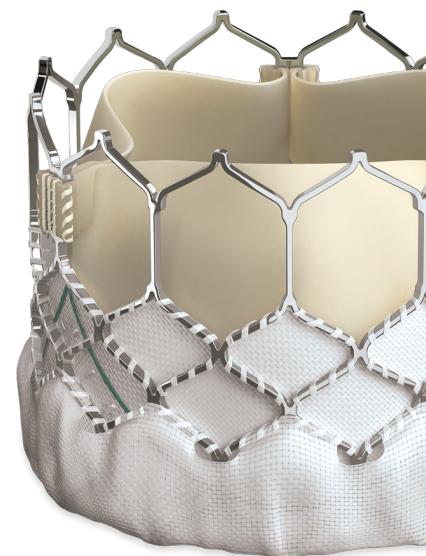


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Daily Program Overview

as of July 1, 2026

Saturday, August 29th

3:00-6:00pm **Registration Open**
Marriott Grand Foyer – 2nd fl Lobby Level

Sunday, August 30th

7:00am-6:00pm **Registration Open**
Marriott Grand Foyer – 2nd Fl Lobby Level

7:00-8:30am **Breakfast Available**
Marriott Grand Foyer – 2nd Fl Lobby Level

7:00am-6:00pm **Poster Abstracts**
Marriott Grand Foyer – 2nd Fl Lobby Level

7:45-8:00am **Welcome – Main Session**
Ziyad M. Hijazi
Marriott Grand Foyer – 2nd Fl Lobby Level

8:00-10:45am **Taped Case Session – General Session**
Marriott Grand Foyer – 2nd Fl Lobby Level
Moderators: Damien Kenny, Ziyad M. Hijazi
Panelists: Daniel Aguirre, Kamel Shabbani, Allen Ligon, Guru Hiremath, Fransico Garay, Marc Gewillig

8:00-8:20 **Taped Case** – International – Damien Kenny

8:21-8:41 **Taped Case** – North America – Osamah Aldoss

8:42-9:02 **Taped Case** – International – Batteux Clément

9:03-9:10 **Q&A**

9:11-9:31 **Taped Case** – International – Jae Young Choi

9:32-9:52 **Taped Case** – International – Petru Liuba

9:53-10:13 **Taped Case** – North America – Jenny Zablah & Gareth Morgan

10:14-10:34 **Taped Case** – International – Philip Roberts

10:35-10:45 **Q&A**

10:30-11:00am **Coffee Available**
Marriott Grand Foyer – 2nd Fl Lobby Level

11:00am-12:45pm **Oral Abstract Presentations**
Room 1: Moderators: Doff McElhinney, Lee Benson, Allison Cabalka
Marriott Grand Foyer – 2nd Fl Lobby Level
Room 2: Moderators: Larry Latson, Regina Bokenkamp, Sir Shakeel Qureshi
Marriott Ballrooms 3 & 4 – 2nd Fl Lobby Level
Room 3: Moderators: Marc Gewillig, Sophi-Guiti Milani, Athar Qureshi
Marriott Ballrooms 1 & 2 – 2nd Fl Lobby Level

12:45-1:45pm **Lunch Available**
Marriott Grand Foyer – 2nd Fl Lobby Level

1:00-2:00pm **Industry Symposium – Grab your lunch and join the Abbott Symposium**

Marriott Grand Foyer – 2nd Fl Lobby Level
Round Table Panelists: TBD from Abbott

2:30-4:00pm **Transcatheter Pulmonary Valve Replacement**
Moderators: Dan Levi, Shabana Shahanavaz, John Cheatham

General Session

Marriott Grand Foyer – 2nd Fl Lobby Level

2:30-2:42 **Self-expanding TPVR: When to Involve Your EP Specialist** – TBD

2:43-2:55 **Degeneration in TPVR – Mechanisms and Options to Prevent** – Ahmet Celebi

2:56-3:08 **Simulated TPVR: Assessing RVOT Material Properties** – Matthew Jolley

3:09-3:21 **Decision Tree: The Borderline Anatomy for Balloon Expandable vs Self-expanding Platforms**
Darren Berman

3:22-3:34 **From a Surgeon's Perspective: Options Outside the Self-expanding TPVR System** – Mark Galantowicz

3:35-3:47 **Lifetime Pulmonary Valve Management – Can Surgery After the Neonatal Period be Avoided Forever?** – Brian Morray

3:50-4:00 **Q&A**

2:30-4:00pm **Advances in the Bread & Butter of Congenital Intervention – Breakout Session**

Moderators: Jacqueline Kreutzer, Bharat Dalvi, Elchanan Bruckheimer

Marriott Ballrooms 3 & 4 – 2nd Fl Lobby Level

2:30-2:42 **PA Stenting from 3kg: Potential and Limitations of Old and New Platforms** – Patrick Sullivan

2:43-2:55 **Neonatal PDA Device Closure: New and Upcoming Insights** – Brian Boe

2:56-3:08 **3D ICE for Transcatheter ASD Closure**
Alan Nugent

3:09-3:21 **Differential Pulmonary Flow Determined in the Cath Lab – An Essential Tool for Pulmonary Vein Stenosis Treatment** – Jenny Zablah

3:22-3:34 **Ductal Stenting: Tips and Tricks to Set Yourself Up for Success** – Howaida El-Said

3:35-3:47 **When, Why and How to Stent the Transverse Arch**
Ahmet Celebi

3:50-4:00 **Discussion**

4:00-4:30pm **Coffee Available**
Marriott Grand Foyer – 2nd Fl Lobby Level

4:15-5:45pm **My Nightmare Case in the Cath Lab**
Marriott Grand Foyer – 2nd Fl Lobby Level
Moderators: Matt Gillespie, Sir Shakeel Qureshi

6:00-7:30pm **Welcome Reception – Exhibit Hall Opens**
Pacific Ballroom – 1st Fl Ground Level

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Monday, August 31st

- 7:00am-6:00pm Registration Open**
Marriott Grand Foyer – 2nd Fl Lobby Level
- 7:00-8:30am Breakfast Available – Exhibit Hall**
Pacific Ballroom – 1st Fl Ground Level
- 7:00am-6:00pm Poster Abstracts**
Marriott Grand Foyer – 1st Fl Ground Level
- 7:00-7:30am Moderated Poster Abstract Presentations Exhibit Hall – Pacific Ballroom – 1st Fl Ground Level**
Moderators:
Group 1: Kiran Mallula, Tom Fagan, Martin Bocks
Group 2: Makram Ebeid, Brent Gordon, Sanjay Sinha
Group 3: Varun Aggarwal, Pramod Sagar, Tacy Downing
- 7:45-8:00am Update on Live Cases 2025 – General Session**
Kamel Shibbani / Allen Ligon
Marriott Grand Main Ballroom – 2nd Fl Lobby Level
- 8:00-10:00am Live Case Session #1**
Moderators: Vivian Dimas, Ziyad M. Hijazi
Panelists: Hideshi Tomita, Alejandro Peirone, Howaida El-Said, Alain Fraisse, Brian Boe, Mazeni Alwi, David Winlaw
- **Dante Pazzanese Instituto de Cardiologia**
Sao Paulo, Brazil – Carlos Pedra
 - **Toronto General Hospital**
Toronto, Canada – Eric Horlick / Mark Osten
 - **Hospital Universitario Austral**
Buenos Aires, Argentina – Marcelo Rivarola
- 10:00-10:30am Coffee Available – Exhibit Hall**
Pacific Ballroom – 1st Fl Ground Level
- 10:30am-12:30pm Live Case Session #2**
Moderators: Sir Shakeel Qureshi, Mario Carminati
Panelists: Elchanan Bruckheimer, Tacy Downing, Jae Young Choi, Marco Papa, Yoav Dori, John Nigro, Gi-Beom Kim
- **Dante Pazzanese Instituto de Cardiologia**
Sao Paulo, Brazil – Carlos Pedra
 - **Toronto General Hospital**
Toronto, Canada – Eric Horlick / Mark Osten
 - **Hospital Universitario Austral**
Buenos Aires, Argentina – Marcelo Rivarola
- 12:30-1:30pm Lunch Available – Exhibit Hall**
Pacific Ballroom – 1st Fl Ground Level
- 1:00-2:00pm Industry Symposium – Grab your lunch and join the Medtronic Symposium**
Marriott Grand Ballroom – 2nd Fl Lobby Level
Round Table Panelists: TBD from Medtronic
- 2:05-2:30pm Keynote Speaker with Dr. Mark Galantowicz**
Introduction: David Balzer

Congenital Surgery and Transcatheter Techniques: Evolving Hand-in-hand Into the New Era
Marriott Grand Ballroom – 2nd Fl Lobby Level

- 2:30-4:00pm ACHD Session 1 – General Session**
Moderators: Jamil Aboulhosn, Ada Stefanescu, Gejun Zhang
Marriott Grand Main Ballroom – 2nd Fl Lobby Level
- 2:30-2:42 The ACHD Patient: From Anti-coagulation to Medical Optimization Prior to Cath Intervention**
TBD
- 2:43-2:55 The Adult Single Ventricle and Catheterization Considerations – Jonathan Rome**
- 2:56-3:08 Order of Operations – Transcatheter Management of Polyvalvular Disease**
Clifford Kavinsky
- 3:09-3:21 ACHD Intervention from the Mindset of a Structural Interventionalist – Colum Owens**
- 3:22-3:34 Non-operative Management of Valve Endocarditis – Zach Steinberg**
- 3:35-3:47 Cath Lab Disasters: Cautionary Tales in the ACHD Patient – Ada Stefanescu**
- 3:48-4:00 How Cath Interventions Set Up (or complicate) the Job of the Cardiothoracic Surgeon**
David Winlaw
- 4:00-4:30pm Coffee Available – Exhibit Hall**
Pacific Ballroom – 1st Fl Ground Level
- 2:30-4:20pm Great Debates – Breakout Session**
Moderators: Bryan Goldstein, Craig Fleishman, Alan Nugent
Marriott Grand Ballrooms 3 & 4 – 2nd Fl Lobby Level
- ECMO Support is Best Performed Surgically**
Pro: David Winlaw
Con: Jason Anderson
Discussion
- PA Banding is Best Performed Surgically**
Pro: Mark Galantowicz
Con: Shyam Sathanandam
Discussion
- 2:30-2:40**
- 2:41-2:51**
- 2:52-2:57**
- 2:58-3:08**
- 3:09-3:19**
- 3:20-3:25**



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Pediatric *and Congenital* Interventional Cardiovascular Society

Istanbul TPVS by PICS Society

2026

Hilton Kozyatağı Hotel, İstanbul





Sinus Venosus ASD Closure is Best Accomplished Via the Transcatheter Approach

3:26-3:36 Pro: Kothandam Sivakumar

3:37-3:47 Con: John Nigro

3:48-3:53 Discussion

Aggressive AP Collateral Occlusion in Single Ventricles

3:54-4:04 Pro: Gregor Krings

4:05-4:15 Con: Zahid Amin

4:15-4:20 Discussion

2:30-4:00pm PICES Session – Breakout Session

Moderator: Varun Aggarwal

Panelists: Amr Matoq, Rachel Taylor, Subhrajit "SJ" Lahiri

Marriott Grand Ballrooms 1 & 2 – 2nd Fl Lobby Level

2:30-2:35 PICES business update – Varun Aggarwal

2:36-2:51 Case 1 – TBD

2:52-3:07 Case 2 – TBD

3:08-3:23 Case 3 – TBD

3:25-3:45 Invited Speaker – TBD

3:45-4:00 PICES Congenital Interventional Mentor of the Year Award – Varun Aggarwal

4:00-4:30pm Coffee Available

Pacific Ballroom – 1st Fl Ground Level

ACHD Session 2 – General Session

Marriott Grand Main Ballroom – 2nd Fl Lobby Level

Moderators: Laith Alshawabkeh, Ziyad M. Hijazi, Jamil Aboulhosn

4:30-4:42 3D Imaging in TEER for CHD – Matthew Jolley

4:43-4:55 Transcatheter Edge-to-Edge Repair in CHD
Matt Gillespie

4:56-5:08 Transcatheter Atrioventricular Valve Replacement in Congenital Patients
Nicola Maschietto

5:09-5:21 TAVR in Congenital Heart Disease Patients
Athar Qureshi

5:22-5:34 Electrosurgery in Interventional Cardiology – TBD



5:35-5:47 Lifetime Management of CHD – Setting Ourselves Up for Success in the Next Intervention

Shabana Shahanavaz

5:48-6:00 Discussion

4:30-6:00pm Lymphatic Session – Breakout Session

Moderators: Sanjay Sinha, Christopher Smith, Petru Liuba, Yoav Dori

Marriott Grand Ballrooms 3 & 4 – 2nd Fl Lobby Level

4:30-4:40 Lymphatic Physiology in CHD: Why Patients Fail – and How We Can Fix It – Adam Kolesnik

4:41-4:51 Seeing What Matters: Lymphatic Imaging that Changes Decisions – Suren Reddy

4:52-5:02 Embolize, Decompress, or Both? Choosing the Right Lymphatic Strategy – Sanjay Sinha

5:03-5:13 Plastic Bronchitis: Finding and Fixing the Leak
Mudit Gupta

5:14-5:24 Protein-Losing Enteropathy: From Pattern Recognition to Precision Treatment
Christopher Smith

5:25-5:50 Lightning Case Round:
Problem – Fix: Teaching Point

Case 1 – Ben Blais

Case 2 – Manish Bansal

Case 3 – Stanimir Georgiev

Case 4 – Christoph Bauer – Lymphatic Obstruction

5:51-6:00 Who, When, and How: Getting Durable Results in Lymphatic Intervention – Yoav Dori

4:15-6:00pm Nursing and Allied Health Professionals – Breakout Session

Moderators: Sharon Cheatham, Veronica Zitterman, Ileen Cronin, Karen Iacono

Marriott Grand Ballrooms 1 & 2 – 2nd Fl Lobby Level

4:15-4:27 Beyond the Waveform: Hemodynamics
Ileen Cronin

4:28-4:40 Radiation Safety: Can We Do a Better Job?
Christina Conley

4:41-4:53 Research in the Cath Lab: Where to Begin?
Sharon Cheatham

4:54-5:06 CHD Patients Are Aging: How Do We Bring Them to the Cath Lab Safely? – Dan Levi

5:07-5:19 Pulmonary Blood Flow: How to Restrict and How to Increase – Darren Berman

5:20-5:32 Stent Characteristics: Choosing the Right Stent
Aimee Armstrong

5:33-5:45 When Things Go Wrong: Coping with Adverse Outcomes – Mollie Mullaney

5:46-5:58 Guess the Catheter Course and Name the Interventional Device – Karen Iacono





6:00pm **PICS Achievement Award – General Session**
Ziyad M. Hijazi
Marriott Grand Main Ballroom – 2nd Fl Lobby Level

7:00pm **Soccer Game Social**

Tuesday, September 1st

7:00am-6:00pm **Registration Open**
Marriott Grand Foyer – 2nd Fl Lobby Level

7:00-8:30am **Breakfast Available – Exhibit Hall**
Pacific Ballroom – 1st Fl Ground Level

7:00am-6:00pm **Poster Abstracts**
Pacific Ballroom – 1st Fl Ground Level

7:00-7:30am **Moderated Poster Abstract Presentations**
Exhibit Hall – Pacific Ballroom – 1st Fl Ground Level
Moderators:
Group 1: Ahmed Al-Omrani, Raul Rossi, Brian Boe
Group 2: Alex Javois, Steve Nageotte, Amjad Mahmood
Group 3: Maiy El-Sayed, Larry Latson, Joaquim Miro

7:45-8:00am **Update on the PICS Society – General Session**
Update on the NAHP – Norm Linsky
Marriott Grand Main Ballroom – 2nd Fl Lobby Level

8:00-10:00am **Live Case Session #1**
Moderators: Dan Levi, Allison Cabalka
Panelists: Glen Van Arsdell, Worakan Promphan, Sophi-Guiti Milani, Osamah Aldoss, Pan Xin, Jeff Delaney, Amr Matoq
– **Seattle Children's Hospital**
Seattle, WA – Brian Morray / Zach Steinberg
– **UC San Diego Health**
San Diego, CA – Ehtisham Mahmud / Ryan Reeves / Ziyad M. Hijazi / Laith Alshawabkeh
– **Rady Children's Hospital**
San Diego, CA – Henri Justino / Brent Gordon

10:00-10:30am **Coffee Available – Exhibit Hall**
Pacific Ballroom – 1st Fl Ground Level

10:30am-12:30pm **Live Case Session #2**
Moderators: Aimee Armstrong, Damien Kenny
Panelists: Do Tin, Alex Javois, Ali El-halabi, Bahram Kadyrov, Raul Rossi, Maiy El-Sayed, David Winlaw
– **Seattle Children's Hospital**
Seattle, WA – Brian Morray / Zach Steinberg

- **UC San Diego Health**
San Diego, CA – Ehtisham Mahmud / Ryan Reeves / Ziyad M. Hijazi / Laith Alshawabkeh
- **Rady Children's Hospital**
San Diego, CA – Henri Justino / Brent Gordon

12:30-1:30pm **Lunch Available – Exhibit Hall**
Pacific Ballroom – 1st Fl Ground Level

12:45-1:45pm **CCISC Meeting**
Moderators: Tom Forbes, Daisuke Kobayashi
Marriott Ballrooms 1 & 2 – 2nd Fl Lobby Level

1:00-2:00pm **Industry Symposium – Grab your lunch and join the GORE Symposium**
Marriott Grand Ballroom – 2nd Fl Lobby Level
Round Table Panelists: TBD from GORE

2:30-4:00pm **Collaborators of Congenital Cardiac Catheterization – General Session**
Moderators: Terry King, Ziyad M. Hijazi, Alejandro Peirone
Marriott Grand Main Ballroom – 2nd Fl Lobby Level

2:30-2:42 **The Evidence Gaps in Pediatric Congenital Heart Disease Literature – Is it Time for Reform?**
Bryan Goldstein

2:43-2:55 **Endovascular Recanalization – Frank Ing**
2:56-3:08 **The CVICU Attending Perspective: Critically Ill Cath Patients with a Quality Focus**
Gil Wernovsky

3:09-3:21 **Tools of the Interventional Radiologist that All Interventional Cardiologists Should Have**
Sanjay Sinha

3:22-3:34 **Preemie PDA Closure – The Critical Role of the Neonatologist – Amir Ashrafi**

3:35-3:47 **Coronary Artery Intervention Concepts that Any Congenital Cath Doctor Should Know**
Cliff Kavinsky

3:48-4:00 **Autus Valve – Created for the Congenital Heart Disease Patient – Aimee Armstrong**

2:30-4:00pm **The Business Side of Interventional Congenital Cardiac Cath – Breakout Session**
Moderators: Tom Forbes, Jeremy Asnes
Marriott Ballroom 1 & 2 – 2nd Fl Lobby Level

2:30-2:42 **Stock Management and Optimization Strategies**
Tom Jones

2:43-2:55 **Cath Lab Staffing and Culture: Engaging and Empowering a Team at All Levels – Jeff Delaney**
2:56-3:08 **Building Collaboration via Shared Databases**
Brian Quinn

3:09-3:21 **How to Maximize Reimbursement for What You Do – An Interactive Session – Matt Crystal**

3:22-3:34 **Industry Relations – Optimizing the Technologies and Support Available for Your Lab**
Bryan Goldstein

3:35-3:47 **Working With (Not Against) Your Hospital Administration: Strategies to Advance the Congenital Cath Lab Presence in a Hospital System – Shelby Kutty**



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Conformability, control
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About Us

With over 115,000 sold worldwide, the Occlutech ASD Occluder is distributed exclusively in the US by B. Braun Interventional Systems. Occlutech is a leading manufacturer of minimally invasive cardiac devices with a mission to improve the quality of life for people living with heart conditions. We provide solutions globally for congenital heart defects, stroke prevention, and heart failure to practitioners worldwide. **Because every beat counts.**

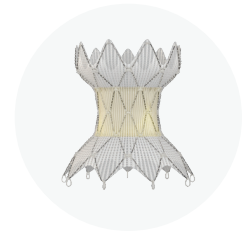


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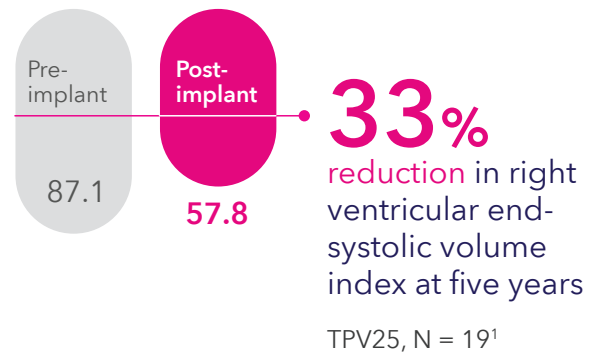
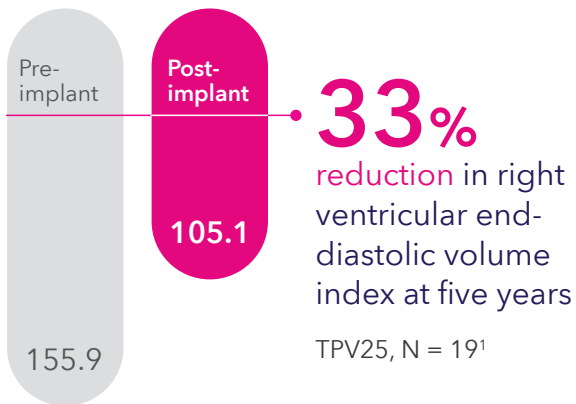


3:48-4:00	Culture Generation from a Healthcare Consultant's Perspective – TBD	5:11-5:21	Case #2: Systemic Venous (IVC-SVC-baffles) Jason Anderson
2:30-4:00pm	Pulmonary Flow Restrictors – Beginning of a New Era – Breakout Session Moderators: Ralf Holzer, Tom Fagan <i>Marriott Ballroom 3 & 4 – 2nd Fl Lobby Level</i>	5:22-5:32	Case #3: Sinus Venosus ASD – Daniel Duarte
	Historical Context – What Used to be Utilized and Where We Started – John Cheatham	5:33-5:43	Case #4: Complex Aortic Disease Pradyumna Agasthi
	The Future of PFR – What Is In the Pipeline? Aimee Armstrong	5:44-5:54	Spinal Cord Ischemia: History, Controversy and Collaboration – Nolan C. Cirillo-Penn
	Transcatheter Removal and Sizing / Upsizing Dave Balzer	5:55-6:10	Panel: Q&A
	Surgical Removal Perspective – PA Bands Versus PFR – Glen Van Arsdell	4:30-6:00pm	Latin Session – Breakout Session Moderators: Carlos Pedra, Jacqueline Kreutzer <i>Marriott Ballroom 1 & 2 – 2nd Fl Lobby Level</i>
	Technical Aspects of PFRs – Device Choices and Approaches – Nicola Maschietto	6:15 – 7:30pm	Early Career Academy – Highlights & Insights Graduation for First Academy Class General Session Moderators: Gianfranco Butera, Raul Rossi <i>Marriott Grand Ballroom – 2nd Fl Lobby Level</i>
3:35-3:47	PFR Registry – Insights and Initial Data Daisuke Kobayashi		
3:48-4:00	Case Presentation and Panel Discussion Frank Ing		
4:00-4:30pm	Coffee Available – Exhibit Hall <i>Pacific Ballroom – 1st Fl Ground Level</i>		
4:15-6:10pm	The Next Frontier: Forging into New Populations and Technologies – General Session Moderators: Ryan Callahan, Jose Luis Martinez Zunzunegui, Dave Balzer <i>Marriott Grand Main Ballroom – 2nd Fl Lobby Level</i>		
4:15-4:27	Bioresorbable ASD Devices – Horst Sievert		
4:28-4:40	iCMR in 2026 – Where We Are and Where We Are Going – Suren Reddy		
4:41-4:53	The Role of Augmented Reality in CHD Interventions – Jenny Zablah		
4:54-5:06	Radiation Reduction Strategies – New Technologies and Efforts – Vivian Dimas		
5:07-5:19	Artificial Intelligence and the Role it Can Play for Congenital Cath Labs – Laith Alshawabkeh		
5:20-5:32	Percutaneous VA-ECMO: Infancy to Adulthood Gareth Morgan		
5:33-5:45	HOLOSCOPE-i to Guide Transcatheter Procedures Using Intraprocedural 3D-TEE Elchanan Bruckheimer		
5:46-5:58	Bioresorbable Stents in Congenital Heart Disease – Martin Bocks		
5:59-6:10	Discussion		
4:10-6:10pm	Endovascular Grafts – Breakout Session Moderators: Allison Cabalka, Jason Anderson, Damien Kenny <i>Marriott Ballroom 3 & 4 – 2nd Fl Lobby Level</i>		
4:10-4:15	Intro & Framing – Jason Anderson		
4:16-4:26	Aortic Endografts: Innovation and Pipeline to a Younger Population – Nolan C. Cirillo-Penn		
Core Congenital Applications			
4:27-4:37	RV-PA Conduits – Jason Anderson		
4:38-4:48	Coarctation of the Aorta – Pradyumna Agasthi		
4:49-4:59	Fontan Pathways – Allison Cabalka		
Advanced & Emerging Applications			
5:00-5:10	Case #1: CoA – Kaitlyn Krebsushevski		
		5:11-5:21	Case #2: Systemic Venous (IVC-SVC-baffles) Jason Anderson
		5:22-5:32	Case #3: Sinus Venosus ASD – Daniel Duarte
		5:33-5:43	Case #4: Complex Aortic Disease Pradyumna Agasthi
		5:44-5:54	Spinal Cord Ischemia: History, Controversy and Collaboration – Nolan C. Cirillo-Penn
		5:55-6:10	Panel: Q&A
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		6:15 – 7:30pm	Early Career Academy – Highlights & Insights Graduation for First Academy Class General Session Moderators: Gianfranco Butera, Raul Rossi <i>Marriott Grand Ballroom – 2nd Fl Lobby Level</i>
Wednesday, September 2nd			
		7:00am-1:00pm	Registration Open <i>Marriott Grand Foyer – 2nd Fl Lobby Level</i>
		7:00-8:30am	Breakfast Available – Exhibit Hall <i>Pacific Ballroom – 1st Fl Ground Level</i>
		7:45-8:00am	PICS Society Annual Business Meeting <i>Marriott Grand Ballroom – 2nd Fl Lobby Level</i>
		7:45am-12:45pm	General Session <i>Marriott Grand Main Ballroom – 2nd Fl Lobby Level</i>
		8:00-10:00am	Live Case Session #1 Moderators: Ziyad M. Hijazi, Jacqueline Kreutzer Panelists: James Thompson, Amjad Mahmood, Brent Gordon, Martin Bocks, Alain Fraisse, Michel Ilbawi, Joaquim Miro - Nicklaus Children's Hospital Miami, FL – Shyam Sathanandam - Children's Healthcare of Atlanta – Emory Healthcare, Atlanta, GA – Allen Ligon - Rush University Chicago, IL – Joshua Murphy / Hussam Suradi
		10:00-10:30am	Coffee Available – Exhibit Hall <i>Pacific Ballroom – 1st Fl Ground Level</i>
		10:30am-12:30pm	Live Case Session #2 Moderators: Ralf Holzer, John Cheatham Panelists: Howard Weber, Hesham Al Saloos, Henri Justino, Gianfranco Butera, Steve Nageotte, Mark Galantowicz - Nicklaus Children's Hospital Miami, FL – Shyam Sathanandam - Children's Healthcare of Atlanta – Emory Healthcare, Atlanta, GA Allen Ligon - Rush University Chicago, IL – Joshua Murphy / Hussam Suradi
		11:00am	Exhibit Hall Closes
		12:30pm	Closing Remarks Ziyad M. Hijazi & Damien Kenny

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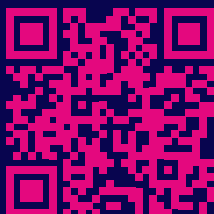


Harmony™ TPV five-year outcomes¹



had no surgical reintervention through five years

TPV25, N = 26
Kaplan-Meier analysis through five years
implanted > 24 hours cohort



Five year outcomes that strengthen confidence in **the right choice.**

Learn more about the complete five-year data.

1. McElhinney D. Five-year Outcomes Following Harmony Transcatheter Pulmonary Valve Replacement. Presented at: CSI 2026 Scientific Sessions; June 3-6, 2026; Frankfurt, Germany.

Harmony™ Transcatheter Pulmonary Valve and Delivery System

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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