

## Audience Response System Debuts at ISHAC 2007

By Jeffrey A. Feinstein, MD, MPH



Initially implemented in business, marketing and training sessions the use of audience response systems (ARS) in medical symposia has grown exponentially over the past decade.

Much as live case demonstrations are now almost expected for a cardiac symposium to be considered cutting edge ARS is felt to be an integral part of the program both for the organizers and participants. While most commonly used in small to medium sized conferences, the systems are capable of handling thousands of responses simultaneously.



Leading the trend in cardiovascular conferences, the Transcatheter Cardiovascular Therapeutics (TCT) conference, specifically the self assessment course, has included ARS as part of the program for the past five years. The PICS symposium has used ARS to monitor trends in the industry and provide audience feedback to the live case operators and session moderators for the past two years.

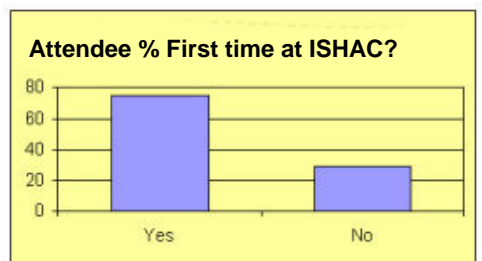
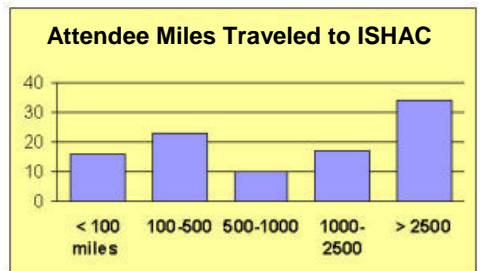
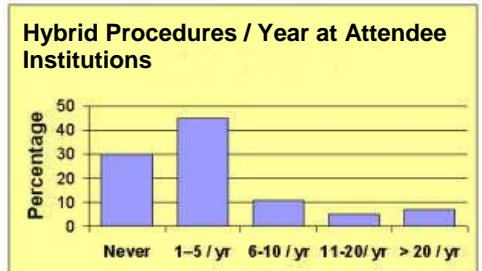
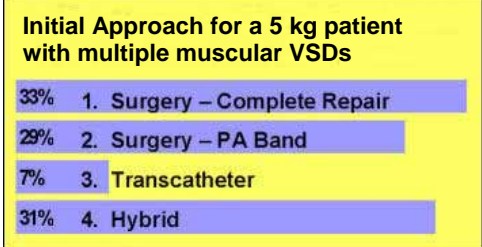
Making its inaugural appearance at ISHAC this year, and in addition to the now "standard" uses mentioned above, ARS will be used to provide post-conference analysis of the data to investigate practice trends based on demographics such as medical specialty, geographic practice location, or practice orientation (pediatric vs. adult). Live "data slicing" may also be used for real time sub-group analysis (e.g. How did interventionalists respond to a particular question?)

The live case from the Hybrid Suite at Columbus Children's Hospital proved to be challenging both for the operators and audience (though the audience would never admit it). The pulmonary artery banding went smoothly but when it came time to stent the ductus arteriosus, it was difficult to determine the optimal length for the stent.

Many suggestions were given from the audience and this led to a poll asking how the audience calibrates and measures their PDAs. Almost two thirds of the audience uses either a marker catheter or guidewire with markers, a quarter measures a catheter with a known diameter and about 16% uses a sphere (as did Dr. Cheatham).

The audience was then asked what type of stents they preferred and it was split 50/50 between balloon expandable and self expanding.

Finally, once the (self expanding) stent was placed, there was a question as to whether the stent covered the full length necessary. Two thirds of the audience



voted not to deploy any additional stents while the remaining third would have done additional work on either the aortic or pulmonary artery end. Dr. Galantowicz voted to place an additional short balloon expandable stent in the proximal portion of the PDA but, when we left them, Dr. Cheatham wasn't yet convinced. Stay tuned....

Providing ARS services for ISHAC is Event Technologies, Inc. Buffalo, New York. The process requires both hardware (keypads and receivers) and software (a PowerPoint plug in). Jeffrey Feinstein, MD serves as moderator for the ARS. The audience is encouraged to provide questions to Dr. Feinstein for possible inclusion during the program.

For more information on Event technologies [www.eventtechs.com](http://www.eventtechs.com) 716-881-2340.

## Feng/Wexner Endowment Announced at ISHAC



Abigail Wexner, Chair of the Board of Trustees at Columbus Children's Hospital, and Steve Allen, M.D., Chief Executive Officer at Columbus Children's Hospital, announced the establishment of The Fung/Wexner Endowment to foster international exchange in congenital heart disease. The start-up funds were provided by Mr. and Mrs. William Fung of Hong Kong after Mrs. Wexner successfully completed the London Marathon. Mr. and Mrs. Wexner matched this generous gift. Specific projects supported by the endowment will be determined by Drs. John P. Cheatham, Timothy Feltes, and Mark Galantowicz..

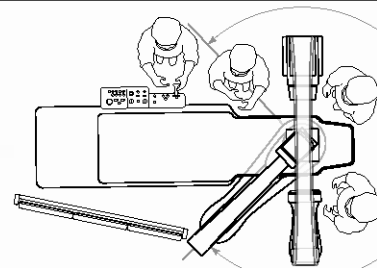
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DAY 2 - JUNE 28- THURSDAY

MORNING EVENTS AT A GLANCE

- 7:00 – 7:45 a.m. **Continental Breakfast**
  - 7:45 – 8:00 a.m. Update & Announcements
  - 8:00 – 10:00 a.m. Hybrid Approach to Stents
  - 8:00 – 8:15 00 a.m. Hybrid Approach to Pulmonary Artery Stents
  - 8:15 - 8:30 a.m. Aortic Stents
  - 8:30 - 8:45 a.m. VSD Stents
  - 8:45 – 9:00 a.m. Stents in Other Locations
  - 9:00 – 9:1500 a.m. Removal of Stents & Other Hardware
  - 9:15 – 9:30 a.m. Discussion
  - 9:30 – 9:50 a.m. **Live Case:** Intraoperative Aortic Stent for CoA @ ULAR Experimental Surgical Suite
  - 9:50 –10:05 a.m. **Break**
  - 10:05 – 10:30 a.m. **Live Case:** Intraoperative LPA Stent using Endoscopic Guidance @ CCH Hybrid Suite
  - 10:30 – Noon Hybrid Delivery of Valved Stents
  - 10:30 – 10:45 a.m. What's new in catheter valve technology . . . from imaging to devices
  - 10:45 – 11:15 a.m. **Live Case:** Creation of ASD after PA Bands & PDA Stent for HLHS in a Premie @ CCH Hybrid Suite
  - 11:15 – 11:30 a.m. Hybrid Delivery of Valved Stents - Ziyad M. Hijazi, MD (from ULAR)
  - 11:30 – Noon **Live Case:** Periventricular Implant of the Edwards Valve Stent in the Pulmonary Position @ ULAR Experimental Surgical Suite
- Jeffrey A. Feinstein, MD, MPH is the moderator for the audience response questions.*

Pictures from ISHAC 2007



AFTERNOON EVENTS AT A GLANCE

- Noon – 1:00 p.m. **Lunch**
- 1:00 – 2:45 p.m. The Future: Part I -
- 1:00 – 1:15 p.m. Creation & Closure of Septal Defects Using Real Time 3D Echo Guidance
- 1:15 – 1:45 p.m. **Live Case:** Closure of Septal Defect Using Real Time 3D Echo Guidance @ ULAR Experimental Surgical Suite
- 1:45 – 2:15 p.m. **Live Case:** High Frequency Ultrasound Creation of ASD @ ULAR Experimental Surgical Suite
- 2:15 – 2:35 p.m. Cath Lab Fontan Completion
- 2:35 – 2:45 p.m. Discussion
- 2:45 – 3:00 p.m. **Break**
- 3:00 – 4:00 p.m. The Future: Part II -
- 3:00 – 3:20 p.m. Fetal and Neonatal Hybrid Approach to HLH
- 3:20 – 3:40 p.m. Advanced Imaging for Hybrid Therapies
- 3:40 – 4:00 p.m. Discussion
- 4:00 – 5:00 p.m. How do you safely perform procedures that have never been performed before?
  - 4:00 - 4:30 p.m. An Interventionalist's View
  - 4:30 – 5:00 p.m. A Surgeon's View -
- 5:00 p.m. Closing Remarks



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