



MONDAY - PICS~AICS

MONDAY PICS PREVIEW

By Karim Diab, MD

Welcome to the second day of PICS!

After a full first day of Imaging, the second day of PICS starts off with the hallmark of PICS: the series of live cases of various interventions brought to you live, via satellite, from different international centers using the latest device technology. This will continue each day of the symposium till the end of the program.

The day will start with welcoming remarks by the director Emeritus of PICS Dr. W. Hellenbrand. The morning and early afternoon sessions will feature a series of live cases transmitted live from Brazil, Saudi Arabia and Germany. Starting off from Riyadh, Dr. Qureshi from the UK will be joining Dr. Momenah performing transcatheter pulmonary valve implantations in various disease entities (pulmonary regurgitation and conduit obstruction in repaired cases of pulmonary atresia, TOF, PS), percutaneous closure of mid-muscular VSDs and subaortic VSD with aortic valve prolapse as well as closure of coronary fistulas.

From São Paulo, Dr. C. Pedra and his team will present live cases of closure of LAA, stenting of the aorta with covered stent and closing a multi-fenestrated ASD using the Occlutech device with live 3-D TEE guidance.

From Giessen, Drs. D. Schranz and C. Jux will demonstrate live cases of stenting the branch pulmonary arteries as well as percutaneous PV implantation using the Edwards-Sapien valve. They will also perform a PMVSD closure using the Amplatzer Occluder type 2 device. During the workshop on Saturday, we had seen a presentation on this new device, and Dr. Nava's team from Chile had presented two cases.

After the live case demonstrations, the afternoon will continue with a series of lectures in the main Grand Ballroom Hall and two breakout sessions. Following is a brief highlight of these events: in the main hall, the first session will focus on issues

and management decisions facing the interventionalist: the use of sedation vs anesthesia during intervention (Dr. R. Vincent), ICU management of the critically ill infant undergoing catheterization (Dr. G. Wernovsky), use of off-label devices (Dr. R. Holzer), hybrid programs (Dr. M. Galantowicz) and the use of anticoagulation during intervention (Dr. T. Forbes)

The late afternoon session will then focus on establishing a structural heart disease program (Dr. J. Lasala), closure of post-infarct VSDs (Dr. J. DeGiovanni), interventions in pregnancy (Dr. I. Palacios) and management of paravalvar leaks (Drs. C. Ruiz and Z. Turi). In addition, there will be an update given on percutaneous mitral and aortic valve repair (by Drs. S. Kar and M. Leon, respectively).

Breakout Sessions:

The first one is for nurses and technologists involved in the cath lab covering such topics as new hybrid procedures, short-stay units for recovery and others. A "Cath Lightning" session will include additional topics such as transcatheter PV and an interactive session of "Analyze This" on problems faced in the cath lab!

The second breakout session will focus on bioengineering topics such as bench testing of devices, biodegradable devices and designing balloons and stents.

The day will end with the highly anticipated announcement of the winner of the PICS-AICS traditional PICS Achievement Award. Stick around to find out who will win this year!

BEHIND THE SCENES: THE BIRTH OF PICS! - a Q&A with Drs. Hijazi, Cheatham and Hellenbrand

By Karim Diab, MD

After 14 years of touring the globe and growing to become the major world conference in interventional cardiology for Pediatric and Adult structural heart

disease, we thought we would share with you the story of how PICS started and why it has become so successful. We sat down with the course directors, Drs. Z. Hijazi, W. Hellenbrand and J. Cheatham, and asked them how it all began.

QUESTION (Karim): How did the initial idea of PICS come to mind? How much planning did it take before the symposium actually got off the ground?

ANSWER (Ziyad): Well, The initial idea started in 1995 when I was on faculty at TCT. Seeing live cases at TCT meetings and realizing that there is no course in structural heart disease with live cases at the time, the idea of having this for CHD became really exciting. I called Bill to discuss the matter, and get more people on board. Being in Boston at the time, I thought of Dr. J. Lock at Boston Children's. So, in 1996 I sent him a faxed proposal (Z still has a copy of it!), but Dr. Lock thought it was not financially feasible, and turned it down. Then, I contacted John Hess (at Rotterdam), but was also turned down again after several months of waiting!

QUESTION (Karim): So you and Bill decided to take the risk and do it together?

ANSWER (Ziyad): Bill was ok with it, but did not want the financial responsibility! Dr. D. Fulton, Chief at Tufts at the time, got the division to support the first meeting. Bill and I called staff members - Colene and Sally -

LIVE CASES FOR TODAY

8:30-10:30 am - Live Cases (São Paulo, Riyadh, Giessen); **Panelists:** Teiji Akagi, Horacio Faella, Seong-Ho Kim, Doff McElhinney

11:30 am-1:15 pm - Live Cases (São Paulo, Riyadh, Giessen); **Panelists:** Krishna Kumar, David Nykanen, Toshio Nakanishi, Terry D. King

2:00-3:00 pm - Live Cases (São Paulo, Riyadh); **Panelists:** Trong-Phi Le, Ignacio Ingelessis, Donald Hagler, Francisco Garay, Raul Rossi

TOSHIBA

Leading Innovation >>>



5:30-6:15 pm - PICS/AICS ACHIEVEMENT AWARD - Grand Ballroom - Concourse Level



The PICS-AICS Daily Briefing published by CONGENITAL CARDIOLOGY TODAY www.CongenitalCardiologyToday.com

MONDAY - PICS~AICS

both still currently part of the *PICS* team in order to plan the first meeting. More members were added to the busy team later (e.g. *Kim Ray!*). After almost two years of thinking about the idea, the first meeting was held in Boston in September of 1997, sponsored by Tufts University, NuMED and AGA. It had a total of 85 attendees (including staff and interventionalists!), and it kept growing very rapidly every year with a lot of success as we see it today. By the way, today in 2011 the number of attendees is 775!

During the first meeting in 1997, I performed the first live Amplatzer ASD case (only few months after the first ASD device closure in the US).

ANSWER (John): After Z deployed the device successfully during the live case, he noted that the device was in perfect position, and mentioned that one can also actually retrieve it, and so that is exactly what Z did – he went ahead and pulled the device into the sheath, and then delivered it again. Only this time the device did not look as pretty, and some audience members told him that they would never leave it in there! The procedure was uneventful at the end!

QUESTION (Karim): Did you perform live cases via satellite from the very beginning?

ANSWER (Ziyad): The first year of *PICS*, we invited people to Tufts to do live cases, and we used microwave transmission since it was in the same city. Bill, John C. Mullins, J. Moore and I did live cases at that meeting. There were also two EP cases including pacemaker and RF ablation as well. We had to get the staff privileges at the center which took a lot of work (but was definitely cheaper than what we currently pay for satellite transmission). We started satellite transmission the year after, with Bill doing live cases from Yale! And a live case done from Amman, Jordan!

QUESTION (Karim): What are some of the major challenges you initially faced as you planned the first *PICS* symposium in Boston?

ANSWER (Ziyad): Mainly the finances: the hotel charges, the food, the venue, as well as live transmission made the finances real tough! Back then there were very few industry sponsors to help.

ANSWER (John): Congenital/structural heart disease is still a “boutique” practice

compared to *TCT* or the other adult meetings.

QUESTION (Karim): Did you initially think of keeping it based in one city, or did you always think of making it travel the globe?

ANSWER (Ziyad): We kept the meeting in Boston for two years, then as I moved to Chicago; we had the meeting there in 1999. There was very little time to prepare, as I moved in July, and the meeting was in September, so all needed to be done in only 2 months! Then, when the *World Congress* was taking place in Toronto in 2001, we decided to move *PICS* there as well.

ANSWER (Bill): Oh, but that was a tough financial year despite a very successful medical symposium! We tried to work with and keep it with the *World Congress* every time (in 2001, 2005 and 2009), but at times it is not feasible as is the case for the year 2013!

QUESTION (Karim): Any special hurdles with the traveling plans that you make to keep up with the schedule/ making it to the live cases?

ANSWER (Ziyad): Of course, there is a lot of traveling involved in order to attend the meeting, do the live cases etc., and this adds a lot of cost.

ANSWER (Bill): Well, and when you have private jets to take your team (*Jokingly!*)

QUESTION (Karim): What is a special “worst nightmare case” during the live cases that comes to your mind throughout those years?

ANSWER (Bill): Yes, one that I can never forget is my first case when I was opening a stent up in a coarctation case, and all the power disappeared, and the cath lab went black!!

ANSWER (John): Z was deploying a Grifka bag in 2000 in Chicago and the sac embolized, but the neck of the sac stayed on the catheter!

ANSWER (Ziyad): We could not see where the sac went! After an angio, it turned out the sac is in the iliac, and I retrieved it.

ANSWER (John): Well the audiences, though they like good results, like to see complications during the live cases in order to see how the operators react, and what the thought process is at that point. That is the whole advantage of doing live cases. Live hybrid cases involving surgeons were also introduced at *PICS*.

ANSWER (Ziyad): In several cases, during the live cases, the operator plans on something, but then after discussion with the moderators who are the experts in the field, the interventional plan is changed for the better.

QUESTION (Karim): We know from your staff that immediately after one *PICS* conference ends, the work for the next year's *PICS* starts! How do you keep the energy to deal with it? Team work?

A (Ziyad): Well, it is a continuous process; we like to work on it immediately while things are still fresh in our minds, as we remember what went wrong and what needs to be avoided or improved in the next meeting. The staff members work as a team, and they love the meeting as they are invested in it and they do the work with no extra pay. They go visit the cities where we contemplate having *PICS* at 3 years down the road before we even go check the venue out!

QUESTION (Karim): Is there a particular city where you would love to host *PICS*?

ANSWER (Ziyad): I would love to have it in Rio de Janeiro, especially before the Olympics.

ANSWER (John): I would like to have it in Shanghai! We have not held it in Asia yet!

ANSWER (Bill): Maybe Jerusalem or Istanbul!

There you have it. The story of how *PICS* began. We hope *PICS* continues to be successful, and hope it further expands across the globe.



Be sure to see the

**CONGENITAL CARDIOLOGY TODAY
PICS~AICS Job Board Poster**

Subscribe to the PDF version of
CONGENITAL CARDIOLOGY TODAY
and you might *WIN* a Smartpen
from Livescribe

Send email to subs@cct.bz being sure to include your name, title, address, phone and email, and you will automatically be entered in the the drawing

Winner will be announced in the September issue.

