



PICS-AICS

Pediatric and Adult Interventional Cardiac Symposium

Daily Briefing

MONDAY

PICS~AICS 2012 - Day 2: Live Cases Take Off!

By Karim Diab, MD

Welcome to the second day of PICS!

After a full first day of Workshops, the second day of PICS~AICS 2012 CME program starts off with the hallmark of PICS, the series of live cases transmissions 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 until the end of the program.

Today will start with welcoming remarks from the program director, Dr. Ziyad Hijazi. This will be followed by an update from Dr. Damien Kenny on the PICS 2011 live cases. The first day will feature three *live sessions* with a total of 8 live cases transmitted from Italy, Denmark and Israel.

Starting off from Petach Tikva, Israel, Dr. E. Bruckheimer and his team will demonstrate live cases of implantation of a covered stent in a patient with Turner Syndrome and coarctation, percutaneous PV implantation using the Edwards-Sapien valve in a patient with TOF with 3DRA of the coronaries, as well as ASD closure using the Flex II Occlutech ASD occluder with 3DTEE evaluation of the defect.

From Copenhagen, Denmark, Dr. O. Franzen and his team will present 3 live cases of adults with structural heart disease including: closure of an ASD using the Gore Helex Occluder device as well as with the Occlutech device in a second case, and an interesting case of transfemoral TAVI in an adult with severe AS using the CorValve.

From Rome, Italy, Dr. G. Pongiglione and his team will be transmitting 2 live cases: hybrid stent placement and trans-apical PV implantation in a patient with TOF and pseudoaneurysm of the RVOT, and percutaneous PV implantation using the Edwards valve in a patient with TOF.

After the live cases on the first day and during the lunch break, there will be a one-hour comprehensive documentary on CHD, highlighting the scope of CHD through interviews with patients, families, faculty and researchers. This "Heart of the Matter" documentary is presented by The Children's Heart Foundation (childrensheartfoundation.org) and TMK Productions to increase public awareness for CHD, and is the first such comprehensive documentary on CHD ever produced for television.

Following the live case demonstrations, the afternoon will feature the start of multiple breakout sessions that will run in parallel in various venues during the meeting. A total of five breakout sessions will run simultaneously during that afternoon ensuring extensive and detailed coverage of key topics in

interventional techniques for congenital and structural heart disease. Hence, make sure not to miss those sessions that fit your specific interests! The sessions on Monday will tackle the following topics:

- **Imaging in Congenital and Structural - Cardiovascular Interventional Therapies (ICSCIT) - 2-5:30 pm**
- **Neonatal Cardiac Catheterization - 2-5:30 pm**
- **Nursing And Associated Professional Breakout Session - 2-5:30 pm**
- **Transcatheter Aortic Valve Replacement - 2-3:30 pm**
- **Transcatheter Aortic Valve Replacement - 4-5:30 pm**



Below is a brief highlight of those sessions:

The first breakout session (in the Chicago Ballroom F/G 5th Floor) will focus on *Imaging in Congenital and Structural Cardiovascular Interventional Therapies (ICSCIT)*. Interventionalists know that imaging is at the heart of any successful intervention! Whether for selecting the appropriate patients, guiding the procedure or assessing outcome and follow-up, these imaging techniques are crucial to the success of any interventional procedure. The role of various imaging techniques, TEE, ICE, CT, MRI, IVUS, 3D echo and 3D rotational angiography, will be discussed during this session. After a series of lectures on topics such as: imaging in hybrid procedure, interventional cardiovascular MRI and imaging in candidates for MitraClip repair of the MV. The session will continue with a valuable case examples including: the use of ICE vs TEE in complex ASD closure, echo-guided PDA closure, 3D TEE for ASD closure, rotational angiography for PA stenting, ICE for PV implantation, intraprocedural imaging for TAPVR and IVUS during coarctation stenting.

Simultaneously, the second breakout session (held in the Grand Ballroom Salon III – 7th Floor) will focus on neonatal cardiac catheterization. This will focus on topics such as adjustment for risk method in neonatal catheterization, catheterization in the premature or low birth weight infant, catheter management of the restrictive atrial septum in HLHS, catheterization in neonates on ECMO, balloon aortic valvuloplasty in critical AS and stenting of the PDA as an alternative to surgical Shunts. The lectures will be followed by a debate on RVOT Stenting (Dr. L. Benson) vs Surgical Shunt (Dr. E. Bacha) in neonates with TOF and inadequate pulmonary flow.

NEW SESSIONS JUST ADDED

- **COAST: Monday, 1-2 pm:** Denver/Houston Room, 5th Floor
- **CCISC: Monday, 6:30-7:30 pm:** Chicago Ballroom H, 5th Floor
- **SCAI Pediatric Quality Improvement Toolkit - (SCAI QIT event): Tuesday, 6:45-7:45 am:** Chicago Ballroom 5th Floor
- **SCAI CHD Council: Tuesday, 1-2 pm:** Denver/Houston Room 5th Floor

The third breakout session, held in the Chicago Ballroom H – 5th Floor will be dedicated to nurses and associated professionals, and will discuss the following topics: imaging for interventional cardiac cath, outcomes of interventional cath during pregnancy for mothers with CHD, emergencies in the cath lab, transcatheter PV replacement, overview on "valve clinic," research in pediatric and adult CHD, IMPACT registry, and radiation control protocols. This session will end with the "Analyze This" featuring some cases or situations that staff in the cath lab might face.

The 4th and 5th breakout sessions on Monday held in the Grand Ballroom Salon I/II 7th Floor, will focus on transcatheter aortic valve replacement. The session will start with a review of pathological specimens of calcific AS presented by Dr. P. Weinberg. It will then continue to discuss establishing an AoV program (Dr. J. Hermiller), assessment of pre-procedural risks (Dr. R. Ibrahim), advanced imaging techniques pre- and post- TAVR (Dr. R. Sommer), and how to minimize vascular complications in TAVR (Dr. T. Feldman). There will be a discussion of the 4 new valves available for TAVR (Colibri, St. Jude, Lotus and Jena valves). There will also be presentations on the results of the ADVANCE study for the Medtronic CoreValve, and update on the two-year follow-up data on the PARTNER I study. In addition, update on the Edwards SAPIEN valve and its ongoing trials will be presented (Dr. R. Makkar). Specific techniques will be reviewed e.g. transfemoral vs transapical approaches, the impact of TAVR on the MV and Valve-in-Valve Deployment. There will also be a hot debate during this session on whether surgeons are better to run AOV programs in the future (Pro: Dr. J. Alexander vs Con Dr. E. Horlick).

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!

Don't Miss These Hot Debates at PICS 2012!

By Karim Diab, MD

The *Hot Debates* sessions will continue this year with even more sessions scheduled (total



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MONDAY

of nine). These debates bring to the table an interesting and useful discussion on the topics that are presented from the point of views of the interventional cardiologist vs the cardiothoracic surgeon. We have seen many topics in past *PICS* meetings. Below is a summary of this year's *Hot Debate* sessions:

MONDAY

Debate 1 - 3:10-3:30 pm: RVOT Stenting is a Superior Approach to Surgical Shunt in Neonates With Tetralogy of Fallot and Inadequate Pulmonary Blood Flow

- Pro: Lee Benson; Con: Emile Bacha

Debate 2 - 3:10-3:30 pm: Surgeons Are Better Placed to Run Aortic Valve Programs in the Future

- Pro: John Alexander Con: Eric Horlick

TUESDAY

Debate 3 - 2:50-3:10 pm: ASD Closure Is A Specialist Procedure and Should Only Be Performed By Interventionists Trained in CHD

- Pro: Tom Forbes; Con: Clifford Kavinsky

Debate 4 - 3:10-3:30 pm: Device Erosion After ASD Closure is Rare, But Unpredictable, Therefore, We Should Not Close ASD's in the Cath Lab!

- Pro: Michel Ilbawi; Con: John Bass

Debate 5 - 3:10-3:30 pm: Percutaneous Mitral Valve Therapies Should Be Restricted to Patients Not Suitable for Surgical Repair?

- Pro: Pat McCarthy; Con: Raj Makkar

Debate 6 - 5:35-5:55 pm: Stenting PDA/ banding PA's Should Be the First Step for Palliation of HLHS

- For: Mark Galantowicz; Against: Emile Bacha

Debate 7 - 5:20-5:40 pm: The Presence of Migraine in Patients With Cryptogenic Stroke Should Not Influence Decision to Close PFO

- Pro: Robert Cubeddu; Con: Mark Reisman

WEDNESDAY

Debate 8 - 3:00-3:20 pm: All VSD's Should Be Closed in Adults Irrespective of Size

- Pro: Mario Carminati; Con: Richard Ringel

Debate 9 - 3:10-3:30 pm: Surgically Implanted Valves are More Durable Than Transcatheter Valves in the Pulmonary Position

- Pro: Michel Ilbawi; Con: Philip Bonhoeffer

Brief Recap of Sunday Industry Workshops

By Karim Diab, MD

The Sunday session of *PICS-AICS* industry sponsored workshops focused on the development of Amplatzer devices, ASD closure with the GORE HELEX device and management of PAVMs.

Highlights from the St. Jude Medical workshop featured discussion of the new Amplatzer devices with the ADO II AS and the new MEVSD2 for closure of membranous VSDs. The new ADO II AS, consisting of a single layer of wire braid replacing the polyester of the ADO, was recently developed to close small to moderate ductuses (e.g. tubular PDA in premature newborns) with small aortic and pulmonary artery structures in order to avoid protrusion into the Ao or PA. The device only requires a 4 Fr delivery catheter. Dr. Miro mentioned planning on performing PDA occlusions in premature NBs with echo guidance only in the future.

The new MEVSD2 device, which we saw during *PICS 2011* before it became clinically available, was also presented. The new device has less radial force compared to the first device resulting in less pressure on the septal tissue. This will hopefully provide better results with less risk of heart block which was



the main concern with the first device for membranous VSD closure. The device comes in eccentric and concentric designs and currently in sizes of 4-14 mm. It became available for clinical use in June 2011, and the world's initial series available to date was presented, which included 19 cases with 18 successful implants, no development of AV heart block, 17% (mild) residual shunt on follow-up and no increase in AI. This showed promising initial results for interventional closure of membranous VSDs calling for a larger experience before spreading the use of the new device.

The second workshop, sponsored by Gore, focused on the HELEX device with Dr. N. Wilson presenting the encouraging worldwide experience with approx. 15000 reported

implants to date. Dr. Wilson also mentioned the new Gore Septal Occluder which is only available outside the US with more than 700 implants to date. Dr. T. Forbes discussed interesting complex cases of ASD highlighting the need for extensive imaging of the atrial septum when considering ASD device closure.

During the third workshop sponsored by Cook Medical, Drs. Pollak and White discussed the diagnosis and management of hereditary hemorrhagic telangiectasia and its common manifestation, PAVMs, including: focal and diffuse types. Embolization coil technologies were presented including: the use of the Micropuncture set and various catheters and coils such as the Tornado, Nester and MReye coils used for both arterial and venous embolization.

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