CONGENITAL CARDIOLOGY TODAY
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Hybrid Pulmonary Outflow Tract Stenting in a Small Child with Complex Heart Disease

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Introduction

Non-surgical interventions on the pulmonary outflow tract have evolved in the last number of years to include more complex procedures in increasingly smaller children. This has led to challenges with regard to access. Large sheaths and stiff wires in small hearts lead to haemodynamic instability[1] and thus an alternative per-ventricular access route has been described.[2,3] We describe such a case outlining how collaboration between cardiology and cardiothoracic surgical colleagues facilitated a successful resolution of a serious hemodynamic issue in a patient with complex Congenital Heart Disease.

Case

We present a case of a 30-month-old infant weighing 14kg with a background history of dextrocardia with situs inversus, atrio-ventricular discordance with a ventricular septal defect and pulmonary atresia with an anterior aorta and non-confluent branch pulmonary arteries supplied by bilateral patent ductus arteriosus (PDA). He was initially palliated with bilateral PDA stent placement and subsequently underwent a hemi-Mustard, pulmonary artery reconstruction and bidirectional Glenn, and a Rastelli with a 18mm Contegra conduit (Medtronic, Galway, Ireland) at 10 months of age. He had a difficult post-operative course which was complicated by mediastinitis and sepsis with a resistant gram-negative organism. He developed a retrosternal collection requiring sternal rewiring twice and placement of calcium containing antibiotic beads around the conduit in the mediastinum to resolve the infection.

He was admitted to his local hospital with low saturations 20 months after his surgery. His echocardiogram showed reduced right ventricular function with severe tricuspid regurgitation suggesting significantly elevated right ventricular systolic pressures. Furthermore, the echocardiogram did not demonstrate flow in the right ventricle to pulmonary artery (RV-PA) conduit. He had a CT angiogram which confirmed occlusion of the (RV-PA) conduit.

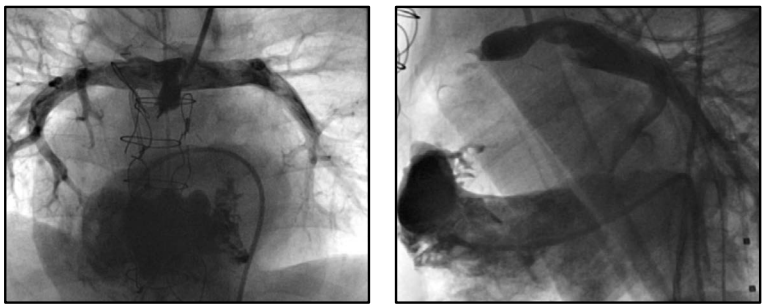

FIGURE 1
Anteroposterior (AP) and lateral (lat) projection of initial simultaneous RV and PA angiogram demonstrating no flow in right ventricle to pulmonary artery conduit

His case was discussed at the joint cardiac and cardiothoracic conference and due to the history of mediastinitis and his complex anatomy, a plan was made for an initial percutaneous cardiac

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catheterisation to evaluate if there was any residual flow through the conduit with subsequent progression to a hybrid per-ventricular re-canalisation of the thrombosed RV - PA conduit.

The procedure was performed under general anaesthetic. Vascular access was obtained through the right femoral artery and vein and left internal jugular vein (IJV). Angiograms in the RV after crossing the Hemi-Mustard pathway and left SVC/Glenn demonstrated conduit occlusion with no flow from RV to main PA and thus confirmed CT findings **(Figure 1)**. The RV and PA ends of the conduit were separated by a 2.5cm gap. Initially, the mean Glenn pressure was 15mmHg and the RV systolic pressure was supra-systemic. On probing, there was no lumen found in the conduit.

The decision was made to proceed with re-canalisation. A subxiphoid approach was utilised by the cardiothoracic surgery team to expose the lower anterior surface of the RV and a 9Fr sheath was placed through purse-string sutures into the RV. The sheath was angled towards the RV to PA conduit and a Chiba needle (Cook Medical, Limerick, Ireland) which was manually curved to simulate the posterior trajectory towards the pulmonary arteries, was advanced through the thrombosed conduit towards the MPA. Once cannulation of the PA was confirmed with an angiogram, an 0.014" Granslam coronary wire (Asahi Intecc, Aichi, Japan) was advanced into the LPA and was snared from the left IJV creating a loop from the RV through the Glenn shunt. A 4Fr sheath was advanced to the MPA from the RV, through the pre-existing sheath in the RV and the conduit was ballooned with a 5x20mm coronary balloon (Boston Scientific, Galway, Ireland) followed by a 8x30mm Sterling balloon (Boston Scientific, Galway, Ireland). Subsequent RV angiography confirmed a passage facilitating flow antegradely from the RV to the PA.

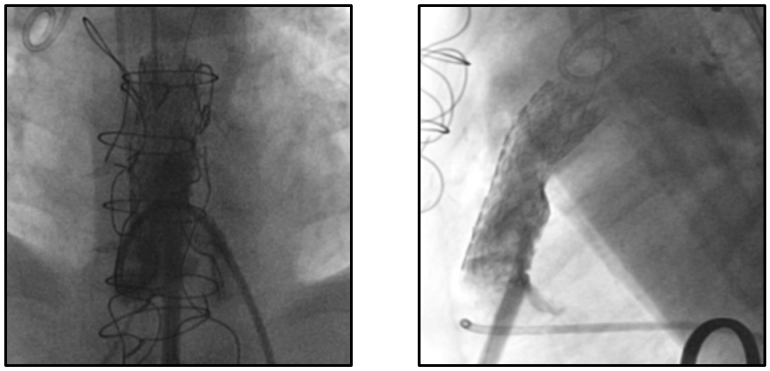

FIGURE 2

AP and lateral projections following 1st stent placement

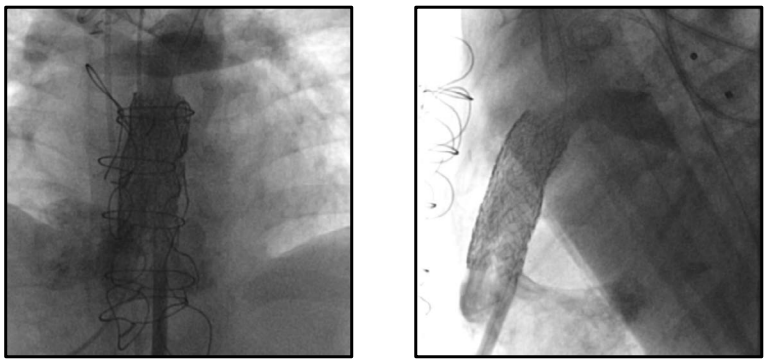

FIGURE 3

AP and lateral projections following 2nd stent placement

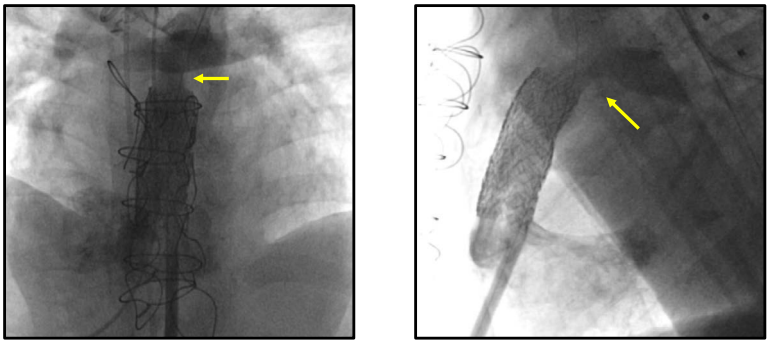

FIGURE 4

AP and lateral projections demonstrating residual narrowing (arrow) distal to the stents

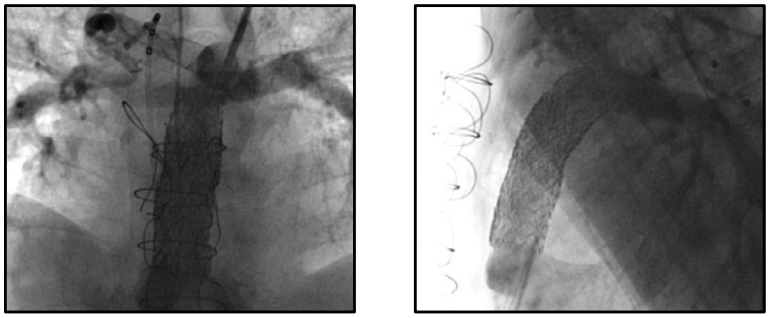

FIGURE 5

AP and lateral projections of final angiogram after 3rd stent insertion

This manoeuvre facilitated passage of a 10Fr sheath into the RV-PA conduit. A 36mm Intrastent Max LD (Medtronic, Galway Ireland) was placed within the conduit on a 12mm x 4cm Powerflex balloon (Cordis, Florida, USA). This was post dilated with a 14 x 30mm Altosa balloon (Andratec, Koblenz, Germany). A further 36mm Intrastent Max LD on a 12mm x 4cm Powerflex balloon was placed proximal to the initial stent to ensure full coverage of the conduit and was post dilated with a 14 x 30mm Altosa balloon **(Figure 2 and 3).**

At this stage the RV pressure had dropped to 65% of systemic pressure. The mean Glenn pressure had increased to 22mmHg. Angiogram demonstrated attenuation of the pulmonary end of the conduit. Thus, a further 26mm Intrastent Max LD mounted on an 14 x 30mm Altosa balloon was placed **(Figure 4 and 5).** Subsequent RV pressure was less than 50% systemic systolic pressure and the Glenn pressure remained at 22mmHg. The final angiogram showed good stent position with no extravasation of contrast. All sheaths were removed with good haemostasis. A mini-vac drain was inserted into the inferior pericardium. The patient made a good recovery and was transferred back to his local hospital 10 days post procedure.

Discussion

Since 1966 when Rashkind et al described the first balloon atrial septostomy, the field of interventional cardiac catheterisation in children has evolved at a rapid pace.[4] With the evolution of equipment, the patient cohort has

Pediatric Heart Failure & Transplant Cardiologist
Adult Congenital Heart Disease Cardiologist

Charlotte, North Carolina

The Congenital Heart Center at Levine Children's Hospital (LCH) seeks to recruit a **Pediatric Heart Failure and Transplant Cardiologist and Adult Congenital Heart Disease Cardiologist** to join their existing faculty.

- **Transplant candidates** will have completed an ACGME-accredited fellowship in pediatric cardiology and be BC/BE by the American Board of Pediatrics. A fourth year of additional training in pediatric heart failure and transplant, or a minimum of 5 years transplant experience is required. The candidate will rotate equally on Heart Transplant/Heart Failure Inpatient and Outpatient Services, as well as general cardiology inpatient and outpatient care with shared night/weekend call. Clinical expertise with mechanical circulatory support devices is required as this candidate will be considered to become the director of mechanical support, with responsibilities in patient care, administration, program development, safety and quality. The right candidate will have an opportunity to advance the strategic vision of the program as a whole, in addition to participating in clinical research and national committees. The Congenital Heart Center is an active participant in PHTS and ACTION. The candidate will join one heart failure cardiologist, three cardiac surgeons, three Advanced Practice Providers (APP), three transplant nurse coordinators, and a comprehensive allied healthcare provider team, to serve our cardiomyopathy, heart failure, and transplant population.
- **Adult Congenital Heart Disease (ACHD) candidates** will have completed an ACGME-accredited fellowship in pediatric cardiology or internal medicine, be BC/BE by the American Board of Pediatrics or American Board of Internal Medicine, and be ABIM board certified in Adult Congenital Heart Disease. Responsibilities will include both outpatient and inpatient general pediatric or adult cardiology, depending on primary board certification, and inpatient ACHD service. Our program is one of two in North Carolina with Adult Congenital Heart Association (ACHA) accreditation, including two ACHD board certified cardiologists, one APP, a nurse navigator, and a multidisciplinary care team. Call/weekend coverage on a rotating basis including ACHD call split with two other ACHD providers.
- Our Congenital Heart Team in Charlotte currently includes: 12 cardiologists, 3 congenital heart surgeons, 5 cardiac intensivists, 4 pediatric cardiac anesthesiologists, 2 pediatric cardiac radiologists, 20 APPs (includes 3 surgical APPs), 16 sonographers, 5 nurse navigators, and 9 dedicated RNs. Four additional cardiologists will be onboarding over the next 6 months as we continue to grow.

The Levine Children's Congenital Heart Center, established in 2010, is consistently ranked as one of the top-50 pediatric heart centers in the country by U.S. News and World Report. Our comprehensive congenital heart services include advanced cardiac imaging, dedicated cardiovascular intensive care staff, and regional referral programs in heart failure/transplantation, cardiac catheterization, electrophysiology, adult congenital heart disease, and fetal echocardiography. Surgical, cardiac catheterization, and electrophysiology volumes have more than doubled since 2010. The heart failure and transplant program has experienced exponential growth becoming the largest transplant center in the region for the past 5 years. We utilize all advanced mechanical support devices and have an active pediatric VAD program. Our state-of-the-art two lab cardiac catheterization and electrophysiology suite opened in February of 2017, with dedicated staffing and anesthesia teams. Our new outpatient office complex opened in December 2020, designed to treat all patients from fetal cardiology to ACHD. We have one of the most comprehensive Cardiac Neurodevelopment programs in the Southeast, providing a multitude of specialty services to our congenital heart patients in the same office suite. Participation in investigator initiated and multi-center industry sponsored studies is ongoing within the Heart Center, with the support of an active clinical research department. We remain closely aligned with our Atrium Health adult cardiology counterparts within the Sanger Heart & Vascular Institute.

Levine Children's Hospital (LCH) is a state-of-the-art facility in beautiful Charlotte, North Carolina, and the largest and most comprehensive children's hospital between Washington, DC, and Atlanta, GA. LCH has 11 floors and 234 inpatient beds, including a PICU and CVICU covered 24/7 by in-house intensivists, Progressive Care Unit, Inpatient Observation Unit, Pediatric Rehab Unit, and Pediatric Emergency Department. We are committed to being the region's leading provider of pediatric health care services.

LCH is a premier referral facility within Atrium Health (AH), one of the nation's leading and most innovative healthcare systems. AH operates nearly 2,500 system-employed physicians, more than 60,000 employees and more than 7,460 licensed beds across the Carolinas and beyond. In 2021, our health system joined with Wake Forest University, and integration of the congenital heart programs on both campuses is underway.

Charlotte is one of the nation's fastest-growing big cities and is projected to increase in population 71% by 2030. The area features world-class entertainment, eclectic culinary experiences, as well as an abundance of arts, musical, and cultural opportunities. There are numerous professional sports including the NFL Carolina Panthers, NBA Charlotte Hornets, MLS Charlotte FC soccer club, NASCAR, Carolina Knights baseball, Charlotte Checkers hockey and world-class training facilities at the US National Whitewater Center, as well as unlimited year-round recreational opportunities. Our students thrive in excellent public and private schools and numerous top ranked colleges and universities throughout the greater Charlotte region. Our location provides easy access to beautiful Blue Ridge mountains and some of the nation's most popular beaches. We are connected via easy airport access and convenient proximity to other major metropolitan areas.

To learn more or to submit a CV for confidential consideration, please contact:

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expanded, and now interventional therapies can be offered to not only smaller patients, but also to patients with more complex anatomy who may have traditionally been treated surgically.

Part of this evolution has involved development of hybrid therapies to provide more direct "surgical" access to treat complex pathologies in smaller patients. A recent retrospective review has demonstrated a high success rate when using the per-ventricular subxiphoid technique in small children requiring a variety of interventional therapies.[5]

Perforation of atretic pulmonary valves has evolved to become a common procedure performed by interventional cardiologists and there have been multiple methods described for the perforation. Latson et al reported originally in 1991 with perforation of an atretic valve with a coronary wire.[6] Around the same time Qureshi et al[7] and Parsons et al[8] reported on the use of laser valvotomy to perforate the atretic valve. With the passage of time newer equipment bred newer techniques; firstly with radiofrequency perforations being described[9] and, subsequently, with the use of more advanced coronary wires used for chronic total occlusion procedures.[10]

Valve perforation has been previously described via a hybrid approach although direct puncture with a needle through the ventricle is only rarely reported.[3,11-13] While these percutaneous and hybrid techniques were initially developed for atretic pulmonary valves, they have been modified to be used for chronically occluded vessels.[14]

There is little published on the re-cannalisation of thrombosed conduits, largely due to conduit thrombosis being rare with a reported incidence of <1% in a large series.[15] Our patient was able to maintain pulmonary blood flow due to the Glenn shunt performed as part of the Hemi-Mustard approach to his atrio-ventricular discordance which is well-described.[16] The history of mediastinitis led to some reticence at approaching conduit rehabilitation/replacement via a surgical route particularly in the context of the right ventricular pressure load which had led to some RV dysfunction.

The puncture site on the RV needs to be carefully considered in such cases to optimise trajectory towards the targeted site of intervention. Manipulation of the sheath can help direct the catheter; however, in smaller infants, ventricular cavity size is limited and the lack of specifically designed "hybrid" sheaths may lead to instability in sheath position.

In our case, we describe the use of a Chiba biopsy needle (Cook Medical, Limerick, Ireland) to perforate the thrombosed conduit to form a tract between the right ventricle and pulmonary artery to allow serial dilatations and stent insertion. The use of a Chiba needle has been well-described for transhepatic access in children[17-19] and has been reported in a small infant for right ventricular outflow tract stent insertion.[11]

The use of the Chiba needle is advantageous as it allows the stylet to be removed and an 0.014" wire to be advanced through the lumen. In this case, the trajectory of the anterior conduit to the malposed pulmonary arteries posteriorly required manipulation of the Chiba needle with a curve from anterior to posterior to ensure a suitable trajectory into the MPA. The angles created by the complex anatomy would have made the procedure technically very challenging percutaneously. Using the hybrid approach not only allowed a curve to be place on the Chiba needle to account for the angles, but also allowed a larger sheath to be used to facilitate the placement on larger stents.

While the hybrid approach removes the limitations of percutaneous access, wire placement and stability can still be an issue. The use of an arteriovenous wire loop is well described[20] and in this case we used the patient's complex anatomy to form a ventriculo-venous loop and provide wire stability despite using a soft coronary wire initially. While the needle and wire crossed into the MPA, there are often concerns that the tract will not be large enough to allow passage of the balloon, thus a 4Fr sheath was place initially across the conduit into the MPA to ensure the coronary balloon would pass into position.

Deciding on how aggressive to be with the dilation of the 18mm Contegra was challenging due to the balance of minimizing acute elevation of the Glenn pressure with establishing a large enough egress from the RV to maintain stented conduit patency. The Max LD stent, which is an open cell stent, has the advantage of being more flexible, allowing access to side branches and foreshortening less when stretched.[21] Furthermore, Cools et al have demonstrated the strength of this stent when they mechanically tested it in comparison to three other stents used in the right ventricular outflow tract prior to pulmonary valve implantation.[22] While their work demonstrated the superior strength of the Cheatham Platinum (CP) stent (Numed, Hopkinton, NY),[22] the closed-cell design of this stent makes it less flexible and may reduce the patency result in a thrombosed conduit.

Finally, we decided against placement of a transcatheter pulmonary valve. Certainly the history of serious mediastinal infection influenced our decision with established concerns regarding endocarditis following transcatheter pulmonary valve replacement in younger patients in particular.[23] Also determining the lifetime impact of early valve replacement in younger patients is uncertain with the likelihood of needing multiple valve replacements being measured against how well patients tolerate pulmonary valve regurgitation in the medium term.

Conclusion

Complex patients often lead to complex decisions which lead to complex interventions. The advent of hybrid techniques and inter disciplinary collaboration allow for these patients to get the optimum care. Understanding the intricacies of this patient's anatomy allowed the correct access point to be chosen and for available equipment to be manipulated to ensure procedure success. Furthermore, understanding the material properties of the available stents and outcomes from their use makes sure the correct decisions are made and the best outcome for the patient is achieved.

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UNIVERSITY of VIRGINIA

Assistant Professor or Associate Professor of Pediatric Critical Care

The Department of Pediatrics at the University of Virginia, School of Medicine invites applications for an Assistant Professor or Associate Professor of Pediatric Critical Care to join our Pediatric Cardiac Intensive Care team. Candidates must be board certified/eligible in Pediatric Critical Care Medicine, have additional training in congenital cardiac care and hold an MD, MD/PhD or DO. Preference will be given to individuals dually boarded/eligible in Pediatric Cardiology.

The UVA Children's Heart Center maintains a busy and high-quality surgical service caring for all levels of neonatal, pediatric and adult congenital heart disease. We have a very active heart failure and transplant program providing ECMO and VAD support. The General PICU service provides all levels quaternary medical care supporting the entire Children's Hospital including oncological, Level 1 trauma, neurosurgical, ENT, orthopedic, and liver and kidney transplant services, among others. Our current 10 intensivists provide 24/7 in-house care with the support of eight APP's, PICU and Cardiology fellows, alongside our well-respected pediatric residency trainees. Patients are co-managed along with surgical teams in a congenial and collaborative working environment.

The selected candidate will join our growing and dynamic team as we care for this challenging, yet satisfying, group of children from across the Commonwealth of Virginia. Ample opportunity exists for academic achievement and professional growth using the resources found across the entire Medical Center and adjacent University community.

The University of Virginia Children's Hospital is located in Charlottesville, a college town setting with natural beauty and significant historical relevance in the foothills of the Blue Ridge Mountains. Charlottesville is a wonderful place to live with an extraordinary quality of life, often ranked among the best places to live in the United States.

Priority candidate review will begin on March 12, 2022, but the position will remain open until filled.

Please apply through Workday at the following URL, https://uva.wd1.myworkdayjobs.com/UVAJobs, and search for requisition # R0032749. Complete an application online and attach the following documents:

- Cover letter
- CV/resume
- Statement addressing efforts and commitment to community diversity, equity and inclusion
- Professional reference list

The successful candidate will pass a criminal background check and pre-employment health screening. Please note that multiple documents can be uploaded in the box. Applications that do not contain all required documents will not receive full consideration.

For additional information about the position please contact our Division Chief, Dr. Jeannean Carver at JC7SJ@virginia.edu or William Harmon, Medical Director at wh8m@virginia.edu. For further information regarding the application process, please contact Michelle Williams, Senior Recruiter/Faculty Search Advisor, via email at mew8js@virginia.edu or Christi Maguire, Recruiter, via email at clm8sd@virginia.edu.

UVA assists faculty spouses and partners seeking employment in the Charlottesville area. To learn more please visit https://dualcareer.virginia.edu/ For more information about UVA and the Charlottesville community please see http://www.virginia.edu/life/charlottesville and https://embarkcva.com/.

The University of Virginia, including the UVA Health System which represents the UVA Medical Center, Schools of Medicine and Nursing, UVA Physician's Group and the Claude Moore Health Sciences Library, are fundamentally committed to the diversity of our faculty and staff. We believe diversity is excellence expressing itself through every person's perspectives and lived experiences. We are equal opportunity and affirmative action employers. All qualified applicants will receive consideration for employment without regard to age, color, disability, gender identity or expression, marital status, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation, veteran status, and family medical or genetic information.

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UFHealth UNIVERSITY OF FLORIDA HEALTH

Division Chief of Pediatric Cardiology

The **Congenital Heart Center**, at the **University of Florida** is recruiting a tenure or non-tenure track faculty position at the **Associate or Professor level** to serve as **Division Chief for Pediatric Cardiology**. Rank and/or Tenure status will be commensurate with qualifications.

The Opportunity
The Division Chief will work with the Congenital Heart Center Director to create the strategic, clinical and operational priorities for Pediatric Cardiology. This person acts as a key liaison with internal and external partners and provides oversight of academic, clinical and research missions.

Strategic Development

- Assists with key recruitments for Division and Department Leadership positions
- Develops, implements, and manages a strategic plan that ensures consistent growth and success across all missions
- Works to ensure that the University of Florida College of Medicine (COM), Congenital Heart Center (CHC), and UF Shands goals are integrated and aligned
- Understands and reacts to departmental, organizational, and external business drivers, opportunities, and threats
- Sets priorities and key metrics to ensure aggressive growth goals across clinical missions
- Strengthens current clinical programs necessary to achieve the CHC and COM vision and goals
- Increases external funding for Division
- Strengthens existing educational programs and help develop new ones
- Serve as a role model and lead the training of the next generation of physician scientists
- Creates and implements new clinical programs to achieve the CHC vision and goals
- Ensures alignment between all units by meeting with the faculty regularly
- Work closely with the Center leadership to ensure a united vision and shared priorities

Leadership

- Represent the department with internal and external clinical partners as the Chief of Pediatric Cardiology
- Responsible for developing strong relationships with University of Florida Health partners
- Develop relationships that further the CHC vision and goals
- Work with the Clinical Divisions to understand their unique challenges and identify opportunities within their units
- Provide leadership in developing off-campus clinical programs
- Provide leadership in developing Pediatric Cardiology specific research programs
- Support the Center leadership in all strategic initiatives

Operational Oversight

- Serve as trusted partner and advisor to CHC Director and Administrator
- Manage and mentor the Pediatric Cardiology faculty
- Participate in annual clinical Division reviews and set key success metrics for the missions
- Integrate and balance the CHC's missions across the department
- Ensure CHC clinical vision and goals are met by clinical faculty

This position will be located at the **University of Florida in Gainesville**, FL and will occasionally travel to our regional UF Health locations.

Please apply online at https://explore.jobs.ufl.edu/en-us/job/522028/chief-aso-prof

UFHealth UNIVERSITY OF FLORIDA HEALTH

Pediatric Cardiologist

The **Congenital Heart Center at the University of Florida** is recruiting a **Pediatric Cardiologist** to care for infants, children, and adolescents in our Tallahassee area clinic. You will be a part of the **University of Florida Congenital Heart Center**, based in nearby Gainesville.

The pediatric cardiology and heart surgery program at **UF Health Shands Children's Hospital** is the **highest ranked program in Florida** by **U.S. News & World Report**. We are one of the largest centers in the state of Florida, with equal distribution of both surgical and medical patients. You will also provide pediatric cardiology education to residents, fellows, medical students, and other health care professionals within the Congenital Heart Center. There are exceptional opportunities for clinical research. Please see https://chc.med.ufl.edu for more information.

Tallahassee is a vibrant community that is the state capital and home to Florida State University. There are outstanding opportunities for education, recreation, and entertainment. For additional information, please see the following hyperlink:

https://imsva91-ctp.trendmicro.com:443/wis/clicktime/v1/query?url=https%3a%2f%2fvisittallahassee.com&umid=DA12054E-D76F-6605-9648-E92C7F93D7D7&auth=5ab06289d9c3b14f9a77f69d29e7a25870e86301-aba2063c61f8ceffa48ed27cd16cdc0f42d4af1d

The candidate should be board certified with an interest in outpatient cardiology. The position includes a faculty appointment at the University of Florida in the College of Medicine, Gainesville. Interested candidates could have clinical activities at both locations. Academic rank will be awarded based upon the career stage and development of the candidate.

Please apply online at:

https://explore.jobs.ufl.edu/en-us/job/520018/pediatric-cardiologist-physician

Digital Twin Technology Set to Takeover Cardiology Devices Industry in India, says GlobalData

Digital (virtual) twin technology has been progressing so that it now allows for tailored and predictive health treatment in India. The technology develops a virtual prototype for a real-life product that can monitor, evaluate, and enhance its performance in the cardiology market by bridging the real and virtual world, and it will not be long until digital twin technology takes over the existing cardiology devices industry in India, says GlobalData, a leading data and analytics company.

GlobalData's research reveals that the Indian cardiology market, which accounted for 23% of the Asia-Pacific market in 2021, is expected to grow at a compound annual growth rate of 5% through 2030.

Ayshi Ganguly, Medical Devices Associate Analyst at GlobalData, comments: "By combining the virtual and real worlds, several startups are expected to leverage the twin technology in India by creating digital twins of organs and modify the medical devices using 3D printing. Twin-tech is expected to not only improve the shelf-life and performance of the cardiological devices, but also reduce animal testing over time, thereby helping to speed up the design of medical equipment."

Modeling, labor, machineries, materials, methods, and measurement may all be validated digitally, thereby decreasing waste, and increasing energy efficiency. Cardiological sectors are expected to use this method to integrate sustainability into the heart of their operations, bringing strategy, design, and manufacturing together under one roof.

Twin technology has not only stepped into life sciences, but has also taken into consideration human body modelling. Indian startups plan to build a platform for cardiovascular research by customizing affordable devices like implants and stents for heart patients in India.

The startups also want to incorporate 3D printing into an automated process for creating patient-specific implants and single-use surgical equipment. This will ensure the quality check of each patient, thereby boosting treatment quality.

Ganguly concludes: "Digital twin technology is expected to aid medical startups in India to better understand customers' demands, develop changes to existing products, operations, and services, and even drive innovation and revenue."

Transplant Cardiologist with an Interest in Rehabilitation Science

We are seeking a Board Eligible/Board Certified Pediatric Cardiologist with formal 4th year training in Cardiomyopathy, Ventricular Assist Device, and Cardiac Transplantation for a faculty position at the Cincinnati Children's Hospital Medical Center.

The Advanced Cardiomyopathy Program works closely within the Heart Institute, caring for patients with the most challenging conditions, and has been the largest pediatric heart transplant program in the Tri-State area for the last decade. Expertise includes heart, heart-liver, heart-lung, and heart-kidney transplantation. The prospective faculty member will be expected to excel in academic endeavors, have clinical and academic focus in Cardiac Transplantation, and have interests in Cardiopulmonary Exercise Testing and Cardiac Rehabilitation.

Leaders in Pediatric Heart Transplant

The Heart Transplant Program, part of the interdisciplinary Heart Institute, is the oldest pediatric heart transplant program in Ohio. We are part of the Heart Institute's combined program linking cardiomyopathy/heart failure and mechanical circulatory support care.

Our team of cardiothoracic surgeons, cardiologists, nurse practitioners, and nurses are experts in the treatment of complex heart disease and heart transplantation. We care for infants, children, adolescents, and adults with uncorrectable congenital heart disease and cardiomyopathy, facilitating their candidacy for transplantation, and delivering their post-transplant care.

Our heart transplant program is approved by the United Network for Organ Sharing (UNOS) and a member of the Ohio Solid Organ Transplantation Consortium. In addition, our transplant team members are participants in the Pediatric Heart Transplant Study and the International Society for Heart and Lung Transplantation.

Our goal is to provide children facing untreatable heart disease the best chance to be active members of their families and communities, and the best chance to grow emotionally and physically with as little limitation as possible. Our areas of emphasis include:

- Care provided by a multidisciplinary team of cardiologists, surgeons, intensive care specialists, nurse practitioners, and nurses.
- Outcomes-focused clinical care and research to optimize survival and quality of life.
- Quality initiatives, such as prevention of rejection and use of cutting-edge technologies to detect for harmful antibodies and detect for transplant coronary artery disease.

Our clinical team's extensive experience and our commitment to long-term quality outcomes form the foundation of the Heart Transplant Program.

Interested candidates should apply to this position through Cincinnati Children's Career page: https://jobs.cincinnatichildrens.org/. Enter Requisition # 129989 in the box provided and attach your CV, cover letter of interest and three references to your online application.

U.S. News & World Report scored our Joint Heart Program, in conjunction with Kentucky Children's Hospital, on outcomes & experience; numbers of patients & procedures; key programs, services & staff; professional recognition; quality improvement efforts; and patient support.

SCAI 2022 Scientific Sessions Coverage

First Intermediate to Long-Term Study of the Harmony Transcatheter Pulmonary Valve System Validates Safety and Efficacy

New Analysis of the Largest Harmony TPV Recipients Cohort Show Echoes Initial Acute Findings

A study of one-year outcomes in the largest cohort to date of Harmony transcatheter pulmonary valve (TPV) patients with congenital heart disease (CHD) and severe pulmonary regurgitation (PR) was presented today as late-breaking clinical research at the *Society for Cardiovascular Angiography & Interventions* (SCAI) 2022 Scientific Sessions. The findings show Harmony TPV patients had favorable clinical and hemodynamic outcomes, confirming earlier results and demonstrating continued device safety and effectiveness across studies and valve types at one year.

Approximately one in five CHD patients have an abnormality of their right ventricular outflow tract (RVOT) (NLM). Prior to TPV technology, CHD patients were treated with invasive procedures such as open-heart surgery or opted for surgical valve replacement later in life. The Harmony TPV is designed to be a non-invasive, non-surgical treatment option for many of these adolescent and adult CHD patients not previously able to be treated with TPVs.

Data was pooled from the Harmony Native Outflow Tract Early Feasbility Study, Harmony TPV Pivotal Trial, and Continued Access Study. Eligible patients had severe PR by echocardiography or PR fraction ≥30% by cardiac magnetic resonance imaging and a clinical indication for pulmonary valve replacement. Forty-two patients received the TPV22 device and 45 received the modified TPV25 device. Additionally, 19 patients received an early iteration of the 25-mm valve (clinical TPV25) that was later found to have less predictable deployment and discontinued. The primary safety endpoint was freedom from procedure- or device-related mortality at 30 days. Efficacy was assessed as freedom from PR, stenosis, and interventions (≥ moderate PR, mean RVOT gradient > 40 mmHg, device-related RVOT reoperation, and catheter reintervention) through one year. Adverse events were adjudicated by a Clinical Events Committee.

A total of 108 patients were catheterized, 106 underwent TPV implants, and 104 remained implanted for >24 hours. The two patients who had surgical explantation within 24 hours had received a clinical TPV25 valve. Mean (SD) patient age at baseline was 29.0 (12.7) years; 62.0% were male and 86.1% had an original diagnosis of Tetralogy of Fallot. At one year, there were no deaths, and 95.1% of TPV22 and 89.7% of mTPV25 patients were free from PR, stenosis, and interventions. Eighty-five percent of patients, or greater, had none/trace PR and ≥90% had none/trace paravalvular leak at all follow-up visits.

"We knew that Harmony TPV patients were doing well acutely, but this data now validates these findings in the intermediate term" said Daniel S. Levi, MD, FSCAI, Mattel Children's Hospital at UCLA, Los Angeles, CA. "Even a year after implant, the valve is continuing to function well without significant interventions, obstruction or regurgitation. This gives us confidence that we are going down the right treatment path with this pulmonary valve."

Researchers will continue to follow this patient cohort and to further demonstrate that Harmony TPV remain safe and effective in the long run.

Helping Little Hearts Lifetime Service Award

The SCAI Lifetime Service award recognizes the work of interventional cardiologists, specializing in the treatment of pediatric congenital heart disease, who work tirelessly to develop less invasive solutions and optimize outcomes for their young patients.

Prof. Hijazi who has nearly 30 years of experience in congenital cardiology, has pioneered several ground-breaking interventional procedures in the field. He is an internationally recognized leader in the nonsurgical repair of congenital and structural heart defects in children and adults and in the development of novel trans-catheter devices.

Drs. Tom Jones, Frank Ing, Ziyad M. Hijazi, Damien Kenny and Howaida El-Said

In addition to his role as the chief medical officer at Sidra Medicine, Prof. Hijazi established the hospital's Department of Pediatrics and world-class Heart Center; staffed by some of the top pediatric specialists and healthcare professionals from across the globe. The Heart Center provides treatment (medical, interventional, electrical and surgical) for patients with congenital or acquired heart disease.

Speaking about his receipt of the SCAI award, Prof. Hijazi said: "I am honored and humbled to be awarded by the Society of Cardiovascular, Angiography and Interventions in recognition of my work in treating patients with congenital heart disease. This has been my lifetime goal, and I am proud to be able to continue this mission here at Sidra Medicine, where we have changed the lives of hundreds of patients with CHD at our heart center. We are also preparing the next generation of students to carry the baton of pioneering and quality based interventional care for patients in Qatar."

Outstanding Opportunity for a BC/BE Pediatric Cardiac Intensivist in Miami

The Heart Institute at Nicklaus Children's Hospital, a 309-bed freestanding children's hospital, and Nicklaus Children's Pediatric Specialists, the physician multispecialty group practice of Nicklaus Children's Health System, have an exceptional opportunity for a BC/BE pediatric cardiac intensivist.

Our Cardiac Intensive Care Unit (CICU) was the first in the Southeast and provides care for newborns and children receiving treatment for congenital heart defects. With a longstanding tradition of excellence, our cardiac critical care team is currently comprised of six full-time attending physicians and six full-time nurse practitioners. We have an illustrious cardiology fellowship and have offered advanced training in cardiac critical care medicine for more than 20 years. The desired candidates should be board certified or eligible in pediatric critical care medicine or pediatric cardiology. Preference will be given to individuals with dual training in pediatric critical care and cardiology or those board eligible in either cardiology or pediatric critical care who have completed a minimum of one year of advanced training in cardiac intensive care medicine. Applicants should exhibit a strong interest in clinical care, education and academics. Nicklaus Children's Hospital is an affiliate of the Florida International University Herbert Wertheim College of Medicine. Candidates possessing all levels of experience shall be considered.

Our state-of-the-art Advanced Pediatric Care Pavilion houses a 34-bed cardiac in-patient unit with an adjustable acuity model that allows all rooms to accommodate critically ill patients with heart disease. The Heart Institute offers a full range of services, including the management of patients following congenital heart surgery, interventional catheterization and invasive electrophysiology. Our cardiac surgical program, led by Dr. Redmond Burke, is one of the most transparent in the world. It remains the only cardiovascular surgical program to offer real-time outcomes reporting (**https://rto.nicklauschildrens.org**).

Founded in 1950, the rebranded Nicklaus Children's Hospital is renowned for excellence in all aspects of pediatric medicine and has numerous subspecialty programs that are ranked among the best in the nation. It is also home to the largest pediatric teaching program in the southeastern U.S. Our organization consistently appears on employer award lists such as Fortune magazine's "Best Workplaces In Health Care," Becker's "150 Great Places to Work in Healthcare" and People magazine's "50 Companies That Care." Join a phenomenal team that brings lifelong health and hope to children and their families through innovative and compassionate care.

The Heart Institute at Nicklaus Children's, a world leader in pediatric cardiology and cardiovascular surgery for the care of children with congenital heart disease, serves as a beacon to families confronting the reality of a child or newborn with a heart defect.

Competitive compensation and benefits package.

Qualified candidates please contact:

Juan Bolivar, MD
Director, Cardiac Intensive Care Unit
Juan.Bolivar@nicklaushealth.org

Joyce Berger
Physician Recruiter
Joyce.Berger@nicklaushealth.org
786.624.3510

Lourdes Prieto, MD
Chief, Cardiology
Lourdes.Prieto@nicklaushealth.org

NicklausChildrens.org/NCPS
DFW

Catherine Krawczeski, MD, Named Chief of the Department of Pediatrics at Nationwide Children's Hospital

Dr. Krawczeski Will Also Serve as Chair of Pediatrics at The Ohio State University College of Medicine

Catherine Dent Krawczeski, MD, has been named Physician-in-Chief and Chief of the Department of Pediatrics at Nationwide Children's Hospital. Dr. Krawczeski will also serve as Chair of Pediatrics at The Ohio State University College of Medicine, pending approval from The Ohio State University Board of Trustees. Dr. Krawczeski will begin this new role in Summer 2022.

Dr. Krawczeski has served as division Chief of Cardiology and Co-Director of The Heart Center at Nationwide Children's since 2018, and she also holds the Dunlap Endowed Chair in Cardiology. At The Ohio State University College of Medicine, she has been professor with tenure of pediatrics with co-appointments in Cardiology and Critical Care, and senior vice chair of the Department of Pediatrics.

"I have the highest regard for Nationwide Children's Hospital, hospital leadership and the One Team culture that provides a strong foundation for and influence on this organization," said Dr. Krawczeski." Our commitment to child health and wellness, to improving outcomes for all children and the support of the community we serve is truly unsurpassed."

"We could not be happier about Dr. Krawczeski stepping into this role as an innovative leader who is also a preeminent clinician and researcher," said Tim Robinson, chief executive officer of Nationwide Children's." Executive positions such as this are among the most vital at our hospital, as they help drive the advancement of clinical care, and guide the education and training of the next generation of pediatric physicians."

During her tenure as division Chief of Cardiology and Co-Director of The Heart Center, Dr. Krawczeski has prioritized the expansion of the division to facilitate academic success, align clinical needs and improve team dynamics, including the implementation of a Safety II intervention focused on multidisciplinary team decision making in the management of high-risk patients. She has been the principal investigator or co-investigator for seven National Institutes of Health grants; author of more than 200 peer-reviewed publications, book chapters and abstracts; and presenter at dozens of national and international conferences.

"Dr. Krawzeski's impressive skill set ideally positions her for this critical role at the college," said Carol Bradford, MD, MS, FACS, Dean of the Ohio State College of Medicine and Vice President for health sciences at The Ohio State University Wexner Medical Center." In academic medicine, Dr. Krawzeski is known as a 'triple threat' — an expert researcher, educator and physician. Her rich knowledge and experience will help propel our already outstanding Department of Pediatrics forward to realize our ambition of transforming the health of our communities through inclusive and innovative education, discovery and care."

Among her many awards and honors, Dr. Krawczeski was most recently chosen as a 2020 fellow in the Executive Leadership in Academic Medicine at Drexel University, designed for senior women health care faculty who are most likely to become executive leaders. She received her medical degree from the University of Missouri-Kansas City. She is a fellow of the American Academy of Pediatrics, the American College of Cardiology and the American Heart Association.

Dr. Krawczeski resides in New Albany, Ohio with her husband, Rick.

About Nationwide Children's Hospital

Named to the Top 10 Honor Roll on U.S. News & World Report's 2021-22 list of "Best Children's Hospitals," Nationwide Children's Hospital is one of America's largest not-for-profit free-standing pediatric health care systems providing unique expertise in pediatric population health, behavioral health, genomics and health equity as the next frontiers in pediatric medicine, leading to best outcomes for the health of the whole child. Integrated clinical and research programs, as well as prioritizing quality and safety, are part of what allows Nationwide Children's to advance its unique model of care. Nationwide Children's has a staff of more than 13,000 that provides state-of-the-art wellness, preventive and rehabilitative care and diagnostic treatment during more than 1.6 million patient visits annually. As home to the Department of Pediatrics of The Ohio State University College of Medicine, Nationwide Children's physicians train the next generation of pediatricians and pediatric specialists. The Abigail Wexner Research Institute at Nationwide Children's Hospital is one of the Top 10 National Institutes of Health-funded free-standing pediatric research facilities. More information is available at NationwideChildrens.org.

University Hospitals
Rainbow Babies & Children's

Nationwide Children's
When your child needs a hospital, everything matters.™

The Congenital Heart Collaborative
University Hospitals
Rainbow Babies & Children's
Nationwide Children's Hospital

Pediatric Cardiologist

Rainbow Babies and Children's Hospital

Rainbow Babies and Children's Hospital (RBC) and The Congenital Heart Collaborative (TCHC) are conducting a search to identify candidates for an additional Pediatric Cardiologist to join our expanding program.

Opportunity Highlights:

- The position will predominantly serve as the primary Pediatric Cardiology representative to our MetroHealth partnership, an innovate affiliation between Rainbow and the MetroHealth System to provide world class pediatric cardiology care in downtown Cleveland, with options to serve additional clinics at our main Rainbow campus and other ambulatory locations across Northeast Ohio.
- Coverage at MetroHealth will include inpatient consultation of the Neonatal ICU, Pediatric ICU, and general pediatric unit.
- The RBC Heart Center provides comprehensive services across all cardiac subspecialties and includes 21 faculty (12 cardiologists, 5 cardiac intensivists, 2 cardiothoracic surgeons, and 2 cardiac anesthesiologists) along with a full complement of interdisciplinary team members.
- **RBC Heart Center and Nationwide Children's Hospital Heart Center in Columbus, OH have partnered to form The Congenital Heart Collaborative (TCHC).** TCHC is a dedicated service line with a common executive administration and functions as one program on two campuses with the commitment to expand access to high-quality comprehensive cardiac care regardless of patient age to the communities served while equally embracing a scholarly and educational mission.
- RBC Heart Center has an ACGME accredited Pediatric Cardiology fellowship with two fellows per year.
- The facilities at the RBC Heart Center include a recently opened, state-of-the-art Interventional Cath/EP/Hybrid OR suite and a beautiful, dedicated cardiac stepdown unit. Planning is underway for a new state-of-the-art Pediatric Cardiac Intensive Care Unit that will be immediately adjacent to the Hybrid Cath/EP suites and stepdown unit with plans for opening in 2023.
- Faculty at RBC maintain an academic affiliation with Case Western Reserve University with an academic portfolio that allows for promotion and career advancement.
- Based on the experience and interest of the successful candidate, research support and/or support for quality improvement work is readily available.

Opportunity Highlights:

- Candidates will be considered at any academic rank, including fellows completing training.
- Must have completed a 3-year pediatric cardiology fellowship and be BC/BE in Pediatric Cardiology.
- Must be eligible for medical licensure in Ohio.

For more details about this opportunity and/or to apply,
please contact Ira Cheifetz, MD, Chief, Cardiology and Cardiac Critical Care at
***Ira.Cheifetz@UHhospitals.org*.**

University Hospitals is an AA/EOE/ADA employer committed to excellence through diversity.

The Adult Congenital Heart Association Elects New Board Leadership

ACHA Announces the Appointment of Five New Members to its Board of Directors, as well as the Creation of a Patient and Family Advisory Board

The Adult Congenital Heart Association (ACHA) – whose mission is to empower the Congenital Heart Disease community by advancing access to resources and specialized care that improve patient-centered outcomes – has announced five new members to its Board of Directors:

- Binta Baudy, MPH, Assistant Vice President, Texas Children's Hospital
- Mindy Beyer, RN, Quality Improvement Specialist, Maine Medical Partners-MaineHealth Cardiology and Congenital Heart
- William Causey, Retired Attorney
- Neema Khatri, Branch Chief, Recovery Support Function Coordination, Federal Emergency Management Agency
- Kristi Ryan, RN, CPNP-AC, Nurse Practitioner, Adult Congenital Heart Program, OSF HealthCare Children's Hospital of Illinois

CHD, the most common birth defect diagnosed in one in 100 births, is a chronic illness that ranges among simple, moderate, and complex heart defects, and needs to be monitored over the course of a patient's life. Through education, outreach, advocacy, and research, ACHA serves and supports the nearly two million adults with congenital heart disease, their families, and the medical community.

As members of the Board of Directors, Beyer and Khatri will co-chair the organization's newly formed Patient & Family Advisory Board, which will provide advice on current and proposed ACHA initiatives, receive, and respond to diverse consumer perspectives, and help execute new initiatives in local communities.

"I look forward to working with these accomplished professionals," said Jeff Ishida, Chair of ACHA. "They bring diverse backgrounds that will help further our mission and strengthen ACHA's presence and impact in communities all across the nation."

Through education, outreach, advocacy, and research, ACHA serves and supports the nearly two million adults with congenital heart disease, their families, and the medical community.

"We are very excited to welcome these industry leaders, who will serve alongside an already impressive list of nationally recognized board members," said, Mark Roeder, ACHA President and CEO. "Their talents, connections and specialized skill sets will bring great value to our committees, staff members, and other volunteers, strengthening the mission of our organization."

Adult Congenital Heart Disease Cardiologist

Accredited Adult Congenital Heart Center - Tropical Florida Coast

The **Tampa Bay Adult Congenital Heart Center** seeks to add a cardiologist specializing in adult congenital heart disease (ACHD). In addition to board certification in ACHD, the successful candidate will also need to maintain board certification in pediatric cardiology or adult cardiovascular diseases.

The **Tampa Bay Adult Congenital Heart Center** is accredited by the Adult Congenital Heart Association as a comprehensive adult congenital heart disease center. The center represents a 25-year collaboration between the following component stakeholders:

- Pediatric Cardiology Associates (affiliate of Pediatrix Medical Group). A group of 14 cardiologists including two ACHD cardiologists with offices throughout the Tampa Bay metropolitan area. Pediatrix will employ the newly recruited ACHD cardiologist. Pediatric Cardiology Associates also employs 3 advanced practice nurses with one serving the role of ACHD transition clinic coordinator.
- Florida Medical Clinic (independent medical group). This organization employs the third physician member of TBACH and offers Adult General Cardiology services in collaboration with our ACHD Center. This experienced Adult General Cardiologist is also board certified in ACHD.
- St. Joseph's Hospital (center's primary inpatient diagnosis and treatment venue). The hospital employs 2 full-time congenital heart surgeons, a dedicated congenital cardiac intensive care unit physician and advance practice nursing staff, 3 advanced practice nurses with one serving the role of primary ACHD advance practice nurse coordinator, and supporting all ACHD clinical services including social work and case management.

Clinical responsibilities will include caring for ACHD patients in the outpatient and inpatient settings. An ACHD cardiologist who is board-certified in pediatric cardiology will also rotate on the general pediatric cardiology evening and weekend on-call schedule with 13 other pediatric cardiologists. An ACHD cardiologist who is board-certified in adult cardiovascular diseases will have the opportunity to care for adults with genetic cardiovascular diseases and aortopathy syndromes (e.g., hypertrophic cardiomyopathy, bicuspid aortic valve, Marfan syndrome and related conditions) who have been transitioned out of the pediatric cardiology clinic.

Teaching responsibilities may include participation in the didactic lectures or workshops for the University of South Florida Morsani College of Medicine's fellows in adult cardiovascular medicine, maternal-fetal medicine fellows, residents in pediatrics, medical students, and advance practice nursing students.

Tampa Bay's warm weather affords plenty of opportunities to relish the great outdoors year round. You will live in a region others only get to enjoy on vacation. Golf at one of nearly 100 courses or relax on one of the many pristine white-sand beaches. The area offers an assortment of family venues such as zoos, aquariums, theme parks, and state parks. Additionally Tampa Bay offers access to world-class museums, professional sporting events and the performing arts. There is a wide range of residential choices to fit every budget and lifestyle – whether you are looking for big city downtown living, golf course communities, waterfront lifestyle, majestic horse farms or historic neighborhoods.

Effective November 1 st , 2021 Pediatrix will require all employees and new hires to be vaccinated against COVID-19, unless they qualify for an approved medical and/or religious exemption.

Benefits
Our clinicians enjoy a competitive compensation package with many locations offering sign on bonuses, relocation and tuition reimbursement.
*Our benefits include:

- Health (various options), life, vision, dental and disability insurance
- 401(k) with annual matching program
- Advanced and continuing medical education
- Leadership training and advancement opportunities
- Employee stock purchase plan at a 15% discount
- Professional liability insurance
- Support and payment for mandatory license/s and hospital credentialing

*These benefits are for full time employees, employees in other types of employment classifications may be eligible for some of these benefits.

Mednax, Inc. and its affiliated practices operating as Pediatrix® Medical Group (Pediatrix) are one of the nation's leading providers of highly specialized health care for women, babies and children. Since 1979, Pediatrix-affiliated clinicians have been committed to providing coordinated, compassionate and clinically excellent services across the continuum of care, both in hospital settings and office-based practices. Specialties including obstetrics, maternal-fetal medicine, and neonatology are complemented by 18 pediatric subspecialties and a newly expanded area of primary and urgent care clinics. The group's high-quality, evidence-based care is bolstered by investments in research, education, quality-improvement and safety initiatives.

Today through almost 8,000 employees in 38 states, dedicated teams including physicians, advanced practitioners, clinical leaders, business and operational experts work together every day to fulfill our mission to take great care of the patient®. We invite you to join the Pediatrix® family and help shape the future of health care for women, babies and children.

Pediatrix is an Equal Opportunity Employer
All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability or veteran status.

Apply Here: https://www.click2apply.net/7eAQeeh6kxJaoS5WYh6jgg **PI181120902**

Edwards Mitris Resilia Valve Receives FDA Approval for Mitral Replacement Surgeries

PRNewswire/ -- Edwards Lifesciences (NYSE: EW) today announced it received approval from the U.S. Food and Drug Administration (FDA) for the MITRIS RESILIA valve, a tissue valve replacement specifically designed for the heart's mitral position.

The MITRIS RESILIA valve has a saddle-shaped sewing cuff that mimics the asymmetric shape of the native mitral valve. It also features a low-profile frame that helps avoid obstruction of the left ventricular outflow tract by stent posts and is visible under fluoroscopy, to facilitate potential future transcatheter interventions for patients. This therapy is the company's latest innovation offering advanced RESILIA tissue with an anti-calcification technology that also allows devices to be stored under dry packaging conditions, facilitating ease of use.

RESILIA tissue is bovine pericardial tissue and serves as the platform for Edwards' new class of valves. RESILIA tissue has been studied in two robust pre-market clinical trials, as follows: (i) the COMMENCE trial comprised of 694 patients enrolled in an aortic arm who were followed for five years, some of whom will be followed for 10 years, and 83 patients enrolled in a mitral arm who were followed for five years, some of whom will be followed for 10 years, and (ii) the EU Feasibility trial comprised of 133 patients enrolled who were followed for five years. These studies together represent outcomes on 904 patients and more than 3,800 patient years of follow-up.

"For patients who need mitral valve replacement, the advanced MITRIS RESILIA valve is based on a trusted pericardial valve platform, designed to mimic the native valve and incorporating tissue with integrity-preservation technology that will potentially allow the valve to last longer," said Kevin Accola, MD, Cardiovascular Surgeon, AdventHealth Orlando.

"Mitral valve disease is prevalent, and the patients impacted experience the disease in variable ways," said Daveen Chopra, Edwards' Corporate Vice President, Surgical Structural Heart. "It was important to design the MITRIS RESILIA valve to perform like the native mitral valve, handling the highest pressures in the heart and offering sustained hemodynamic performance, so that surgeons and patients can have confidence in this new therapy option."

Edwards is dedicated to partnering with clinicians to develop patient-centric innovations for complex surgical structural heart procedures that improve long-term care and outcomes for patients. The introduction of the MITRIS RESILIA valve completes the portfolio of surgical heart valve innovations incorporating the advanced RESILIA tissue, including an aortic valve, an aortic valved conduit and now a mitral valve. Edwards continues to invest in innovations in the surgical structural heart field.

The MITRIS RESILIA valve is built on the trusted Carpentier-Edwards PERIMOUNT platform, which in 2021, celebrated 40 years of innovative valve replacements for patients. In addition to FDA approval, the MITRIS RESILIA valve has also received regulatory approval in Japan, Canada, and other countries globally.

Dr. Accola is a consultant to Edwards Lifesciences.

About Edwards Lifesciences

Edwards Lifesciences is the global leader of patient-focused innovations for structural heart disease and critical care monitoring. We are driven by a passion for patients, dedicated to improving and enhancing lives through partnerships with clinicians and stakeholders across the global healthcare landscape. For more information, visit Edwards.com and follow us on Facebook, Instagram, LinkedIn, Twitter and YouTube.

This news release includes forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. These forward-looking statements include, but are not limited to, statements made by Dr. Accola and Mr. Chopra and statements regarding expected product benefits, patient outcomes, future plans related to the product lines, objectives and expectations and other statements that are not historical facts. Forward-looking statements are based on estimates and assumptions made by management of the company and are believed to be reasonable, though they are inherently uncertain and difficult to predict. Our forward-looking statements speak only as of the date on which they are made, and we do not undertake any obligation to update any forward-looking statement to reflect events or circumstances after the date of the statement. Investors are cautioned not to unduly rely on such forward-looking statements.

Forward-looking statements involve risks and uncertainties that could cause results to differ materially from those expressed or implied by the forward-looking statements based on a number of factors as detailed in the company's filings with the U.S. Securities and Exchange Commission, including its Annual Report on Form 10-K for the year ended December 31, 2021. These filings, along with important safety information about our products, may be found at Edwards.com.

Director Cardiac Electrophysiology & Arrhythmias Services

Detroit, Michigan

The **Department of Pediatrics at The Children's Hospital of Michigan, Central Michigan University College of Medicine, University Pediatricians**, is recruiting an **experienced Board Certified Pediatric Cardiac Electrophysiologist** at the **Associate or Professor level** to assume **Directorship** of a recognized and only **Pediatric/Congenital Heart Electrophysiology program** in Detroit. IBHRE certification is strongly recommended. Candidate interviewing is to start immediately.

The successful applicant must be licensed/licensable to practice in the state of Michigan and will join the current Pediatric Electrophysiologists, dedicated EP nurse practitioner as well as 14 other Pediatric cardiologists, 2 congenital heart surgeons and 7 other mid-level providers in Detroit's largest Pediatric/Congenital Heart and only Pediatric EP programs. The position includes administrative oversight of all invasive and non-invasive electrophysiology services provided by the Division of Cardiology. Some general cardiology duties, inpatient and outpatient consultations as well as Cardiology Fellow/Resident/Medical Student teaching are to be expected. An academic appointment at Central Michigan University College of Medicine, with numerous opportunities for clinical and translational research is included.

The clinical EP program features a new Siemens biplane hybrid Catheterization Laboratory which opened in October 2021. New St Jude Claris and EnSite as well as Boston Scientific Maestro mapping/ablation equipment are installed. A second Siemen's catheterization laboratory is scheduled to open this year. The Division of Cardiology has established echocardiography, interventional catheterization, adult congenital, heart failure/transplant, pulmonary hypertension, exercise physiology as well as a Cardiology Fellowship training programs. Inpatient work is performed at The Children's Hospital of Michigan, the only free-standing children's hospital in Michigan and the teaching hospital for both Central Michigan and Wayne State Universities medical schools. Salary will be commensurate with training and experience.

For any further information please contact:
Peter Karpawich, MSc, MD, FHRS
Director Cardiac Electrophysiology
313.745.0150
PKarpawi@dmc.org

Interested candidates should send a curriculum vitae with a cover letter of introduction to:
Dr. Gautam Singh
Chief, Division of Cardiology
Children's Hospital of Michigan
3901 Beaubien Blvd
Detroit, MI 48201-2119
313.745.5956
GSsingh3@dmc.org

University Pediatricians/Central Michigan University are equal opportunity employers and do not discriminate because of race, creed, sex, age, national origin, physical or mental disability, sexual orientation or other legally protected status.

Non-Invasive Imaging Pediatric & Fetal Cardiologist

The **Heart Center at Phoenix Children's Hospital** is seeking application for the position of a **full-time non-invasive imaging pediatric and fetal cardiologist** to join this **nationally ranked**, high volume, tertiary referral **cardiology program** with an **IAC Fetal**, pediatric and adult **congenital Echo certified lab**. The ideal candidate will join a team of experienced and advanced trained team of echo faculty and sonographers; and will participate in interpreting transthoracic echocardiograms, performing intraoperative and periprocedural transesophageal studies, interpreting fetal echocardiograms, supervision of fellows and sonographers while participating in departmental quality audits and research projects. Phoenix Children's Hospital has a large volume Fetal Cardiology Program integrated with all delivery hospital systems throughout the Phoenix metropolitan area. There are multiple opportunities to participate in pediatric and fetal echo research. Phoenix Children's also hosts the annual, internationally renowned Phoenix Children's Fetal Cardiology Symposium.

Desirable candidate should have:

- Advanced echocardiography and fetal cardiology 4th year imaging fellowship training or equivalent clinical experience
- Experience providing cardiovascular evaluation in a fetal treatment center preferred
- At least 3-5 years clinical experience preferred
- Experience in interpretation of 3D echocardiogram preferred
- Experience with teaching residents and fellows
- Experience in conducting clinical research and mentoring trainees

The staff physician shall provide patient care services and will support the PCH mission of providing hope, healing and the best health care for children and their families.

For more information and to apply for the position, click on the link below.

Open Position - Non-Invasive Imaging Pediatric and Fetal Cardiologist - Career Opportunities @ Phoenix Children's Hospital (phoenixchildrens.com)

Phoenix Children's Values

- Family-Centered care that focuses on the need of the child first and values the family as an important member of the care team
- Excellence in clinical care, service and communication
- Collaborative within our institution and with others who share our mission and goals
- Leadership that set the standard for pediatric health care today and innovations of the future
- Accountability to our patients, community and each other for providing the best in the most cost-effective way.

PICS Society | 3D IMAGING I3 | Symposium 2022

Pediatric *and Congenital* Interventional Cardiovascular Society

SAVE THE DATE

7-10 SEPTEMBER

MARRIOTT CHICAGO DOWNTOWN

CHICAGO

Focusing on the latest interventional catheter strategies for congenital and structural heart disease in children and adults.

www.picsymposium.com www.CHDinterventions.org

UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE | PEORIA

OSF HealthCare Children's Hospital of Illinois

Pediatric Electrophysiologist Faculty Position

The **Department of Pediatrics** of the **University Of Illinois College Of Medicine at Peoria (UICOMP)** seeks **Pediatric Cardiac Electrophysiology** candidates for a **pediatric cardiology faculty position**. This cardiologist will work primarily at **OSF Healthcare Children's Hospital of Illinois**.

The candidate must hold an MD/DO degree, be board certified or board-eligible in pediatric cardiology, and hold or be eligible for an Illinois physician license. Candidates must have completed residency & fellowship training. Additional training and/or extensive experience in pediatric and congenital cardiac electrophysiology, invasive and non-invasive, is required.

The candidate will join a well-established team of 10 pediatric cardiologists, 2 pediatric cardiovascular surgeons, 4 advanced practice providers, and EP nursing. Professional efforts will be bolstered by state-of-the-art facilities, including EP lab. Excellent collaboration exists among pediatric subspecialists as well as adult cardiology colleagues.

UICOMP supports a thriving education program with medical students, residents, and fellows. Clinical activities will include outpatient clinics, inpatient rotation, and procedural time. Travel to outreach clinics located in surrounding community cities is required. Inpatient and procedural care is provided at OSF Healthcare Children's Hospital of Illinois (CHOI). Clinical activities of this faculty member will be at the full time assistant/associate/professor rank based on the experience of the candidate.

Malpractice insurance is provided by the University of Illinois system and an excellent benefits package available including vacations, sick time, CME, health and life insurance and retirement plan.

Job Responsibilities:

- Patient care duties including inpatient, outpatient and interventional.
- Satellite clinics in the region.
- Device checks both in person and remote.
- On-call duties for pediatric cardiology and electrophysiology.
- Teaching of medical students, residents, and fellow.
- Academic efforts including original research and QI.
- Administrative efforts related EP program.

Minimum Requirements:

- MD/DO or foreign equivalent.
- Eligible for licensure in Illinois.
- BC/BE in Pediatric Cardiology.
- 3 years pediatric residency/3years pediatric cardiology fellowship or equivalent.
- Significant experience or formal training in Pediatric Cardiac Electrophysiology, both invasive and non-invasive.

The University of Illinois at Chicago is an affirmative action, equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, gender identity, sexual orientation, national origin, protected veteran status, or status as an individual with a disability.

The University of Illinois may conduct background checks on all job candidates upon acceptance of a contingent offer. Background checks will be performed in compliance with the Fair Credit Reporting Act.

The University of Illinois System requires candidates selected for hire to disclose any documented finding of sexual misconduct or sexual harassment and to authorize inquiries to current and former employers regarding findings of sexual misconduct or sexual harassment. For more information, visit: https://www.hr.uillinois.edu/cms/One.aspx?portalId=4292&pageId=1411899.

For fullest consideration, please apply at: https://jobs.uic.edu/job-board/job-details?jobID=167003

For more information please contact:
Marc Knepp, MD; Division Head, Pediatric Cardiology
mknepp1@uic.edu, 309.624.3901

AUGUST

03-06

NeoHeart: Cardiovascular Management of the Neonate
Anaheim, California, USA
https://web.cvent.com/event/f5efadb3-8886-4c5b-9944-c41980940049/summary

05-06

International PDA Symposium 2022
Anaheim, California, USA
https://pdasymposium.com/

21-26

Pediatric & Adult Congenital Cardiology Review
Huntington Beach, California, USA
https://ce.mayo.edu/cardiovascular-diseases/content/2022-pediatric-and-adult-congenital-cardiology-review-course

30-09/03

Cardiology 2022: 25th Annual Update on Pediatric and Congenital Cardiovascular Disease
Huntington Beach, California, USA
https://chop.cloud-cme.com/course/courseoverview?P=5&EID=2646

SEPTEMBER

05-06

2nd Annual PICS Fellows & Early Career Course
Chicago, Illinois, USA
kimberly_ray@chdinterventions.org

07-10

PICS Symposium
Chicago, Illinois, USA
https://www.picsymposium.com/

Director Congenital Cardiac ICU Care

Cedars-Sinai Medical Center, one of the **nation's leading academic medical center**, has begun a unique **congenital heart program** focused on providing **seamless continuous care for congenital heart patients from conception through senescence** by one **integrated, subspecialized team**. The **Guerin Family Congenital Heart Program (CHP)**, housed within the **Smidt Heart Institute** is a joint venture between the Heart Institute, the Department of Pediatrics, the Department of Cardiac Surgery, the Department of Cardiology and the new Cedars-Sinai Guerin Children's is seeking a **Director of Congenital Cardiac ICU Care**.

Cedars-Sinai has the largest delivery service in Los Angeles with over 6000 births per year as well as a 45 bed Level 4 NICU, a 12-bed combined pediatric and congenital cardiac intensive care unit and a new state of art pediatric medical-surgical unit. Currently the ICU is staffed by 8 attending pediatric intensivists, many with extensive cardiac experience. The full complement of cardiac diagnostic testing is readily available, as are the latest advances in catheter-based interventions and surgical procedures. The new Director will work closely with other program leaders to further develop the program to its full potential.

The identified candidate will provide senior administrative leadership in the cardiac ICU working in close collaboration with senior CHP and PICU leadership to create and implement a unique common vision for the CICU. The candidate will provide clinical expertise on all cardiac cases in the ICU.

The candidate must be board-certified in pediatric ICU and/or pediatric cardiology with a minimum of five years working as an attending level pediatric cardiac intensivist and must possess or be able to obtain a valid, non-restrictive California Medical License. The successful candidate must have a strong commitment to clinical excellence, academic medicine and teaching. Finally, the candidate must be passionate about their work and fully engaged in programmatic design and growth.

Cedars-Sinai Medical Center, a state-of-the-art, 958 bed tertiary acute care academic medical center is committed to excellence in compassionate patient care, research, education, and community programs to improve the lives of our patients. Academic rank and compensation will be commensurate with experience and qualifications.

If you are interested in joining a flourishing clinical, academic and research environment in a growing medical center, please send your curriculum vitae in confidence to:

Evan Zahn, MD, Director, Guerin Family Congenital Heart Program, c/o Academic.Recruiting@cshs.org

At Cedars-Sinai Medical Center we are proud of our diverse team and inclusive work environment. We are committed to recruiting, selecting and retaining an engaged workforce from many backgrounds, perspectives and experiences at all levels of the organization, including age, gender identity, race, religion, gender, sexual orientation, physical or mental disability, military and/or veteran status or any other basis protected by federal and state law.

Children's National®

Faculty Position

Children's National Hospital in Washington, DC is currently recruiting an outstanding candidate for a faculty position at our outpatient cardiology center in Richmond, VA. The successful candidate must be board-certified or board-eligible in pediatric cardiology with post-graduate training and/or experience in general cardiology. Candidates would be expected to provide the full spectrum of cardiac care as clinically indicated including electrocardiograms, echocardiograms, stress tests, and Holter monitoring. There is also an opportunity to provide inpatient cardiology services as our Richmond office sits adjacent to Henrico Doctors' Hospital, which houses a Level III NICU.

The city of Richmond is ideally located in central Virginia providing a well-balanced mix of urban life wrapped in Southern charm. The city and its suburbs provide a great quality of life with reasonable cost of living. Richmond offers a wide range of culture and activities for any individual or family. In 2 hours or less, there are Virginia beaches on one side and its scenic mountains on the other. Head north and seamlessly enter our nation's capital.

As part of the Children's National Heart Institute, the candidate would be a part of a division that includes Cardiology, Cardiovascular Surgery, Cardiac Intensive Care and Cardiac Anesthesia. There are currently nearly 50 pediatric cardiologists and 5 pediatric cardiac surgeons, with dedicated ACHD, echocardiography and cardiac MRI/CT, interventional cardiology, and electrophysiology expertise. Our Institute takes care of more than 20,000 patients yearly. There is a state-of-the-art CICU with 26 beds and new Tele-CICU Command Center, a specialized Cardiac Procedure Recovery Unit. We see inpatient consultations at regional hospitals and have outpatient centers at 18 sites in the District of Columbia, Maryland, and Virginia.

Consistently ranked among the top 10 pediatric hospitals in America, Children's has been serving the nation's children for 150 years. Children's National is proudly ranked among the best pediatric hospitals in America by US News & World Report and the Leapfrog Group and is a designated Nursing Magnet Hospital. Our hospital sponsors 16 ACGME approved residencies and fellowships including a top ranked pediatric residency program, with over 6,000 employees, including our 300+ bed main campus.

Children's is an equal opportunity employer and encourages applications from a diverse group of candidates.

Please send inquiries & curriculum vitae to:

Charles Berul, MD
Chief of Cardiology and Co-Director of the Heart Institute
cberul@childrensnational.org

Pediatric Cardiologist Echocardiogram Imaging Specialist

Stead Family Department of Pediatrics

University of Iowa Stead Family Department of Pediatrics seeks an echocardiogram imaging specialist. Appointment rank is open and may be to either the tenure track or clinical (non-tenure) track consistent with clinical experience and research interest. Appointment rank to Associate of Pediatrics (non-tenure track) may also be considered. The individual selected will join the Division of Cardiology to provide patient care, teaching, and consultative services as a cardiac imaging specialist. The Division is comprised of thirteen faculty and six Advanced Practice Providers and provides sub-specialty care in ACHD, EP, heart failure/transplant and intervention with imaging expertise in fetal, transesophageal echocardiography, cross sectional imaging (MRI/ CT), targeted neonatal echo and 3D modeling. The Echocardiography lab is IAC accredited with over 11,000 echocardiograms are performed annually. We have an active ACGME accredited cardiology fellowship program. Patient care will occur at the University of Iowa Stead Family Children's Hospital, University Hospital and Clinics and affiliated community sites.

Requirements

- Must hold an MD/DO degree, or equivalent
- Board certified or eligible in Pediatrics, or equivalent
- Board certified or eligible in Pediatric Cardiology, or equivalent
- Subspecialty fellowship training in fetal and transthoracic echocardiography or equivalent clinical experience
- Licensed or eligible for licensure in the State of Iowa
- Demonstrated commitment to diversity, equity and inclusion in the work environment

Desirable qualifications

- Clinical experience in cardiac imaging
- Three years' experience in the interpretation of echocardiographic images; a dedicated fourth year fellowship is preferred
- Fetal imaging expertise
- Experience in patient-oriented research
- Teaching competence in pediatrics for medical students, residents and fellows
- Evidence of scholarly activity
- Strong oral and written communication and interpersonal skills

The University of Iowa Roy J. and Lucille A. Carver College of Medicine is one of the nation's top medical schools. It is ranked No. 41 in research in the 2023 U.S. News & World Report listing of "Best Graduate Schools," and it is ranked No. 16 in National Institutes of Health funding among public institutions by the Blue Ridge Institute for Medical Research. The UI Stead Family Department of Pediatrics is currently ranked No. 25 in NIH funding among all public pediatric departments nationwide.

The University of Iowa Stead Family Department of Pediatrics comprises the medical staff of UI Stead Family Children's Hospital, Iowa's only nationally ranked children's hospital and home to the state's only accredited Level 1 Regional Resource Pediatric Trauma Center. The ACGME-accredited pediatric residency program at UI Stead Family Children's Hospital trains 47 pediatric resident physicians. For its 2022-23 edition of "Best Children's Hospitals," U.S. News & World Report ranked UI Stead Family Children's Hospital in seven pediatric specialties: neonatology, pediatric diabetes and endocrinology, pediatric hematology-oncology, pediatric nephrology, pediatric neurology and neurosurgery, pediatric orthopedics, and pediatric pulmonology.

To apply for this position please visit The University of Iowa website at http://jobs.uiowa.edu, requisition number 74303.

For more information contact:
Ian Law, MD
Clinical Professor of Pediatrics
Director, Division of Pediatric Cardiology
ian-law@uiowa.edu

Visit us on the web at: www.uichildrens.org.

The University of Iowa is an equal opportunity I affirmative action employer. All qualified applicants are encouraged to apply and will receive consideration for employment free from discrimination on the basis of race, creed, color, national origin, age, sex, pregnancy, sexual orientation, gender identity, genetic information, religion, associational preference, status as a qualified individual with a disability, or status as a protected veteran.

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