CONGENITAL CARDIOLOGY TODAY
Timely News & Information for Congenital/Structural Cardiologists & Cardiothoracic Surgeons Worldwide

North American Edition
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An Interview with Dr. Macdonald Dick II

A discussion of the recent book Reimagining a Child's Heart: The Lone Pines of Congenital Cardiology, memories of Dr. Tom Kulik, and reflections on the individuals who forwarded our field

Caren S. Goldberg, MD, MS & Macdonald Dick II, MD

I am excited to share the conversation I had with Dr. Macdonald Dick, as we talked about the recent book, *Reimagining a Child's Heart, The Lone Pines of Congenital Cardiology*, written by Dr. Tom Kulik, edited along the way and ultimately completed by Mac, following the much too early loss of Tom in January 2021.

Reimagining a Child's Heart brings the lives of the Lone Pines into clear definition. Through the book, Tom and Mac review the important and foundational developments that made surgical treatment of single ventricle heart disease possible. There is much focus on the thought processes of the individuals and the inner workings of the teams behind these foundational developments.

CG: Mac, do you want to start by describing the term lone pine? What is a lone pine?

MDII: Lone Pines, that was a term of Tom's. In our discussions I asked him the same question. It turned out as everyone knows, Tom was interested in cars, loved cars, had a Ferrari, in fact. Did you know that?

CG: Yeah, I did know that.

MDII: Well, I didn't know that until he moved to Boston. He was very interested in cars and there was a story that he told me that in the car industry, the automobile industry, in their development, in their emergence in the beginning of the 20th century, late 19th, there were these "lone pines" that stood out in the engineering world that created "high performance" cars. He didn't name them, as I recall. And I tried to find that story somewhere in the literature. I googled the term and I couldn't find it within the automobile engineering history but I think it's a real term, and Tom was quite serious about it. So he borrowed that term, and it essentially meant, as he outlined in his introduction, and I did in my forward, individuals who seized the moment and acted in an innovative fashion.



FIGURE 1 *Mac Dick as we spoke for this interview*

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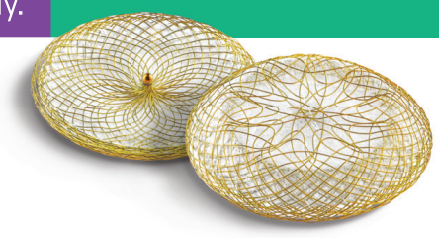


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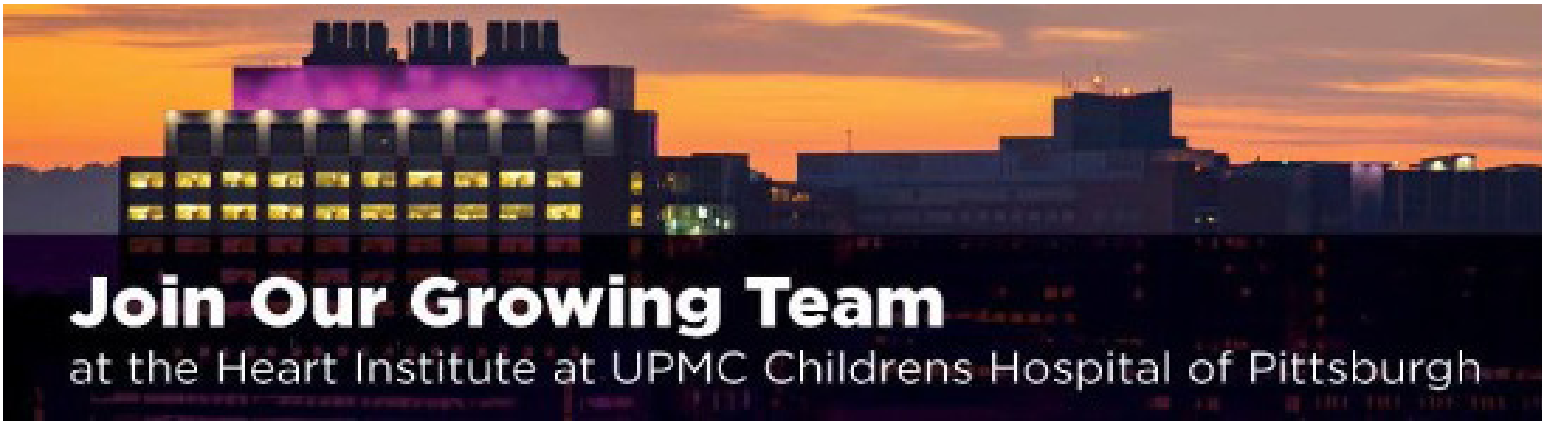
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CAREER OPPORTUNITIES



UPMC CHILDREN'S HOSPITAL OF PITTSBURGH

The **Division of Cardiology at UPMC Children's Hospital of Pittsburgh**, one of the premier pediatric cardiology programs in the country, is currently recruiting an excellent candidate for the position of **Director of the Adult Congenital Heart Disease (ACHD) Program**, as well as f**aculty positions in Noninvasive Cardiac Imaging, and Acute Care Cardiology**.

The Heart Institute provides comprehensive pediatric and adult congenital cardiovascular services including CT surgery, interventional cardiology, cardiac intensive care, electrophysiology, advanced imaging (MRI/CT), heart failure, transplant, pulmonary hypertension, adult congenital, fetal, and preventative cardiology programs, among others. Our program serves pediatric and adult congenital heart patients within central and western Pennsylvania and surrounding states, as well as nationally and internationally. Our group consists of 35 pediatric cardiologists, 5 pediatric cardiothoracic surgeons, 8 pediatric cardiac intensivists, 6 cardiac anesthesiologists, 4 advanced fellows, and 9 categorical fellows along with 30 advanced practice providers and a staff of more than 300. We continue to be ranked among the top nationally for **pediatric cardiology and heart surgery** by *U.S. News and World Report*. The Heart Institute at UPMC Children's has been consistently recognized by the Society of Thoracic Surgeons (STS) for excellence in congenital heart surgery for over a decade. Our surgical program, led by Dr. Victor Morell, achieves the highest possible rating by the STS, which places UPMC Children's among the top institutions in the U.S. and Canada for patient care, CT surgery outcomes, and congenital heart surgery. UPMC serves as a regional, national, and international referral center for multiple specialties providing a growing collaborative environment for quality care. Our new Heart Institute facility, which opened in June 2026, serves as an innovative space to provide the most state-of-the-art, patient-centered care and ensure the continued growth of the Heart Institute.

ADULT CONGENITAL HEART DISEASE FACULTY - Director, ACHD Program

The well-established ACHD program is currently supported by 4 ACHD physicians (including one ACHD Director), 2 advanced practice providers, 2 dedicated RNs, a research coordinator, and a social worker. We are currently seeking a faculty applicant with expertise in the management of adult congenital heart disease with prominent clinical, teaching, research, and leadership skills. The director will work closely with the Pediatric Cardiology Division Chief, the Heart Institute co-directors, UPMC Children's Hospital and UPMC Heart and Vascular Institute leadership to support further program development as part of a highly integrated tri-campus health care model. This is a unique opportunity to lead and expand a rapidly growing regional accredited ACHD program dedicated to the comprehensive care of adolescents and adults living with congenital heart disease. The new ACHD director will provide strategic, clinical, academic, and operational leadership for a well-established ACHD program that serves a complex and expanding patient population across the lifespan. They will join one of the nation's leading pediatric and congenital heart programs and play a critical role in strengthening the continuum of care between pediatric and adult cardiovascular services.

Position highlights include:

- Leading the strategic growth and development of the Adult Congenital Heart Disease Program
- Providing comprehensive outpatient and inpatient ACHD clinical care
- Partnering with pediatric and adult cardiovascular specialists to advance a seamless, lifelong care model
- Driving quality, safety, and programmatic excellence while supporting accreditation and regulatory standards
- Developing innovative programs to improve patient access and expand regional outreach
- Participating in teaching and mentorship of fellows, residents, advanced practice providers, and medical students
- Advancing clinical research and academic initiatives within the Heart Institute
- Collaborating with executive and physician leadership on service line strategy and growth opportunities
- Candidates must be board-eligible/certified in pediatric cardiology or adult cardiovascular diseases and in adult congenital heart disease

About the UPMC Adult Congenital Heart Disease Program at UPMC Children's Hospital of Pittsburgh

The UPMC Adult Congenital Heart Disease (ACHD) Center provides long-term, comprehensive care for patients with congenital heart disease across every stage of life. The Center bridges the Heart Institute at UPMC Children's Hospital of Pittsburgh, UPMC Magee-Womens Hospital, and the UPMC Heart and Vascular Institute, integrating pediatric and adult cardiology with interventional cardiology, cardiac surgery, advanced imaging, and other disciplines under a single program.

- The ACHD program delivers care across multiple pediatric and adult clinical locations throughout western Pennsylvania, supported by a growing network of regional satellite and outreach sites that expand access to specialized ACHD services for patients throughout the region. Through these strategically aligned clinical sites across western Pennsylvania, western Maryland, and New York, the program serves a diverse and expanding patient population while maintaining continuity of care close to home whenever possible.

- The ACHD program is further distinguished by its accredited Adult Congenital Heart Disease Fellowship Program, providing advanced subspecialty training for the next generation of ACHD physicians. Faculty actively participate in clinical education, mentorship, quality improvement, and research initiatives through the University of Pittsburgh School of Medicine, fostering an academic environment that supports innovation and excellence in patient care.
- The UPMC ACHD Program is accredited by the Adult Congenital Heart Association (ACHA), recognizing our program's clinical excellence and dedication to patient care and connecting patients and family members with a network of CHD experts.
- Through the ACHD Transition Program, our adult congenital heart specialists work with our pediatric cardiologists to ensure that each patients seamlessly shift from childhood to adult congenital heart disease care.
- The ACHD program at UPMC offers complete treatment of complex adult CHD, including medication and minimally invasive and surgical repair.
- The ACHD program's clinicians see more than 2,500 patients each year for cardiac catheterization procedures, electrophysiology procedures or surgeries.

The new UPMC Children's Heart Institute facility, which opened its doors in June 2026, is designed to bring cardiac services across the Heart Institute into a single, coordinated environment. Imaging, catheterization, periprocedural and outpatient care are integrated to reduce transitions between care environments and improve continuity for the full range of patients treated by the Heart Institute, from neonates to adults with pediatric and CHD. Multiple hybrid catheterization labs, advanced cardiac MRI capabilities, including a state-of-the-art hybrid MRI-Catheterization suite and direct access between procedural and intensive care environments allow for seamless movement of complex patients between phases of care.

NONINVASIVE IMAGING FACULTY

- We are seeking a Pediatric Cardiologist to serve as a faculty member of the noninvasive cardiac imaging team with a focus on fetal cardiology. This individual will join the robust, high-volume cardiovascular imaging section led by Dr. Laura Olivieri, which performs more than 22,000 echocardiograms annually, including transthoracic and transesophageal studies. The candidate will also join the Perinatal Cardiology team, led by Dr. Jacqueline Weinberg, specializing in fetal cardiac imaging. Our imaging faculty actively participate in national quality initiatives, clinical research, and the education and mentorship of trainees in both clinical cardiology and cardiac imaging sciences. Opportunities for academic collaboration are available within the Heart Institute at UPMC Children's Hospital of Pittsburgh and the University of Pittsburgh School of Medicine
- As a member of the division of pediatric cardiology and core imaging faculty, the selected non-invasive Imager candidate will also provide direct inpatient and outpatient care, read transthoracic, and perform transesophageal echocardiograms. Additionally, this individual will participate in fellow, resident, and medical student teaching and have a demonstrated commitment to academic and clinical excellence in pediatric cardiology. Candidates should be BE/BC in Pediatric Cardiology with additional training in non-invasive cardiac imaging including fetal imaging.

ACUTE CARE FACULTY

- We are seeking a Pediatric Cardiologist with excellent clinical skills to join our dedicated Acute Cardiac Care team of physicians and APPs. Primary responsibility would be on the inpatient service and the development of associated programs. Other clinical duties would include outpatient cardiology clinic and/or imaging coverage based on the candidate's skill set and interest.
- In addition to clinical responsibilities, an interest in teaching research, or quality improvement is desirable. UPMC Children's Hospital of Pittsburgh actively participates in quality improvement initiatives within the PAC3 and PC4 organizations. Candidates should be BE/BC in Pediatric Cardiology. Additional training or experience in acute care pediatric cardiology is desirable Special consideration will be given to candidates with experience or interest in cardiac rehabilitation.

UPMC Children's Hospital of Pittsburgh has been named one of the top U.S. News & World Report's Best Children's Hospitals. Consistently voted one of America's most livable cities, Pittsburgh is a great place for young adults and families alike.

This position comes with a competitive salary commensurate with experience and qualifications. Interested individuals should forward a letter of intent curriculum vitae, and three letters of reference. Informal inquiries are also encouraged.

Contact information:
Jacqueline Kreutzer, MD, FSCAI, FACC; Chief, Division of Cardiology UPMC Children's Hospital of Pittsburgh
412-692-6903, Jacqueline.kreutzer@chp.edu

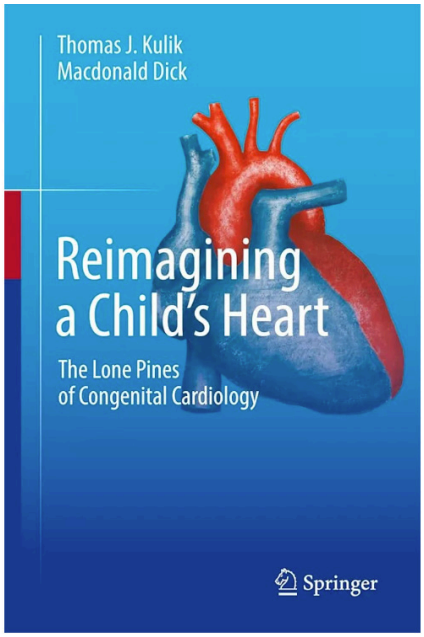


FIGURE 2 *Reimagining a Child's Heart is published through Springer Publishing and is available on Amazon*

They had original thoughts and were willing to take risks on their original thoughts. They thought they had a good idea and would push it. They were inventive, and they would stick to it. They didn't retreat. They pushed the envelope very, very strongly and at least a couple of times would get in trouble for it. Certainly Lillehei pushed the envelope as Tom outlines, to the point of getting in trouble with the chairmen of internal medicine and pediatrics at Minnesota, but the Chair of Surgery, Owen Wangensteen stood up for him; Lillehei allegedly was his favorite.

So, that is where lone pine came from, that's the thought, and Tom admired those characters, admired the person who would stand up. Remember how we'd be sitting in surgical conference and one of the faculty would say something that didn't make sense, and he would say, that's the (mild expletive) dumbest thing I ever heard. And by the way he would never say that to one of the fellows. You remember those times? So, yeah, that is sort of what he meant by that term.

CG: I think there are a lot of things that come out as we talk more just about the "lone pines" - Lillehei wasn't alone related to getting into some trouble. I am curious on your thoughts about some of those qualities that get people into trouble, are they the qualities that also allow them to move the needle forward?

MDII: They get in less trouble if they're successful. Aldo (Casteneda) when he came to Boston he began using circulatory arrest and hypothermia for infants and then later, in the 80s, with the (arterial) switch. It was risky but rational; deep hypothermia and circulatory arrest had been developed in Japan, used in New Zealand by Dr. Brian Barratt-Boyes and even used in the United States in Seattle, but Aldo was supremely rational and not hampered by a lack of confidence. The compact to go forward with these riskier procedures was between the parent and the surgeon. The parent of the patient of his first arterial switch operation was an engineer.

CG: A true confidence.

MDII: He was just extremely confident in every aspect of life. And particularly in the operating room. And Ed (Bove), I think, had that to a large extent as well and it extended into his teaching and his worldwide reputation.

CG: Absolutely. You've gotten to know a lot of the greats.

MDII: I have. I'd stare at them at meetings.

CG: C'mon, you are one of the giants in our field - you did more than stare at them. As I said when we started, you and Tom are two people who have been important mentors to me, and important examples throughout my career. I wondered if you wanted to describe some of the traits that you noted and admired about Tom, and maybe the traits that pushed him to work on this book for so long.

MDII: I learned about his interest in writing a book in 2006 I think. I had published a little book and Tom came into my office and admired it and shared then that he was working on a book about the treatment of Congenital Heart Disease. That is the first time I heard about it. Then I did not hear any more about it much until he started sharing the chapters with me, which was just before COVID; he started sharing the chapters then and continued until he died. And that is how I got involved in it.

With regard to his mentorship, he had a unique approach as you know. I wasn't a regular participant in those Thursday morning ICU rounds, but I remember and you can confirm this, or not, maybe apocryphal, but I don't think so. Oftentimes he would start the discussion by saying, "Caren, let me ask you this musical question. Do you remember that?

CG: Absolutely 100% true. He would say that "Ask you a musical question" not just at conference but at other times as well.

MDII: He asked the musical questions and of course, it had nothing to do with music; it had to do with the physiology of this patient over in this bed. And he would conduct those questions in elegant Socratic fashion, much more elegant than my approach. And I think it was painless to the fellow, for the most part.

CG: You know at Michigan that ICU conference is now named Kulik Rounds, so all the fellows, even in the current era, have a chance to learn about Tom.

MDII: And there is one other powerful story that I want to share. I was not there but was told, that he was at a national meeting, maybe a cardiac intensive care session and the presentation came to an end and Tom rose, and there was absolute silence, just like EF Hutton, when Tom speaks, people want to listen. I think that was in large part true, and that if anybody can confirm that or deny it, that'd be great.

CG: I do remember him traveling to interview people back when he was here at Michigan. Maybe for a short sabbatical. Maybe he went to Italy?

MDII: I was not aware of that. He did interview people. I sensed that it was mostly on the telephone and through correspondence. He has a lot of notes. He did say he talked to this person or that. He talked to a lot of people, Mike Freed about prostaglandins, Aldo Castenada, Jim Moeller.

CG: Speaking of all those notes of conversations, there are a huge number of references.

MDII: There are 31 pages, single line! Linda (Kulik) will tell you that he was forever getting a new book, printing a

CAREER OPPORTUNITY

Stanford MEDICINE Children's Health

Pediatric Cardiac Interventionalist

Stanford MEDICINE School of Medicine — Department of Pediatrics

The Stanford Department of Pediatrics is committed to advancing the health of infants, children, and adolescents through innovative medical care, research, education, training, and advocacy. With over 400 pediatricians and pediatric subspecialties, our department is one of the largest in the Stanford University School of Medicine. Ranked among the top in the nation by US News and World Report, we attract medical students, interns, postdoctoral scholars, residents, fellows, and faculty from around the world by offering broad-based training in general pediatrics, critical care and pediatric subspecialties within a variety of ambulatory, inpatient and community settings. Integrated with our educational activities, these programs provide hands-on learning to equip our graduates with the skills they'll need as future advocates of children's health. The Department of Pediatrics is a dynamic, stimulating place to work and because we are focused on growth and improved excellence, our faculty and staff have particularly challenging and rewarding roles.

The Division of Cardiology in the Department of Pediatrics at Stanford University School of Medicine/ Stanford Medicine Children's Health is recruiting a Pediatric Cardiac Interventionalist at Lucile Packard Children's Hospital Stanford (LPCHS). The successful candidate would be a Clinical Assistant Professor, Clinical Associate Professor, or Clinical Professor in the Clinician Educator line. The major criterion for appointment as Clinician Educators is excellence in the overall mix of clinical care, teaching, administrative and/or scholarship appropriate to the programmatic need the individual is expected to fulfill. Academic rank and line will be determined by the qualifications and experience of the successful candidate.

The ideal candidate should be board certified in Pediatric Cardiology, and he/she should have completed advanced training in pediatric interventional cardiology and experienced with patients from infancy through adulthood. The successful candidate will serve as one of 4 attending cardiac interventionalists. Participation in house staff and fellow education as well as clinical, translational, or quality/performance improvement research will be expected. Extensive opportunities exist for research collaborations with investigators at the School of Medicine and other departments throughout Stanford University.

The Children's Heart Center at LPCHS is ranked among the nation's top pediatric cardiac programs and includes over 70+ pediatric cardiologists and cardiovascular scientists within the Division of Pediatric Cardiology who collectively provide clinical care, teach, and perform clinical, translational and basic research. There are three pediatric catheterization laboratories. Two of the labs are dedicated for interventional cardiology with state-of-the-art Canon equipment and hybrid capability. There is collaboration with adult cardiology, interventional radiology, and neuro-interventional teams. Patients range in age from premature neonates to adults, and patient complexity and acuity are amongst the highest in the nation. We perform 1100-1200 cases per year, with approximately two-thirds of these cases being interventional. The CVICU is a 36-bed dedicated unit that provides all forms of cardiovascular intensive care for children as well as adults with congenital and acquired heart disease. A full range of clinical services is available, including mechanical circulatory support for heart failure patients with ventricular assist devices and ECMO. LPCH maintains a busy cardiac transplantation program.

Equal Employment Opportunity Statement
Stanford is an equal employment opportunity and affirmative action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status, or any other characteristic protected by law. Stanford also welcomes applications from all who would bring additional dimensions to the University's research, teaching and clinical missions.

Consistent with its obligations under the law, the University will provide reasonable accommodations to applicants and employees with disabilities. Applicants requiring a reasonable accommodation for any part of the application or hiring process should contact ***disability.access@stanford.edu***.

The university's central functions of research and education depend on freedom of thought, and expression. The Department of Pediatrics, School of Medicine, and Stanford University value faculty who will help foster an open and respectful academic environment for colleagues, students, and staff with a wide range of backgrounds, identities, and perspectives. Candidates may choose to include as part of their research and teaching statements a brief discussion about how their work and experience will further these values.

How to Apply:
Please submit a CV and cover letter with an optional discussion of how your work and experience fosters additional dimensions to the university's mission and values to: **Apply Here**.

The Expected Base Pay Range for this Position is:
Clinical Assistant Professor: $349,000 - $361,000
Clinical Associate Professor: $430,000 - $451,000
Clinical Professor: $505,000 - $541,000

This pay range reflects base pay, which is based on faculty rank and years in rank. It does not include all components of the School of Medicine's faculty compensation program or pay from participation in departmental incentive compensation programs. For more information about compensation and our **wide-range of benefits**, including **housing assistance**, please contact the hiring department. Stanford University has provided a pay range representing its good faith estimate of what the university reasonably expects to pay for the position upon hire. The pay offered to the selected candidate will be determined based on factors including (but not limited to) the experience and qualifications of the selected candidate including equivalent years in rank, training, and field or discipline; internal equity; and external market pay for comparable jobs.

For questions, please contact:
Meghna Patel, M.D., Search Chair
C/O Rosa Ciprian: **crosa2@stanford.edu**

To learn more about the Department of Pediatrics, please visit: **http://med.stanford.edu/pediatrics.html**

new paper. So you can see where the 31 pages emerged.

CG: So the book was in development for such a long time as I understand it morphed over time?

MDII: As I said, in the forward, Tom started thinking about Congenital Heart Disease the minute he started medical school. Tom was also very interested in cars and thought a lot about engineering. As I said I was editing chapters for Tom but after he died and I wanted to finish this book on his behalf, but I had a hard time making it flow as he had interspersed the engineering sections among the medical chapters with musings about the differences. So, if there's writer's block, there's also editor's block. I actually paused for a year on the editing as I couldn't get beyond what I thought was an awkward arrangement. I wanted it to be Tom's book and Tom's voice. But finally I said to Linda, because Linda was involved every step of the way, "Linda, I just don't think it flows if we put these engineering chapters interspersed amongst the medical chapters, let's put them as Appendices at the end." And she actually said, "Fine, do whatever you want." She agreed and so after getting over that hurdle, it sort of spilled out after that much more smoothly and I think it reads better that way too.

CG: The book starts with a beautifully written explanation of embryologic cardiac development and oxygen delivery and metabolism and then extends to the realm of cardiac surgery with cooling, with bypass, the development of prostaglandins, and ultimately the ability to conceptualize and perform newborn operations on patients with single ventricle and who are ductal dependent. And so, while the book refers to the Lone Pines, in many ways there was really a forest of contributions.

MDII: That sounds like language Tom would appreciate.

CG: I could hear his voice on every page.

MDII: When I was reading the chapters, as we were emailing them back and forth when he was in Boston, my editorial was often a little smiley face whenever he had a clever use of a word or an interesting phrase, because he had a lot of them!

CG: Nearly every page made me smile at the word choice or language use. He had a unique voice and use of language.

CG: Given that there were many contributions and contributors, can you comment on the role of teamwork driving progress versus absolute independent thinking?

MDII: I think that Tom recognized the importance of collaboration and cooperation and cordial relations and that is critical. But I think he mostly saw and admired, as I mentioned earlier, the clear, independent thinking, the risk-taking and the innovation. And yes, nearly everybody who did that did it within an institution – a collaborative structure. Aldo spoke about the collaborative environment that he and Dr. Nadas fostered; it was not like that before Aldo's arrival in Boston. I think Tom's focus was on the creativity of an individual who then got people to buy in, which is probably how it works anyway, even in a in a highly collaborative environment.

MDII: One of the things I enjoyed was when Tom and I talked about the innovation and progress. As he talked you got a sense of each of these people as a person. You got a sense of Maude Abbott, this poor fragile lady who wore dresses backwards and fell off donkeys and got her hand banged in a door yet capably and generously shared her life with her cognitively impaired sister. And, as Tom emphasized, she created the first systematic review of Congenital Heart Disease. And you really get to know her as this very nice, kind Canadian lady who you wondered how she got out of bed in the morning- but she did, and she made this great contribution!

Paul Dudley White said something to the effect that, you know, without her, there would have been no Congenital Heart Disease: Gross said it too.

MDII: And didn't you love how he talked about Galen as this grumpy old grandfather?

And Helen Taussig who was a patrician of the first order - from a Harvard family; her father was a highly respected economics professor, and apparently a wonderful father. And she struck out on her own, leaving Radcliff for UC Berkeley. She was apparently dyslexic. She couldn't get into Harvard Medical School (no women), but Hopkins was taking women at the time. Actually, Hopkins and Michigan were among the first to accept women to medical school as I recall.



FIGURE 3 *A few colleagues attended our conversation. Pictured here from right to left are: Caren Goldberg, Mark Russell, Macdonald Dick, Tim Cotts, and Adam Dorfman*

And then there was this young southern gentleman of Blalock coming from a small town in Georgia, being a bit of a ladies man, and a party boy when he was in medical school. And also at Vanderbilt.

Do you all know the name Tinsley Harrison? He was a big deal when I was in medical school - he wrote or edited the big thick internal medicine textbook. He was at Hopkins when Blalock was there and they were friends. I don't know if you caught the bit when Tom referenced Tinsley, that Blalock was much more famous scientifically for his work on shock than for the Blalock-Taussig-Thomas Shunt. Blalock tried to get a house officer job at Hopkins but could only get it for one year, so off he went to Vanderbilt. At Vanderbilt, Blalock worked his butt off and did most of his own lab work before he hired Thomas and joined the Vanderbilt faculty. As Tom said, several people turned down the Hopkins chief of

surgery job, so it was offered to Blalock and the rest is history.

Another interesting piece is that the ethical structure in the '50s and '60s when Lillehei was pushing this envelope was, shall we say, totally unregulated. I mean, it was all a patient-parent-surgeon—physician interaction. There was no oversight, there was no IRB review. The only review that you possibly could have would be like the chairs of pediatrics and internal medicine at Minnesota, who were trying to stop things that they thought were not, "ethical," putting children and other people at risk. But as noted, Wangensteen backed up Lillehei so that the work could proceed.

By the way, do you know that Lillehei means little mountain in Norwegian? Lillehei came to give a talk when I was a house officer at Virgina. And his opening remarks were - my name is Lillehei, it means Little Mountain, and Monticello means Little Mountain also. I don't recall all the details about his talk, but I do remember that.

CG: There were a range of personalities - I was struck by John Gibbons, who really got the ball rolling on cardiopulmonary bypass and then stopped short of bringing that to the clinical realm.

MDII: Yes, Gibbons, as a resident, was driven because he lost a patient with pulmonary embolus, and he thought: "How can you take out the embolus and fix the issue?" He had an engineering mind and started working on a pump for sustaining the circulation. However, he was stumped by the inability to oxygenate the blood. After working at the Massachusetts General Hospital, he went to the University of Pennsylvania and then to Jefferson Medical College. Eventually, he was able to connect with IBM who invested in the project. Together the pump and oxygenator were ready for prime time. He lost his first patient, but the second was successful, and was the first successful open heart surgery using the cardiopulmonary bypass pump. I think he lost several patients a little later and sort of gave up in terms of cardiac surgery. He became a chair and widely sought speaker. And his success in getting IBM involved in developing the heart lung machine is as fine an example that you have for collaboration, a single man wouldn't have been able to create this – a true piece of the collaborative process.

And then there was John Lewis who was a brilliant guy with multiple interests and Tom has a long piece on him in the book. He actually, I think, did the first ASD closure using deep hypothermia alone, but later a patient died and then he stopped. Tom describes that you have to be all in if you're pushing this kind of innovation.

This was big innovation. And in fact, at the time, probably, I would say from the '50s up until the '70s, cardiovascular surgery was probably the brightest innovation on the medical horizon. The wonderful cancer therapy hadn't emerged. Understanding of the immune system was still primitive. I remember a definition in pathology said, what is an antibody? A protein that responds to an antigen. What is an antigen? It's a substance that stimulates an antibody. I'm not sure this gets me very far. We need to learn a little bit more.

CG: You know, Mac, you're recognized as one of the patriarchs of pediatric electrophysiology.

MDII: A patriarch?

CG: Don't you think so?

MDII: Old person, yes, patriarch I don't know?

CG: Okay, one of the people who really started the field of pediatric electrophysiology, a pioneer, a lone pine. But also a major part of your legacy is in mentorship. You've trained so many electrophysiologists across the country and mentored some of us who aren't even electrophysiologists.

MDII: Some of them snuck in.

CG: But when you think about what you impart in your teaching, do you emphasize that independent thinking, or the collaborative effort, or some combination? You've had an influence on many people.

MDII: Well, they influenced me. It's bidirectional. I did tell people when I interviewed them, "I don't care what your grades were in Medical school—couldn't care less - what I'm interested in is that you have been trained at a place where you've taken care of sick children. And know how to take care of sick children and arer not afraid of sick children. I want you to get in there and rub your elbows in it. And also we want to create, to train, academic cardiologists. It's not guaranteed. It's mostly up to you. That's what our goal is. It's OK if you don't. We still love you but that's our goal. And we want you to have the impulse of curiosity, hard work and adding to the body of knowledge. But the impulse comes from you. We provide the environment and the resources. But the impulse to do research-doesn't have to be laboratory research, doesn't have to be entirely original, doesn't have to be prize winning. I couldn't care less what it is. But we expect you to do some research and then to present it at local and national meetings and to have it published." Now, most of the time it worked, I'd say over 60%.

And when I was talking to medical students, I'd tell them to pay attention to two things: the science and the patient.

CG: There is so much interesting detail and science included in the book, how do you recommend someone take in everything in this book? I know that you read each chapter multiple times through the editing process, but for the average reader what do you think the best approach might be to learn the most?

MDII: You don't have to learn it all, we hope you enjoy it!

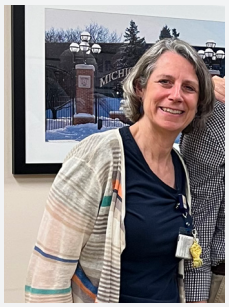
CG: And from your perspective, who's the best audience?

MDII: Of course students or fellows in cardiology and cardiac surgery, students who are interested in cardiology. Tom was from day one, you know, interested in Congenital Heart Disease. I'm not sure if all parents and patients would be interested in it, maybe a little too esoteric. And, as I said, engineers, and particularly engineers who are parents, I think.

CG: Thanks so much for taking the time to talk today.

I'm fortunate that Tom and Mac have both been important mentors and sponsors for me throughout my career and as I've read

Reimagining a Child's Heart, I delight particularly in the ability to hear their voices throughout the book. I think that as Mac said, this is a great book for anyone interested in understanding more about the progress in treatment of Congenital Heart Disease and the role of a forest of lone pines who made it all possible. The book is published by Springer Publishing and is available on Amazon. I hope you enjoy and share with others!



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Cincinnati Children's

Pediatric / Congenital Interventional Cardiologist

Assistant/Associate Professor

The Heart Institute at Cincinnati Children's Hospital Medical Center is seeking a Board Eligible/Board Certified Pediatric Cardiologist with advanced expertise in Interventional Cardiology to join our nationally recognized program at the Assistant or Associate Professor level.

As one of the nation's leading pediatric cardiovascular centers, the Heart Institute provides comprehensive care for congenital and acquired heart disease and is committed to excellence in patient care, education, and research.

The Cardiac Catheterization Laboratory performs more than 1,000 procedures annually and offers state-of-the-art resources, including dedicated catheterization laboratories, advanced imaging technologies, a hybrid operating room, and expanding interventional capabilities.

Key Responsibilities

- Perform diagnostic and interventional cardiac catheterization procedures.
- Provide inpatient and outpatient clinical care.
- Teach and mentor fellows, residents, and medical students.
- Develop and lead clinical, translational, or outcomes-based research.
- Collaborate across multidisciplinary teams to advance patient care and innovation.

Qualifications

- MD, DO, or equivalent medical degree.
- Board Eligible or Board Certified in Pediatric Cardiology.
- Advanced training in Congenital/ Pediatric Interventional Cardiology.
- Eligibility for unrestricted medical licensure.
- Strong record of clinical excellence and scholarly achievement.
- Preferred: More than five years of post-training experience and an established research portfolio.

We offer the opportunity to practice in a collaborative academic environment, work alongside internationally recognized colleagues, and contribute to groundbreaking advances in pediatric cardiovascular care.

To apply or request additional information, contact:

Shabana Shahanavaz, MBBS
Director, Cardiac Catheterization Laboratory
Cincinnati Children's Hospital Medical Center
Shabana.Shahanavaz@cchmc.org

Ochsner Children's Hospital



Pediatric Cardiology Opportunities

Ochsner Children's Hospital – New Orleans

Ochsner Children's Hospital is seeking BC/BE Pediatric Cardiologists to join and help lead our growing pediatric cardiology program in New Orleans. Current opportunities include Inpatient Pediatric Cardiology, Advanced Imaging Cardiology, and Director of Pediatric Heart Failure/ Heart Transplant Cardiology within the only pediatric heart transplant center in Louisiana.

Ochsner Children's provides services across all pediatric cardiac subspecialties, including heart failure/transplant, electrophysiology, adult congenital heart disease, interventional cardiology, imaging including echocardiography and cardiac MRI/CT, fetal cardiology, a comprehensive single ventricle program, and a neurodevelopmental clinic. The heart center includes 21 cardiologists, 3 congenital heart surgeons, 6 cardiac intensivists practicing in a dedicated pediatric 12-bed cardiac intensive care unit, and 3 pediatric cardiac anesthesiologists.

The program performs approximately 250 cardiac surgeries, 400 cardiac catheterizations, 75% of which are interventional, and 19,000 ambulatory visits across 15 locations in Louisiana and Mississippi each year. Ochsner Children's heart center has been ranked by U.S. News & World Report for the last seven years and is the only ranked program in Louisiana; survival after cardiac surgery for the most complex patients, STS STAT 4 and 5 categories, is in the top 10% of programs reporting to STS.

Current Opportunities:

Inpatient Pediatric Cardiologist
This role focuses on leading inpatient care in the cardiology inpatient unit and consultation service, including care connected to a 67-bed Level IV NICU. The inpatient cardiology team is supported by inpatient physician assistants and nurse practitioners and includes teaching of medical students and residents. The position also involves quality improvement activities, including national registries such as PC4 and PAC3.

Advanced Imaging Pediatric Cardiologist
This role focuses on all aspects of non-invasive imaging, including fetal echocardiography, transesophageal echocardiography, telemedicine and general echocardiography, with teaching responsibilities for pediatric residents, medical students, and sonographers. There is also an opportunity for cross-sectional imaging as part of the growing cardiac MRI and CT program.

Director of Pediatric Heart Failure/Heart Transplant Cardiology
Ochsner Children's Hospital is seeking Director of Pediatric Heart Failure/Heart Transplant physician to join two existing pediatric heart failure/ heart transplant cardiologists and a newly hired heart failure/transplant physician assistant in the only pediatric heart transplant center in Louisiana. The position includes care of patients with cardiomyopathies, heart failure, transplant, congenital heart disease, and ventricular assist devices. The transplant team is supported by a dedicated physician assistant, two transplant coordinators, a transplant psychologist, a transplant social worker, and a transplant pharmacist. Ochsner is an active participant in PHTS and ACTION. Interested applicants should be BC/BE in pediatric cardiology and have completed an advanced fellowship in pediatric heart failure/heart transplant.

About Ochsner Children's
Ochsner Children's is the region's leading integrated provider of multispecialty care for newborns, infants, children, adolescents, and young adults. The program offers a full range of pediatric complex specialty services, including liver and bone marrow transplantation, a comprehensive surgical subspecialty group, advanced GI and hepatology, advanced spine surgery, hematology-oncology and AYA oncology, cleft palate/craniofacial surgery, and the region's only comprehensive multidisciplinary developmental pediatrics center.

Ochsner Children's currently cares for patients in a 67-bed Level IV Neonatal Intensive Care Unit, a 14-bed PICU, a 12-bed pediatric CV-ICU, a NAEC-accredited Level IV 4-bed Pediatric EMU, and a 44-bed pediatric acute unit with a dedicated pediatric emergency room. The program is supported by a 24/7 dedicated pediatric and neonatal transport team utilizing rotary wing, fixed wing, and ground transport.

Ochsner Children's began construction last year on a new, comprehensive, dedicated 5-story Children's Hospital on the main campus in New Orleans, with expected opening at the start of 2028.

Academic, Teaching, and Research Opportunities
In addition to direct patient care, Ochsner Children's Hospital has an ACGME-accredited pediatric residency program, is in the process of applying for ACGME approval to start a pediatric cardiology fellowship program in 2028, and is responsible for teaching pediatric residents from the Tulane-Ochsner Pediatric Residency Program, as well as medical students from Tulane and the University of Queensland, Australia. Ochsner Health and Xavier University of Louisiana recently established the Xavier Ochsner College of Medicine, which will enroll its first class in Fall 2027. Faculty have opportunities for academic appointments at the University of Queensland and Xavier Ochsner College of Medicine, participation in numerous research studies and multicenter trials, and scholarly publications.

BEST CHILDREN'S HOSPITALS U.S.News RANKED IN 3 SPECIALTIES 2026-2027

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The Top 50 Children's Hospitals for Cardiology, Heart Surgery

Mariah Taylor

Texas Children's Hospital ranked as the top children's hospital for cardiology and heart surgery in the nation, U.S. News & World Report found.

U.S. News and RTI International, a North Carolina-based research firm, analyzed clinical data from 114 children's hospitals nationwide, assessing facilities across structural, process and outcomes measures. The two also surveyed thousands of pediatric specialists and weighed their responses in compiling the rankings. Learn more about the methodology here. This year, 91 hospitals were ranked among the top 50 in at least one specialty.

BECKER'S CARDIOLOGY

Below are the top 50 children's hospitals for cardiology and heart surgery.

1. Texas Children's Hospital (Houston)
2. Children's Hospital Colorado (Aurora)
3. Duke Children's Hospital and Health Center (Durham, N.C.)
4. Children's Hospital of Philadelphia
5. Children's Health Dallas
6. MUSC Children's Heart Network of South Carolina (Charleston)
7. Children's Healthcare of Atlanta
8. Boston Children's Hospital
9. Dell Children's Medical Center (Austin, Texas)
10. Rady Children's Hospital (San Diego)
11. Intermountain Primary Children's Hospital-University of Utah (Salt Lake City)
12. Children's Memorial Hermann Hospital (Houston)
13. UPMC Children's Hospital of Pittsburgh
14. Cincinnati Children's and Kentucky Children's Hospital Joint Heart Program
15. NewYork-Presbyterian Children's Hospital-Columbia and Cornell (New York City)
16. Ann & Robert H. Lurie Children's Hospital of Chicago
17. UF Health Shands Children's Hospital (Gainesville, Fla.)
18. Cleveland Clinic Children's Hospital
19. University of Michigan Health C.S. Mott Children's Hospital (Ann Arbor)
20. Children's Hospital Los Angeles
21. American Family Children's Hospital (Madison, Wis.)
22. Levine Children's Hospital (Charlotte, N.C.)
23. Nationwide Children's Hospital (Columbus, Ohio)
24. Oklahoma Children's OU Health (Oklahoma City)
25. Hassenfeld Children's Hospital at NYU Langone (New York City)
26. Children's Mercy Kansas City (Mo.) Hospital
27. Mayo Clinic-Children's Minnesota Cardiovascular Collaborative (Rochester)
28. Children's National Hospital (Washington, D.C.)
29. Ochsner Children's Hospital (New Orleans)
30. Loma Linda (Calif.) University Children's Hospital
31. Riley Hospital for Children at IU Health (Indianapolis)
32. Arkansas Children's Hospital (Little Rock)
33. Nemours Children's Hospital-Delaware (Wilmington)
34. UCSF Benioff Children's Hospitals, San Francisco and Oakland
35. UCLA Mattel Children's Hospital and CHOC Joint Heart Program (Los Angeles)
36. Seattle Children's Hospital
37. SSM Health Cardinal Glennon Children's Hospital (St. Louis)
38. Lucile Packard Children's Hospital Stanford (Palo Alto, Calif.)
39. Le Bonheur Children's Hospital (Memphis, Tenn.)
40. Johns Hopkins Children's Center (Baltimore)
41. Children's Hospital of Alabama at UAB (Birmingham)
42. Rainbow Babies and Children's Hospital (Cleveland, Ohio)
43. St. Louis Children's Hospital-Washington University
44. Phoenix Children's Hospital
45. Johns Hopkins All Children's Hospital (St. Petersburg, Fla.)
46. University of Iowa Stead Family Children's Hospital (Iowa City)
47. Cook Children's Medical Center (Fort Worth, Texas)
48. Nicklaus Children's Hospital (Miami, Fla.)
49. Corewell Health Helen DeVos Children's Hospital (Grand Rapids, Mich.)
50. Monroe Carell Jr. Children's Hospital at Vanderbilt (Nashville, Tenn.)



CAREER OPPORTUNITIES

Ochsner Children's Hospital



Regional Pediatric Cardiologists

Ochsner Children's Hospital

Ochsner Children's Hospital seeking BC/BE Pediatric Cardiologists to join our successful regional practices in Baton Rouge, Lafayette, and Monroe, Louisiana and Gulfport, Mississippi.

Responsibilities will include outpatient clinic including fetal echocardiography if desired, inpatient consultations, and regional clinic activities. Interest and advanced training in fetal echocardiography is highly desirable. The Baton Rouge, Lafayette, Monroe, Gulfport campuses are integral components of the Ochsner Children's Hospital cardiology network.

Ochsner Children's provides services for all pediatric cardiac sub-specialties including heart failure/transplant, EP, ACHD, interventional cardiology, imaging including echocardiography and cardiac MRI and CT, and fetal cardiology, comprehensive single ventricle program, and neurodevelopmental clinic. The heart center includes 21 cardiologists, 3 congenital heart surgeons, 6 cardiac intensivists practicing in a dedicated pediatric 12 bed cardiac intensive care unit and 3 pediatric cardiac anesthesiologists. The program performs approximately 250 cardiac surgeries, 400 cardiac catheterizations (75% interventional) and 19,000 ambulatory visits at 15 locations across Louisiana and Mississippi per year. Our heart center has been ranked by US New and World Report for the last 7 years and is the only ranked program in Louisiana; survival after cardiac surgery for our most complex patients (STS STAT 4 and 5 categories) is in the top 10% of programs reporting to STS.

Our comprehensive Ochsner Children's program is the region's leading integrated provider of multispecialty care for newborns, infants, children, adolescents, and young adults. We offer a full range of pediatric complex specialty services including, liver and bone marrow transplantation, a comprehensive surgical sub-specialty group, advanced GI and Hepatology, advanced spine surgery, Hematology-Oncology and AYA Oncology, Cleft Palate/Cranio-Facial Surgery and the region's only comprehensive multidisciplinary developmental pediatrics center.

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Edwards Earns FDA Approval for First-of-its-Kind Size-Adjustable Pediatric Heart Valve

Skyler Rivera

Edwards Lifesciences earned FDA approval for its Autus size-adjustable heart valve, a surgical pulmonary heart valve for pediatric patients with Congenital Heart Disease, the company announced today.

The first-of-its-kind valve is designed to expand as the child grows, reducing the need for repeat open-heart surgeries. It's also the first artificial heart valve approved in the United States with polymeric material leaflets rather than animal-derived tissue leaflets.

"For decades, Edwards has worked to address the needs of structural heart patients with complex conditions, Edwards Lifesciences CEO Bernard Zovighian said in the announcement. "The Autus valve represents a meaningful advancement for children who have historically had limited treatment options. Our commitment extends beyond innovation to generating clinical evidence and collaborating with physicians, medical societies and patient groups to help address the evolving needs of patients with Congenital Heart Disease."

The Autus valve can be initially implanted as small as 13 mm in diameter, the appropriate-sized valve for a toddler or preschool-age patient, FDA said. Over time, valve expansion is performed through a minimally invasive transcatheter procedure that widens the valve using a balloon catheter. The Autus valve can reach a maximum size of 22 mm, comparable to an adult-sized pulmonary valve.

"For children born with congenital heart disease, valve replacement timing has always been a difficult decision — wait too long and you risk harm to the child, but intervene too early and they may need multiple open-heart surgeries as they grow," FDA Center for Devices and Radiological Health Director Dr. Michelle Tarver said.

Treatment of pediatric congenital heart disease may improve blood flow and repair congenital defects but, patients could also develop significant pulmonary regurgitation. Over time, this regurgitation weakens or enlarges the right ventricle and the need for a replacement valve increases as the child grows.

"The Autus size-adjustable valve gives doctors the option of far fewer trips to the operating room, which may result in better quality of life for these children and their families," Tarver said.

Traditional animal-derived tissue leaflets harden and break down faster in children, according to the FDA, often causing earlier repeat surgeries. One-year follow-up data showed Autus' polymeric material leaflets "hold up well over time," the FDA said. The approval marks the first time a valve with polymeric leaflets was approved for any indication.

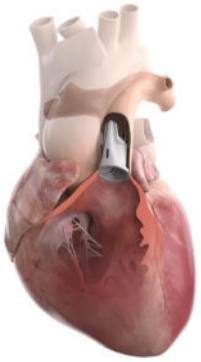
The FDA previously granted the valve Breakthrough Device designation. Autus was also the first pediatric approval from the FDA's Total Product Life Cycle Advisory Program (TAP).

The approval was based on data from a clinical study with 62 pediatric patients. Through the first 30 days, 100% of patients were free from device-related complications and demonstrated favorable valve performance with no Autus valve reintervention through six months, Edwards said.

At the six-month follow-up, 60 patients demonstrated acceptable hemodynamic performance and no more than mild regurgitation, FDA said. All patients who completed the one-year follow-up showed consistent outcomes with less than moderate pulmonary regurgitation and no valve reinterventions, the device developer said.

Patients will continue to be followed for 10 years to collect additional data to show that expansion can maintain a functional valve, leading to fewer surgical procedures.

"For far too long, children with congenital heart defects who need pulmonary valve replacement have had very limited surgical options, and those options have historically required multiple open-heart surgeries as children grow," Acting FDA Commissioner Kyle Diamantas said. "Today's landmark approval is a historic turning point and reflects the Trump Administration and the FDA's commitment to help bring innovative, life-changing devices to the patients who need them most."



Edwards Lifesciences' Autus size-adjustable heart valve (Illustration courtesy of Edwards Lifesciences)



The Autus valve can be initially implanted as small as 13 mm in diameter (pictured closed here). (Illustration courtesy of Edwards Lifesciences)



The Autus valve can reach a maximum size of 22 mm, comparable to an adult-sized pulmonary valve (Illustration courtesy of Edwards Lifesciences)

More and More Young Children Now Taking GLP-1 Drugs for Weight Loss

Michael Walter, Managing Editor, Cardiovascular Business

More and more young children are starting to be prescribed GLP-1 drugs to manage their weight, according to new research published in Pediatrics.[1]

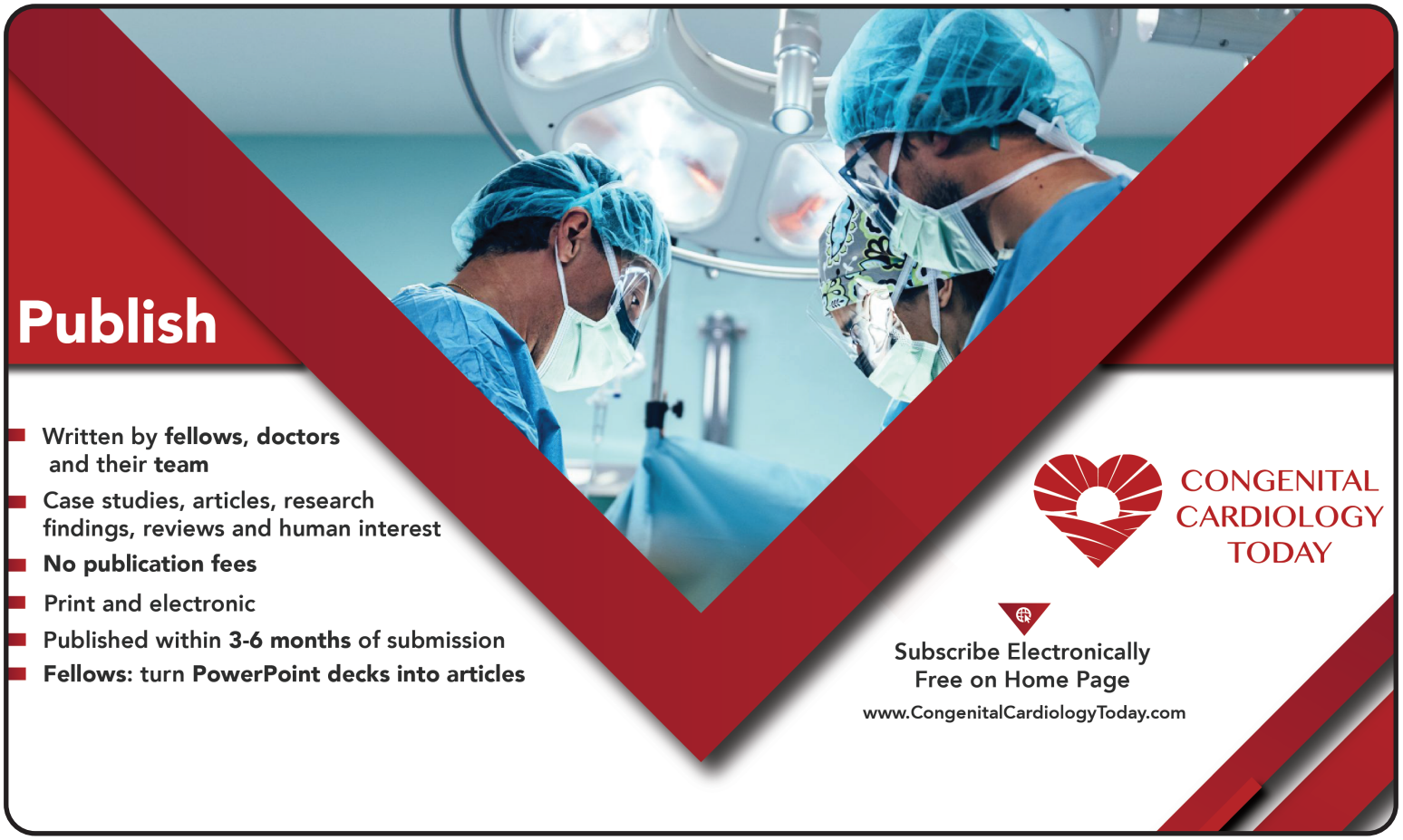
The study's authors focused exclusively on obese children without diabetes between the ages of 8 and 11. In 2019, just 0.03% of those children were on GLP-1 medications. However, that number skyrocketed to 9.3% in 2026. The group estimated that approximately 20,000 children between the ages of 8 and 11 have been prescribed GLP-1 drugs during that time.

"Our study offers the first national overview in young children of the use of GLP-1 drugs to fight the obesity epidemic in the United States and shows that while the absolute numbers of children under the age of 12 receiving GLP-1 treatment is still low, GLP-1 use is accelerating rapidly," first author Babak J. Orandi, MD, PhD, MSc, a transplant surgeon and obesity specialist with NYU Langone Health's NYU Grossman School of Medicine, said in a statement. "The careful use of GLP-1s remains a valuable tool in confronting the obesity epidemic among young Americans."

Orandi emphasized that some parents may be unsure about the idea of giving their children these medications. However, he said, the alternative may be a lifetime of high blood pressure and other potentially harmful health conditions.

The study's authors focused on three GLP-1 drugs for this analysis: liraglutide, semaglutide and tirzepatide. Liraglutide is sold by Novo Nordisk under the brand name Saxenda. Semaglutide is sold by Novo Nordisk under the brand names Wegovy and Ozempic. Tirzepatide, meanwhile, is sold by Eli Lilly and Company as Zepbound and Mounjaro.

Another key takeaway from the group's research was the fact that children with obesity in higher-income communities were 55% more likely to be prescribed one of these medications than children with obesity living elsewhere. This difference in care



for patients in low- and high-income communities mirrors trends regularly seen in medications for adults; the study's authors emphasized that access to these drugs should be consistent throughout the United States.

"Physicians and health policymakers alike have a responsibility to ensure, as use of GLP-1 medications continues to rise, that all young children with obesity who need these drugs have access to them and that these valuable and sometimes costly treatments become available to more than those who have access to health insurance and can afford to visit pediatric clinics," co-author Allan B. Massie, PhD, a professor with NYU Grossman School of Medicine, said in the same statement.



One of Modern Medicine's Biggest Trends

GLP-1 drugs such as semaglutide and tirzepatide were originally developed to treat diabetes. In recent years, however, they are now being used more and more for weight loss, even in patients without diabetes. These drugs have been linked to significant reductions in certain cardiovascular outcomes, including heart attack and stroke, and they are becoming so popular that the brand names are practically household names.

Reference

1. Orandi, et al. Trends in GLP-1 Receptor Agonist Prescriptions for Children Ages 8 to 11 With Obesity: 2019–2026. Pediatrics. Sept. 4, 2026.

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Pediatric Electrophysiologist

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Providence Center for Congenital Heart Disease is seeking a full-time Pediatric Electrophysiologist to join its nationally accredited Providence Adult and Teen Congenital Heart Program (PATCH). This position is based at Sacred Heart Children's Hospital and Providence Sacred Heart Medical Center, a regional tertiary care referral center offering comprehensive cardiac surgical, interventional and electrophysiological services. The program features state-of-the-art technology, adult heart transplant and VAD services, Pediatric ECLS, and dedicated hybrid and robotic surgical operating rooms.

The Pediatric Electrophysiologist will provide comprehensive electrophysiology care, including catheter ablation and device implantation procedures, within a busy congenital EP lab. In 2025, the center performed 76 EPS/ablations, 12 new device procedures, five generator changes and 24 loop recorder procedures. The physician will join a collaborative team of seven pediatric cardiologists and three advanced practice clinicians, supported by a dedicated and experienced ARNP, RN and MA.

The program serves a large population of children and adults with congenital heart disease throughout the Inland Northwest and offers continued growth through its thriving nonfluoroscopic ablation program and expanding ACHD program. Academic opportunities are also available through the University of Washington and Washington State University.

Candidates must have completed pediatric cardiology training. At least one additional year of fellowship training in Pediatric Electrophysiology and IBHRE certification or eligibility are preferred.

Compensation ranges from $414,945 to $526,486 annually and is production-based, with generous additional compensation for EP call and the opportunity to earn up to $65,000 annually in Excess Call Pay. Comprehensive benefits include health, vision, dental and retirement plans. The compensation amounts listed may include productivity or quality/service incentives, call pay, extra shift incentives, as applicable to the position. In addition, providers may have CME benefits available to them.

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Gulfport, Mississippi

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NOVEMBER

05TH - 08TH

Phoenix Children's 15th Fetal Cardiology Symposium
Chandler, Arizona, USA
https://www.fetalcardio.com/

13TH - 14TH

Transcatheter Pulmonary Valve Summit
Istanbul, Turkey
https://tpvs2026.org/en/registration-accommodation.html

14TH - 15TH

ASE 5th Annual Echo in Pediatric and Congenital Heart Disease Virtual Experience
Virtual
https://www.asecho.org/education-events/echo-in-pchd/

17TH - 18TH

British Congenital Cardiac Association (BCCA) Annual Scientific Meeting
Leeds, United Kingdom
https://bccaconference.co.uk/

DECEMBER

01ST - 02ND

International Aortic Symposium 2026
Orlando, Florida, USA
https://floridaaorta.cme.ufl.edu/

Program Directory
2026-2027

Directory of Congenital & Pediatric Cardiac Care Providers in North America

Electronically available on CCT's website
CongenitalCardiologyToday.com/Program-Directory

Each program's contact information for Chief of Pediatric Cardiology & Fellowship Director

Lists each program's Pediatric Cardiologists & Cardiothoracic Surgeons

Lists Pediatric Cardiology Fellowships

Need to update your listing?
Contact Kate Baldwin
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