



JANUARY 19th - THURSDAY

On The Scene: Live From PICS~AICS 2017 Day Three

By Karim Diab, MD

Hopefully you got to relax and enjoy the PICS Gala dinner at the Nikki Beach, the hidden jewel of South Beach, located on One Ocean Drive along the beautiful Atlantic Ocean!

Wednesday sessions of *PICS~AICS 2017* were marked by a day full of live cases in the morning with six cases transmitted from major centers in the U.S. Cases were transmitted yesterday via satellite from New York, Houston and Dallas, and included some unusual cases such as the following:

- From New York- Presbyterian Morgan Stanley Children's Hospital: Drs. A. Torres, M. Crystal and M. Turner and team performed VIV Melody Valve placement in the TV position in a 15 y.o. patient with a history of critical PS and TV stenosis, who had 2 surgeries and one percutaneous valve in the TV position previously. The result was successful with resolution of the gradient. They also performed a case of transcatheter embolization of a coronary fistula in a 10 m.o. baby.
- From Houston Texas Children's Hospital: Drs. H. Justino and team performed device closure of multiple mVSDs in a 7 kg baby with Holt Oran Syndrome in congestive heart failure from multiple MVSDs. The procedure was done with TTE rather than TEE guidance, noting that the team prefers such approach that allows more flexible views esp for the apical VSDs. Dr. Justino highlighted the fact that the VSD devices, when deployed in the apical portion end up getting deformed due to the RV trabeculations; however, as long as the lv disk is well deployed the shunt is taken care of.
- From Dallas Children's Health Medical Center: Drs. A. Nugnet, S. Reddy and T. Jones performed live cases including: ballooning/stenting for branch PA stenosis, PDA stenting and LPA stenting in a baby with dextrocardia, DORV, malposed GAs and PS, and a case of PVR in a patient with truncus s/p repair.

More taped cases were presented during the lunch break. Then the afternoon featured a session on interventions

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outside the heart. This included topics such as: airway stenting in CHD patients by Dr. G. Morgan, who emphasized that this needs to be a multi-disciplinary approach, and that airway stents can be life-saving though metallic stents are problematic, and bioresorbable ones are good, but expensive, require big sheaths and multiple replacements. Other topics included: the use of intraprocedural bronchoscopy during interventions to assess airway compression by Dr. M. Gellipsie, who noted that this is a useful tool to guide intravascular stenting in situations where the airway is at risk, interventions in the lymphatic system and portal system by Dr. Y. Dori and Dr. K. Sivakumar, interventions for Middle Aortic Syndrome by Dr. G. Morgan and transhepatic liver biopsy in TCPC patients by Dr. H. El-Said.

The afternoon also had a session on unusual interventions that push the boundaries, including: fetal interventions, closure of the premature duct, intervention in pulmonary



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hypertension and advances in surgical techniques. Wednesday afternoon also featured other breakout sessions, including: one on the left atrial appendage with wet lab anatomy demonstrations and MV interventions. Another breakout session focused on collaboration with the CCISC on how we can measure and reduce risk in congenital cardiac catheterization.

The Spanish session also took place, and included topics such as: CT modeling and simulation, 3D printing of the RVOT and the Venus P-valve data in Latin America, as well as the use of the ADO II AS.

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The RVOT Symposium at PICS 2017– Volumes, Clinical Trials and the Future

By Karim Diab, MD

Tuesday evening ended with a special symposium on the RVOT and Transcatheter Pulmonary Valve Replacement. This continues to be one of the most exciting advances in our field over the past 15 years, and updates on the ongoing clinical trials with newer valves were presented. The session started with an update on Transcatheter PV Systems with Dr. S. Qureshi summarizing the data on the Venus P-valve. He went over the CE study and its primary and secondary end points. The initial selection criteria include mod to see pr rvesv >150ml/m2. He indicated that outside China, there are about 45 cases with 11 centers in 6 countries using the new valve. The Venus P-valve has expanded the horizons for dealing with native RVOTs with PR. The CE Study has recently started, however, with a small number of patients and short duration of follow-up to assess its longer-term function and incidence of fractures or endocarditis.

Dr. E. Bacha from Columbia University then talked about the new goals in TOF repair with preserving the PV fxn without an increase in re-intervention and improving quality of life at long-term. He emphasized the importance of pre-op assessment of the PV including, not only the annulus z-score, but the cusp thinness and morphology (bi- or tricuspoid) and the RVOT and size of MPA/sinuses with key intra-op assessment of the valve as well. He stressed the importance of intraoperative ballooning of the PV as opposed to Hegar dilation as the balloon dilation is more in static position with radial transmission of stress allowing stretching of the annulus and potentially remodeling and

growth of the PV annulus. He presented his personal series of TOF patients repaired from 2010-2016 with only 8% of transannular patch repair, with the rest involving valvotomy alone, valvotomy plus balloon dilation and valve reconstruction. His “Tiered strategy” approach is effective resulting in RVP <50%, in intraop BD cases, small incidence of reintervention and reops for PS, and in valve reconstruction, PR increases over time, but no reops so far for up to 4 years.

The session also featured a debate on the approach to RVOT rehabilitation should or should not be influenced by evolving transcatheter techniques by Drs. M. Gewillig and M. Ilbawi. Dr. Gewillig highlighted an analogy to the approach for the timing for PVR to that of approaching ASDs, mentioning that we likely need to handle PVR earlier, just like we do not wait for RV failure in cases of ASDs. Dr. Ilbawi emphasized that although transcatheter techniques in pvr are promising, there needs to be careful use of new modalities by making sure such techniques are safe, effective and superior to what is currently available, and have lower complication rates. He pointed out the risk of SBE in the Melody Valve group compared to the surgically implanted valves, stent fractures and coronary artery compression. Similarly, he highlighted the significant rate of reintervention seen in the Melody Valve studies.

Dr. Z. Hijazi then went over how to deal with complex distal MPA and branch PA stenosis in patients undergoing tPVR. He went over two options of using kissing stents then placing the tPVR, or using long stents from the MPA to the LPA, and breaking the struts to open the RPA followed by placing the PV.

Further updates on the clinical trials were given by Drs. S. Lim and E. Zahn on the Edwards Valve and by Dr. J. Cheatham on the Medtronic Valve. Dr. Zahn emphasized that the Edwards Valve is designed to suit a wide range of anatomic variants and sizes, allows repositioning and recapture potential, and has large valve diameters with potential for future serial valve-in-valve placement.

Dr. M. Aljufan then talked about how evolving imaging modalities and 3D printing will help shape the tPVR in the future. These modalities help understand the complex RVOT anatomy, the proximity of coronaries, Ao root and PAs. The session ended with Dr. D. McElhinney going over the various registries which are essential for tPVR outcome assessment.

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Award Winners Announced at PICS 2017' Gala

During the gala, the winners of several awards were announced. This included the winner of the CHARLES S. KLEINMAN SCIENTIFIC SCHOLARSHIP AWARD which was designed to recognize original scientific work in the field of interventional cardiology. This year's winner was between Dr. Surendranath R. Veeram Reddy from UT

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Southwestern Children's Medical Center, Dallas, TX, and Dr. Britton Keeshan from University of Washington, Seattle Children's Hospital. The award went to Dr. Reddy on his work and research Biodegradable Stents for Aortic Coarctation. The winner will receive a \$5,000 grant to further the research endeavors.

The Oral Abstract winners were also announced, and this year, it was Dr. Howaida El-Said and Dr. Athar Qureshi. The Best Poster Award went to Dr. Catherine Tomasulo, and the Terry King scholarship went to Dr. Khin Maung Oo from Myanmar. The Young Leadership Award went to Dr. Jeffrey Zampi, Assistant Professor at University of Michigan, whose focus is on minimally invasive procedures, including hybrid procedures and fetal interventions. He will receive faculty status and involvement in the PICS meeting.

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Don't Miss These Sessions on the Last Day of PICS~AICS 2017!

The last day at PICS~AICS 2017 will be as busy as well!

More live cases will be transmitted from national and international sites all morning. Six cases will be transmitted live from Pittsburgh, Columbus and Los Angeles. Cases will include the following:

- **From Pittsburgh: Children's Hospital:** Drs. J. Kreutzer and S. Trucco will perform an intervention to treat RV to PA conduit stenosis and tPVR in a patient with TOF/PA s/p repair, a case of pulmonary vein dilatation with drug eluting stent in an adult patient s/p Rf ablation for A. Fib., and a case of ASD Closure with the ASO device.
- **From Columbus Nationwide Children's Hospital:** Drs. D. Berman, A. Armstrong and B. Boe will perform aortic stent implantation in a case of coarctation, and 3DRA

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and distal conduit and branch PA rehabilitation in a case of PA/VSD s/p repair.

- **From Children's Hospital of Los Angeles:** Dr. F. Ing will perform 2 cases, including ballooning/stenting for branch PA stenosis, and a case of dilatation of a Melody Valve implanted in the mitral position in a small baby.

The lunch session will feature the famous "My Nightmare Case in the Cath Lab" session, moderated by Drs. D. Gruenstein and D. Kenny. This always promises to be an exciting session, where interventionalists from the audience present their challenging cases and whereby the audience chooses the most deserved case to be the winner.

A new session on simplifying complex techniques will take place in the afternoon as well with step-by-step approach to RVOT stenting, VSD Closure via retrograde approach, PDA stenting in TOF, hybrid MVR in infants, hybrid PVR, hybrid for HLHS and modalities to support large sheath advancements in RVOT interventions.

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The final afternoon followed by a "Battle of the Continents," a quiz-based session on all aspects of catheterization, with the winner claiming global victory and dominance! This quiz-based session on all aspects of catheterization, will return for its second year, following last year's inaugural victory by North America.

PICS~AICS 2017 will then end with closing remarks by Dr. Z. Hijazi, and the drawing of the passport winner. **The winner must be present to win!!**

See you again in September 5-8, 2017 at the MGM Las Vegas for more interventional updates, and some "rolling of dice" at PICS~AICS 2018!!

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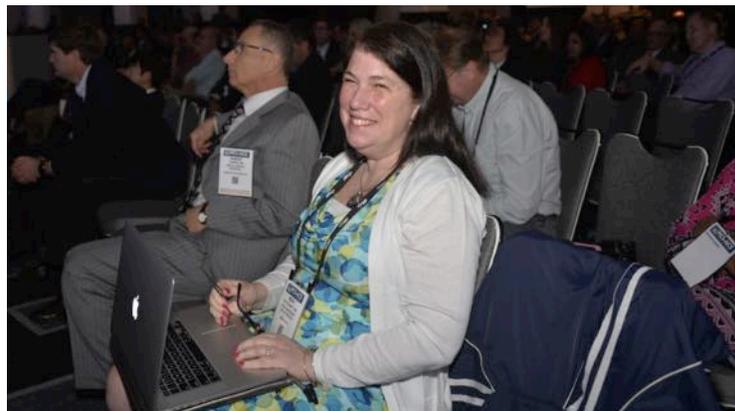
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Congenital Cardiology Today thanks all those who helped us publish the *Daily Briefing*, but especially Drs. Karim Diab, Damien Kenney, Kiran Mallula, Maytham El Kubaisi, Bassel Nijris, Lamy Mybayed, who wrote the articles, Dr. Qi-Ling Cao, who provided us with most of the the pictures, Mike Finn, who managed the *PICS* mobile app, Jeff Hall, who created of graphics and brochures for *PICS*, Kimberly Ray, RN, *PICS* Coordinator & Director of the *PICS Foundation*, who facilitated the entire process.

Congratulations to Course Directors and Co-Directors, who made *PICS* an enduring meeting for over 20 years: Drs. Ziyad M. Hijazi, John P. Cheatham, Carlos Pedra, Thomas K. Jones, Damien Kenny, Clifford J. Kavinsky, Ralf Holzer, John D. Carroll, Felix Berger and William E. Hellendbrand.

See you next year in at the MGM Grand, Sep. 5th-8th in Las Vegas, Nevada for *PICS-AICS 2018*
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