

CONGENITAL CARDIOLOGY TODAY

Timely News and Information for BC/BE Congenital/Structural Cardiologists and Surgeons

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Preview at ACC.10

Worldwide Edition

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CCS.10: Building on the Success of CCS.09 and Moving to the Future

By Michelle M. Gurvitz, MD, FACC



The time draws near for ACC.10, the American College of Cardiology's 59th Annual Scientific Session, March 14 – 16, in Atlanta. As happened at ACC.09, congenital heart disease and pediatric cardiology specialists will find an interesting and innovative program

planned to help them stay on the leading edge with the latest information in pediatric cardiology and congenital heart disease for all ages. The program — *Congenital Cardiology Solutions 2010*, better known as *CCS.10* — follows the highly successful prior two CCS sessions, which were attended by hundreds of pediatric cardiologists and congenital heart disease specialists. The program committee consists of dedicated specialists from multiple facets of cardiology, cardiac surgery and nursing.

The *CCS.10* Program Committee has worked hard to build on the prior two CCS sessions to develop unique and provocative topics for discussion. The first two days of *CCS.10*, March 14 – 15, will be filled with a variety of sessions including symposia presentations, oral abstracts and smaller, interactive *Meet-the-Experts* sessions designed to meet the needs of the various attendees. The sessions will cover congenital heart conditions and issues confronting the patient, clinician and researcher from the fetus to the adult congenital heart patient.

Highlighted main symposia topics include —

- The left ventricle: How small is too small?
- Outpatient management of the Fontan patient
- Sexual issues in the adolescent and young adult with CHD
- Quality in pediatric cardiology and congenital heart disease: past, present and future perspectives
- The Great Debates: three debates focusing on (1) Management of the dilated aorta in non-Marfan patients; (2) Surgery vs. catheter-based intervention on the native coarctation; and (3) Criteria for placement of ICDs in congenital heart patients

Each symposium will include the input of a breadth of cardiologists, surgeons and other health care providers with expertise in each area with the goal of enhancing learning and interaction with the audience. We also will have a symposium on Adult Congenital Heart Disease for the General Cardiologist II to follow last year's highly successful session.

One oral abstract session will highlight interventional, surgical and outcomes-based abstracts accepted for *CCS.10*, and the other original and innovative abstracts will be grouped by topic and presented in moderated poster formats. The topics include outcomes of shunt vs. Sano modification for the Norwood procedure, the management of systemic atrioventricular valve regurgitation in congenitally corrected transposition and long-term outcomes after fetal aortic valve intervention.

Continued on page 3

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Continued from page 1

Five *Meet-the-Experts* sessions will provide direct interaction with experts on topics such as hypertrophic cardiomyopathy in children, atrial arrhythmias in adult CHD, use of ventricular assist devices and development of multicenter research. These sessions will provide the audience with access to the leading experts in these areas and are sure to be filled with thought-provoking discussions on these challenging issues.

“We are excited about this year’s CCS program as it builds on the two prior years. As always, the strength of the CCS program is that it is a part of the larger Annual Scientific Session, which encourages greater integration of knowledge among cardiovascular specialties.”

This year, *CCS.10* will be highlighted by the first McNamara Lecture in congenital cardiology. This lecture honors Dr. Dan G. McNamara and his tremendous contributions to the field of congenital heart disease. We are honored to have Dr. Charles Mullins present the lecture entitled “*Dan McNamara: Innovator, Collaborator and Clinician*” and are certain it will be a highlight of the scientific session this year. The lecture will precede the symposium on quality measures.

The *CCS Spotlight* is a full-day session devoted to interventional catheterization techniques and discussion regarding the risks and

benefits of different catheter-based procedures. Live interventional cases will be performed at two leading Children’s Hospitals — Toronto Hospital for Sick Children and Miami Children’s Hospital. Other sessions also will provide updates on the new trials involving transcatheter placement of pulmonary valves and other issues involving the right ventricle, outflow tract and pulmonary arteries.

We are excited about this year’s *CCS* program as it builds on the two prior years. As always, the strength of the *CCS* program is that it is a part of the larger Annual Scientific Session, which encourages greater integration of knowledge among cardiovascular specialties. This program approach addresses the need for a wider understanding among the various specialists and general cardiologists of the needs of our special patients. There are sessions closely integrated with imaging and electrophysiology among others. With an increasing number of children born with congenital heart disease surviving into adulthood, the job is far from over. The greater the participation at *CCS.10* of all pediatric cardiology and adult congenital heart disease specialists, the stronger our ability to make a difference for our patients.

Dr. Gurvitz is a member of the CCS.10 Program Committee and the ACC Adult Congenital and Pediatric Cardiology Section. For additional information about CCS.10 and ACC.10, go to acc10.acc.org.



2010 Annual Scientific Session

Program Chairs

James B McClurken, MD, FACC, Chair; Michael J Barrett, MD, FACC, Co-Chair; Paul J Mather, MD, FACC, Co-Chair; Brian O'Murchu, MD, FACC, Co-Chair

CCS.10 Topic Working Group

Joseph A Dearani, MD, FACC; Jennifer Grando-Ting, MD, FACC; Michelle Gurvitz, MD, FACC; Jacqueline Kreutzer, MD, FACC; John W M Moore, MD, FACC; Daniel J Murphy, MD, FACC; Brian O'Murchu, MD, FACC; Elizabeth Tong, NP

CCS.10 Spotlight Committee

Jacqueline Kreutzer, MD, FACC, Chair; Audrey Marshall, MD; John Moore, MD, FACC; Evan Zahn, MD, FACC

CCS.10 Invited Faculty

Michael Ackerman, MD, PhD, FACC; Amin Al-Ahmad, MD, FACC; Christopher Almond, MD; Christine Attenhofer Jost, MD; Puja Banka, MD; Lee Benson, MD, FACC; Lisa Bergersen, MD, FACC; Charles Berul, MD, FACC; Philipp Bonhoeffer, MD; Elizabeth Brickner, MD, FACC; Craig Broberg, MD, FACC; Robert Campbell, MD, FACC; John Cheatham, MD, FACC; Gordon Cohen, MD; Steven Colan, MD, FACC; Stephen Cook, MD, FACC; Andrew Crean, MD; Barbara Deal, MD; Joseph Dearani, MD, FACC; Pedro del Nido, MD; Anne Dubin, MD, FACC; Michael Earing, MD; Thomas Forbes, MD, FACC; Michele Frommelt, MD, FACC; Michael Gatzoulis, MD, FACC; Tal Geva, MD, FACC; Thomas Graham, MD, FACC; Jennifer Grando-Ting, MD, FACC; Michelle Gurvitz, MD, FACC; Frank Hanley, MD; Louise Harris, MB, ChB, FACC; Eric Horlick, MD; Frank Ing, MD, FACC; Kathy Jenkins, MD, MPH, FACC; Mariska Kemna, MD; Paul Khairy, MD, CM; Adrienne Kovacs, MD; Jacqueline Kreutzer, MD, FACC; Harlan Krumholz, MD, SM, FACC; John Kugler, MD, FACC; Michael Landzberg, MD, FACC; Peter Lang, MD, FACC; James Lock, MD, FACC; Audrey Marshall, MD, FACC; Gerard Martin, MD, FACC; Gerald Ross Marx, MD, FACC; Michael McConnell, MD, FACC; Doff McElhinney, MD; Pamela Miner, RN, MN, NP; Philip Moons, RN, PhD; John W M Moore, MD, FACC; Phillip Moore, MD, FACC; David Morales, MD, FACC; William Morrow, MD, FACC; Charles Mullins, MD, FACC; Daniel Murphy, MD, FACC; Koichiro Niwa, MD, PhD, FACC; Stephen Paridon, MD, FACC; James Perry, MD, FACC; Wolfgang Radtke, MD, FACC; Andrew Redington, MD; David Rosenthal, MD; Geoffrey Rosenthal, MD, PhD, FACC; Jack Rychik, MD, FACC; Arwa Saidi, MB, BCh, FACC; Maully Shah, MBBS, FACC; Girish Shirali, MBBS, FACC; Candice Silversides, MD; Karen Stout, MD, FACC; Elizabeth Tong, NP; John Triedman, MD, FACC; James Tweddell, MD, FACC; Karen Uzark, MD; Anne Marie Valente, MD, FACC; Glen Van Arsdell, MD; Paul Weinberg, MD, FACC; Gil Wernovsky, MD, FACC; Yolanda Wimberly, MD; Anjela Yetman, MD, FACC; and Evan Zahn, MD, FACC.

Everything you need for registration and housing is available online at acc10.acc.org.

Question about Registration & Housing?

Call J. Spargo & Associates: (800) 699-5113, outside the United States and Canada (703) 449-6418
8:30 a.m. – 5 p.m. ET, Monday – Friday (closed on federal holidays)
Email J. Spargo & Associates: accregistration@jspargo.com



ACC.10 and i2 Summit:

The Future of Cardiology Awaits You in Atlanta

ACC.10 and i2 Summit are the place to be for world-class educational opportunities. Come to Atlanta, and you'll find everything you need to stay at the forefront of your profession.

It's all part of the revolution the American College of Cardiology Foundation is leading in cardiovascular education. With a focus on lifelong learning and practice improvement, the ACCF offers an innovative and integrated educational experience that addresses your learning needs at any stage of your career. Science, innovation, education, networking and intervention: It's all waiting in Atlanta, as ACC.10 and i2 Summit 2010 bring the future of cardiology to you.

Congenital Cardiology Solutions

More and more children with congenital heart disease are living well into adulthood. At CCS.10, you'll find everything you need to provide lifelong care to this diverse group of patients. Learn about new surgical and interventional techniques for treating adult, pediatric - and even fetal - patients. Share insights with colleagues on difficult challenges, such as when to use implantable devices to prevent arrhythmias, and how to help young patients through the difficult teen and young adult years. Get up to speed on the latest efforts to strengthen quality by gathering the data needed for making evidence-based clinical and policy decisions. ACC.10 offers sessions for subspecialists and general cardiologists alike.





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CCS.10 Education
Saturday - March 13, 2010

**4:00-5:30 pm - Adult Congenital and Pediatric Cardiology
Section Meeting**

CCS.10 Education
Sunday - March 14, 2010

8:00-9:30 am - The Left Ventricle: How Small Is Too Small?

Symposium / Session: #601

- Assessing the Fetal Left Ventricle
- Determining an Adequate Left Ventricle?
- Interventional Strategies
- Surgical Options
- Short and Long-Term Outcomes

**8:30 am-9:30 am - Diagnosis and Management of the
Systemic Right Ventricle**

Experts / Session: #202

**10:30 am-12:00 pm - ACC.10 and i2 Summit Scientific
Showcase featuring the Simon Dack Lecture presented
by Dr. Anthony Atala, MD**

ACC/i2 / Session: #3011

**12:15-1:45 pm - Management of Atrial Arrhythmias in
Adolescent and Adult Congenital Heart Disease:
A Case-Based Discussion**

Experts Lunch / Session: #302

**2:00-3:30 pm - Quality in Pediatric Cardiology and Congenital
Heart Disease: Past, Present and Future Perspectives**

Symposium / Session: #606

- ACC Inaugural McNamara Lecture: Dan McNamara - Innovator, Collaborator and Clinician presented by Dr. Charles E. Mullins, MD, FACC
- Using and Developing Quality Metrics in Congenital Heart Disease and Pediatric Cardiology
- ACC/AHA Performance Measures: Background and Future Efforts
- Efforts to Fill the Evidence Gap: The IMPACT Registry
- Efforts to Fill the Evidence Gap: The Joint Council on Congenital Heart Disease

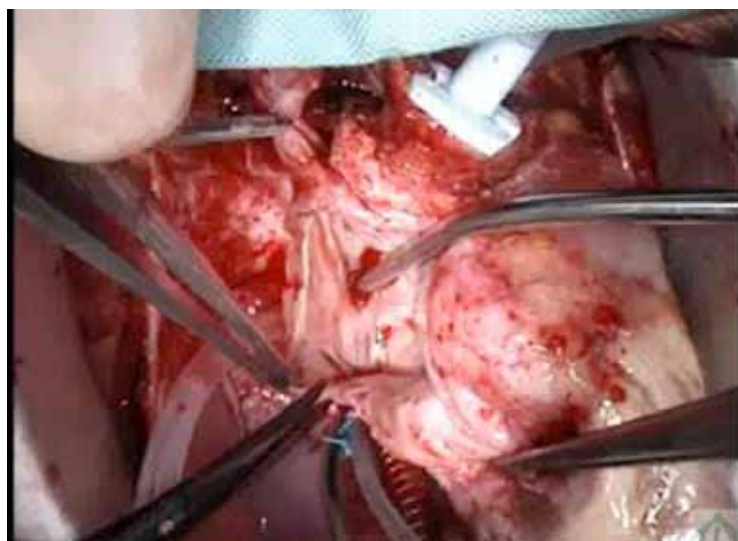
**2:30-3:30 pm - Hypertrophic Cardiomyopathy in Children and
Adolescents**

Experts / Session: #206

**4:30-6:00 pm - Congenital Cardiology Solutions: Great
Debates**

Symposium / Session: #609

- Medical and Surgical Treatment Guidelines for Marfan Syndrome Should Be vs. Should Not Be Extended to Other Conditions with Dilated Aortas: Protagonist vs. Antagonist
- Surgical Repair Is vs. Is Not the Treatment of Choice for Native Aortic Coarctation in Children and Young Adults: Protagonist vs. Antagonist
- General Adult ICD Criteria Should Be vs. Should Not Be Applied to Children and Adults with CHD: Protagonist vs. Antagonist



CCS.10 Education
Monday - March 15, 2010
Morning Sessions

8:00-9:30 am - Outpatient Management of the Fontan Patient
Symposium / Session: #614

- Medical Management after Fontan
- Anticoagulation after Fontan
- Cardiac Catheterization Post Fontan
- Arrhythmia Management in the Fontan Patient
- Complications Post Fontan Procedure

10:30 am-12:00 pm - Catheter and Surgical Interventions in Congenital Heart Disease: From Fetus to Adult

Oral / Session: #907

- Current Status of Patients with a Biventricular Circulation Following Fetal Aortic Valvuloplasty for Evolving Hypoplastic Left Heart Syndrome
- Home Monitoring Program Reduces Interstage Mortality Following the Modified Norwood Operation
- Risk Factors for Long-Term Outcomes in Balloon Valvuloplasty for Aortic Stenosis
- Arrhythmia Recurrence in Adult Patients with Single Ventricle Physiology Following Surgical Fontan Conversion
- Ventricular Function at the Time of Systemic Atrioventricular Valve Replacement in Congenitally Corrected Transposition of the Great Arteries Predicts Long-Term Ventricular Function

11:00 am-12:00 pm - Ventricular Assist Devices: When to Use and Which to Choose

Experts / Session: #211



CCS.10 Education
Monday - March 15, 2010
Afternoon Sessions

12:00-2:00 pm - Career and Mentoring Session for Pediatric and Congenital Cardiologists

12:15-1:45 pm - Joint Session of the Italian Federation of Cardiology and the American College of Cardiology: Pregnancy and the Management of Adult Congenital Cardiology Patients

Intn'l Lunch / Session: #502

- The Burden of Cardiovascular Disease in the Region, Membership in the Society and Initiatives Ongoing or Planned
- ITALY: Adult Congenital Heart Disease in Pregnancy — What We've Learned from the Registries
- Pre-Pregnancy Counseling in Adult Congenital Patients
- ITALY: Key Lessons for Labor and Delivery
- Management of the High Risk Patient
- New Insights Gained from the Italian Federation of Cardiology Experience

12:15-1:45 pm - Joint Session of the Latin American Southern Cones Countries and the American College of Cardiology: A Focus on Tetralogy of Fallot

Intn'l Lunch / Session: #503

- The Burden of Cardiovascular Disease in the Region, Membership in the Society and Initiatives Ongoing or Planned
- LASC: Surgical Approaches to Tetralogy of Fallot
- The Decision Process in the Surgical Treatment of Tetralogy of Fallot
- LASC: Catheter Based Therapies for Tetralogy of Fallot
- Advances in Imaging Tetralogy of Fallot
- New Insights Gained from the Latin American Southern Cones Countries Experience

2:00-3:30 pm - Adult Congenital Heart Disease for the General Cardiologist II

Symposium / Session: #632

- Ventricular Septal Defect
- Coarctation of Aorta
- Ebstein's Anomaly
- Complications of Cyanosis
- Pregnancy Evaluation

2:30-3:30 pm - Accomplishing Multicenter Trials and Clinical Research Efforts in Congenital Heart Disease

Experts / Session: #219

4:30-6:00 pm - Sexual Issues in the Adolescent and Young Adult with Congenital Heart Disease

Symposium / Session: #645

- Sexuality: Risky Behaviors Among Adolescents with Congenital Heart Disease
- Let's Talk About Sex: Who Should Do It and Where Should It Take Place?
- Contraception for the Adolescent with Congenital Heart Disease
- Prepregnancy Counseling and Planning
- Erectile Dysfunction in the Adult with Congenital Heart Disease

ACC.10, i2 Summit 2010 and Exposition in Atlanta

For additional details on ACC.10 and i2 Summit Education, Registration, Exposition and more, visit acc10.acc.org
For updates on ACC.10 and i2.10 follow us on Twitter at https://twitter.com/ACC_10

CASE STUDY:

Rush University Medical Center

Toshiba's Infinix CF-i/BP: Foundation of Rush Center for Congenital and Structural Heart Disease's Hybrid OR Suite

SITUATION

Recognized as one of the top five medical centers in the U.S., Rush University Medical Center in Chicago was preparing to open the Rush Center for Congenital and Structural Heart Disease. Under the direction of one of the world's leading interventional cardiologists, Dr. Ziyad M. Hijazi, the center's vision was to practice a pioneering hybrid approach to treating congenital and structural heart conditions. However, Rush Center needed to acquire a state-of-the-art vascular X-ray system that could accommodate the entire clinical hybrid team without compromising quality, access or efficiency.

SOLUTION

The Rush Center for Congenital and Structural Heart Disease acquired the Toshiba Infinix™ CF-i/BP vascular X-ray system to serve as the foundation for its hybrid operating room (OR) suite. The Infinix CF-i/BP system features a five-axis design allowing the C-arm to move

around the exam table, making it ideal to perform hybrid procedures on pediatric and adult patients. Its high-definition flat panel detectors provide excellent contrast and dynamic resolution, allowing for easy visualization of small details including intricate blood vessels and small devices. In the first year of operation, Rush Center used the Infinix CF-i/BP in more than 200 patient procedures.

BENEFITS

- **Unparalleled Patient Access:** Infinix CF-i/BP's five-axis design allows C-arm movement around the exam table, providing unparalleled patient access during hybrid procedures
- **Imaging of Small Details:** High-definition flat panel detectors provide contrast and dynamic resolution, allowing for easy visualization of intricate blood vessels and small devices helping to improve patient care during pediatric procedures

- **Imaging Optimization:** Infinix CF-i/BP features Advanced Imaging Processing (AIP) technology to automatically optimize imaging during demanding interventional procedures and provide crisp, uniform images.



Rush University Medical Center in Chicago



The Rush Center for Congenital and Structural Heart Disease

As one of the top five medical centers in the U.S., Rush University Medical Center in Chicago planned to open the Rush Center for Congenital and Structural Heart Disease to address the needs of patients born with heart abnormalities and adults suffering from structural conditions, like leaky or narrowing heart valves. Congenital

and structural heart conditions can range from asymptomatic to life-threatening.

To lead the new program, Rush University recruited one of the world's leading interventional cardiologists, Dr. Ziyad M. Hijazi. Under Dr. Hijazi's direction, Rush Center's goal is to bring together a distinguished team of cardiac specialists, including interventional cardiologists, electrophysiologists, transplant cardiologists, echocardiologists and cardiovascular surgeons, along with state-of-the-art X-ray vascular technology to handle the most complex cases and provide the best care possible.

the hybrid approach allows patients to be treated in a single OR suite that includes state-of-the-art vascular imaging technology. The hybrid OR suite allows for vascular imaging, implanting small devices such as stents and open heart surgery to be performed in the same setting using a single vascular X-ray system.

At the time the Rush Center opened, it was one of only three places in the country employing this type of innovative hybrid approach to treating congenital heart disease.

Pioneering the Hybrid Approach

Recognized as a pioneer in the nonsurgical correction of congenital heart defects, Dr. Hijazi planned to employ his innovative, hybrid approach to treating patients with heart defects. The hybrid approach brings interventional cardiologists, cardiovascular surgeons and other clinical experts together in the operating room (OR) to offer a complete, collaborative medical solution. Unlike most medical centers where patients are moved to various departments based on what procedures are being performed,

Creating a Hybrid OR Suite with Toshiba's InfinixCF-i/BP

In order to make the hybrid approach successful, the Rush Center for Congenital and Structural Heart Disease needed to acquire a state-of-the-art interventional vascular X-ray system to serve as the foundation for the center's hybrid OR suite. The vascular X-ray system needed to be dependable and produce high-quality images. More importantly, the system had to allow the entire clinical team to work together around the patient in the OR without compromising quality, access or efficiency.



Since we've acquired the Infinix CF-i/BP, I have been very pleased with its capabilities. The images are crisp; and the system has the ability to provide amazing views, especially when we perform hybrid intervention.

- Dr. Hijazi, director of the Rush Center for Congenital and Structural Heart Disease





Dr. Hijazi and his team are using the Infinix CF-i/BP in the hybrid approach while transmitting live via satellite to an educational meeting

“The five-axis design allows us to move the C-arm around the table without moving the patient, providing unparalleled access for myself and the cardiovascular surgeon during complex procedures,” noted Dr. Hijazi. “Since many of our procedures are performed

on infants, Infinix’s high-definition flat panel detector provides excellent contrast, dynamic resolution and easy visualization of small details, including the infant’s blood vessels.”

The Infinix CF-i/BP also features Advanced Imaging Processing (AIP), a Toshiba technology that automatically optimizes imaging during demanding interventional procedures. AIP technology automatically enhances contrast, edge detection and visualization of images.

Dr. Hijazi has employed the hybrid approach on many patients using the Infinix CF-i/BP. Many of those cases include ventricular septal defects and hypoplastic left heart syndrome.

The Rush Center selected Toshiba’s Infinix™ CF-i/BP to serve as the vascular X-ray system within the hybrid OR suite. The Rush Center uses the Infinix CF-i/BP for the diagnosis and treatment of patients with congenital and structural heart disease, including neonates, children and adults. The Rush Center also treats adults suffering from structural conditions, such as leaky or narrowing heart valves. Today, utilizing the Infinix CF-i/BP imaging system many procedures are done through percutaneous intervention. This sophisticated imaging system is utilized to help guide catheters, effectively place devices or perform less invasive repairs leading to shorter procedure times with better overall outcomes.

“Since we’ve acquired the Infinix CF-i/BP, I have been very pleased with its capabilities,” said Dr. Hijazi, director of the Rush Center for Congenital and Structural Heart Disease. “The images are crisp; and the system has the ability to provide amazing views, especially when we perform hybrid intervention.”

According to Dr. Hijazi, the design of the Infinix CF-i/BP makes it ideal for performing hybrid procedures on pediatric and adult patients. It also helps enhance collaboration between clinicians and critical equipment to aid diagnosis and treatment. The Infinix’s five-axis system allows movement of the C-arm and lateral detectors away from the head of the table, providing better access for anesthesia, echo and procedures performed from the neck and upper chest area.

Live Hybrid Cases Using Infinix CF-i/BP

As a testament to the Infinix CF-i/BP’s ability in hybrid cases, Dr. Hijazi has used the system to perform live cases at leading international symposiums. These educational conferences bring together international faculty to provide demonstrations, live operations and the latest breakthroughs in interventional cardiology for congenital heart disease.

Dr. Hijazi used the Infinix CF-i/BP to perform complex pediatric cases during the Pediatric Interventional Cardiac Symposium (PICS) and the Hybrid Approach to Congenital Heart Disease (ISHAC) symposium for hundreds of clinicians via live satellite transmission. Rush Center’s hybrid OR suite has state of the art broadcasting equipment installed to continue its long-term commitment to advancing education of pediatric patient treatment.

Future Hybrid Cases

Since the opening of the Rush Center for Congenital and Structural Heart Disease at Rush University Medical Center in 2007, the Infinix CF-i/BP has been used to treat hundreds of patients with congenital and structural heart defects. Many of these patients are treated through non-surgical methods while others are treated using the innovative hybrid approach. As the program at Rush Center continues to grow, along with the awareness of the hybrid approach, Dr. Hijazi anticipates Rush Center performing many more hybrid cases using the Infinix CF-i/BP.



Dr. Hijazi is using the Infinix CF-i/BP to perform a percutaneous procedure

Congenital Cardiology Solutions (CCS) Spotlight Shines on RVOT Dysfunction

By Jacqueline Kreutzer, MD, FACC



The *CCS Spotlight* on Tuesday, March 16, at ACC.10 in Atlanta, is a full-day session devoted to interventional congenital cardiac catheterization, with a focus on specific novel techniques and applications of various catheter-based therapies. The program includes exciting novel approaches and outstanding speakers. Live interventional cases with a focus on the themes covered in the discussion sessions will be performed at two leading Children's Hospitals (Toronto Sick Children's and Miami Children's Hospital). The theme of the day will be Right Ventricular Outflow Tract (RVOT) Dysfunction. The session will start with expert discussion on new perspectives on the treatment of RVOT dysfunction, including diagnostic evaluation (roles of MRI and exercise testing), indications for intervention, effect of pulmonary valve replacement on adults with congenital heart disease, anticipated role of an approved and generally available transcatheter pulmonary valve.

“The live cases will include examples of transcatheter pulmonary valve implantation as well as other RVOT problems managed with catheter techniques. Live case sessions will be interactive and allow for participation of the audience with questions and discussion including the operators and moderators in the panel.”

The live cases will include examples of transcatheter pulmonary valve implantation as well as other RVOT problems managed with catheter techniques. Live case sessions will be interactive and allow for participation of the audience with questions and discussion including the operators and moderators in the panel.

The *CCS Spotlight* program will end with a presentation by an expert interventionalist and surgeon on novel and future approaches in the management of RVOT dysfunction and will close with a debate on whether surgery or transcatheter therapy is superior for restoring pulmonary valve competence. The exciting program covered in the *CCS Spotlight 2010* is of great interest to congenital cardiologists in general, but will appeal equally to congenital and pediatric interventionalists, interventional structural cardiologists, adult congenital heart disease specialists, imaging specialists, surgeons and other congenital cardiovascular care team members.

The faculty of the *CCS Spotlight* session includes nationally and internationally recognized experts including pediatric interventional cardiologists, cardiothoracic surgeons, general pediatric cardiologists, adult congenital experts and imaging experts. This multidisciplinary program is designed to facilitate extensive group and individual interaction through discussion, questions and answers, and provide the attendees with leading-edge information. The field of interventional therapies for congenital heart disease continues to explode with new devices, balloons, stents and now percutaneous valves. Controversies exist with regards to the roles of these interventions. Their application to disease in the RVOT and alternatives to transcatheter therapy will be covered in depth at the *CCS Spotlight* sessions 2010. We trust that the program is unique and exciting, and will surpass even the success of *CCS Spotlights* in 2008 and 2009, with an integrated approach covering an area of major significance in congenital heart disease.

Dr. Kreutzer is the Chair of the CCS.10 Spotlight Committee and a member of the ACC Adult Congenital and Pediatric Cardiology Section. For additional information about CCS.10 and ACC.10, go to acc10.acc.org.



8:00-9:30 am - New Perspectives on the Treatment of Right Ventricular Outflow Tract Dysfunction

CCS Spotlight / Session: #128

- Understanding the Role of Cardiac MRI in the Evaluation of Right Ventricular Outflow Tract Dysfunction
- When Is the Optimal Time to Re-Intervene on the Right Ventricular Outflow Tract in Children after Repair of Tetralogy of Fallot?
- What Role Does Exercise Stress Testing Play in the Decision to Replace the Pulmonary Valve after Repair of Tetralogy of Fallot?
- Does Restoring Right Ventricular Outflow Tract Competence Help Adult Patients after Congenital Heart Surgery?
- Once a Transcatheter Pulmonary Valve Is Widely Available, Is There Anyone Who Should Not Have One?

10:30 am-12:00 pm - Live Cases I

CCS Spotlight / Session: #130

- Live Case from Toronto Sick Children's Hospital: Melody Pulmonary Valve Implantation
- Live Case from Miami Children's Hospital
- Update on Percutaneous Pulmonary Valve Replacement Experience in the United States

11:00 am-12:00 pm - Update in Congenital Cardiac Imaging

Experts / Session: #229

12:15-1:45 pm - Live Cases II

CCS Spotlight / Session: #132

- Live Case from Toronto Sick Children's Hospital: Melody Pulmonary Valve Implantation
- Live Case from Miami Children's Hospital
- Bare Metal Stenting of Obstructed RV-PA Conduits: Long-Term Results

2:00-3:30 pm - Debate: Controversies in Management of Right Ventricular Outflow Tract Dysfunction

CCS Spotlight / Session: #134

- Novel Approaches: What Is Next? Surgeon's Perspective
- Novel Approaches: What Is Next? Interventionalist's Perspective
- Surgery Is vs. Is Not Superior to Transcatheter Valve Therapy for Restoring Pulmonary Valve Competence: Protagonist vs. Antagonist

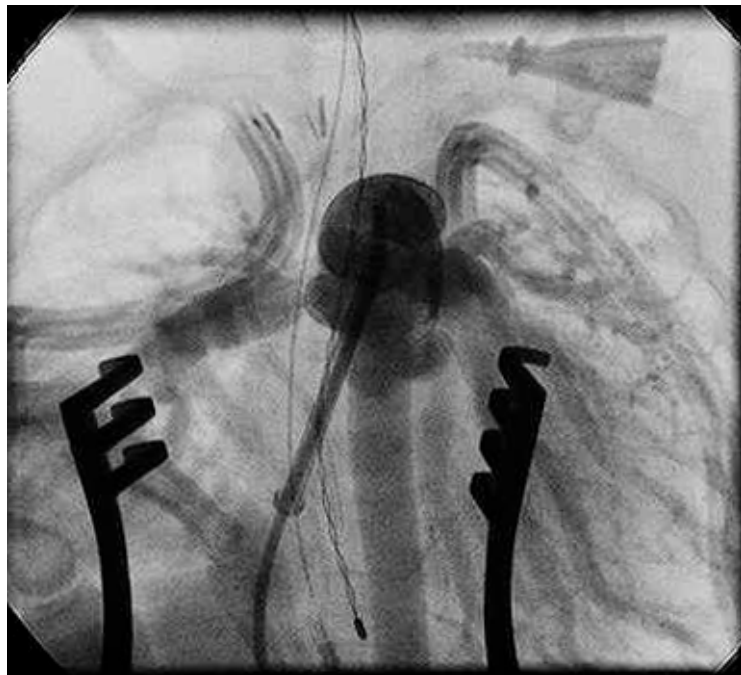
2:00-4:00 pm - ACC.10 and i2 Summit Meeting Highlights

ACC/i2 / Session: #3021

- Join us as experts in each learning pathway come together to discuss and debate what's been presented in each area and how you can share what you've learned with your colleagues and patients. Plus, get tips on how to apply best practices to your practice!

This program has been approved for AMA PRA Category 1 Credits™.

Please note: The program is subject to change. For the most up-to-date information on ACC.10 and i2 Summit 2010 educational sessions and faculty please use the Program Planner to search and browse sessions, and create a personalized itinerary. Find it online at acc10.acc.org under *Education, Planning Tools*. You may also refer to the *Final Program* on site in Atlanta.



Inaugural McNamara Lecture

Dan McNamara: Innovator, Collaborator and Clinician

Presented by Charles E. Mullins, MD, FACC

Sunday, March 14

2:00 p.m.

In conjunction with the *CCS.10 Quality Symposium*
(Session: #606)

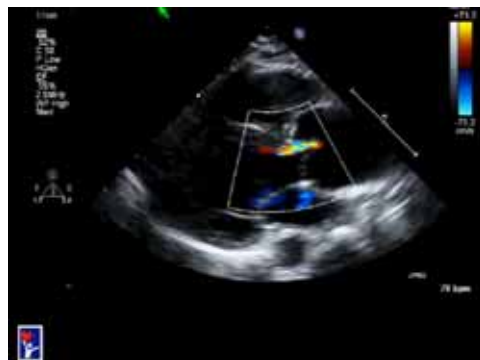
The McNamara Annual Lecture will honor the late Dan Goodrich McNamara, MD, MACC. During his remarkable career, Dr. McNamara trained dozens of pediatric cardiologists, boldly advocated for the collaboration of surgeons and cardiologists, and served as President of the American College of Cardiology.

True to the spirit of ACC leadership, Dr. McNamara participated in pioneering work in the development of our specialty, particularly in diagnostic methods and management outcomes. His legacy has contributed greatly to today's pediatric and congenital cardiology field.

Please join us as Dr. Mullins reflects on the philosophical and clinical contributions of Dr. McNamara.

The McNamara Lecture is made possible through the College's Adult Congenital and Pediatric Cardiology Section. In 2004, ACC's Board of Trustees established an endowment to develop a sustainable and ongoing annual McNamara Lecture. For information about contributing, please visit the ACPC Section site at www.acc.org/acpcsection.





**ADULT
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CARDIOLOGY**
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American College of Cardiology

**Adult Congenital and Pediatric
Cardiology Member Section**

The ACPC Section connects more than 1,200 members who share a professional interest in pediatric cardiology, adult congenital cardiology and congenital heart disease surgery.

ACPC Section members work together, to advance and advocate priorities for the pediatric cardiology and congenital heart disease profession. Through your support and involvement, we can continue to expand ACC's efforts in developing initiatives around quality, advocacy and education in congenital cardiology. Additionally, we'll help expand your professional opportunities through Section activities. As an ACPC member you can develop leadership skills, collaborate with Section members to achieve professional priorities and network with your professional mentors or serve as a mentor.

Our community is small, but the work that lies before us is tremendous. We invite you to join us in fulfilling the promise of our community's future.

For more information on Section workgroups and activities or to join the ACC Adult Congenital and Pediatric Cardiology section visit www.acc.org/acpcsection.

Join us for the Adult Congenital and Pediatric Cardiology Section Meeting on Saturday, March 13 at 4:30 p.m. at the Marriott Marquis (Room TBA).

ACPC Section Chair, Dr. Gerard Martin, will share updates on Section initiatives, activities and accomplishments, and outline expanded involvement opportunities in education, advocacy and workforce/training issues.

Please join your colleagues in identifying professional priorities and advancing the needs of congenital heart disease community. Your involvement is vital to the Section's continuing success.

RSVP to Stephanie Mitchell at smitchel@acc.org.



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Headquarters

9008 Copenhaver Dr. Ste. M
Potomac, MD 20854 USA

Publishing Management

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TCarlsonmd@gmail.com
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RichardK@CCT.bz
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Do you or your colleagues have interesting research results, observations, human interest stories, reports of meetings, etc. that you would like to share with the congenital cardiology community?

***Submit a brief summary of your proposed article to
RichardK@CCT.bz***

The final manuscript may be between 400-4,000 words, contain pictures, graphs, charts and tables.



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