LORIDA IS THE FOURTH LARGEST STATE IN THE ■ United States of America, and the Congenital Heart Institute of Florida is the largest programme providing services for congenital cardiac surgery in Florida. Our Institute is very grateful to Bob Anderson, and the team at Cardiology in the Young, for their support of our programme, and for the opportunity to publish this Supplement. Bob Anderson was a valued faculty member, and tremendous supporter, of our third annual symposium, held at the All Children's Hospital and The University of South Florida, and devoted to echocardiographic, anatomic, surgical, and pathologic correlations of congenital cardiac disease. Our Symposium to be held in 2004, coinciding with the appearance of this supplement, will mark the third consecutive year that Bob Anderson has traveled to Saint Petersburg, Florida as a Featured Guest Speaker. In 2002, at our Second Annual Symposium, the focus of our four-day meeting was the abnormalities of the ventricular inlets and atrioventricular valves, with a full day devoted to echocardiography, followed by three single days spent discussing the tricuspid valve, the mitral valve, and the common atrioventricular valve. In 2003, at our third annual symposium, the focus of our four-day meeting was controversies concerning the hypoplastic left heart syndrome, again beginning with a full day devoted to echocardiography, followed by three single days this time discussing staged palliation by means of the Norwood sequence, replacement by cardiac transplantation, and biventricular repair. A feature of the symposium was the numerous debates. In 2003, our featured guest speakers, in addition to Bob Anderson, were Leonard L. Bailey and his wife Nancy, from Loma Linda University Medical Center, Loma Linda, California. Bob Anderson will again return in 2004, when our other featured guest speaker will also be from Great Ormond Street, namely Martin J. Elliott. The focus of our meeting in 2004 will be controversies concerning the arterial switch, the Ross procedure, and reconstructions of the right ventricular outflow

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tract, again beginning with a full day devoted to echocardiography, followed by three single days discussing the pulmonary valve, the aortic valve and the Ross procedure, and the arterial switch procedure, with daily debates.

The Congenital Heart Institute of Florida is also now pleased to confirm our ongoing partnership with the Children's Hospital of Philadelphia to create "Heart Week in Florida", combining The All Children's Hospital and The University of South Florida Annual International Symposium on Congenital Heart Disease with the Annual Postgraduate Course in Neonatal and Pediatric Cardiovascular Disease organized by Children's Hospital of Philadelphia. We thank Gil Wernovsky, Director of the meeting organized by Children's Hospital of Philadelphia, as well as Tina Mannices, Manager of Continuing Medical Education at the Children's Hospital of Philadelphia, and also Tom Spray and Bill Gaynor, for their support. We are honored to be able to have this meeting arranged by Children's Hospital of Philadelphia as our "sister meeting" in Florida. We have already arranged to work jointly with the team at Cardiology in the Young to make this Supplement an annual publication, combining next year the proceedings from both the meetings that make up "Heart Week in Florida".

The Supplement that you are now about to read, therefore, focuses on the hypoplastic left heart syndrome. It includes the proceedings of the symposium that took place from 15 through 18 February, 2003, in Saint Petersburg, Florida. This topic is very timely for our own programme. At Congenital Heart Institute of Florida, we strive to offer a balanced approach for treatment of the hypoplastic left heart syndrome. The majority of our patients are offered staged palliation following the Norwood protocol, or cardiac transplantation, with most patients undergoing staged palliation. Our second most common option, offered to patients with specific indications, or on the basis of family preference, is cardiac transplantation. A smaller select group of patients is managed with biventricular repair. This Supplement will discuss all these options for treatment. It will have multiple sections. Following this introduction, the first section will review the anatomy of the functionally univentricular heart, and its particular variant producing the hypoplastic left heart syndrome. The next section will be devoted to neonatal haemodynamics, and the assessment of the tricuspid valve. Then, our next three sections will discuss three main options for surgical treatment, namely staged palliation, transplantation, and biventricular repair. The section that follows represents the transcriptions of a debate between Marshall Jacobs and Len Bailey about the Norwood approach versus transplantation. We will finish with a section dedicated to long-term follow-up and future implications. In the last contribution, our own team will discuss the concept of programmatic balance in the management of hypoplastic left heart syndrome in 2003, reviewing our current approach at the Congenital Heart Institute of Florida.

I would like to thank Bob Anderson for all of his help, support, trust, and patience during the preparation of this Supplement. I would also like to thank several members of our team at All Children's Hospital, namely Gary Carnes, President and Chief Executive Officer of All Children's Hospital, Joel Momberg, Cindy Rose, Pat Clark, Terra Sroka, Ron Volden, Tina Merola, and all our cardiac nurses. I would also like to thank the other Directors of our

Saint Petersburg meeting: James C. Huhta, Robert Boucek, Richard Martinez, and James A. Quintessenza. This meeting was initiated by Jim Huhta, and I am grateful that he gave me the opportunity to work with him. The meeting would not have been possible without his leadership and vision. Finally, I would like to thank my partners, Jim Quintessenza and Victor Morell, for their constant support and guidance, and my wife Stacy, and children Jessica and Joshua, for their understanding and patience. All of the family members of the authors of the reviews included in this Supplement are owed a debt of gratitude, because writing manuscripts markedly decreases the time available with one's family.

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