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Interview

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Molding the shape of congenial and structural interventional cardiology: interviews with directors of major congresses

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Abstract

The range and number of educational and networking events that are available for fellows, trainees, and junior faculty to attend grows every year. Each meeting useful in its own way; each adding value to the development and the growth of an interventionist. Within paediatric, congenital, and structural heart disease, three of the standout meetings are: Pediatric and Interventional Cardiac Symposium (PICS-AICS), Congenital and Structural Interventions (CSI), and International Workshop on Interventional Pediatric and Adult Congenital Cardiology (IPC). All of these were started by leaders in our field; people known to be passionate educators and innovators. International congresses focusing more broadly on congenital cardiac disease in children and adults are rare. These forums allow more interdisciplinary discussions between the interventionist, surgeon, and non-invasive specialists. Purely interventional meetings are essential to allow colleagues to debate and explore the nuances and intricacies of technique and approach, developing concepts to be challenged in wider forums. During the recent 21st PICS-AICS meeting Prof. Ziyad M. Hijazi, Shakeel A. Qureshi, Mario Carminati, and Dr Damien Kenny shared their time to engage in frank, recorded conversations which provide a unique insight in to the process and concepts behind three of our most important educational congresses.

Conferences, courses, global summits, hands on courses, implanters meetings, fellows training programs, etc. The range and number of events that are available for fellows, trainees, and junior faculty to attend grows every year. Each meeting useful in its own way; each adding value to the development and the growth of an interventionist. Within the milieu of paediatric, congenital, and structural heart disease, three of the standout meetings are Pediatric and Interventional Cardiac Symposium (PICS-AICS), Congenital and Structural Interventions (CSI), and International Workshop on Interventional Pediatric and Adult Congenital Cardiology (IPC).[1–3] All of these were started by leaders in our field; people known to be passionate educators and innovators. In the challenging funding environment created by the Sunshine act in the USA and Eucomed in Europe, the existence and development of these meetings is under pressure. International congresses focusing more broadly on congenital cardiac disease in children and adults are rare. Therefore, to complement our intervention meetings, we must continue to recognise the benefit of conferences such as the World Congress of Paediatric Cardiology and Cardiac Surgery.[4,5]

Under the leadership of Prof. Ziyad M. Hijazi, the PICS-AICS directed the track for interventional cardiology at the 2017 World Congress of Pediatric Cardiology and Cardiac Surgery in Barcelona, Spain, and will direct the track for interventional cardiology at the 2021 World Congress of Pediatric Cardiology and Cardiac Surgery in Washington DC, United States.[6] These forums allow more interdisciplinary discussions between the interventionist, surgeon, and non-invasive specialists. Our purely interventional meetings are essential to allow colleagues to debate and explore the nuances and intricacies of technique and approach, developing concepts to be challenged in wider forums such as the World Congress of Paediatric Cardiology and Cardiac Surgery.

Dr Sebastian Goreczny, currently spending a Senior Fulbright Scholarship year with our team at the Heart Institute, Children's Hospital of Colorado, and usually based in Polish Mother's Memorial Hospital, Research Institute, Lodz, Poland, sat down with some giants of

Figure 1. Prof. Ziyad M. Hijazi and Dr Damien Kenny with distinguished faculty and attendees of PICS.

the field during the recent 21st PICS-AICS meeting. The interviews were planned to ask the same scripted questions of each interviewee, but to keep the questions open ended. The similarities in their answers betray a commonality in these physician leaders' mindsets. A soft and altruistic underbelly with a desire to promote information sharing and excellence lies under their steely and determined exteriors. We thank Prof. Ziyad M. Hijazi, Shakeel A. Qureshi, Mario Carminati, and Dr Damien Kenny for their time and their willingness to engage in these frank, recorded conversations which provide a unique insight in to the process and concepts behind three of our most important educational congresses.

Prof. Ziyad M. Hijazi
Chair, Department of Pediatrics, Weill Cornell Medicine
Director, Sidra Heart Center, Doha, Qatar

Sebastian Goreczny: Could you briefly tell us about the history of PICS-AICS, how it started, and how many years has it been running?

Prof. Ziyad M. Hijazi: Yes, thank you again for having me. PICS goes back to 1997, that is, when the first meeting took place. The idea of doing a live course, however, started with me in the early 90's (94/95) specifically during my visits to Europe and from a meeting in Washington DC called TCT (Transcatheter Cardiovascular Therapeutics). Also, having developed a coronary stent in 1992, I travelled the world getting invited to live courses to show adult cardiologists how to do coronary stenting. So, I said, "if the adults have it for coronary stenting, why don't we have it for congenital?" At that time, I was new, I just finished my fellowship in 1991 and thought to myself, who is going to listen to someone new like me? Thus, I approached Dr James Lock, whom I knew from Boston, as I was at Tufts University and he was at Boston Children's Harvard, with the idea of doing a live course together. He responded politely saying that this would not succeed, due to FDA (Food and Drug Administration) issues and the lack of finances.

I kept trying to pursue my idea, however, so I approached my mentor Dr Hellenbrand as well as another mentor Dr Charles S. Kleinman, who was the chief of Cardiology at Yale. I approached them with the idea and both were very supportive. They said this will be an excellent idea that will succeed but that the major issue will be finances. They told me "if you get money you can use our names and go from there" so I said "sure" and the first meeting was held in September of 1997 in Boston. I invited faculty as well as those by registration so that the total number of attendees was 87. It was successful, we did live cases and everything turned out great.

Then, year after year, the attendances started to increase, and eventually our biggest year was 2007 where we had over 1000 attendees. This was because I combined it with the CRF (Cardiovascular Research Foundation) that runs TCT and we had two parallel tracks, one for paediatric intervention and the other for adult intervention. At that time there were no TAVIs (Transcatheter Aortic Valve Implantations) etc. but there were other interventional therapies for adults. It was successful but the paediatric community felt a little threatened. They said "if you continue this way you are going to lose the soul and heart of PICS, the pediatricians". As a result, we departed with the CRF and decided to focus on congenital heart disease, with only some structural intervention that I thought is important for paediatric cardiologists. I always encourage paediatric cardiologists to get involved with structural heart disease intervention because they have the skill sets and the knowledge, the only difference is the patients' ages and comorbidities. From a technical and intellectual point of view, paediatric cardiologists can participate in structural interventions and that is why we continue to include this aspect.

The meeting is very successful, with a minimum of 750 people every year from at least 50 different countries all over the world (Fig 1).[1,2] The major challenge and limitation, however, throughout the last few years is financial support from the industry. There are so many competing meetings in the world. After we started PICS, everybody started having meetings here, a meeting in Europe, a meeting in Middle East, etc. The industry has a limited amount of money to give to these meetings, so, for example, if there are five meetings, they must divide the money by five, but if there were two meetings, they would divide by only two. This continues to be my major challenge. I hope, however, that we will continue to provide the best scientific content and highest quality meetings. When you spend 1000–1500 dollars, I want you to experience this meeting and go home saying, "this is the best 1500 dollars I have

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spent this year; to educate myself, to meet the experts in the field, to see the best live cases, and to hear the best educational content". As long as this continues, with some support, I think we will succeed. But again, the major limiting factor is financial support.

In the current era of internet, podcasts, and videos, do you think these are a threat to big international meetings?

No, people do not have time to sit in their office and listen to video streaming, they don't. I'd rather go to a place, sit in the hotel there, enjoy meeting my friends, and see in person rather than sit at home alone in my office listening to or watching a video stream. I do not think streaming and videos are going to eliminate the live courses. For live courses, the most important aspect is networking. You come to meet the leaders in the field, the best engineers in the industry, to sit with them and discuss with them. When you are sitting with your screens, there are no interactions, but here you can see, interact, have the opportunity to hear live suggestions, and gain others' perspectives. There is no question, there are huge advantages for live cases. Even taped cases, they are all polished and photoshopped.

When I was the President of the SCAI (The Society for Cardiovascular Angiography and Interventions) in 2008, there was a movement from the FDA and the surgical societies to ban live courses and I objected because I thought that it is important that we continue doing this to educate people. I charged a group of physicians, prominent people, and writing committees, to write a document on the value of live cases.[7] In it, we included how to conduct live cases, the role of the operators, the moderators, and the panelists. The FDA then wrote a position paper and allowed us to continue doing live cases. I think that there's no question, there are advantages of taped cases for certain things, as you can see we have them here (at PICS), but they do not replace live cases. During live cases you are on the spot, you can't hide anything, whereas with taped cases, you can cut and paste so as not to show the ugly parts of the case. Those watching at home may think it was made to look easy, but in the end wonder "why did I fail" if they do not succeed in the same. I continue to believe live cases are a must in the education and teaching of both future and existing cardiologists. We all learn every day, from everybody. I travel all over the world and I learn from every cath lab I visit, no matter what.

You have already touched on this that there are many meetings. Let us say you now speak to a young interventional fellow who has a limited budget and he is to pick only one meeting to attend. If it's not to be your meeting, what would be the other meeting you would suggest?

Well quite honestly, I've been to many meetings, and I think in every meeting you go to you will learn something. The meetings have good faculty, good cases, and it is you who will make a decision about what talks to attend and what live cases to participate in. I cannot bad-mouth any meeting, because all the meetings have been planned with sweat and thought and they have great speakers so they are all good. It is just a decision about, "where do I want to go? Do I want to come to this town, this country or that country?" There is no one special meeting, because they are all good and the decision is up to you.

What do you think makes PICS unique from other meetings?

I think we have preserved the quality of PICS over the last 21 years. There are people who have been coming for the last 21 years to this meeting. Year after year, because they love the scientific content, they love the intimacy. It's a big meeting but still only about 750–850 people, so it is not huge. You are able to interact with the faculty and to me, I am biased here, the best social events and food are at PICS. We are not here to make money, we want to make sure that the money you spent is worth spending.

How will PICS look like in the next 5–10 years?

I am going to leave this in the hands of Damien Kenny and his colleagues. I have, as you can see over the last few years, pushed younger people to join us. Every year we choose young leadership to come and participate and provide content. Damien is my trainee, I believe in him, he is an excellent guy and he has done a phenomenal job with the program. I continue to participate in everything but more and more of the work is done by Damien and his colleagues and the course co-directors.

Thank you very much for your time.

Thank you.
Damien Kenny MD
Consultant cardiologist
Our Ladies Children's Hospital & the Mater Misericordiae University Hospital, Dublin, Ireland

Sebastian Goreczny: How will PICS look like in the next 5–10 years?

Dr Damien Kenny: Ours is an experiential field, driven by pioneers constantly refining procedures on an ever-increasing variety of anatomical substrates. Sharing this knowledge forms a basic foundation of what we all do. PICS will always have this philosophy at its core. Technology will continue to provide more opportunities to share this experience through different modalities; however, we believe there will always be a place for direct human interaction, discussion, debate, and discourse between interventionists and also with our surgical and non-interventional colleagues. Specifically, we will continue to promote and support younger interventionalists through our Young Leadership Award to install confidence as well as providing a support network to ensure they succeed. We will continue to develop catheterisation in the developing world to ensure that advances and expertise reach all corners of the globe. We will support innovation and collaboration centred on developing devices specifically for patients with congenital heart disease rather than borrowing technology from adults. We plan to develop the website to provide the opportunity for a library of cases as none of us will ever see the infinite number of cases and outcomes that arise in our field. Finally, we will continue to encourage friendship and understanding. Fear arises from ignorance and is leading to a worrying trend of isolationism and nationalism. We have an opportunity through meeting each other at PICS to remind ourselves that our similarities are far greater than our differences. Our common goals unite us irrespective of where we come from. This is the beating pulse of PICS driven by the vision of Ziyad and I am confident the community through the meeting will continue to innovate, and share and disseminate knowledge and tolerance throughout the world.

Thank you very much for your time.

Thank you.
Prof. Shakeel A. Qureshi
Department of Pediatric and Adult Congenital Heart Disease, Evelina London Children's Hospital, Guy's and St Thomas' NHS Foundation Trust, London, United Kingdom.

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Figure 2. Prof. Shakeel A. Qureshi with distinguished faculty and attendees of Congenital and Structural Interventions.

Sebastian Goreczny: Could you please briefly describe the history of CSI conference, how it began and how it has developed over the years?

Prof. Shakeel A. Qureshi: CSI started over 20 years ago now. Initially Horst Sievert organised a symposium with about 40 or 50 or maybe 60 attendees, with lectures and a lot of discussion. After that he decided that we should include live cases in the meeting together with lectures, but have the live cases as priority, and that's how the concept of CSI developed. Myself, Neil Wilson, my colleague and friend, and Horst Sievert developed it into the meeting it is today (Fig 2). The priority of the meeting was always live cases and the lectures were just an aside, not necessarily a distraction but they were not the most important part of the meeting. With live cases, what we agreed was that they should focus a lot more on detailed discussion about the technical side of things so that the attendees, who may not have done any intervention previously, can go away from the meeting having learned the ABCs of an intervention. We worried initially about the lectures and how we were going to deal with them and so we developed a unique brand, wherein we decided that live cases take priority. If you are giving a talk, it does not matter if you have just started or you are half way through the talk, if the live case operators in the catheter lab are ready, we will interrupt and go to the live case. After the first year, this became more popular and more appreciated and that made us do it again. This approach was increasing attendance, so we carried on and here we are over 20 years later.

Initially it was a mixed bag of cases, and then it divided over the years into congenital and structural interventions, to the extent that, now there are so many sessions and cases that we run them in parallel, so that all the attendees have something of interest throughout the meeting. The meeting started initially as a 1-day event, then 2 days, and then a 3-day meeting and now over the last few years, we have added a cardiac imaging day, which has made it into 4 days. The imaging day topics are always related to intervention and again we do live cases during the imaging sessions as well. So, the meeting has evolved into a 4-day busy event, covering all areas of interest for interventionists, be they paediatric or adult, congenital or structural. The meeting attracts attendees from all over the planet and has become quite a unique brand, I think, appreciated by everybody.

We have another concept in which, when the operator is doing live cases, we really go into great detail about all the equipment that is used so that attendees do not sit there thinking, "what are they using now?", "what are they doing now?" We try and answer the questions that the attendees may be afraid to ask thinking they are trivial questions, we ask on their behalf, because we know what sort of questions are going through the attendees' minds. One of the biggest challenges has been maintaining the brand, maintaining the interest, and having a meeting at the end of which the attendees would say, "We must come back next year, it's so interesting". That's the challenge, to keep the interest going. How do we do this? What we have done is that within 2–4 weeks of the meeting finishing, in the past, all the directors would travel to Frankfurt and spend 1–2 days having a meeting, getting feedback and then start on the program for the following year. We would meet every 2 months in Frankfurt. Nowadays, we have a similar approach, in that less than a month after the previous meeting we discuss what was good and what we should change, but now we do it by telephone or video conference calls and skype calls. Then we allocate tasks to different directors, say "right you develop this bit of the program, someone else develops that bit of the program" and so on, so that within 2 months the next year's program has some skeleton. Then, every 6–8 weeks we have more meetings and build up the program. There is a lot of work and a lot of time and effort that goes into these meetings.

You mentioned telephone conferences and that they helped you to organise this meeting, but nowadays people can find a lot of content on the internet, a lot of taped cases and lectures; how do you view this current technology, is it a threat to conferences or is it a supplement?

I view it as a supplement, as complimentary rather than a threat. If you see a taped case or lecture on the internet, it does not allow you to mingle with the faculty or the speaker. It does not allow you to interact with the operators, because it's all taped, you don't have live access. In a meeting, however, you can interact during the live case or you can interact with the speakers either at the end of their talks or during the next few days at the congress. As a result, you are more likely to get your questions answered. Moreover, if you are at a conference, you have a big opportunity for networking with

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Figure 3. Prof. Mario Carminati with distinguished faculty and attendees of Adult Congenital Cardiology.

people with similar or better expertise from all around the world. You are not necessarily going to have the same opportunities by internet, at least not to the same degree, or have the same effect.

You have mentioned several unique features of CSI, but if you could just summarise, what makes this conference unique when compared with other international interventional conferences?

I have attended many conferences everywhere around the world and have found that with either lectures or live cases, there is limited interaction with the audience. Sometimes there is also a shortage of time of live case transmission and so before the case is completed the connection is lost and you don't know what has happened after that. In Frankfurt we have a priority for live cases and as panellists or coordinators on the stage, we maintain connection. For example, if there are three live case centres working simultaneously, one coordinator will keep an eye on the monitors and if they see something interesting, we have the ability to say to our audiovisual team, "right we'll interrupt the lecture and go to centre A". If we are in centre A and they are doing something that is slow and we see on the monitor that centre B or centre C has something interesting, we can say, "right let's go to centre B and then come back to centre A". That's a unique feature, it's like Sky News or CNN with an anchor person connecting to different corners of the earth. That way, anything of interest that is going on is shown live rather than recorded and then shown later on. That's something that I don't think other conferences either do or have the commitment to follow through with.

What advice would you give to a young interventional fellow who has a budget for one conference. Excluding CSI, would you be able to suggest another conference?

There are many conferences going on around the world, for example, PICS in USA, the TCT conference, and different cardiac society meetings such as ESC (European Society of Cardiology), some of which have live cases. There are also Asia Pacific congresses, different Chinese conferences, and TCT Russia. It's really the fellow in training who needs to decide firstly whether their focus is paediatric, adult congenital, or adult structural. They might consider going to PICS, for example, which is a very good meeting for paediatric, adult congenital, and structural content. It depends, however, on where you are. If you are in USA, PICS is an obvious place and if you aren't in Europe, then it can be a very good alternative to CSI. If you are in Asia, then it can become a budget as well as time problem, because not only is it a long way to travel to the USA or Europe, but also there are also some countries with restrictions of entry into US. It is then that the doctor in question has to make a decision about which other conferences may be better alternatives for them. Otherwise the PICS meeting is an excellent one. There are similar types of meetings held throughout South America as well. Overall, there are many live cases and conferences to choose from all around the world.

Let us now look into the future, how do you think CSI will look in 5–10 years from now?

How CSI will look in the future is going to depend on technology, because there are so many technical developments taking place. Live cases will, I hope, remain an important part of the congress because that is the major brand. There will also continue to be subspecialisations both in structural heart disease and paediatric congenital cardiac interventions. I think the likelihood is that there will be more parallel session. There are going to be so many diverse topics, which will be difficult to cover in sequence and so there will be many parallel sessions which will allow the attendee to have a broader choice. For example, they may choose to go for PDA (Patent Ductus Arteriosus) stenting, if that is where they decide their interests lie that year, and then the following year they can decide to cover the other topics. Essentially, the choice will become wider in terms of live cases. Lectures, however, although they are great, only about less than half of the lectures are likely to be of interest. Only those lectures in which there might be something futuristic could be of interest because all of the others would be something you can find either in publications or, as you said earlier on, on the internet. Thus, in the future, probably less than half of the lectures will be of interest.

With the growing number of structural interventions, with congenital interventions becoming more complex and on top of that with imaging for guidance of interventions becoming more and more common, do you think CSI and other conferences that cover such a vast array of topics will become longer or do you

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think maybe there is space for more focused conferences, shorter ones?

Yes, for example, if I just focus on CSI, CSI is already doing more focused conferences. For example, there is a separate CSI for left atrial appendage, and there is already a separate CSI Heart Failure conference for heart failure intervention. It is likely that there could be space for more focused conferences, but again it is going to depend on the complex technology developments. The net result of this might be that the main CSI may have slightly reduced attendees because their interests are in the other, more focused ones. Overall, I think it is likely that there will be more focused conferences in the future.

Thank you very much for your time.

Thank you.
Prof. Mario Carminati
Department of Pediatric Cardiology and Adult with Congenital Heart Disease,
IRCCS San Donato Hospital, Milan, Italy

Sebastian Goreczny: Could you please give a short description of the beginnings of IPC and how many years it has been running.

Prof. Mario Carminati: Yes, the first year of organising the meeting was a very long time ago, in the late 1990's. At that time, we were more or less at the beginning of interventional procedures in paediatric cardiology and so there were very few faculty members invited and only 30–35 attendees. Nevertheless, we kept organising this interventional meeting for congenital defects every 2 years. Over the next 25 years, there was a constant increase of interest and attendees and number of faculty (Fig 3).[3] Now, more or less, I would say there is a well-established number of attendees.

Has the concept and premise of the IPC meeting changed over the years?

The idea behind organising this meeting has remained the same throughout the years; to do something that is useful for attendees in terms of practical medical experience. The aim is to learn, to exchange experiences and thoughts with experts, and to watch live cases – a crucial part of the meeting where you have the opportunity to experience a real problem and how to solve it. That's the basic concept, the goal and mission of meetings like this.

What do you think makes your meeting unique from others?

The meeting I organised many years ago is focused on congenital defects. Despite the fact that recently many more structural interventions have become very popular, for example the TAVI or Mitral Clips just to mention a few, I decided to remain focused on congenital. You cannot, in my opinion, do everything in a single meeting or you can but it is not very focused then. There is no need in my meeting to talk about TAVIs because there are many other meetings that are doing the same such as TCT or ACC (American College of Cardiology) or Paris Course of Revascularisation (PCR) or ESC. People attending my meeting are people who are focused on congenital interventions, that's it. I think this is the peculiarity of the meeting I keep organising.

Nowadays what are the obstacles you have to overcome when organising this meeting?

The most important obstacle, of course, is the funding. You cannot organise a meeting without the financial support of industries. Unfortunately, it has become more and more difficult to get sponsorships, particularly if you are not involving all companies. If you are focused just on congenital intervention, the sponsorships are less. Funding is a very practical and important aspect when it comes to organising meetings.

Do you think that the internet and the content it makes available affects people coming to the conferences?

I do not know; I don't have the answer.

In the next 5–10 years how do you see your meeting? Will it be the same or do you think it will change?

Again, I do not know exactly as we will be taking into consideration the opinions of the attendees. If they are happy, and if the number of attendees remains the same, we will continue as we are. If the number of attendees is decreasing and if we receive opinions about changing something, we will take that into consideration. So far, the meeting remains a good way to provide useful tools for improving professional skills for everybody. For young people, in particular, it is very important to attend a meeting which is focused and not too big so that they have the chance to ask questions and meet the experts in a small rather than large setting, as compared to many other international meetings.

If you were to go to another meeting as a young fellow but could only choose one meeting, apart from yours which meeting would that be?

That is an interesting question but unfortunately, I am not so young that I may give a proper answer. I don't think there can be only one single answer as it depends on many factors. It depends on what institution you are working in, what your personal interests are, what your goals are, what you want to achieve, etc. I don't think there can be a single answer, it really depends from case to case.

Speaking of doctors entering into the interventional field, these days they often engage more with modern tech devices and applications. How would you encourage them to participate in meetings instead of gaining knowledge solely from the internet?

I think that reading a book or watching recorded presentations on the internet is different than the live experience you get from attending a meeting. As a person, I prefer talking to somebody face to face instead of listening to a presentation on the internet. The personal feeling is different.

Thank you very much for your time.

You are welcome.

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