

MEETING HIGHLIGHTS THURSDAY

Cardiac Sessions

- ◆ Valve-Transcatheter Therapies
- ◆ Revascularization
- ◆ Aortic & Endovascular

Thoracic Sessions

- ◆ Thoracic Master Class
- ◆ Lung Cancer
- ◆ Endoscopic Therapies for the Thoracic Surgeon
- ◆ Mediastinum, Chest Wall and Esophagus

Keynote Speaker:

Rory McDonald, PhD

Lunch Symposia

ISMICS International Fellows and Residents Luncheon - Trainees to Consultants

Exhibition Hall Reception

Poster Competition: Round 1

DON'T MISS

Kit Arom Lecture:
Michael Mack, MD



Friday Morning
10.00-11.00

Cardiac Master Classes

Successfully Kick off ISMICS 2014



W. Randolph Chitwood co-chaired "Minimally Invasive and Robotic Mitral Valve."



Jorg Kempfert and Francesco Maisano co-chaired "Transcatheter Aortic and Mitral Valve Technologies."



James Fann chaired the Simulation Session during Wednesday's Masters Day.

The ISMICS Masters Day program on Wednesday, launched the 2014 Annual Meeting with a standing room only crowd during the opening general session which included several state-of-the-art lectures and several "How I Do It" Live in a Box Video Presentations. Following the opening session, the program split into three focused sessions and a hands-on simulation based training session for young surgeons where several companies provided a unique and interactive session where participants could use equipment and perform complex procedures on live tissue.

(continued on page 3)

Today's Keynote Speaker: Rory McDonald

ISMICS is excited to welcome Rory McDonald, PhD, as this year's Keynote Speaker. Professor McDonald is a Harvard Business School Professor, an expert on "disruptive innovation," and an authority on competition and innovation in technology-enabled markets. He will focus his presentation at 11.15 today on "*Creating New Growth through Disruptive Innovation.*"

His research has won major awards and is consistently featured in top academic outlets, including the Strategic Management Journal. He received a 2014 Kauffman Junior Faculty Fellowship in Entrepreneurship Research, and was a finalist for best dissertation in Business Policy and Strategy by the Academy of Management. Drawing on in-depth fieldwork and archival data, Professor McDonald studies how

(continued on page 7)



ISMICS Expanded Simulation Session



The simulation-based training session on Wednesday, chaired by James Fann (Cardiac) and Hiran Fernando (Thoracic), provided interactive, hands-on demonstration stations. Industry partners (who will also be participating in SIM City) included: ACUTE Innovations, AtriCure, Covidien, Edwards Lifesciences, Ethicon, Fehling Surgical Instruments, Intuitive Surgical, Karl Storz, Medtronic, Scanlan International, Siemens Healthcare, The Chamberlain Group, and Torax Medical.



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Master Classes on Wednesday Attracted "standing-room only" Audiences *(continued from page one)*

Michael Halkos chaired the session on Endoscopic and Robotic Coronary Revascularization which included a session on "How to Develop a Hybrid Program" by Francis Sutter. Dr. Sutter opined that surgeons and cardiologists can be a team and that "cardiologists are chomping at the bit to do a hybrid program." He further defined the requirements for a successful program including a cardiologist champion, administrators who believe in the program, adequate training and preparation for the team, and letting go of the philosophy that you have to bypass everything.

Wilson Szeto chaired the session on Innovations in TEVAR which included six presentations on various repairs and treatments for aortic dissection. The session concluded with an interactive dialogue between the presenters and the audience, reviewing a series of cases and discussion of current, real-world practices.

A capacity crowd filled the session on Minimally Invasive and Robotic Mitral Valve, chaired by W. Randolph Chitwood, Jr. and Tomislav Mihaljevic. The session included why and when discussions, as well as a review of the perils and pitfalls of both MI and robotic surgery.

During the afternoon session on Treatment of Atrial Fibrillation and Left Atrial Appendage Management, co-chaired by Gorav Ailawadi and Timo Weimar, James Cox presented to a full room as he dispelled the confusion related to the Maze-Principle. Dr. Cox discussed

the problems and unintended consequences with procedures I, II, and III and reviewed the evolution to the current IV. In summary, he noted that a maze pattern is the only proven method of interrupting all potential macro-reentrant circuits in the atrium while leaving the atrium capable of resuming a normal sinus rhythm and while there are a number of maze patterns that will accomplish both goals, many are fraught with un-suspected detrimental consequences.

The focused session on New Innovations in LVAD Therapy, co-chaired by Jan Gummert and Mark Slaughter, discussed the various new devices and developments in ventricular assist devices. Arnt Fiane reviewed his institution's experience and results using Heartware and previewed other minimally invasive devices and the future of the technology, noting "that surgeons are very creative and when given the tools, we will find ways to make it better."



G. Chad Hughes (podium) Wilson Szeto, chair, "Innovations in TEVAR."

Jorg Kempfert and Francesco Maisano co-chaired the focused session on Transcatheter Aortic and Mitral Valve Technologies. Brief presentations were interwoven with discussions and how-to presentations including most of the current, state-of-the-art devices. During a review of the JenaValve Cathlete and



Husam Balkhy presented "Anastomotic Connectors in Robotic Assisted CABG"

Cathlete Plus, Ardawan Rastan presented the results of the JUPITER Registry and summarized the safety and effectiveness of the JenValve TAVI Plus System, citing the low incidence of significant PVL and stroke, excellent hemodynamic performance, improved results, and sustained survival.



Arnt Fiane presented "Heartware - A True Minimally Invasive Approach"



A Message From Your ISMICS Executive Director



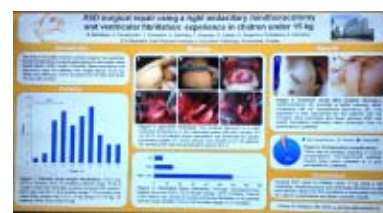
Aurelie M. Alger, JD

One of the pleasures we have with hosting the ISMICS Annual Meeting here in Boston is the ability to bring in more members of our ISMICS team, as our home offices are located in Beverly, Massachusetts, about 20 miles north of the city. Many of you know our "onsite" ISMICS team – consisting of me as your Executive Director, Elizabeth Chouinard as your Associate Executive Director, Stan Alger as your Director of Marketing and Development, Yvonne Grunebaum as your Director of Industry Relations, EJ Weldon as your Meeting Director, Jillian West as your Meeting Manager and Emma Celeste as your Meeting Coordinator. But this year we also have "on hand" your ISMICS Insider Managing Editor Lorraine O'Grady, your Membership Coordinator Adam Denhard, your Exhibit Manager Kim Derr, and Molly Canfield and Kristina Makoci, who work on ISMICS in membership support and industry, respectively. Our Director of Technology, Max Rossin, also joined us on Wednesday and met with our Board of Directors. And while I am introducing "the team" – more of our staff back at the office includes Meg Bowen, Grants Specialist, Kerri Natale, CPA, Rhonda Harvey, Bookkeeper, Keri Cloak, Member Information Services Specialist, Maria Favazza, Administrator, Samantha Gendron, Receptionist, and our extended technology team consisting of Olivera Afife, John Hintlian and Anthony Cucuzza.

So while you may see 6 or 7 of us throughout the year, as you can tell – your ISMICS staff team is a large one. We all hope that ISMICS 2014 is turning out to be everything you hoped for!

Aurelie

Poster Competition: First Round Tonight at 17.00



The ISMICS Poster Competition remains one of the highlights of the Annual Meeting and provides attendees a unique opportunity to review their colleagues' research. The Poster Competition is a peer-reviewed session conducted in two rounds. The First Round takes place today from 17.00 - 18.00 with over 100 posters.

Topics include: Aortic & Endovascular Therapies, Arrhythmia Surgery, Imaging and Facilitating Technology for Cardiac Surgery, Congenital, Perfusion & Myxoma, Revascularization: Arterial & Left Side and Graft Strategies, Thoracic Surgery: Lung Cancer, Thoracic Surgery, Valve-Minimally Invasive: Aortic and Mitral, and TAVI.

During these rapid-fire presentations, authors are allowed a maximum of three minutes, with two minutes for discussion. Participants score each presentation on quality of the presentation and significance of the research. Semi-finalists are selected for the final round and will be announced on Friday morning.

Final Rounds will be delivered from the podium in the main scientific session on Friday from 16.30 - 17.30. Presenters are again allowed a maximum of three minutes, followed by two minutes for audience questions and discussion. Judges will review and the winner will be announced on Friday evening during the Attendee Reception.

Good luck to all of the ISMICS poster presenters.

Chief Moderator: Rex Stanbridge, MD



2014 ISMICS EXHIBITORS

EXHIBITION HALL HOURS

EXHIBITION HALL - GRAND BALLROOM - SALONS E-F

Thursday 29 May 07.30 – 11.30 & 13.30 – 18.30 (Exhibit Hall Reception at 17.15)

Friday 30 May 07.00 – 10.30 & 13.30 – 16.00

MEALS & BREAKS

In addition to scheduled breaks, continuous beverage service is available during the hours above. Continental breakfast is available in the Exhibition Hall on Thursday and Friday mornings.



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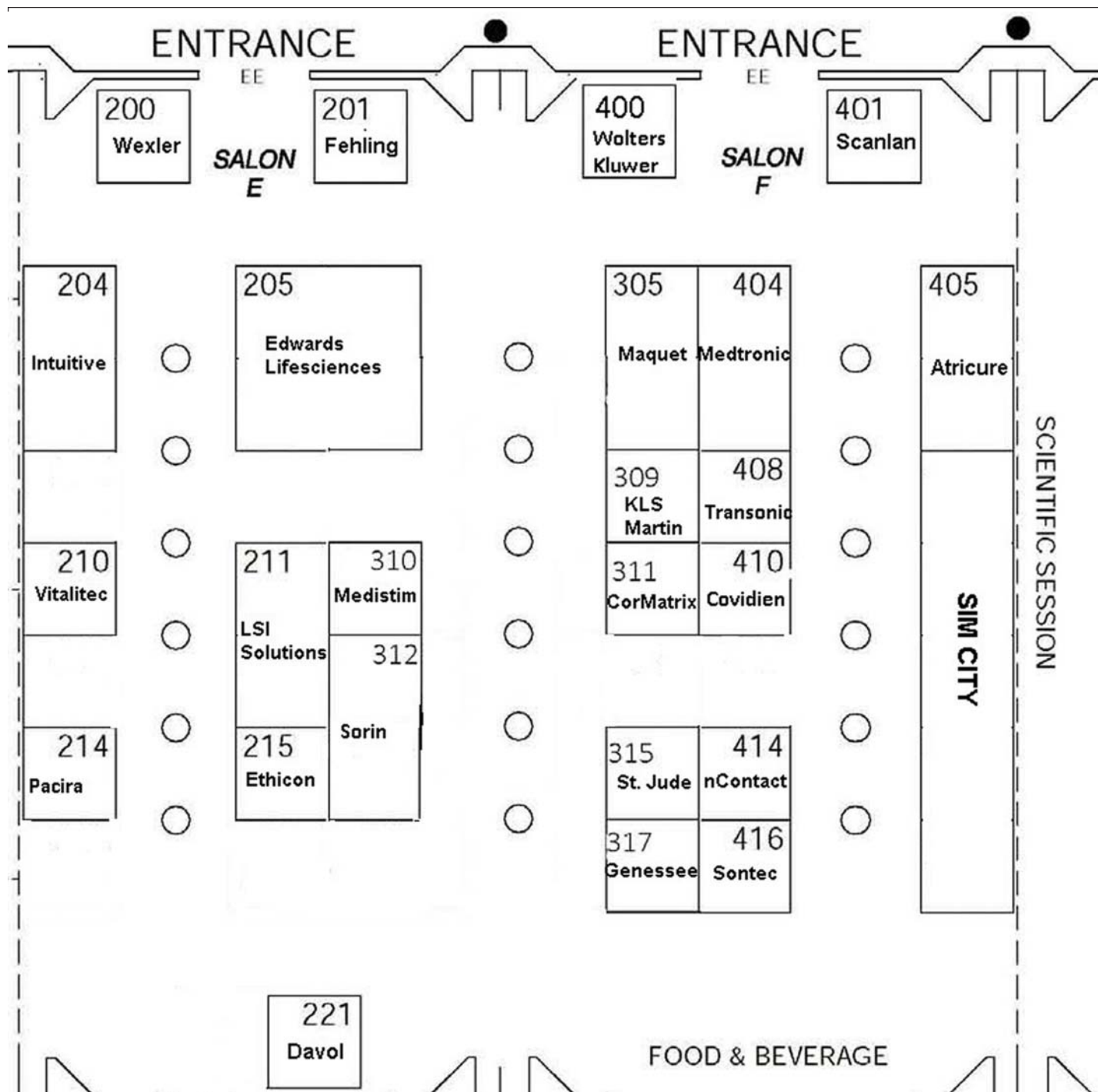
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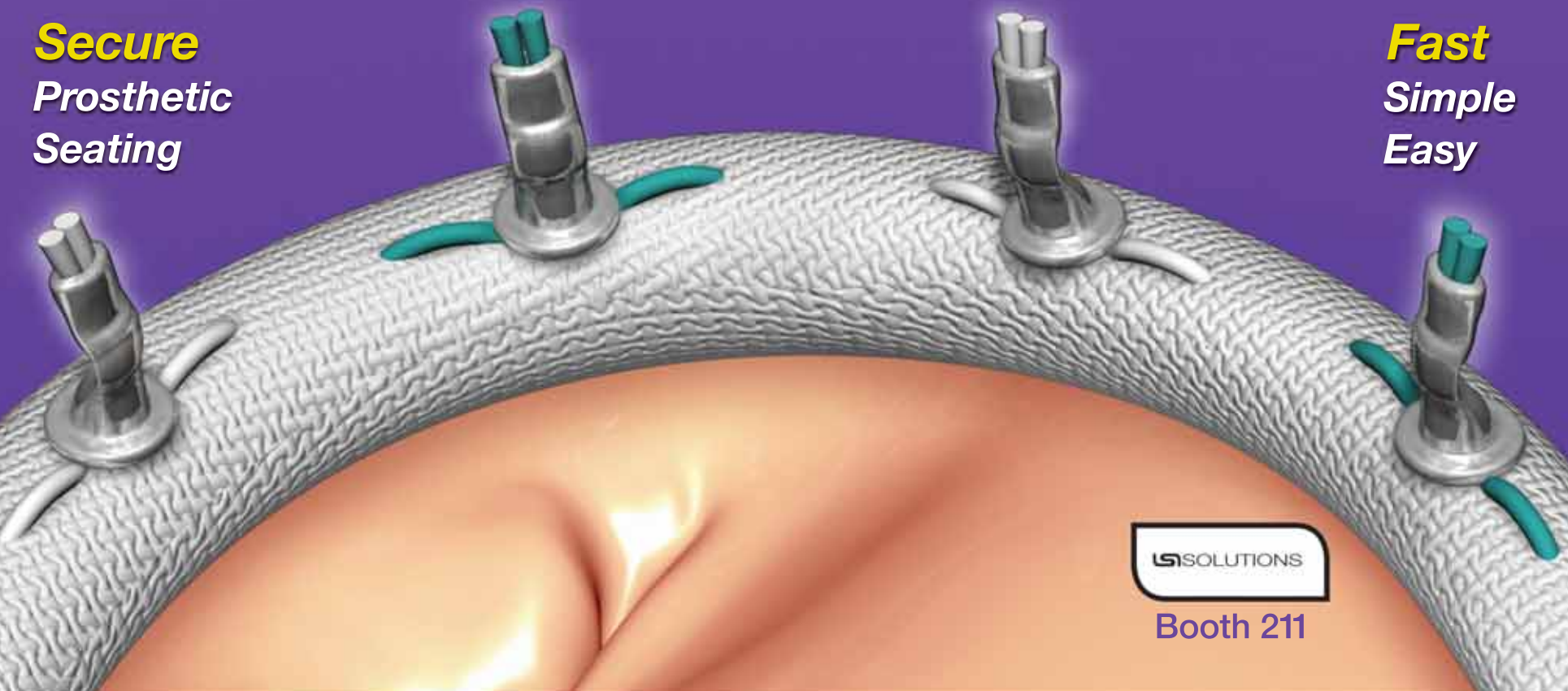


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Booth 211

McDonald Presents Keynote

executives develop viable strategies, navigate disruptive threats and opportunities, and acquire resources that improve their chances for success.

“Business has to have one foot in the real world and another in the world of ideas,” explains Rory McDonald, Ph.D. It’s what inspires and drives his work within new markets, at the intersection of strategy, entrepreneurship and technology management.

Industry leaders can get blindsided by disruptive innovations because they focus too much on their most profitable customers and businesses. Rather than being destroyed by them, Professor McDonald shows companies how to create their own disruptions, discover and nurture the best ideas and create entirely new markets. He

(continued from page one)

studies how firms compete in new markets—examining both stalwarts and startups—and offers leaders a new way of thinking about market forces and competitive strategy.

Before joining Harvard Business School, Professor McDonald was on the faculty at the University of Texas at Austin where he received the CBA Foundation Teaching award. He has also taught courses for executives, business students and engineers at Harvard University and Stanford University. Though Professor McDonald’s passion is in teaching, he is a member of the board of YCG Funds, an Austin-based mutual fund company, and an advisor to several business ventures.

MAQUET EDITORIAL: Can Routine Left Atrial Appendage Closure During Open Heart Surgery Reduce Peri-Operative Stroke?

Sacha P. Salzberg, MD and Maximilian Y. Emmert, MD, PhD

Concern about peri-operative stroke remains the main factor for the decreased Acceptance of coronary artery bypass grafting (CABG) despite its well documented long-term superiority in patients with three vessel disease and left main stenosis. An important technical advance has been the avoidance of aortic manipulation to reduce stroke; yet, approximately half of CABG-related strokes occur in the post-operative period surgery, and are most often related to new-onset atrial fibrillation (AF).^{1,2,4}

New-onset AF is a common complication, occurring in close to 20% patients following CABG.² Recent studies have documented increased incidence of stroke with new-onset AF after CABG surgery. In a recent study of 16169 consecutive isolated CABG patients with no prior history of AF, postoperative stroke risk was significantly greater for patients who developed new-onset AF vs. those who did not (3.2% vs. 1.3%, $p < 0.001$). Further, new postoperative AF was associated with a 21% relative increase in mortality over a mean follow up of 6 years, even after controlling for 32 covariates.

As with other forms of AF, the primary mechanism of stroke secondary to postoperative AF is believed to originate from within left atrial appendage (LAA). In another recent report (2067 patients, 81% CABG), postoperative AF was associated with a nearly three-fold increase in stroke (OR=2.79). Among patients who developed postoperative AF, those who had undergone concomitant LAA ligation had significantly lower risk of stroke than those who had not (0.0% vs. 6.1%, $p = 0.003$)⁴

Shortcomings of past surgical approaches to LAA exclusion using sutures or staples include risk of injury and incomplete closure. Further, neither sutures nor staples provide complete electrical isolation of the LAA, which has recently been confirmed as a trigger in the induction and maintenance of AF⁵ as well as AF recurrence following catheter ablation.⁶

New epicardial clip devices have been shown to provide easy, reliable, safe and durable exclusion during cardiac surgery procedures, without leaks or significant residual LAA cavity.^{7,8} An additional benefit of epicardial device-enabled LAA is electrical isolation.⁹ Silencing the LAA may be crucial in certain patients, underscoring the incremental advantage of isolation of the LAA provided by epicardial clip approaches.

Despite earlier conceptions as benign, postoperative AF carries significant risk for late cerebral injury following non-eventful cardiac surgery. LAA closure may be an important adjunct to all cardiac procedures to reduce the risk of postoperative AF-related cerebrovascular accident in selected patients. The current generation of epicardial LAA closure devices may make routine concomitant management of LAA easier, safer and more effective than past approaches.

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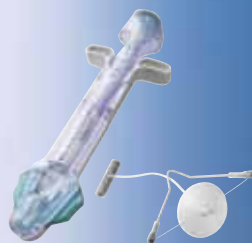
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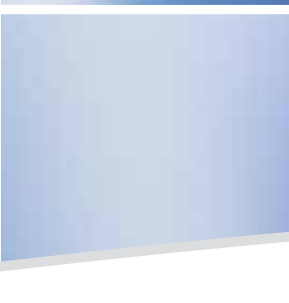
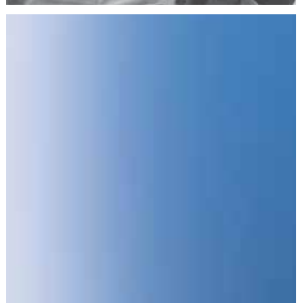
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