

# AATS

## DAILY NEWS

88<sup>th</sup> Annual Meeting



San Diego Convention Center • May 10–14, 2008

MONDAY EDITION

### SAN DIEGO Spotlight



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### FEATURE session

## Presidential Address to focus on changes in CTS education

**A**ATS President D. Craig Miller, M.D., will deliver his Presidential Address, "Anti-Memoirs of Rocinate," at 11:25 a.m. during today's Plenary Scientific Session.



D. Craig Miller, M.D.

Rocinate refers to the name of Don Quixote's horse from the literary work, *The Ingenious Hidalgo Don Quixote of La Mancha*. Dr. Miller references Don Quixote's seemingly endless quest with his own pursuits to

bolster the integrity of U.S. cardiothoracic surgery, strengthen the scientific basis of CT surgical practice, improve cardiothoracic surgical resident education and broaden the specialty to make it stronger.

## Groups commit to improve CT surgery education

**O**ver the past several years, the specialty of cardiothoracic surgery has experienced a continued decline in enrollment in CT residency training programs. If left unchecked, the result of this decline in qualified residents, combined with the aging of the US population, will be a serious deficit of CT surgeons and restricted access for patients with cardiovascular and thoracic disease. In fact, demand for surgeons currently exceeds the supply, a trend which is predicted to worsen significantly over the next 15 years.

The leaders of the American Association for Thoracic Surgery (AATS), American Board of Thoracic Surgery (ABTS), Society of Thoracic Surgeons (STS), and Thoracic Surgery Foundation for Research and Education (TSFRE) are responding to this crisis by joining forces to create and fund a Joint Council on Thoracic Surgery Education (JCTSE) with the express purpose of changing the current training paradigm and coordinating all thoracic surgery education in the United States.

"Less than 75 percent of CT residency slots have been filled in the last four years, and in 2007 the ABTS examination failure rate was the highest on record," explained D. Craig Miller, M.D., President of AATS. "A large part of the problem is negative perceptions among medical students regarding the field of cardiothoracic surgery — it takes too long, the job market is saturated, reimbursement is low, and the scope of practice is limited mostly to open surgical procedures, not the exciting high-tech interventional procedures being performed by other specialties."

The four organizations along with leaders of



(left to right) Richard H. Feins, M.D., Chair of the American Board of Thoracic Surgery, Michael J. Mack, M.D., President of the Thoracic Surgery Foundation for Research and Education, W. Randolph Chitwood, Jr., M.D., President of the Society of Thoracic Surgeons, and D. Craig Miller, M.D., President of American Association for Thoracic Surgery.

every major cardiothoracic surgical organization in the U.S. met for two separate strategic retreats in 2007 to address current cardiothoracic surgery training and education in the United States. The outcome of these meetings was the creation of a Memorandum of Understanding (MOU) between the organizations and the development of a job description for an individual Surgical Director of Education to coordinate these efforts and work with the specialty organizations, training programs, and certification organizations.

"In a recent AAMC report, commissioned by

AATS and STS, it was concluded that the United States is currently facing a shortage of cardiothoracic surgeons that will grow more severe within the next fifteen years," said W. Randolph Chitwood, Jr., M.D., President of STS. "The evidence is clear that based on population projections and current CT surgical workforce data, we will not have enough qualified and well-trained cardiothoracic surgeons to treat the growing elderly population that will need CT surgical care."

It was agreed that the current educational paradigm to train cardiothoracic surgeons see **EDUCATION**, page 5

## Global CTS leader reviews past, looks to future

**D**eveloping and advancing the field of cardiothoracic surgery has never been easy, and cardiothoracic surgeons must continue to be resourceful and enterprising into the future. This is the message Honored Speaker Marko I. Turina, M.D., will deliver during his lecture Tuesday at 11:40 a.m. during the Plenary Session on "50 Years of Cardiothoracic Surgery through the Looking Glass and What the Future Holds."

"It takes courage, discipline and a significant amount of hard work to achieve progress in our field," said Dr. Turina, a world-renowned cardiothoracic surgery leader. "Our pioneers did not have it easy, as it might look now. It's important to remem-

ber that the development of our profession was very much influenced (and still is) by socioeconomic factors."

Dr. Turina will address how cardiothoracic surgery arrived where it is today and how its development was not a straightforward process but "a tedious development, interspersed with setbacks."

Dr. Turina is a past president of the European Association for Cardiothoracic Surgery (EACTS) and a former editor of the *European Journal of Cardiothoracic Surgery*. He is presently the editor of the *Multimedia Manual of Cardiothoracic Surgery*, a new internet-based collection of surgical procedures. He is a member of the Austrian, German, British and

French cardiothoracic surgery societies.

"From the lecture, I hope the audience takes away the understanding that we must again take initiative in the field of cardiothoracic surgery," Dr. Turina noted. "We must listen carefully to the changed needs of our patients and lead progress in the field of minimally invasive, percutaneous and transcatheter technologies, notably in the field of valvular and endoaortic surgery."



Marko I. Turina, M.D.



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## Adult cardiac symposium focuses on aneurysms, valve repair

The general rule for aortic aneurysms is that they are silent and unpredictable.

Exceptions to this aneurysm rule are the syndromic aneurysms, particularly associated with Marfan's Syndrome. Addressing syndromic aneurysms was Duke Cameron, M.D., of Johns Hopkins University, Baltimore, with his presentation "Surgical Implications and Indications in MFS and Other Syndromic Patients," during Sunday's AATS/STS Adult Cardiac Surgery Symposium.

"The genetic syndromes offer an exception to this rule because they have a recognizable phenotype," Dr. Cameron said. "The patient's disease can be recognized before the aneurysm is apparent and allows us the opportunity to intervene before an aortic catastrophe."

With Marfan Syndrome (MFS), aortic rupture and dissection are the major cause of premature death and on average shorten lifespan in these patients by a third, according to Dr. Cameron. Preventing aortic rupture by beta blockade and prophylactic aortic root replacement has been a major factor in improving life expectancy within the last three decades. Prophylactic aortic

root replacement is usually indicated when the sinus diameter exceeds 5-5.5 cm, though thoracic surgeons may wish to operate sooner if there is strong family history of aortic rupture/dissection or if size increases and aortic regurgitation worsens.



Duke Cameron, M.D.

With 2 percent of the general population having bicuspid aortic valve (BAV) syndrome, it is clearly the most common aneurysm syndrome where 30 percent of these patients experience a marked enlargement of the ascending aorta, according to Dr. Cameron. Enlargement to 5-5.5 cm is the point at which most thoracic surgeons operate in BAV patients, and the two procedural choices include aortic valve replacement and root replacement.

Addressing the when and how of surgical issues was John A. Elefteriades, M.D., Yale University School of Medicine, New Haven,

Conn., during his presentation "Thoracic Aortic Aneurysms: When is Intervention (Open or Stent-Grafted) Indicated?" The medical literature is replete with references on how to perform aortic operations but scant on when these operations should be performed.

"One of my main messages is that we should try to avoid an irrational exuberance in attacking aneurysm disease," Dr. Elefteriades said. "We must be certain that our intervention is founded on evidence-based criteria in patients truly at risk from their aneurysm."

When should thoracic surgeons intervene? The aneurysmal thoracic aorta should be resected before it reaches a critical 6 cm dimension in patients who do not have many comorbidities. In his presentation, Dr. Elefteriades recommended resection when the aorta reaches 5.5 cm, which provides a safe margin before rupture or dissection occurs. For MFS patients or those with an aneurysm-positive family history, Dr. Elefteriades recommends a threshold of 5 cm as an appropriate time to operate.

Surgical intervention is clearly indicated in cases of rupture or acute aortic dissection,

with ascending dissection requiring urgent operation and descending dissection calling for a more complication-specific approach. Aneurysm symptomatic states include pain indicative of unexplained rupture, compression of adjacent organs (trachea, esophagus or left main stem bronchus) and significant aortic insufficiency in conjunction with ascending aortic aneurysm. Another feature calling for surgery is marked aortic enlargement, defined as more than 1 cm in growth.

"What we are talking about is how we can prevent virulent lesions from turning into realized catastrophes with rupture and dissection," Dr. Elefteriades said.

The symposium included additional discussions on aortic dissections, mitral valve controversies, percutaneous aortic valve replacements, and an update on contemporary cardiovascular imaging.



John A. Elefteriades, M.D.

## General thoracic symposium addresses trends, innovations

PET scans do offer an effective means to stage lung cancer, depending on adequate instrumentation, nuclear medicine radiologists' experience and a patience with false negatives.

This is the observation presented during the AATS/STS General Thoracic Surgery Symposium by Carolyn E. Reed, M.D., of the Medical University of South Carolina, Charleston, S.C., during her presentation "PET Scans—When Should We Rely on them in the Staging of NSCLC?"

"The impact of PET is clear," Dr. Reed said. "It is a single, non-invasive test that gives us reasonable, cancer-specific imaging. There have been several studies to show that the impact of PET is that it can decrease the percentage of futile thoracotomies."

In one clinical trial — PLUS — PET scanning incorporated into conventional lung cancer work-up led to a 50-percent relative reduction in futile thoracotomies and prevented unnecessary surgery in 20 percent of patients with suspected NSCLC, according to Dr. Reed. Published studies reveal a sensitivity of 92-100 percent and specificity of 67-71 percent in the diagnostic accuracy of PET imaging for pleural metastases, according to Dr. Reed.

A particularly effective imaging strategy includes a PET and CT scanning combination, which has demonstrated superiority in determining the T-stage of the primary tumor and in assessing the presence of mediastinal or chest wall invasion, Dr. Reed noted. In a prospective 40-patient study, PET-CT provided better information about chest wall and mediastinal infiltration. PET-CT is better able to differentiate between tumors



Carolyn E. Reed, M.D.

and peritumoral inflammation and atelectasis.

A drawback of PET scanning for lung cancer is that PET requires a critical mass of metabolically active malignant cells before the scan detects a neoplastic site, Dr. Reed said. Therefore, PET should be interpreted with caution on tumors with decreased FDG uptake. The highest rates of inaccuracy in mediastinal nodal staging involved nodal station 4 (11 percent), nodal station 7 (10 percent) and nodal station 9 (3.5 percent).

Other imaging modalities are equally impressive in lung cancer detection and staging. Daniel L. Miller, M.D., of Emory University Clinic, Atlanta, addressed these modalities in his presentation on "Can Endobronchial Ultrasound (EBUS) and Esophageal Ultrasound (EUS) Fine Needle Aspiration (FNA) Replace Mediastinoscopy?"



Daniel L. Miller, M.D.

EUS and EBUS fine-needle nodal aspirations are superior to mediastinoscopy, which is effective for sampling lymph nodes in the petraeal, paratracheal and anterior sub-carnial regions, Dr. Miller said. EUS is most effective for sampling lymph nodes in the posterial mediastinum (lymph node stations 7, 8 and 9), and EBUS is capable of visualizing all anterior lymph nodes and the majority of hilar lymph nodes.

One 138-patient study at the Mayo Clinic, Jacksonville, demonstrated that the use of EUS or EBUS alone for diagnosing mediastinal lymphadenopathy resulted in low sensitivities under 70 percent.

The symposium continued with sessions on lung cancer management, esophageal cancer, and evolving concepts and techniques.

### Welcome Reception



The JackStraws, a local musical group, welcomed attendees to the AATS Exhibit Hall during the Welcome Reception on Sunday evening. Meeting participants enjoyed the local flavor of San Diego and the opportunity to meet with colleagues and industry representatives during the fun and relaxing event.

## Allied Symposia Schedule

### TODAY

#### 25 Years Experience with Medtronic Hancock II Bioprosthesis

6:00 – 8:00 a.m., Marriott, Marina D  
Symposium supported by an educational grant from Medtronic.

#### Human Plasma Derived Thrombin: Clinical Efficacy & Manufacturing Safety

6:00 – 8:00 a.m., Marriott, Marina F  
Symposium supported by Johnson & Johnson Wound Management.

#### The Epicardial Frontier: Minimally Invasive Techniques to Treat a Broader Range of Patients

6:00 – 8:00 p.m., Marriott, Seaview  
Symposium supported by an educational grant from AtriCure, Inc.

#### Techniques & Concepts Thoracic-Aortic Hybrid Procedures & Visceral De-Branching

7:00 – 10:00 p.m., Marriott, Marina D  
Symposium supported by an educational grant from Vasutek.

#### Innovations in Revascularization

6:00 – 10:00 p.m., W Hotel  
Symposium supported by an educational grant from Cardica, Intuitive Surgical, Maquet, Novadaq Technologies, and Transonic Systems.

### TUESDAY

#### How do you know? Compelling Evidence For the Routine Use Of Transit Time Flow Technology During CABG

6:00 – 8:00 a.m., Convention Center, Room 29A  
Symposium supported by an educational grant from MediStim

## Congenital Symposium presents fresh perspectives

Sunday's AATS/STS Congenital Heart Disease Symposium served up a unique mix of expertise and preliminary research, with 14 speakers giving presentations on subjects in which they'd not previously published.

Symposium Chairman, Frank L. Hanley, M.D., specifically selected controversial topics with myriad opinions and/or surgical approaches to encourage discussion and debate.

Session I of the symposium began with two related presentations discussing the efficacy of septation in specific situations.

Vaughn A. Starnes, M.D., of the University of Southern California, presented "When I Use the Bidirectional Glenn in Septatable Hearts."



Vaughn A. Starnes, M.D.

Dr. Starnes said that the addition of bidirectional cavopulmonary anastomosis to a septatable heart with a normal left ventricle and a small/or dysfunctional right ventricle is referred to as the one-and-one-half ventricle repair (1.5v).

While there is no clear proof that it is better than "a good Fontan (procedure)," Dr. Starnes said the reasons for performing the procedure are several.

"The advantages of a small pulsatile ventricle have been defined as the ability to increase cardiac output and maintain pulsatile flow in the pulmonary circulation. It gives the surgeon the flexibility to increase PVR without decreasing cardiac output and it is possible to maintain normal cardiac output with a low systemic venous pressure in the IVC," he said. "The low IVC pressure has the advantage of avoiding liver engorgement, ascites, peripheral edema and decreasing the incidence of protein-losing enteropathy. The potential to increase cardiac output readily without increasing the systemic pressure in the IVC may be the advantage of the 1.5v over the Fontan circulation."

Dr. Starnes said that with increas-

ing use of the 1.5v for very small right ventricles, at least there is the perception of an advantage of 1.5v over the Fontan circulation.

"In conclusion the 1.5v as a planned strategy maintains the benefits of separate pulmonary and systemic circulations including stabilization of CO in the face of changing PVR," he said. "We will have to continue to look at this over time."

Past AATS President Richard A. Jonas, M.D., of Children's National Medical Center followed Dr. Starnes with "Fontan or Septation: When I Abandon Septation in Complex Lesions with Two Ventricles."

Dr. Jonas said that the term septation is generally applied in the setting of a single ventricle with rudimentary ventricular septal development, thus making the statement "septation in the complex lesions with two ventricles" something of an oxymoron.

He pointed out that it is important to consider when the procedure is performed.

"You have to look at the era in which the Fontan was done," Dr. Jonas said. "Every procedure before the lateral tunnel was invented should be thrown out of the equation."

As the long-term results of the lateral tunnel and extracardiac Fontan procedures continue to improve, the threshold for shifting to a single track in the setting of a complex and non-ideal biventricular repair alternative has been lowered.

"Two ventricle options that subject the child and family to multiple surgical procedures and lengthy hospitalizations, as well as a limited cardiac output should be avoided," he said.

The symposium continued with additional presentations featuring controversial congenital heart surgery issues and the cardiology management of congenital heart disease.



Richard A. Jonas, M.D.

## Tuesday Plenary Session addresses several leading CTS issues

Five outstanding scientific papers, the Address by the Honored Speaker and several awards will be presented during Tuesday's Plenary Session from 9:00 to 11:40 a.m. in Ballroom 20A-C of the San Diego Convention Center.

An engaging paper presented on "Mid-Term Results of Endovascular Treatment of Acute and Chronic Aortic Dissection: The Talent Thoracic Retrospective Registry (TTR)," will address some unknowns about using stents as a therapeutic option for aortic dissection, particularly of the descending thoracic aorta.

"This particular paper will give us a lot more information on whether this is a good therapy or a bad one," Dr. Kron said. "This paper will provide us some serious follow-up to an area that has been very controversial."

Another paper addresses both sides of the question, "How Does the Use of PTFE Neochordae for Posterior Mitral Valve Prolapse (Loop Technique) Compare with Leaflet Resection?" This study compares traditional resection techniques of transferring normal chords from another part of the valve to using the relatively new procedure of constructing and implanting artificial chords.

"There are two opposing schools of thought," Dr. Kron said. "Presenters will offer conclusions on which is better, where they are equivalent and where there are minor differences."

The role of mechanical valve replacement in children will be the focus of "Mechanical Valves Versus Ross Procedure for Aortic Valve Replacement in Children: Propensity-Adjusted Comparison of Long-Term Outcomes." Fewer risks are involved in the initial mechanical valve replacement surgery for children, but the required anticoagulation gives some cardiac surgeons pause. The alternative is the tougher, but the anticoagulation-free, Ross procedure.

"Does the decreased risk in the initial surgery for mechanical valves outweigh potential complications of anticoagulation? This paper explores the issue of whether our biases against anticoagulation are real," Dr. Kron said. "The Ross procedure is a harder procedure and it has been used in kids with growth potential. However, there is a significant re-operation rate with the Ross procedure."

The following presentations will also be given during Tuesday's Plenary Scientific Session:

- "Application of the Revised Lung Cancer Staging System (IASLC Staging Project) to a Cancer Center Population"
- "Selective Antegrade Cerebral Perfusion Via Right Axillary Artery Cannulation Reduces Morbidity and Mortality after Proximal Aortic Surgery"

## AATS Attendee Reception takes to space

The San Diego Air & Space Museum serves as the backdrop for the AATS Attendee Reception on Tuesday from 7:00 to 9:00 p.m. Meeting participants are invited to tour the remarkable journey of aviation history housed at the Museum.

The reception fee is \$50, and on-site registration for this event is available at the AATS Registration Desk in the San Diego Convention Center. Shuttle Buses will transport guests to and from the Marriott, Omni and Hyatt hotels starting at 6:40 p.m.

## Annual Business Meeting scheduled

The AATS Annual Business Meeting is for AATS members only. The Business Meeting will take place Monday from 7:30 to

7:45 a.m. and Tuesday from 5:00 to 5:45 p.m., both in Ballroom 20 A-C.

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### Cleveland Clinic

The Cleveland Clinic Clinical Research Skills Development Core.

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Phone: 216-444-6712  
Email: blackse@ccf.org

Dr. Edward Nowicki  
Phone: 216-445-5634  
Email: nowicke@ccf.org



The joint Duke University and East Carolina Heart Institute Clinical Research Skills Development Core

Dr. Peter Smith  
Phone: 919-684-2890  
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### Eligibility:

- Resident or Fellow in Cardiothoracic, Vascular or General Surgery
- Faculty member in Cardiothoracic, Vascular or General Surgery
- Current NIH Career Award (K) awardees or those receiving salary support from other sources.

**EDUCATION***continued from page 1*

must be amended to educate CT surgeons more efficiently, in less time, and in more of the newer technologies. Specific needs identified included: standardize training across all programs to produce higher quality CT surgeons; provide training in the latest techniques, integrate with and use features traditionally in the province of other related disciplines, such as interventional radiology, vascular surgery, and interventional cardiology; broaden the scope of practice of cardiothoracic surgery and the knowledge and content appropriate to cardiothoracic surgery; enhance cardiothoracic surgical resident and post-graduate surgical education; and assess the effectiveness of these educational efforts.

"The JCTSE will work closely with the Thoracic Surgery Directors Association (TSDA), which represents all of the CT training programs," explained Dr. Chitwood. "The financial backing of the JCTSE will allow us to expand our initiatives to standardize training mechanisms across the specialty to ensure that programs are able to follow the same agenda, incorporating the latest techniques and procedures."

Inherent in the redesign of CT training and education is the recruitment of the Surgical Director of Education who will be responsible for creation and implementation of the JCTSE's initiatives. This individual will address the organizational structure and

length of training in cardiothoracic surgery, develop templates for alternatives to the traditional general surgery followed by CT surgery residency, including the new integrated six-year residencies, and the combined 4/3 surgery/cardiothoracic surgery programs, and make suggestions for other possible training algorithms. One suggestion is to streamline CT surgical residency training down to six years of dedicated clinical training in cardiovascular and thoracic diseases, incorporating open surgical operations and interventional catheter-based procedures, and eliminate the five years of dedicated general surgery residency which traditionally has been mandatory before entering cardiothoracic surgical residency training.

The JCTSE will closely monitor the new "integrated" CT surgical residency approved by the Residency Review Committee in Thoracic Surgery (RRC-TC) at Stanford University in 2007 and at the University of Pennsylvania in January 2008. "Based on what we are seeing at Stanford in this year's applicant pool of senior medical students, the shift is attracting very strong, accomplished, talented, and enthusiastic young individuals. We are optimistic that this will create the major sea change necessary to propel the specialty forward," opined Dr. Miller.

In addition to restructuring the residency training paradigm in the US, the JCTSE will address all levels of cardiothoracic surgical education, including graduate, postgraduate, and continuing education for practicing

In addition to restructuring the residency training paradigm in the US, the JCTSE will address all levels of cardiothoracic surgical education, including graduate, postgraduate, and continuing education for practicing CT surgeons.

CT surgeons. The Surgical Director will help to develop postgraduate education with the AATS, STS and other organizations to meet the needs of the practicing CT surgeon, especially in the acquisition of new technology skills and expertise. The Surgical Director will be an ex-officio member of the ABTS, the ABTS Education Committee, the Education and Program Committees of the AATS, the STS Workforces on Clinical Education, Graduate Medical Education and the Annual Meeting, and the Education Committee of the TSFRE. "The coordination of postgraduate education among the organizations will certainly be a great benefit to the specialty," stated Michael J. Mack, M.D., President of the TSFRE. "A major focus of the Foundation has always been education and we have worked with the STS and AATS in supporting their educational programs. The TSFRE is delighted to be an equal partner in the efforts of the JCTSE to enhance the educa-

tion of our CT residents and practicing surgeons."

The Surgical Director will also work with the ABTS to help diplomates meet the requirements for continuing Maintenance of Certification (MOC). "The Director will increase the availability of methods by which CT surgeons acquire new technical skills, partnering with the specialty societies and individually developed courses," said Richard H. Feins, M.D., Chair of the ABTS. "All of these combined efforts will produce surgeons who are better prepared to take the board certification examination. By joining forces, we hope to maintain the same high-quality, well-trained CT surgeon to which we have become accustomed."

Both the AATS and STS have established outreach programs focused on medical students and general surgery residents, as well. STS invites general surgery residents to its annual meeting and subsidizes their travel. AATS provides summer internships in CT surgery for first- and second-year medical students to spend eight weeks working in a CT surgery department.

The AATS, STS, ABTS, and TSFRE have indicated that they are committed to quality cardiothoracic surgery education at every level. Each of the organizations involved in the JCTSE has pledged major financial and administrative support of these initiatives. "American cardiovascular and thoracic surgery will emerge from this tumultuous time as a stronger, more vibrant specialty," concluded Dr. Miller.

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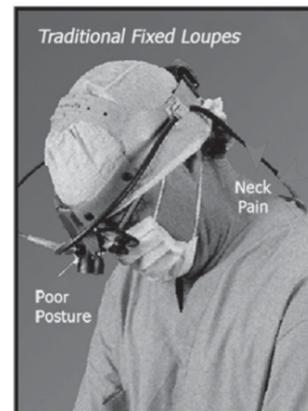
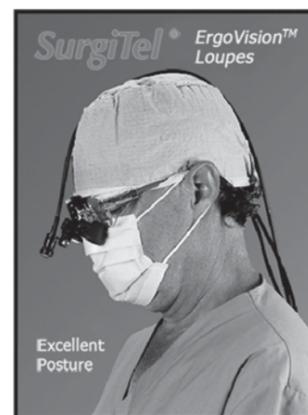
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## 2008 AATS Candidate Members

The following candidates for AATS membership will be presented for consideration during the AATS Executive Session on Tuesday, 5:00 pm – 5:45 pm, in Ballroom 20 A-C)

Arvind Agnihotri, Boston  
Michael Argenziano, New York  
Charles Bridges, Philadelphia  
Jamie Brown, Baltimore  
Stephen Cassivi, Rochester, MN  
Alain Chapelier, Boston  
Neil Christie, Pittsburgh  
Ruggero De Paulis, Rome

Abelardo DeAnda, Bronx, NY  
Pirooz Eghtesady, Cincinnati  
Anthony Estrera, Houston  
Hiran Fernando, Boston  
Joseph Forbess, Dallas  
James Gammie, Baltimore  
Daniel Goldstein, Bronx, NY  
Igor Gregoric, Houston  
Shengshou Hu, Beijing  
Tadashi Isomura, Kamakura, Japan  
Marjan Jahangiri, London  
Robert Jaquiss, Little Rock, AR  
Victor Jebara, Beirut

Alan Kypson, Greenville, NC  
Rüdiger Lange, Munich, Germany  
Jennifer Lawton, St. Louis  
Michael Liptay, Chicago  
Jinfen Liu, Shanghai  
Thomas MacGillivray, Boston  
Mitchell Magee, Dallas  
Juan Martínez-León, Valencia, Spain  
Tomislav Mihaljevic, Cleveland  
Victor O. Morell, Pittsburgh  
Jose Navia, Cleveland  
Hitoshi Ogino, Osaka, Japan  
Morihito Okada, Hiroshima City, Japan

John Pepper, London  
Vivek Rao, Toronto, ON, Canada  
Hermann Reichenspurner, Hamburg  
Germany  
Jeffrey Rich, Norfolk, VA  
Joseph Schmoker, Burlington, VT  
Hans Sievers, Luebeck, Germany  
Mark Slaughter, Oak Lawn, IL  
David Spielvogel, Valhalla, NY  
Yuichi Ueda, Nagoya, Japan  
Luca Vricella, Baltimore  
Toshikatsu Yagihara, Suita, Japan  
Marco Zenati, Pittsburgh

## New products introduced in Exhibit Hall

This year, the AATS Exhibit Hall will feature a number of continuing in-booth presentations, the introduction of many new products and the announcement of several FDA 501(k) approved products.

### AtriCure, Inc. 913

**Coolrail Product Demonstration**  
With AtriCure Coolrail™, you are now connected to a whole new range of patients! Visit our booth to participate in demonstrations on how Coolrail can produce precise linear atrial lesions for minimally invasive or totally thoracoscopic approaches.

### ORLab Product Launch

Introducing ORLab™, the latest tool for intra-operative testing during advanced cardiac surgery. Now you can test for block, isolate and ablate GPs, plus record and print Intraoperative results for your referring physicians. Visit the AtriCure booth for demonstrations on how ORLab can bring your OR to a new level.

### ATS Medical 721

ATS Medical introduces the ATS Open Pivot® AP360™ mechanical valve. The AP360 valve maximizes hemodynamic performance with a new supra-annular cuff design that facilitates easier implantation. The unique Open Pivot utilizes a pivot design that is open to blood flow resulting in exceptional performance and lower complications.

ATS Medical will also introduce the ATS Simulus® Semi Rigid ring. The unique Flex-Zone™ anterior segment accommodates the natural movement of the anterior mitral annulus and offers a semi-rigid posterior segment to stabilize valve repair.

### The Center for Biomedical Continuing Education 1128

ReachMD and The Center for Biomedical Continuing Education (CBCE) today announced an exclusive partnership to deliver high quality continuing medical education (CME) to physicians who treat cancer patients. Effective immediately, The CBCE becomes the exclusive provider of accredited CME for oncologists on ReachMD's "Weekend CME Rounds" on XM Satellite Radio Channel 157. Titled "CancerMinds," this radio series will be featured on ReachMD's Saturday and Sunday program, "Weekend CME Rounds." Clinicians have the option of participating via XM Radio (XM157) or online, through the ReachMD.com Web-based streaming e-subscription package.

### CryoLife 523

In February 2008, CryoLife received 510(k) clearance for CryoValve® SG pulmonary human heart valve. The valve is processed using the SynerGraft technology designed to remove allogeneic donor cells from the valve without compromising the collagen matrix. The heart valve is indicated for the replacement of diseased, damaged, malformed or malfunctioning native pulmonary valves.

### Edwards Lifesciences 1001

Edwards Lifesciences offers new arterial and venous cannulae that are designed to reduce trauma, increase efficiency and provide a variety of cannulation site options that address today's more challenging surgical approach. Among these are the FemTrak™ femoral venous cannula and the OptiSite™ arterial cannula, which both have proprietary ultra-thin wall technology to optimize flow. The FemTrak™ femoral venous cannula is precision-designed with a metal ferrule to provide an atraumatic transition between the cannula and introducer, and features a tapered auto-dilating tip that navigates through tortuous anatomy. The OptiSite™ arterial cannula features a dilator with a blunt tip configuration that provides flexibility in cannulation sites, a lock feature, and a vent plug.

### Luna Innovations 239

The EDAC® QUANTIFIER (Emboli Detection and Classification) blood circuit monitor from Luna Innovations uses sophisticated ultrasound technology to non-invasively count and measure gaseous emboli in the extracorporeal blood circuit. Unlike traditional emboli detectors, the EDAC® QUANTIFIER detects microemboli that may otherwise go unnoticed. What was previously unknown is now precisely measurable. The EDAC® QUANTIFIER was recently FDA cleared and is CE mark pending.

### PEAK Surgical 244

PEAK Surgical will be introducing the PEAK® Surgery System, which combines the PULSAR™ Generator, supplying unrivaled pulsed plasma radiofrequency energy, with the PEAK PlasmaBlade™, a disposable cutting device that offers the exacting control of a scalpel and the bleeding control of traditional electrocautery without the extensive collateral damage.

### Péters Surgical 829

**Péters Surgical announces FDA Approval (510k) for Uniring®**

Uniring®: Universal Annuloplasty System for mitral and tricuspid valves combines flexible and rigid elements providing overall annular flexibility. Uniring® can be customized for partial or complete circumferential coverage of the annulus. Uniring® can accommodate valves of any size with any pathological condition.

### Philips Healthcare 607

Xper FD20 fixed lab for hybrid endovascular/surgical procedures, Motion-stopping vascular pulsed imaging on Pulsera C-ARM, and Live 3D echo (TEE) for procedural planning and guidance.

### Scanlan International Inc. 1301

Scanlan International has developed a full line of new VATS/MICS instrumentation offering a unique dual pivot point, sliding shaft design, enabling the instrument to be fully functional when placed through a port or small thoracic incision — yet providing the familiarity of traditional handles for secure manipulation and superior tactile response.

### SynCardia Systems 340

See the Companion Driver System that is intended to power the CardioWest™ temporary Total Artificial Heart in the hospital and in the out-of-hospital environment. There may still be openings for investigators from transplant centers for our pending FDA IDE clinical study. Visit SynCardia Booth 340 or contact msloan@syncardia.com.

### Terumo Cardiovascular Systems Booth 713

Terumo's cardiac and vascular companies will display the VirtuoSaph™ Endoscopic Vein Harvesting System, Vascutek® Gelweave™ Graft Geometries range of gelatin sealed woven grafts, DuraHeart™ Left Ventricular Assist System (not available in the U.S.), cannulae and perfusion systems.

## IN-BOOTH PRESENTATIONS

### ESTECH 613 & 623

- Monday, 9:15-10:00 a.m., Dr. Ralf Krakor, director, Cardiac Surgery Department, Stadtische Kliniken Hospital, "Minimally Invasive Valve Surgery and Cardiac Ablation Using the ESTECH LiV System and COBRA Adhere XL™"
- Monday, 12:15-1:45 p.m., "Least Invasive Valve"
- Tuesday, 10:15-11:00 a.m., "Least Invasive Valve"

### Intuitive Surgical 327

- Monday, 9:30-10:30 a.m., Doug Murphy, Saint Joseph's Hospital, "Minimally Invasive Cardiac Surgery Utilizing Performance Enhancing Technology"
- Monday, 12:30-1:45 p.m., Leland Siwek, Sacred Heart Medical Center, "Mastering Robotic Mitral Valve Repair — A Stepwise Approach"
- Monday, 3:15-3:45 p.m., Daniel Bethencourt, Long Beach Medical Center, "Building a Comprehensive Robotic Cardiac Surgery Program"
- Monday, 3:45-4:14 p.m., Francis Sutter, Lankenau Hospital, "Hybrid Coronary Revascularization: The Lankenau Experience"

### Medtronic 701

- Monday, 9:15 a.m., Profile 3D Joseph Gorman, III, M.D., New Products
- Monday, 9:30 a.m., RBC Timothy Hannon, M.D., Blood Management
- Monday, 12:15 p.m., MICS/Freestyle Michael Moront, M.D., MICS Therapies
- Monday, 12:45 p.m., MICS Joseph McGinn, M.D., MICS Therapies
- Monday, 1:00 p.m., Survival Peter Kleine, M.D., Survival — Heart Valves
- Monday, 1:30 p.m., MICS/Survival Michael Reardon, M.D.
- Monday, 1:45 p.m. AFT Ralph Damiano, M.D.
- Monday, 3:15 p.m., MICS J. Alan Wolfe, M.D., MICS Therapies
- Monday, 3:30 p.m., RHS Bob Kiaii, M.D., Blood Management

### PEAK Surgical 1031

- Monday, 9:15 a.m. and 3:30 p.m., Evaluation of PEAK PlasmaBlade Compared to Traditional Electrosurgery and Ultrasonic Instruments. Kai Ihnken, M.D., Clinical Assistant Professor, Cardiothoracic Surgery, Stanford University School of Medicine, Stanford, CA

### St. Jude Medical 1013

- Monday, 9:15-10:00 a.m., Pia Mykén, M.D. — "Two Decades Experience with the Biocor™"
- Monday, 12:30-1:15 p.m. Joseph Woo, M.D. — "Advanced Biocor™ Applications"
- Monday, 3:15-4:00 p.m. John Mehall, M.D. — "Non-Sternotomy Valve Surgery"
- Tuesday, 10:15-1:00 a.m. Narendra Vyavahare, Ph.D. — "The St. Jude Medical Epic™ Valve and Linx AC™ Technology"

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*Some examples of MAQUET Cardiovascular products include (clockwise from top left): VASOVIEW® HemoPro™ Endoscopic Vessel Harvesting System, HEARTSTRING® Proximal Seal System, Hemashield Platinum™ Woven Vascular Grafts, and ROTAFLOW Centrifugal Pump System.*

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# 2008 EXHIBITORS

**A & E Medical Corporation** 1520  
2310 South Miami Boulevard, Suite 240, Durham, NC 27703 USA

Products to be exhibited: MYO/Wire temporary pacing wires, MYO/Wire II sternum wires, PorterMed rotating aortic punch, Direct View Retractor (DVR2) for minimally invasive saphenous vein harvest and DoubleWire high strength sternal closure system. The high strength DoubleWire sternum closure system provides stable sternal fixation in large and COPD patients.  
www.aemedical.com

**Accumetrics** 1037  
3985 Sorrento Valley Boulevard, San Diego, CA 92121 USA  
Accumetrics develops and manufactures the VerifyNow® System, a comprehensive system for the assessment of platelet function. VerifyNow provides doctors with an easy to use, automated, rapid and accurate way to monitor platelet function to optimize the effectiveness of antiplatelet therapies. Accumetrics markets VerifyNow® tests for aspirin, Plavix® and GPIIb/IIIa inhibitors.  
www.accumetrics.com

**Acute Innovations** 1130  
21421 NW Jacobson Road, Suite 700, Hillsboro, OR 97124 USA  
Acute Innovations Rib Fracture Plating System is a comprehensive system of implants and instruments specifically for repairing rib fractures. The plate's unique U-shape with locking screw technology provides excellent fixation and allows a minimally invasive approach. The precise targeting and instrumentation provide straightforward insertion that reduces OR time.  
www.acuteinnovations.com

**Aesculap, Inc.** 1401  
3773 Corporate Parkway, Center Valley, PA 18034 USA  
Aesculap, Inc., is a member of the B. Braun family of healthcare companies and the world's largest manufacturer of surgical instrumentation. For more than 138 years, Aesculap has provided customers with surgical instrumentation and implants for neurosurgery, ENT, plastic and reconstructive, thoracic, micro-vascular, cardiovascular, orthopedic and laparoscopic surgery.  
www.aesculapusa.com

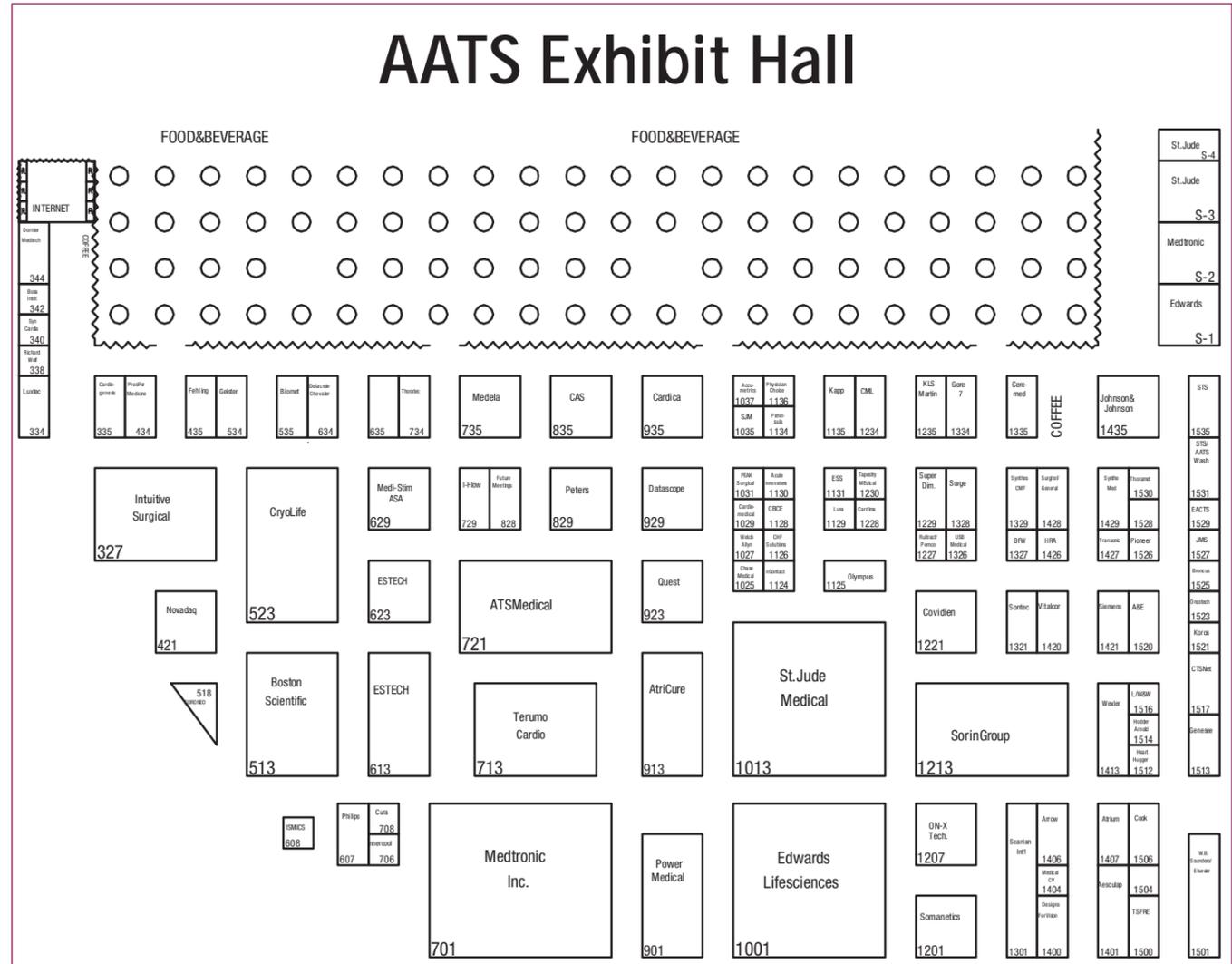
**American Association For Thoracic Surgery** Lobby 1  
900 Cummings Center, Suite 221-U, Beverly, Massachusetts 01915 USA  
Founded in 1917, the American Association for Thoracic Surgery is dedicated to excellence in research, education, and innovation in thoracic surgery and has become an international professional organization of more than 1100 of the world's foremost cardiothoracic surgeons. The annual meeting, research grants, awards, educational symposia and courses, along with the AATS official journal, the Journal of Thoracic and Cardiovascular Surgery, all strengthen its commitment to science, education and research. Please visit www.aats.org or stop by the AATS booth for more information.

**Arrow International, A Teleflex Medical Company** 1406  
4024 Stirrup Creek Drive, Durham, NC 27709 USA  
www.teleflexmedical.com

**Atricure, Inc.** 913  
6033 Schumacher Park Drive, West Chester, OH 45069 USA  
Expand your cardiac ablation instrumentarium to include the AtriCure® Isolator® ablation system. Connecting surgeons to a whole new range of patients, AtriCure Coolrail™ linear pen allows you to complete a full epicardial left atrial maze lesion set in a minimally invasive or thoracoscopic setting. www.atricure.com

**Atrium Medical Corporation** 1407  
5 Wentworth Drive, Hudson, NH 03051 USA  
Atrium Medical Corporation, the leading manufacturer of chest drainage products worldwide, offers a complete family of the finest quality, most innovative thoracic drainage products available including the Ocean, Oasis and Express series chest drains, Express Mini 500 mobile drain, PleuraGuide Disposable Chest Tube Kit, and HydraGlide XL Silicone Thoracic Catheters. www.atriummed.com

**ATS Medical, Inc.** 721  
3905 Annapolis Lane, Suite 105, Minneapolis, MN 55447 USA  
ATS Medical features the ATS Open Pivot® Mechanical Heart Valves, ATS Simulus™ Annuloplasty Products, and ATS 3P® Bioprostheses. ATS is the leader in surgical cryoablation providing ATS CryoMaze™ probes and clamps for the treatment of cardiac arrhythmias. www.atomedical.com



**BFW, Inc.** 1327  
2307 River Road, Suite 103, Louisville, KY 40206 USA  
Recognized around the world for progressive engineering and straightforward, functional design in surgical headlights, from its Thru-the-Lens Headlight video system to its Maxenon™ Xi 300-Watt Xenon headlight system, BFW™ provides the most dependable and powerful headlight illumination available for the OR today. www.bfwinc.com

**Biomet Microfixation (Formerly W. Lorenz Surgical)** 535  
1520 Tradeport Drive, Jacksonville, FL 32218 USA  
SternaLock™ "The New Gold Standard" Intended for primary sternal closure in "high risk" patients, SternaLock is proven to provide greater stability, decrease infection, promote earlier bone healing, and increase patient comfort while saving time and money. www.biometmicrofixation.com

**Boss Instruments, Ltd.** 342  
395 Reas Ford Road, Suite 120, Earlysville, VA 22936 USA  
BOSS Instruments, Ltd. is a surgical instrument company which concentrates on the manufacture and continual development of specialty lines in the following areas: Bariatric, ENT, General Surgery, Laparoscopy, Neurosurgery, Obstetrics/Gynecology, Ophthalmic, Orthopedic, Plastic, Table-Mounted Retractors, and Vascular/Cardiovascular. www.bossinst.com

**Broncus Technologies, Inc.** 1525  
1400 North Shoreline Boulevard, Building A8, Mountain View, CA 94043 USA  
Broncus Technologies is conducting the EASE Trial to investigate airway bypass, a minimally-invasive bronchoscopic procedure to treat emphysema. Airway bypass creates new pathways in the lung for trapped air to escape and may potentially reduce lung hyperinflation, improve pulmonary function and enhance quality of life in emphysema patients. www.broncus.com

**California Medical Laboratories, Inc.** 1234  
1570 Sunland Lane, Costa Mesa, CA 92626 USA  
Manufacturer of cardiovascular cannulae, catheters, array of cardioplegia delivery products, suction and venting devices, accessories, and minimally invasive products. Please visit our booth in order to discuss recent developments in our Cannulae Line. www.calmedlab.com

**Cardica, Inc.** 935  
900 Saginaw Drive, Redwood City, CA 94063 USA  
Anastomosis made fast and simple. Cardica designs and manufactures proprietary automated anastomosis systems used by cardiovascular surgeons to perform rapid, reliable and consistent anastomosis of the blood vessels during coronary artery bypass graft (CABG) surgery. In comparison with hand-sewn sutures, our systems offer mechanically governed repeatability and reduced procedural complexity. www.cardica.com

**Cardima, Inc.** 1228  
47266 Benicia Street, Fremont, CA 94538 USA  
Cardima-Advancing Cardiac Ablation Techniques. Proven innovative technology incorporated into an ablation line of products used in an open (or closed) chest procedure safely and effectively; creating continuous, thin, deep, transmural lesions. Cardima has been dedicated to the diagnosis and treatment of arrhythmias for over 12 years. www.cardima.com

**Cardiogenesis Corporation** 335  
11 Musick, Irvine, CA 92618 USA  
Cardiogenesis Corporation is a progressive medical device company specializing in the treatment of cardiovascular disease and a leader in therapies designed to stimulate cardiac angiogenesis (new blood vessel formation) and aid in complete revascularization in patients with ischemic heart disease. The company's market-leading Holmium:YAG laser and disposable fiber-optic delivery systems are used to treat patients suffering from the debilitating pain of severe angina. www.cardiogenesis.com, www.heartofnewlife.com, www.learntrm.com

**Cardiomedical GmbH** 1029  
Industriestrasse 3A D-30855 Langenhagen Germany  
MIC-Instruments; Laparoscopic Instruments; Retractors and Accessories; Coronary Instruments; Cannulae Program; Blood Flow Measurement; Xenon Headlight System; Clip Technology; Pacer; Temporary Heartwires & Leads. www.cardiomedical.de

**CAS Medical Systems, Inc.** 835  
44 East Industrial Road, Branford, CT 06405 USA  
CAS Medical Systems, a leader in vital signs monitoring systems, presents the FORE-SIGHT™ Cerebral Oximeter, a compelling new technology for the continuous monitoring of absolute cerebral tissue oxygen saturation. This non-

invasive device enables tailored patient management and a reduction in catastrophic desaturation events. Visit us at booth number Booth 835 or online at www.CASMED.com/FORE-SIGHT

**Center For Biomedical Continuing Education (CBCE)** 1128  
1707 Market Place Boulevard, Suite 370, Irving TX 75063  
The CBCE invites you to participate in our satellite symposium entitled Optimizing Adjuvant Chemotherapy in Non-Small Cell Lung Cancer. Faculty includes Eric Vallieres, MD an Associate Professor of Surgery from University of Washington and David Harpole, MD from the Department of Cardiovascular and Thoracic Surgery from Duke University Medical Center. Upon completion of this activity, physicians will be able to describe the biological mechanisms underlying the impact of various tumor molecular characteristics on patient prognosis or therapeutic response to adjuvant therapy in early-stage NSCLC, evaluate recent clinical data from studies investigating molecular approaches to predicting benefit to adjuvant chemotherapy in early-stage NSCLC, and summarize the specific issues that must be considered as targeted agents are increasingly used in the adjuvant setting in early-stage NSCLC. To Register, log-on to www.thebce.com or call 214-260-9024. www.thebce.com

**Ceremed, Inc.** 1335  
3643 Lenawee Avenue, Los Angeles, CA 90016 USA  
Ceremed manufactures and sells Ostene, a synthetic, water soluble, bone hemostasis material. Ostene achieves immediate hemostasis without interfering with bone healing, without causing an increase in infection rates and without causing chronic inflammation. www.ostene.com

**Chase Medical** 1025  
1876 Firman Drive, Richardson, TX 75081  
Chase Medical is a medical technology company focused on the diagnosis and treatment of heart failure. Products include the Mannequin™ for physicians performing Surgical Ventricular Restoration (SVR) and MARISA™ Cardiac MRI analysis technology. www.chasemedical.com

**CHF Solutions** 1126  
7601 Northland Drive, Suite 170, Brooklyn Park, MN 55428  
www.chfsolutions.com

# What's Your Future Without

Minimally Invasive  
Cardiac Surgery

## Small Talk

### Straight Talk

Several  
in-booth  
experts

Monday, May 12  
Booth #701

#### Minimally Invasive

**12:15 pm** *MICS Valve*  
Michael G. Moront, MD,  
Toledo, Ohio

**12:45 pm** *MICS CABG*  
Joseph McGinn, MD,  
Staten Island, New York

**3:10 pm** *MICS Valve*  
J. Alan Wolfe, MD,  
Atlanta, Georgia

#### Other topics on Monday

**1:00 pm** *Tissue Valve  
Leaflet Kinematics*  
Peter Kleine, MD, PhD  
Frankfurt, Germany

**1:30 pm** *Tissue Valve  
Survival*  
Michael J. Reardon, MD,  
Houston, Texas

**1:45 pm** *Why Irrigation  
Matters*  
Ralph Damiano, MD  
St. Louis, Missouri

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## Medtronic

Alleviating Pain · Restoring Health · Extending Life

# 2008 EXHIBITORS (CONTINUED)

- Cook Medical** 1506  
750 Daniels Way, PO Box 489, Bloomington, IN 47402 USA  
Cook Medical was the first company to introduce interventional devices in the United States. Today, the company participates in all global markets, integrating device design, biopharma, gene and cell therapy and biotech to enhance patient safety and improve clinical outcomes. Cook won the prestigious Medical Device Manufacturer of the Year for 2006 from Medical Device and Diagnostic Industry magazine. For more information, visit [www.cookmedical.com](http://www.cookmedical.com).
- Coroneo, Inc.** 518  
9250 Park Avenue, Suite 514, Montreal, Quebec, Canada, H2N 1Z2  
Featured will be the "Extra-Aortic" Annuloplasty Ring, a unique expansible ring to correct aortic insufficiency in valve-sparing surgery, while preserving the physiology of the aortic root. Surgical platforms for both sternotomy and intercostal approaches during valvular, CABG, OP-CAB, and robotic surgery. Also featured will be pediatric titanium retractors with swivel blades. [www.coroneo.com](http://www.coroneo.com)
- Covidien** 1221  
150 Glover Ave, Norwalk, CT 06850 USA  
Covidien is a leading global healthcare products company that creates innovative medical solutions for better patient outcomes and delivers value through clinical leadership and excellence. Please visit [www.covidien.com](http://www.covidien.com) to learn more.
- Cryolife, Inc.** 523  
1655 Roberts Boulevard NW, Kennesaw, GA 30144 USA  
CryoLife®, Inc. is a leader in the development and implementation of advanced technologies associated with allograft processing and cryopreservation. Additionally, CryoLife continues to expand its protein hydrogel technology platform, which currently includes BioGlue® Surgical Adhesive. [www.cryolife.com](http://www.cryolife.com)
- CTSNet** 1517  
3108 Queeny Tower, Barnes Jewish Hospital Plaza, St. Louis, MO 63110 USA  
CTSNet is the premier electronic community and portal of information for cardiothoracic surgery, providing the most comprehensive, most heavily trafficked, and most reliable online source of information about cardiothoracic surgery available worldwide. [www.ctsnet.org](http://www.ctsnet.org)
- Cura Surgical, Inc.** 708  
2571 Kaneville Court, Geneva IL 60134  
Cura Surgical provides solutions designed to enhance the overall surgical experience for patients and surgeons. Our focus is to facilitate patient healing and recovery. Cura Surgical's offering includes Surgical Site Infection (SSI) prevention solutions, minimally invasive surgical instruments, and implantables. [www.curasurgical.com](http://www.curasurgical.com)
- Datascope Corporation** 929  
14 Phillips Parkway, Montvale, NJ 07645 USA  
Datascope Corp. provides counterpulsation and conduit harvest solutions for Cardiothoracic Surgeons. Featuring CS300® pump and Sensation® catheter. We are the leader in counterpulsation therapy. Our ClearGlide® EVH products offer flexible, efficient options for single, small incision conduit harvest. [www.datascope.com](http://www.datascope.com)
- Delacroix-Chevalier** 634  
c/o MED Alliance Group, Inc., 3825 Commerce Drive, St. Charles, IL 60174 USA  
Delacroix-Chevalier designs and manufactures World Class Instruments. D-C is best known for the Carpentier Mitral Valve Repair retractor and instrument set, Mammary Retractors, and Resano "Magic" Forceps. [www.delacroix-chevalier.com](http://www.delacroix-chevalier.com)
- Designs For Vision, Inc.** 1400  
760 Koehler Avenue, Ronkonkoma, NY 11779 USA  
Designs for Vision, Inc. manufactures the world's finest Surgical Telescopes and headlights. Our lightweight custom-made Surgical Telescopes (2.5x, 3.5x, 4.5x and 6.0x) improve visual acuity and reduce back and neck pain. The Daylight Xenon 300™ and Daylight Metal Halide™ provide the brightest intensity at an affordable price. [www.designsforvision.com](http://www.designsforvision.com)
- Dornier Medtech** 344  
1155 Roberts Boulevard N.W., Kennesaw, GA 30144 USA  
Dornier MedTech develops, manufactures, markets and services medical lasers, orthopedic shock wave devices, lithotripters and urotables worldwide, providing innovative therapeutic, diagnostic and service solutions for numerous health-care fields. [www.dornier.com](http://www.dornier.com)
- EACTS** 1529  
3 Park Street, Windsor, SL4 1LU, UK  
EACTS - the largest European Association devoted to Cardio-thoracic surgery. Our mission is to raise standards in CT surgery through education and training. Visit the booth for information on membership, future meetings and all activities of EACTS. Journals: EACTS: European Journal of Cardio-Thoracic Surgery; ICVTS: Interactive Cardiovascular and Thoracic Surgery; MMCTS: Multimedia Manual of Cardiothoracic Surgery. Future Meetings 2008: 22nd Annual Meeting, 13 – 17 September 2008, Lisbon Portugal; 20-22 November 2008: Advanced Techniques in Cardiac Surgery, Krakow, Poland; 12-13 December 2008: Focus on Thymic Tumours, Antwerp, Belgium. [www.eacts.org](http://www.eacts.org)
- Edwards Lifesciences** 1001  
One Edwards Way, Irvine, CA 92614 USA  
Edwards Lifesciences is the leading heart valve company in the world. Edwards addresses advanced cardiovascular disease with its market-leading heart valve therapies, vascular disease treatments and critical care technologies. In 2008, Edwards is celebrating 50 years of partnering with clinicians to develop life-saving innovations. [www.edwards.com](http://www.edwards.com)
- Estech Cardiac Surgery Specialists** 613 & 623  
2603 Camino Ramon, Suite 100, San Ramon, CA 94583 USA  
Description: ESTECH enables procedures Cardiac Surgeons specialize in: Ablations, CABG, and Valve — with COBRA® RF Ablation Products, Stabilizers and Positioners, Valve Exposure and Cannulation Systems for traditional and minimally invasive approaches. [www.estech.com](http://www.estech.com)
- Experimental Surgical Services** 1131  
420 Delaware St. SE, MMC 220, Minneapolis, MN 55455 USA  
Experimental Surgical Services at the University of Minnesota is more than just a contract research organization. From discovery to regulatory strategy to submission we are the industry leader in researching and testing pre-clinical medical devices and surgical techniques. We have 25 years experience in pre-clinical assessment for the medical industry. [www.ess.umn.edu](http://www.ess.umn.edu)
- Fehling Surgical Instruments, Inc** 435  
509 Broadstone Lane, Acworth, GA 30101 USA  
FEHLING SURGICAL INSTRUMENTS® exhibit features the "Fehling CERAMO Instrument Line", "SUPERPLAST Coronary Probes" and "Innovative Retractor Systems" including Instrumentation for Minimally Invasive Cardiac Surgery. Black CERAMO surface means high efficiency through enhanced performance, increased endurance and minimal maintenance. See and feel the difference. [www.fehlingsurgical.com](http://www.fehlingsurgical.com)
- Genesee Biomedical, Inc.** 1513  
1308 S. Jason Street, Denver, CO 80223 USA  
Innovation Changing Life through products for Cardiothoracic Surgery. Genesee BioMedical, Inc. develops and manufactures instruments and devices for cardiothoracic surgery. Unique Genesee products include sternal and thoracic retractors for adult/pediatric cardiac surgery, reusable cardiac positioners, coronary graft markers, myocardial temperature probes and suture guards. All products are CE marked. [www.geneseebiomedical.com](http://www.geneseebiomedical.com)
- Gore & Associates, Inc.** 1334  
1505 North 4th Street, PO BOX 2400, Flagstaff, AZ 86001 USA  
The Gore Medical Products Division has provided creative therapeutic solutions to complex medical problems for three decades. During that time, more than 23 million innovative Gore Medical Devices have been implanted, saving and improving the quality of lives worldwide. The extensive Gore Medical family of products includes vascular grafts, endovascular and interventional devices, surgical meshes for hernia repair and sutures for use in vascular, cardiac and general surgery. For more information, please visit [www.goremedical.com](http://www.goremedical.com)
- Heart Hugger/General Cardiac Technology, Inc** 1512  
15814 Winchester Blvd #105, Los Gatos, CA 95030 USA  
HEART HUGGER Sternal Support Harness: Patient-controlled pain management post-op. Heart Hugger gives patients the confidence and security to be aggressive with RT, speeding recovery, while stabilizing their wound. Patients squeeze the handles together whenever they cough or move, tightening the chest strap, supporting the ribcage laterally with uniform encircling pressure. [www.hearthugger.com](http://www.hearthugger.com)
- Hodder Arnold Publishers** 1514  
198 Madison Avenue, New York, NY 10016 USA  
Please visit our booth featuring the latest titles from Hodder Arnold including Operative Thoracic Surgery, by Kaiser, which was awarded first prize in the surgery category of the 2007 BMA Medical Book Competition. [www.oup.com/us/catalog/general/series/AHodderArnoldPublication/?view=usa](http://www.oup.com/us/catalog/general/series/AHodderArnoldPublication/?view=usa)
- HRA Hospital Research Associates** 1426  
400 Lanidex Plaza, Parsippany, NJ 07054 USA  
Our team of experienced interviewers will be distributing carefully developed questionnaires. We'll be gathering the answers to vital marketing and clinical questions-answers that can affect the introduction of new products or the continuation of existing healthcare products and services. [www.hraresearch.com](http://www.hraresearch.com)
- I-Flow Corporation** 729  
20202 Windrow Drive, Lake Forest, CA 92630 USA  
ON-Q is labeled to significantly reduce pain better than narcotics and to significantly reduce narcotics intake after surgery. ON-Q was upheld as a best practice for post-surgical pain relief and its widespread use was encouraged as part of an independent study published in the prestigious Journal of American College of Surgeons. Medicare recognizes ON-Q as a payable covered benefit and therefore medically necessary. [www.iflo.com](http://www.iflo.com)
- Innercool Therapies, Inc.** 706  
6740 Top Gun Street, San Diego, CA 92121 USA  
INNERCOOL is the only company to provide a complete continuum of Temperature Modulation products with innovative endovascular and surface-based systems. The RapidBlue™ Endovascular Cooling and Warming System and the CoolBlue™ Surface Cooling System allow hospitals to utilize technologies with different performance characteristics to address all their cooling and warming needs. [www.innercool.com](http://www.innercool.com)
- International Society For Minimally Invasive Cardiothoracic Surgery** 608  
900 Cummings Center, Suite 221-U, Beverly, MA 01915 USA  
Advancing innovative techniques and the latest technologies in less invasive forms of cardiothoracic surgery, ISMICS offers cutting-edge science and hands-on demonstrations at its Annual Meeting and Winter Workshop. 11th Annual Meeting, 11-14 June 2008, Marriott Copley Place, Boston, Massachusetts. [www.ismics.org](http://www.ismics.org)
- Intuitive Surgical, Inc.** 327  
1266 Kifer Road, Building 101, Sunnyvale, CA 94086 USA  
Intuitive Surgical, Inc. is the global technology leader in robotic-assisted, minimally invasive surgery. The Company's da Vinci® Surgical System offers breakthrough capabilities that enable cardiac surgeons to use a minimally invasive approach and avoid sternotomy. [www.intuitivesurgical.com](http://www.intuitivesurgical.com)
- JMS North America** 1527  
6600 North Andrews Avenue, Suite 320, Fort Lauderdale, FL 33309 USA  
JMS Co., Ltd of Japan is a major medical products company dedicated to the development, manufacture and sale of products in four main fields: infusion and transfusion therapy, dialysis, cardiovascular, and general medical supplies. JMS North America Corporation is the Sales and Marketing arm of the company in the Americas. JMS North America is proud to be exhibiting the JMS Bypass Tube and a novel Graft Holder at the AATS 2008. [www.jmsna.net](http://www.jmsna.net)
- Johnson & Johnson Wound Management, A Division Of Ethicon, Inc.** 1435  
Route 22 West, Somerville, NJ 08876 USA  
Visit Johnson & Johnson Wound Management, a division of Ethicon, Inc. at Booth #1435 to view innovations in hemostasis, featuring EVITHROM® Thrombin, Topical(Human), and Effective, Safe, and Easy-to-Use human thrombin. Come experience the Human Advantage! [www.biosurgicals.com](http://www.biosurgicals.com)
- Kapp Surgical Instruments, Inc.** 1135  
4919 Warrensville Center Road, Cleveland, OH 44128 USA  
Kapp Surgical is a custom design house for surgical instrumentation. Kapp holds the original patent on the Cosgrove Mitral Valve Retractor, which is the gold standard around the world. Kapp has a variety of other retractors and sterile products related to the OR, i.e. McCarthy Mini Sternotomy Retractor, Gillinov Maze Retractor, and several NEW custom cardiac devices. [www.kappsurgical.com](http://www.kappsurgical.com)
- KLS Martin LP** 1235  
P.O. Box 50249, Jacksonville, FL 32250 USA  
KLS-Martin, a responsive company, is focused on the
- development of innovative products for oral, plastic and craniomaxillofacial surgery. Product developments in our titanium osteosynthesis plating systems allow these products to be used for rapid sternal fixation and reconstruction. [www.klsmartin.com](http://www.klsmartin.com)
- Koros USA Inc.** 1521  
610 Fliinn Avenue, Moorpark, CA 93021 USA  
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continued on page 14

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<sup>1</sup> Singh J, Hum M, Cohen S, Liberman H, Thorson A, Dine A, and the MISS Study group. Multicenter infection surveillance study comparing two types of postoperative pain management, surgical site using ON-Q® SilverSoaker™ and local anesthetics vs. systemic narcotics following colorectal procedures. Paper presented at: 47th Annual Interscience Conference on Antimicrobial Agents and Chemotherapy, September 2007, Chicago, IL.

<sup>2</sup> Roe D, et al. Antimicrobial surface functionalization of plastic catheters by silver nanoparticles. J Antimicrob Chemother 2008 Feb 27 (epub ahead of print).

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### Presenters:

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## Shuttle bus information

Complimentary shuttle buses will be available through Wednesday for transportation between the San Diego Convention Center and the Marriott Marina Hotel (Waterfall Curb) and the Hyatt Hotel (Red Curb Harbor Drive).

The shuttle bus schedule:

### Monday

- 6:45 a.m. – 10:00 a.m.
- 4:00 p.m. – 6:00 p.m.

### Tuesday

- 6:45 a.m. – 10:00 a.m.
- 4:00 p.m. – 6:00 p.m.

### Wednesday

- 6:30 a.m. – 11:30 a.m.

## Exhibit Hours

Monday ..... 9:00 a.m. to 4:30 p.m.

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