

# AATS

## 88<sup>th</sup> Annual Meeting

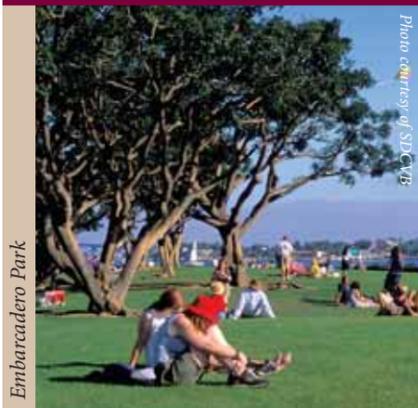
# DAILY NEWS



San Diego Convention Center • May 10–14, 2008

TUESDAY/WEDNESDAY EDITION

### SAN DIEGO Spotlight



Embarcadero Park

Photo courtesy of SDCA

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### FEATURE session

## Monday Plenary offers mix of topics, research

Monday's Plenary Session served up some of the best topical and experimental clinical investigations to be found in the specialty, covering everything from systemic changes in CTS training to off-pump vs. on-pump CABG to the superiority of stentless valves over their stented counterparts.

#### Stentless vs. stented valves

Nearly 10 years after valve implantation, patients with stentless valves are faring as well as patients with stented valves, but the stentless valve does appear to confer better hemodynamic outcomes in the long run, according to "Are Stentless Valves Hemodynamically Superior to Stented Valves? Long-term Follow-Up of a Randomized Trial."

Of 99 patients randomized in 1999 to receive either a stented CE pericardial valve (CE) or a Toronto Stentless Porcine valve (SPV), 38 of these patients received follow-up more than nine years post-operatively, according to author Gideon Cohen, M.D., Department of Vascular

see **PLENARY**, page 6

## Miller philosophical, blunt, calls for systemic change

While AATS President D. Craig Miller left off the signature Stetson for Monday's Presidential Address, he didn't forget the bullets.

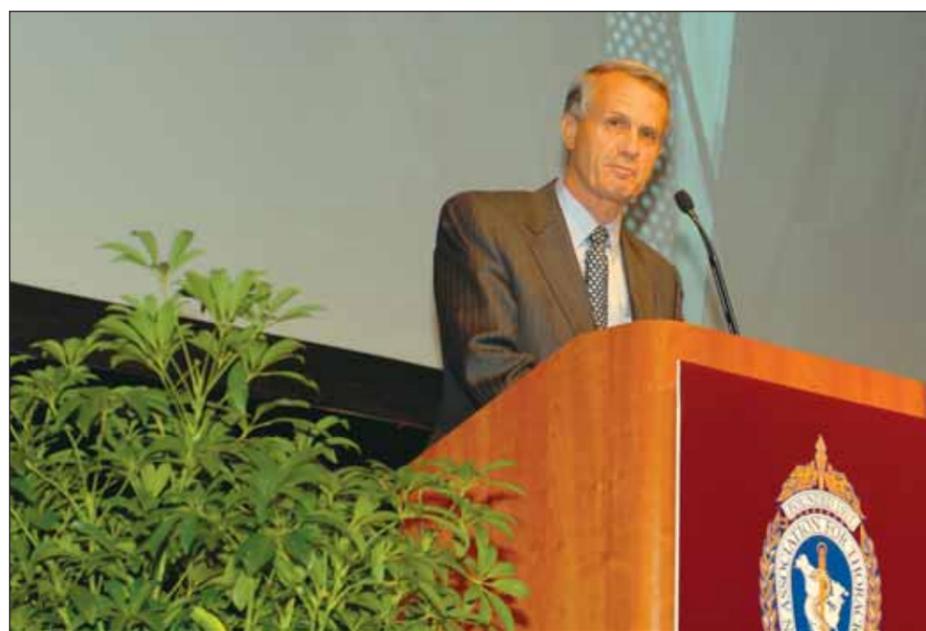
In his presentation "Anti-Memoirs of Rocinante," Dr. Miller focused his sights, and a good helping of free-market philosophy, on the current ills infecting the health care system in the US, advocating a single-payer system, an overhaul of the current educational system for cardiothoracic surgeons and a move towards regionalization.

"Why is medicine no longer a noble profession?" he said to a capacity crowd. "If you don't like what I have to say, you are welcome to leave, but ... we must do this for our patients."

A self-described individualist with right-wing roots, Dr. Miller said a single-payer system, similar to that used in Great Britain, will force doctors to improve the quality of care they are providing their patients.

"I started off as a far right-wing Goldwater supporter and I may leave this world a socialist," he said. "It is the god dammedest thing I've ever seen. This is hard, ... we don't want regulations, but perhaps we need them."

Dr. Miller focused his sights, and a good helping of free-market philosophy, on the current ills infecting the health care system in the US, advocating a single-payer system, an overhaul of the current educational system for cardiothoracic surgeons ...



AATS President D. Craig Miller, M.D., delivers his Presidential Address: 'I started off as a far right-wing Goldwater supporter and I may leave this world a socialist.'

Dr. Miller said that the title of his speech paid homage to two influences — French writer André Malraux and Spanish author Miguel de Cervantes. He explained that the "Anti-Memoirs" portion was taken from the self-deprecating title of the French existentialist's autobiography.

"I like to laugh at myself with some regularity," Dr. Miller said. "Those that don't are taking themselves too seriously. You should try it, it is a very therapeutic exercise."

"Rocinante," Dr. Miller said, is the name of Don Quixote's horse.

"Cervantes played with the irony of how we look at ourselves and the world around us," he said.

Dr. Miller said he first discovered Malraux

when reading *Man's Fate*, "a novel that outlined the essence of 20th century existentialism."

"Existentialism posits that individuals create the meaning and essence of their own lives, as opposed to deities or authorities creating it for them," he said. "Every person should choose his or her own meaning, free from any external forces."

The inverted incentives that doom the current system to failure are a good example of external forces that need to be eradicated, Dr. Miller said.

"They (incentives) are perverse and they are certainly not sustainable," he said. "If we adopted best practices throughout the country, one-third of the health care practitioners in the

see **PRESIDENT**, page 4

## Basic Science Lecture examines biomechanics of beating heart

Bioengineer Matts Karlsson, Ph.D., presented the interface between novel engineering methods and the questions that face cardiovascular surgeons on a daily basis during his Basic Science Lecture "The Link Between Engineering, Biomechanics, and Cardiovascular Physiology and Disease" at Monday's Plenary Scientific Session.

"Understand that every cardiac surgical procedure will modify the boundary of the heart," said Dr. Karlsson, professor and founding chairman of the Division of Biomedical Modeling and Simulation, Linköping University in Sweden. "It's more important to understand

how these procedures change other aspects of cardiac functioning, including blood flow patterns inside the heart."



Matts Karlsson, Ph.D.

visualizations can help refine diagnostic strategies.

"With these MRI blood flow visualization tools, we can go one step further," Dr. Karlsson said. "We can consider different blood flow types in terms of function."

Blood flow is shaped, not only from the anatomical structures of the walls and valves, but also by outer portions of mitral leaflets, Dr. Karlsson said. Often portions of the blood flow will not be ejected by a single heartbeat but will remain inside the ventricle for a long while.

"This flow shape and flow concept may be an important mechanism to our surgical procedures, and it's my hope that this is something

see **KARLSSON**, page 4



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## Lillehei Forum presents exciting, cutting-edge research

Sunday's C. Walton Lillehei Resident Forum showcased some of the most exciting, leading-edge research being done in thoracic surgery.

Moderated by David H. Harpole, M.D., and Gus J. Vlahakes, M.D., the session presented eight outstanding papers.

Akinobu Itoh, M.D., of Stanford University presented the first selection, "Is Mitral Valve Hinge Motion Important for Leaflet Closure?"



**Akinobu Itoh, M.D.**

Dr. Itoh said mitral annulus (MA) is composed of two structures — the fibrous annulus contiguous with the aortic root, and the muscular annulus subtending the commissures and posterior leaflet.

"Three-dimensional echocardiographic studies have demonstrated that the MA is saddle-shaped and becomes flattened and dilated in humans with functional mitral regurgitation (FMR)," he said. "The contribution of saddle-shape configuration change

to leaflet closure and coaptation throughout the cardiac cycle, however, is unknown."

Dr. Itoh said the mitral hinge angle changes significantly during the cardiac cycle in concert temporally with changes in MAA and D.

"The hinge angle reflects the interactions between the muscular annulus, fibrous annulus, and aortic root," he said. "A steeper hinge angle may contribute to pre-systolic annular area reduction and rapid leaflet closure, which enhance valve competency. Rigid, complete annuloplasty rings would abolish any such hinge angle motion."

Further quantification of hinge angle dynamics in pre- and post-repair patients with mitral valve prolapse and FMR should shed light on how important this intrinsic motion is and aid in the design of new annuloplasty devices, Dr. Itoh said.

The University of Virginia's Turner C. Lisle, M.D., presented the second study, "Inflammatory Lung Injury After Cardiopulmonary Bypass is Attenuated by Adenosine A2A Receptor Activation."

Dr. Lisle said cardiopulmonary bypass (CPB) has been shown to exert a systemic

inflammatory response, which if mediated through the lung, can potentially result in postoperative pulmonary dysfunction.



**Turner C. Lisle, M.D.**

"Several studies have shown that adenosine A2A receptor (A2AR) activation attenuates lung ischemia-reperfusion injury," he said. "The effect of A2AR activation on CPB-induced lung injury has yet to be evaluated. We hypothesized that

specific A2AR activation by ATL-313, an A2AR agonist, would attenuate lung inflammation following CPB."

The data showed that the addition of the A2AR agonist ATL-313 to the standard bypass priming solution prior to the initiation of CPB resulted in significantly less lung injury and pulmonary edema as well as decreased levels of several proinflammatory cytokines. Dr. Lisle said that the data indicated ATL-313 could play an important role in reducing systemic inflammation and

pulmonary dysfunction following CPB.

Basel Ramlawi, M.D., of Harvard Medical School gave the third presentation, "Aprotinin Attenuates Genomic Expression Variability Following Cardiac Surgery."

Aprotinin, a commonly used antifibrinolytic agent, was the subject of recent controversy regarding adverse clinical outcomes following cardiac surgery. Dr. Ramlawi and



**Basel Ramlawi, M.D.**

his team compared the role of Aprotinin and e-aminocaproic acid on clinical outcomes and the attenuation of the post-cardiopulmonary bypass (CPB) response at the genomic expression and cytokine (protein) level.

"Preoperative baseline characteristics were similar in both characteristics with respect to age, sex, re-operative status, type of operation or intraoperative factors — pump time, temperature etc.," he said. "The serum

see **Lillehei**, page 4

## New technologies, techniques help predict future practice

For those who want prognostication about where cardiothoracic surgery is headed, the Emerging Technologies and Techniques Forum is one of the best venues to gain an understanding of the future. Scheduled for 7:00 a.m. Wednesday in Room 25 of the Convention Center, the forum presents novel technologies and techniques that will soon make their way into cardiothoracic surgery.

"New technologies are always interesting because they give an indication on which direction the specialty is moving," said forum co-moderator Lars G. Svensson, M.D. "Cardiac surgery is increasingly branching into other diverse areas, and we are develop-



**Lars G. Svensson, M.D.**

ing new fields, such as wire skills, implanting percutaneous valves and increasingly placing stents and performing other less invasive procedures for atrial fibrillation."

Patient expectation is clearly driving cardiothoracic surgery innovations as well. Patients want less pain with surgical procedures and faster recovery, Dr. Svensson noted. Fellow forum co-moderator Michael A. Acker, M.D., concurs.

"The theme of all these technologies is to make surgical incisions smaller, to be minimally invasive and to expand the number of people on whom we can safely perform these procedures," Dr. Acker said.

Among the most exciting advances is non-invasive transcatheter aortic valve implantation, the subject of two presentations during the forum. The risk-benefit ratio has always been an obstacle for treating patients with atrial fibrillation. These patients have gener-

ally been at greater risk from the surgery than they would be from the alternative of stroke, but the new approach being presented at the forum has the potential of changing that ratio, according to Dr. Svensson.

"The transcatheter mode of valve replacement would allow aortic valve replacement



**Michael A. Acker, M.D.**

in the high-risk elderly patients who would not otherwise be candidates for open-surgery valve replacement," Dr. Acker said. "As the transcatheter valve replacement evolves, it will be applicable for more patients. I believe this has the

potential to have a real impact on patient safety and on quality of life."

Dr. Acker also touched on other techniques that will be presented. The surgical sutureless aortic valve, for example, offers the benefit of faster, safer operations. The innovative approach of delivering radio-frequency ablation in a minimally invasive operation for atrial fibrillation shows promise as a potential technique for the future.

New technologies in coronary artery bypass surgery include the use of anastomotic devices allowing for smaller incisions in the surgery, even robotically, Dr. Acker said.

One particularly exciting paper explores cell therapy for idiopathic dilated cardiomyopathies in heart failure. "That is sort of the Holy Grail right now," Dr. Acker said. "Whether cells are injected through catheter or during surgery, we don't know the mechanism by which they operate, but there is a lot of suggestion that there is a benefit here. We have a long way to go before this becomes mainstream."

## New plenary session debates 'Live Surgery' and 'CT Certification'

The Controversies in Cardiothoracic Surgery Plenary Session is a new feature of the AATS Annual Meeting and will take place at 8:45 a.m. Wednesday in Ballroom 20A-C of the Convention Center. The session will include a stimulating debate on two hot topics. Thoracic surgeons will step to the podium and make compelling arguments on whether live surgery at meetings is a good thing or a bad thing and whether the cardiothoracic certificate should remain as one certificate or be separated into two certificates.

The title of the first topic is, "Live Surgery at National and Regional Cardiothoracic Meetings Should Be Outlawed." Arguing his case against live surgery at meetings will be Duke Cameron, M.D., pediatric cardiac surgeon from Johns Hopkins Cardiac Surgery, Baltimore. Arguments for the practice will be made by Hugo K.I. Vanermen, M.D., cardiothoracic and peripheral vascular surgeon from Onze-Lieve-Vrouw Hospital, Aalst, Belgium. Serving as moderator for this pro and con session will be AATS President D. Craig Miller, M.D.

"Right now there is a great deal of interest in trainees, or other surgeons, watching live surgery," said AATS Secretary and plenary session chairman Irving L. Kron, MD. "It can be like watching a hockey game, waiting for a fight to break out or waiting for a disaster."

When live surgery becomes a "spectator sport," a concern could be whether the surgeon might conceivably be playing to the audience rather than looking after the patient, Dr. Kron said. On the other hand, live surgery offers a valuable teach-

ing opportunity, especially for surgeon colleagues who do not have ready access to viewing live surgeries at their medical centers.

The second topic is, "Should the Certifying Authority Provide Two Certificates: One for Cardiac Surgery and One for Thoracic Surgery?" Arguing in favor will be Walter Klepetko, M.D., a general thoracic surgeon from Vienna Medical University, Vienna, Austria. Presenting a rationale against the split will be Douglas J. Mathisen, M.D., a thoracic surgeon from Massachusetts General Hospital, Boston. Bruce W. Lytle, M.D., AATS immediate past president, will moderate.

"Cardiothoracic surgery really is two specialties 'bonded,' with a majority of surgeons practicing exclusively either cardiac surgery or thoracic surgery," Dr. Kron said. "It's controversial. Some believe we should offer two different certificates because it will do a better job of defining who we are. Others believe this move will potentially lead to a destruction of the specialty and further division."

The Controversies in Cardiothoracic Surgery Plenary Session is designed to focus on issues that are important to the specialty, but that currently lack consensus opinion. The pro and con format is a lively way to engage the audience.

"We don't get a chance to talk about these things often enough," Dr. Kron said. "That's the whole concept behind the controversies session. We are trying to voice concerns about certain practices, and this session gives us a chance to discuss these things in a formalized debate format. Surgeons can then formulate their own conclusions."

## Monday's Simultaneous Sessions



(Counter clockwise from left) Marshall L. Jacobs, M.D., presents the "con" position during the Simultaneous Scientific Session – Congenital Heart Disease discussion "Antegrade Cerebral Perfusion Improves Neurologic Outcomes with Aortic Arch Surgery in Neonates." Robert A. Meguid, M.D., addresses the Simultaneous Scientific Session – General Thoracic Surgery on "Decreased Operative Mortality for Esophageal Cancer Resection at Hospitals with Thoracic Training Programs: Should Esophagectomies Only be Performed by Thoracic Surgeons?" Munir Boodhwani, M.D., led off Monday's Simultaneous Scientific Session – Adult Cardiac Surgery with his presentation "Effects of Mild Hypothermia and Rewarming on Renal Injury Following Coronary Artery Bypass Surgery."



### PRESIDENT

*continued from page 1*

country would be fired and would have to be retrained."

Dr. Miller said that Roemer's Law of Demand — supply may induce its own demand where a third-party practically guarantees reimbursement of usage — is playing out in the US, with physicians spending billions of dollars on unnecessary tools and procedures that do nothing to improve the lives of their patients post-op.

"Why is it so expensive to die in certain US regions?" he said. "Look at the cost difference between the Mayo and Cleveland Clinics and Cedars-Sinai in Los Angeles. There is a two-fold cost difference and you still end up dead anyway."

And while those in favor of aggressive care say it is saving lives and worth it, Dr. Miller said he disagrees.

"I may save a life for two moths, but it costs a lot of money and the end result is no better," he said. "And more importantly, who knows what the operation does to the quality of life?"

"How many of these patients will return home to their own zip code? That is not the

"Surgeons tend to forget they are not masters but servants of the patient and patients must come first."

- D. Craig Miller, M.D

way I want to spend the last few years of my life."

Dr. Miller said one of the few bright spots in the battle to save medicine is the Joint Council on Thoracic Surgery Education (JCTSE), created by 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) to change the current training paradigm and to coordinate all thoracic surgery education in the United States.

"In order to live we need to dream big and dare to fail," he said. "Surgeons tend to forget they are not masters but servants of the patient and patients must come first," he said.

### KARLSSON

*continued from page 1*

we can correct," Dr. Karlsson said.

Through imaging, Dr. Karlsson and fellow researchers have been able to compare normal versus dilated ventricles in terms of the differences in diastolic kinetic energy. What they discovered is that during diastole, normal ventricles retained direct blood inflow at a rate of 56 percent, while dilated ventricles only retained direct blood inflow at a rate of 3.6 percent.

During his presentation, Dr. Karlsson addressed wall thickening in the endocardium, the base and the apex, and how sheet dynamics play a role. These sheet dynamics include shearing, thickening and extending. Even though the fibers are identical in the anterior and lateral area of the left ventricle wall, the shearing alone would affect the endocardial sheet, the midwall sheet and the epicardial sheet. The arrangement of these endocardial, middle and epicardial walls can be made substantially different as a result of sheet dynamics.

"This has particularly important implications for myocardial stem-cell therapy," Dr. Karlsson said. "Singly placing

stem cells randomly in fibers in the left ventricle wall without consideration of a precise orientation would not create significant benefit."

In patients with aortic stenosis and aortic deficiency, it's now possible to map out areas of turbulence and therefore large areas of disturbed flow distal to the valve, according to Dr. Karlsson. Eliminating turbulence may soon be possible with various forms of treatment.

"This ability to image areas of turbulence may be important to us in designing the next generation of heart valves," Dr. Karlsson noted.

Dr. Karlsson also described the interaction in the mitral valve anterior leaflet among the atrial muscle, smooth muscle, sensory and motor nerves, atrial excitation, interstitial cells, and blood vessels. Given the presence of excitation and intervention, the leaflets in the beating heart might have residual different material properties.

"In one study comparing control versus electrical stimulation, patients experienced half the strain and double the stiffness," Dr. Karlsson said. "Possibly a leaflet control system is likely to have important implications in cardiovascular surgery."

### LILLEHEI

*continued from page 3*

inflammatory markers we measured did not reveal significant difference between patients receiving Aprotinin (APR) and those receiving e-aminocaproic acid (Amicar). Compared with PRE samples, 6H samples had 264 up-regulated and 548 down-regulated genes uniquely in the APR group compared to 4,826 up-regulated and 1,114 down-regulated genes uniquely in the NORM group."

Compared to patients in the Amicar group, the APR patients had significantly different gene expression pathways involving NF-kbeta regulation, programmed cell death and cell-cell adhesion. None of the patients

developed postoperative stroke, myocardial infarction or systemic infections, Dr. Ramlawi said.

"We concluded that APR leads to significantly less genomic expression variability compared to Amicar and has a differential effect on specific genomic pathways," he said.

The forum continued into the afternoon with additional presentations covering mediation of acute pulmonary ischemia, the efficacy of aspirin and clopidogrel for thromboprophylaxis of mechanical heart valves and remote ischemic preconditioning among others.

The winner of the Lillehei Forum will be presented during Tuesday's Plenary Session.

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## QUESTION OF THE DAY

How do you view the current cardiothoracic training paradigm?



**Robert W. Frater, M.D.**  
Bronxville, N.Y.

"What needs to change is how we practice in our field. We need to base treatment on the need, not on a CT surgeon's preference or a cardiologist's preference."



**Bruce Leavitt, M.D.**  
Burlington, Vt.

"We need to change the current CT surgery training paradigm to include radiology interventional techniques, minimally invasive CT techniques and any other emerging techniques."



**Royce Calhoun, M.D.**  
Sacramento, Calif.

"The current training paradigm is in need of modification. We need a more comprehensive training approach with respect to all of the newer technologies and how to incorporate them."



**Daniel Robb, MBBS**  
London, United Kingdom

"We have the same issues in the United Kingdom. We should be the ones to perform the non-invasive procedures because if there is a need to advance to the open surgeries, we are there to perform those."



**Omar Dawood, M.D.**  
San Francisco

"I believe what was detailed today by AATS President Miller in terms of CT surgery training evolution will benefit the field. This will allow CT surgeons to be better prepared to deal with the new techniques and procedures."



**P. Michael McFadden, M.D.**  
Los Angeles

"I do believe general surgery is very valuable. I would recommend that we keep the requirement for surgical residency training and certification by the American Board of Surgery in the CT training paradigm."

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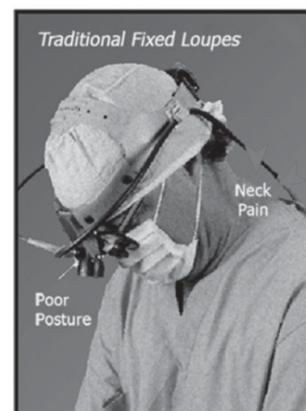
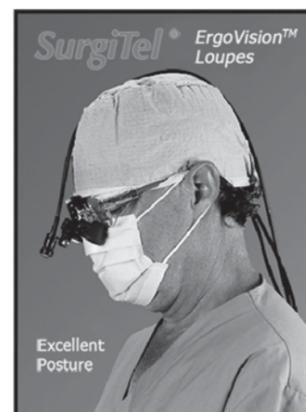


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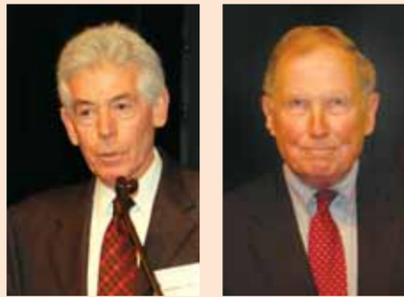
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## Two recognized with awards

**A**ndrew S. Wechsler, M.D., (left) received the AATSw Scientific Achievement Award on Tuesday. Dr. Wechsler was recognized for his scientific contributions in the field of thoracic surgery, particularly in the area of myocardial metabolism and mechanics in the setting of ischemia and reperfusion. In addition, the Association acknowledged his sustained leadership in the mentoring of young cardiac surgery researchers and his unique, global contributions as a teacher and lecturer in numerous academic and clinical settings.

D. Craig Miller, AATS President presented the Lifetime Distinguished Service Award and Honorary Membership to William T. Maloney (center) for his service and dedication to the Association. In presenting the



**Andrew S. Wechsler, M.D., (left) and William T. Maloney (right) received awards Monday.**

award, Dr. Miller noted Mr. Maloney tireless efforts on behalf of the organization over the past 37 years.

“This is the first, and maybe the last, time we will present this unique honor,” said Dr. Miller.

algorithms with objective, verifiable training data,” said author Sunil M. Prasad, M.D.

Total cardiothoracic cases were higher in three-year residency programs compared to the one- or two-year programs, total thoracic cases per resident were higher in two-year residency programs and myocardial revascularizations in one-year residency programs, Dr. Prasad said.

“This study clearly documents the significant advantage in case volume of 3Y programs and suggests changing current training to a minimum of three years,” he said. “Furthermore, optimization of resident case volume could be achieved by reorganizing programs to high volume three-year residency centers and changing low volume two-year residency programs to a one-year residency program.”

### Treating malignant pleural mesothelioma

Extrapleural pneumonectomy followed immediately with hyperthermic intraoperative intracavitary cisplatin perfusion (HIOC) is a feasible, safe approach for treating malignant



**Tamara R. Tilleman, M.D.**

pleural mesothelioma (MPM), according to the authors of “Phase II trial of Extrapleural Pneumonectomy with Intraoperative Intrathoracic/Intraperitoneal Heated Cisplatin for Malignant Pleural Mesothelioma.”

“EPP can be performed with acceptable morbidity and low mortality in the setting of HIOC,” said Tamara R. Tilleman, M.D., of Brigham and Women’s Hospital, Boston.

“HIOC is feasible and safe and does not contribute significant perioperative morbidity or mortality.

“Strategies involving pharmacologic cytoprotection allow high-dose cisplatin perfusion without significant renal toxicity. EPP with HIOC represents a novel platform for cisplatin delivery.”

### Congenital heart defects and infant brain maturation

Surgical intervention for congenital heart

## TSFRE highlights presented

Michael J. Mack, M.D., President of the Thoracic Surgery Foundation for Research and Education presented the TSFRE report to meeting attendees during Monday’s Plenary Session.

Dr. Mack updated attendees on the initiatives of the Foundation and applauded the recent efforts of the CT surgical organizations in the creation of the Joint Council on Thoracic Surgical Education.

“The TSFRE is delighted to be an equal partner in the efforts of the JCTSE,” Dr. Mack said.



**Michael J. Mack, M.D.**

## AATS Attendee Reception tonight

The AATS Attendee Reception at the San Diego Air & Space Museum will be from 7:00 to 9:00 tonight. Check for availability and register for this event 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.



## PLENARY

*continued from page 1*

Surgery, Sunnybrook Health Sciences Centre, Toronto, ON, Canada.

“Effective orifice areas increased in both groups over time,” Dr. Cohen said. “Although there were no differences in effective orifice areas at one year, these were significantly greater in the SPV group at 10 years. Similarly, mean and peak gradients decreased in both groups over time; however at 10 years, gradients were lower in the SPV group.”

Nevertheless, Dr. Cohen noted, measures were similar between the stented and stentless valve groups, both at one and 10 years postoperatively, for ventricular function, including ejection fraction and fractional shortening, along with New York Heart Association functional class. Similarly, Duke Activity Status Index scores of functional status improved in both groups over time, with no differences observed between groups.

### Changing the training schema

The reduction of cardiothoracic surgery case volume has affected training the next generation of cardiothoracic surgeons, according to authors of “Weathering the Storm: How Can Thoracic Surgery Training Programs Meet



**Sunil M. Prasad, M.D.**

The New Challenges in the Era of Emerging Non-Invasive Technologies?”

CTS investigators from the University of Illinois, Chicago, and the Washington University, St. Louis, gathered data from 2002 to 2006 from the National Residency Matching Program and the American Board of Thoracic Surgery.

“We examined case volume in cardiothoracic surgery over the last five years to identify changes and direct future training

defects in the days immediately after birth additionally impedes brain maturation, according to authors of “Brain Maturation is Delayed in Infants with Complex Congenital Heart Defects (CHD).” This study addressed the premise that brain development is already delayed in those full



**Daniel J. Licht, M.D.**

term neonates with hypoplastic left heart syndrome (HLHS) or transposition of the great arteries (TGA), and surgery further exacerbates brain maturation delays.

“In-utero brain development is altered in fetuses with CHD, possibly secondary to altered cerebral oxygen delivery or other sequelae of CHD,” said Daniel J. Licht, M.D., Children’s Hospital of Philadelphia. “Periventricular leukomalacia (PVL) is a risk factor for neuro-cognitive dysfunction in premature infants and has been attributed to maturation-dependent vulnerability of the cerebral white matter to hypoxic-ischemic injury.”

In the study, full-term infants with HLHS or TGA were prospectively evaluated with pre-operative brain magnetic resonance imaging (MRI).

“Delay in maturation of cerebral white matter may increase susceptibility to hypoxic-ischemic injury and thus the risk of periventricular leukomalacia (PVL) during the peri-operative period in these patients,” Dr. Licht said.

### Off-pump vs. On-pump CABG

Acute myocardial infarction (AMI) patients fare much better with off-pump coronary artery bypass grafting (CABG) than on-pump CABG. So revealed one author of the paper, “Off-pump vs. On-pump CABG in patients with ST segment elevation myocardial infarction: A randomized, double blind study.”



**Khalil Fattouch, M.D.**

In the study, 128 patients with AMI underwent emer-

gency CABG within 48 hours from onset of symptoms — 66 patients with the procedure on-pump and 62 patients off-pump, reported Khalil Fattouch, M.D., of University of Palermo, Palermo, Italy.

“Off-pump CABG in patients with AMI is better than on-pump CABG in terms of early mortality and morbidity,” Dr. Fattouch said. “Our results suggest that CABG without cardiopulmonary bypass is effective in patients with AMI and can be performed safely with good results. Off-pump surgery could be a challenge in this kind of patient and must be performed by experienced surgeons.”

### Esophagectomy for esophageal cancer

Age, race, medical co-morbidities, smoking status and significant obstructive lung disease are predictors of major morbidity and mortality after esophagectomy for esophageal cancer, according to the authors of “Predictors of Major Morbidity and Mortality after Esophagec-



**Cameron D. Wright, M.D.**

tomy for Esophageal Cancer: An STS General Thoracic Surgery Database Risk Adjustment Model.”

“The prediction of perioperative risk in esophagectomy for esophageal cancer is unreliable,” said Cameron D. Wright, M.D., of Massachusetts General Hospital, Boston. “We sought to create a model adjusted for preoperative risk factors using the STS General Thoracic Database.”

Study investigators tapped into this database for all patients treated with esophagectomy for esophageal cancer for the time period from January 2002 to June 2006. In 50 participating centers, 1,393 esophagectomies were performed. Major morbidity in this esophagectomy group included reoperation for bleeding, anastomotic leak, pneumonia, reintubation and ventilation beyond 48 hours.

“Prognostic factors identified in this analysis may help to predict risk in individual patients and guide quality improvement by risk-adjusted feedback,” Dr. Wright said. “We did find that thoracic surgeons participating in the STS General Thoracic Database perform esophagectomy with a low mortality.”

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www.aemedical.com

## Accumetrics 1037

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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.  
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## 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](http://www.aats.org) or stop by the AATS booth for more information.

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## AATS Exhibit Hall

The floor plan shows the layout of the AATS Exhibit Hall. It is divided into several sections:

- FOOD&BEVERAGE:** Located at the top of the hall, consisting of two long rows of circular tables.
- INTERNET:** Located on the left side, near the entrance.
- Exhibitor Booths:** Numerous rectangular booths are arranged in rows, each labeled with a booth number and the exhibitor's name. Examples include:
  - 334, 335, 340, 342, 344, 348, 353, 358, 363, 368, 373, 378, 383, 388, 393, 398, 403, 408, 413, 418, 423, 428, 433, 438, 443, 448, 453, 458, 463, 468, 473, 478, 483, 488, 493, 498, 503, 508, 513, 518, 523, 528, 533, 538, 543, 548, 553, 558, 563, 568, 573, 578, 583, 588, 593, 598, 603, 608, 613, 618, 623, 628, 633, 638, 643, 648, 653, 658, 663, 668, 673, 678, 683, 688, 693, 698, 703, 708, 713, 718, 723, 728, 733, 738, 743, 748, 753, 758, 763, 768, 773, 778, 783, 788, 793, 798, 803, 808, 813, 818, 823, 828, 833, 838, 843, 848, 853, 858, 863, 868, 873, 878, 883, 888, 893, 898, 903, 908, 913, 918, 923, 928, 933, 938, 943, 948, 953, 958, 963, 968, 973, 978, 983, 988, 993, 998, 1003, 1008, 1013, 1018, 1023, 1028, 1033, 1038, 1043, 1048, 1053, 1058, 1063, 1068, 1073, 1078, 1083, 1088, 1093, 1098, 1103, 1108, 1113, 1118, 1123, 1128, 1133, 1138, 1143, 1148, 1153, 1158, 1163, 1168, 1173, 1178, 1183, 1188, 1193, 1198, 1203, 1208, 1213, 1218, 1223, 1228, 1233, 1238, 1243, 1248, 1253, 1258, 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3753, 3758, 3763, 3768, 3773, 3778, 3783, 3788, 3793, 3798, 3803, 3808, 3813, 3818, 3823, 3828, 3833, 3838, 3843, 3848, 3853, 3858, 3863, 3868, 3873, 3878, 3883, 3888, 3893, 3898, 3903, 3908, 3913, 3918, 3923, 3928, 3933, 3938, 3943, 3948, 3953, 3958, 3963, 3968, 3973, 3978, 3983, 3988, 3993, 3998, 4003, 4008, 4013, 4018, 4023, 4028, 4033, 4038, 4043, 4048, 4053, 4058, 4063, 4068, 4073, 4078, 4083, 4088, 4093, 4098, 4103, 4108, 4113, 4118, 4123, 4128, 4133, 4138, 4143, 4148, 4153, 4158, 4163, 4168, 4173, 4178, 4183, 4188, 4193, 4198, 4203, 4208, 4213, 4218, 4223, 4228, 4233, 4238, 4243, 4248, 4253, 4258, 4263, 4268, 4273, 4278, 4283, 4288, 4293, 4298, 4303, 4308, 4313, 4318, 4323, 4328, 4333, 4338, 4343, 4348, 4353, 4358, 4363, 4368, 4373, 4378, 4383, 4388, 4393, 4398, 4403, 4408, 4413, 4418, 4423, 4428, 4433, 4438, 4443, 4448, 4453, 4458, 4463, 4468, 4473, 4478, 4483, 4488, 4493, 4498, 4503, 4508, 4513, 4518, 4523, 4528, 4533, 4538, 4543, 4548, 4553, 4558, 4563, 4568, 4573, 4578, 4583, 4588, 4593, 4598, 4603, 4608, 4613, 4618, 4623, 4628, 4633, 4638, 4643, 4648, 4653, 4658, 4663, 4668, 4673, 4678, 4683, 4688, 4693, 4698, 4703, 4708, 4713, 4718, 4723, 4728, 4733, 4738, 4743, 4748, 4753, 4758, 4763, 4768, 4773, 4778, 4783, 4788, 4793, 4798, 4803, 4808, 4813, 4818, 4823, 4828, 4833, 4838, 4843, 4848, 4853, 4858, 4863, 4868, 4873, 4878, 4883, 4888, 4893, 4898, 4903, 4908, 4913, 4918, 4923, 4928, 4933, 4938, 4943, 4948, 4953, 4958, 4963, 4968, 4973, 4978, 4983, 4988, 4993, 4998, 5003, 5008, 5013, 5018, 5023, 5028, 5033, 5038, 5043, 5048, 5053, 5058, 5063, 5068, 5073, 5078, 5083, 5088, 5093, 5098, 5103, 5108, 5113, 5118, 5123, 5128, 5133, 5138, 5143, 5148, 5153, 5158, 5163, 5168, 5173, 5178, 5183, 5188, 5193, 5198, 5203, 5208, 5213, 5218, 5223, 5228, 5233, 5238, 5243, 5248, 5253, 5258, 5263, 5268, 5273, 5278, 5283, 5288, 5293, 5298, 5303, 5308, 5313, 5318, 5323, 5328, 5333, 5338, 5343, 5348, 5353, 5358, 5363, 5368, 5373, 5378, 5383, 5388, 5393, 5398, 5403, 5408, 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- Designs For Vision, Inc.** 1400  
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1155 Roberts Boulevard N.W., Kennesaw, GA 30144 USA  
Dornier MedTech develops, manufactures, markets and services medical lasers, orthopedic shock wave devices, lithotripters and urotabes worldwide, providing innovative therapeutic, diagnostic and service solutions for numerous health-care fields. 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: EJCTS: 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
- 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
- Estech Cardiac Surgery Specialists** 613 & 623  
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- Fehling Surgical Instruments, Inc** 435  
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198 Madison Avenue, New York, NY 10016 USA  
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170 Baytech Drive, San Jose, CA 95134 USA  
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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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## Thoracic Surgery Foundation for Research & Education (TSFRE) 1500

900 Cummings Center, Suite 221-U, Beverly, MA 01915 USA  
The Thoracic Surgery Foundation for Research and Education (TSFRE) was established in 1992 to increase knowledge and enhance treatment of patients with cardiothoracic disease, to develop skills of cardiothoracic surgeons as surgeon-scientists and health policy leaders and to strengthen society's understanding of the specialty. Physicians, corporate partners and patients are urged to contribute to TSFRE. Please stop by the TSFRE booth for your donor sticker and visit [www.tsfre.org](http://www.tsfre.org) for more information on awards and giving opportunities that benefit you and our profession. [www.tsfre.org](http://www.tsfre.org)

## THORAMET Surgical Products, inc. 1530

301 Route 17 North, Suite 800, Rutherford, NJ 07070 USA  
THORAMET offers the Lewis VATS Instruments, conventional ring-handled thoroscopic instruments with a unique "switchback" feature designed for access and maneuverability in minimally invasive lung and chest procedures. See our new innovative pericardial pickup for your window procedures. [www.thoramet.com](http://www.thoramet.com)

## Thoratec Corporation 734

6035 Stoneridge Drive, Pleasanton, CA 94588 USA  
With over 11,000 patient implants and three decades of experience, Thoratec® Corporation offers the broadest portfolio of mechanical circulatory support devices. Thoratec's product line includes the CentriMag® Acute Circulatory Support Device, HeartMate® LVAS, Thoratec PVAD™ and IVAD™, and the HeartMate II®, an investigational device in clinical trial. [www.thoratec.com](http://www.thoratec.com)

## Transonic Systems, Inc 1427

34 Dutch Mill Road, Ithaca, NY 14850 USA  
Fast, easy and reproducible intraoperative blood flow measurements with Transonic Surgical Flowmeters improve surgical outcomes. Flowbased assessment of coronary bypass grafts ensures surgical success by confirming their patency in Off-pump and On-pump cases, or by prompting the surgeon to re-examine an anastomoses while the patient is still in the OR. [www.transonic.com](http://www.transonic.com)

## USB Medical, LTD. 1326

2000 Pioneer Road, Huntingdon Valley, PA 19006  
Introducing the World's First Adjustable Heart Retractor for minimally invasive surgery — see the heart like never before! The MonoFib™ System is the World's First Completely Disposable One-Handed Internal Defibrillation Delivery System. The Monofib™ System is completely disposable, light-weight, easy and safe to use! [www.usbmedical.com](http://www.usbmedical.com)

## Vitalcor, Inc. & Applied Fiberoptics 1420

100 E. Chestnut Avenue Chicago, IL 60659  
Vitalcor Inc: Introducing the Featherweight Vascular Clamps, replacing the Bulldog. Latex free coronary artery balloon cannulae with balloon. Titanium specialty instruments. Reusable stabilizer for beating heart surgery. Applied Fiberoptics new digital camera system incorporated with the Gemini Headlight & Sunbeam Light Source. Axiom wound drains. Applied Fiberoptics: Bringing the clarity of daylight into the surgical suite. The Gemini Headlight is lightweight and perfectly balanced, sleek, ultra-low-profile designed headlight. The Sunbeam 300 Watt Xenon light source delivers instant clean white light for superb tissue definition in hard-to-see cavities. [www.vitalcor.com](http://www.vitalcor.com), [www.appliedfiberoptics.com](http://www.appliedfiberoptics.com)

## Vitalitec 534

10 Cordage Park Circle, Plymouth, MA 02360 USA  
Vitalitec will be showing a full range of atraumatic Flexible and Ring Handled vascular clamps, inserts, delicate spring clips, Greyhound™ Bulldog adjustable spring clips as well as a line of unique manual load ligation clips, high quality titanium and stainless surgical instruments. [www.vitalitec.com](http://www.vitalitec.com)

## Welch Allyn 1027

4341 State Street Road, Skaneateles Falls, NY 13153  
[www.welchallyn.com](http://www.welchallyn.com)

## Wexler Surgical Supplies 1413

11333 Chimney Rock Road, #16, Houston, TX 77035 USA  
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**WHEN YOU REALLY WANT TO KNOW**  
**Breakfast Symposium**  
Compelling Evidence for the Routine Use of Transit Time Flow Technology During CABG

## 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:

**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

Tuesday..... 9:00 a.m. to 4:00 p.m.

Save the date  
**AATS 89th Annual Meeting**  
**May 9-13, 2009, in Boston**

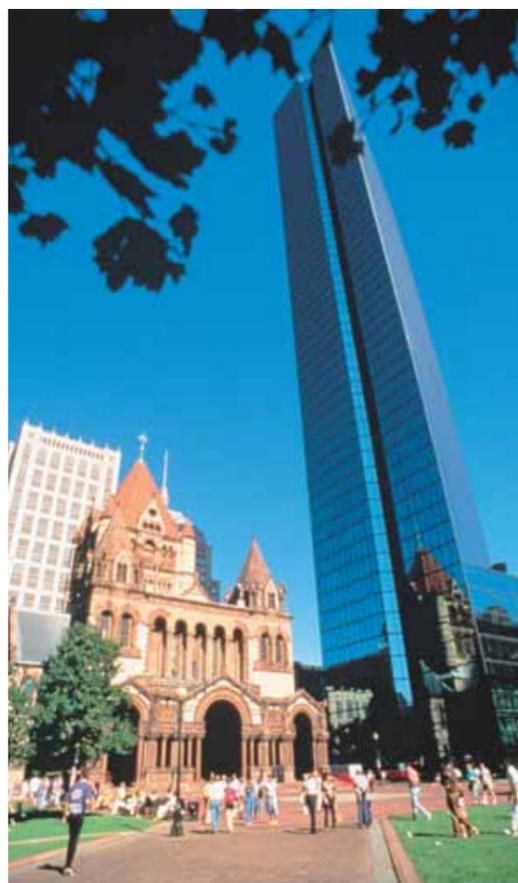
*When you really want to know...  
Learn about the potential for transit  
time flow measurement to deliver  
better CABG outcomes.*

## Breakfast Symposium

**Tuesday, May 13**  
Breakfast: 6:30 a.m.  
Presentations and discussion: 7:00 a.m.  
**San Diego Convention Center, Room 29A**

**Contact:**  
MediStim USA at (763)424-5821  
[howie.milstein@medistimusa.com](mailto:howie.milstein@medistimusa.com)

**Presenters:**  
Tomas Salerno, MD  
Jacob Bergsland, MD  
Gabriele Di Giammarco, MD  
Sam Balkhy, MD



Harvard Medical School  
Department of Continuing Education

## 6th Triennial Brigham Cardiac Valve Symposium

**October 23-24, 2008**  
Fairmont Copley Plaza Hotel - Boston, Massachusetts

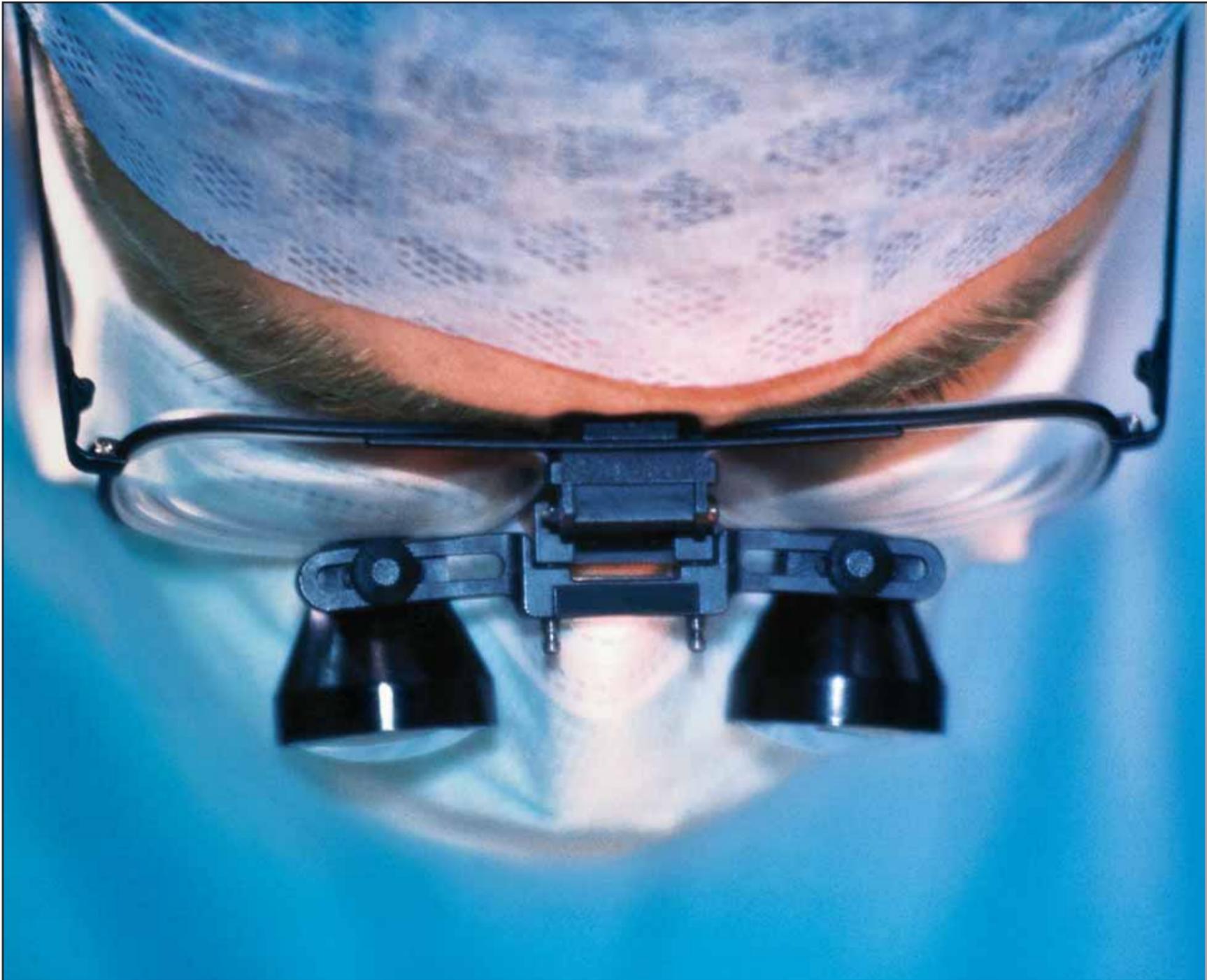
Offered by the  
Brigham and Women's Hospital  
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Co-sponsored by the  
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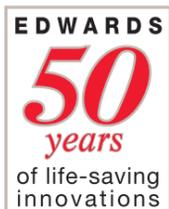
Course Directors  
R. Morton Bolman, III, M.D. Patrick T. O'Gara, M.D.

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