

President's Column

By Daniel J. Murphy, Jr., M.D.

This will be my last communication with you as President of the ISACCD and I want to take this opportunity to thank you for allowing me to participate in this organization. As with many experiences in life it seems that I have gained more than I gave and learned more than I taught. For that I am grateful to all of you. Some of the things I learned during my eight years on the ISACCD executive include:

Pediatric cardiologists don't treat their patients like children when they reach adulthood. Patients of the best intentioned pediatric cardiologist fall through the cracks and appear for urgent cardiac care with no records and no recent care. Give patients copies of their own records and tell them to hang onto them.

Adult cardiologists like to be called Medical Cardiologists.

We all owe a great debt to Drs Joe Perloff and Jane Somerville for their pioneering work in the care of adults with congenital heart disease. We are also indebted to the large well-organized centers for giving us the benefit of their clinical and leadership experience.

There is little data to support most of our treatment regimens. An "expert" is someone who says he is.

Read the report of the 32nd Bethesda Conference: Care of the Adult With Congenital Heart Disease (JACC 2001;37(5): 1162-98.

Multicenter databases are expensive and difficult to sustain and despite the information revolution we still have difficulty designing a usable congenital echo report or patient database, due in no small part to the fact that we cannot agree on what to call a double outlet right ventricle.

Most adult congenital cardiologists need a "day job" to pay the bills. Everybody's busy.

Email is vastly superior to conference calls for most group communication. You might find out that you're not the only one who works late and on weekends.

Pediatric cardiologists must rejoice with their patients as they grow up and participate in transition, helping to establish appropriate centers for care. Adult cardiology training programs must develop real training in congenital heart disease and establish appropriate centers for care of the adult with CHD.

Own a laser pointer.

Teach your patients and colleagues. Patients are happy to support medical research out of gratitude for their care; don't be afraid to ask.

If you want to collect dues from international members, Visa is everywhere you want to be.

Electronic newsletters are cheaper and faster, but you can't read them on the john and you can't find them when you need them. Web sites look simple when you log on, but just try to organize or maintain one. For most organizing, physicians can't hold a candle to a professional management group.

The future of adult congenital cardiac care is in specialized regional centers, staffed primarily by specially trained medical cardiologists ... in close collaboration with pediatric cardiologists and a variety of other specialists. Adult congenital cardiac centers will require a unique organizational structures even if all have essentially the same components (elements).

I send my heartfelt thanks to my colleagues on the Executive of the ISACCD and our support staff (Peter Kralka and Maura McLaughlin) at Association Headquarters.

Mission Statement

The purpose of the International Society for Adult Congenital Cardiac Disease is to promote, maintain and pursue excellence in the care of adults with congenital cardiac disease.

The Society is dedicated to the advancement of knowledge and training in medical disciplines pertinent to congenital heart disease in adults.

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ISACCD Fall Meeting Highlights

by Michael A. Gatzoulis, MD, PhD, FACC

The 2nd semi-annual meeting of the ISACCD was held successfully during the AHA in Anaheim, in November 2001.

In the first presentation, **Dr. Koichiro Niwa, Chief of the Adult Congenital Heart Program**, and Consultant Pediatric Cardiologist at the **Chiba Cardiovascular Centre, Japan** presented the experience from his centre and current developments in the field in Japan.

The Chiba Centre was established in 1998, soon after the return of Dr. Niwa to Japan from his two-year Senior Fellowship in North America. The Program has blossomed with a current number of 428 active adult congenital heart patients. Although, the program is primarily run by the pediatric cardiology team, both inpatient and outpatient service are provided in an adult setting. Cardiac surgery was performed on 6.8% of registered patients with low mortality. Main referral sources are cardiology and cardiothoracic surgery (post-operative patients), the Chiba Children's Hospital (pediatric graduates) and community and other hospital medical and pediatric cardiologists from the Chiba prefecture. Of note, surgery for congenital heart disease in Chiba has been performed since 1962, with 2655 patients been operated since.

Dr. Niwa then reviewed the demographics and workload of the **6 National Adult Congenital Heart Centres in Japan**. All but one centres

were established in late 1990s, with care being provided in all of them primarily by pediatric cardiologists. Japan's population reached 126,686,000 in 1999. There are approximately 200,000 adult patients with congenital heart disease with an estimated growth of at least 10,000 patients per year. There is a need, therefore, for further specialised training of more individuals with a pediatric and adult cardiology background and other related disciplines to provide for this expanding patient population, including patients with Kawasaki disease.

Dr. Niwa closed his presentation by referring to the work of the **Japanese Society for Adult Congenital Heart Disease** (founded in 1998, President: Kazuo Momma M.D., currently 380 members). This is a very active Society, with its forth Annual meeting held in Tokyo in January 2002, an official web site established since 2000 (<http://www.jsachd.org/>), a Japanese version of the Canadian Cardiovascular Society Recommendations for the Management of the Adult with Congenital Heart Disease and close links with ISACCD, and other European, Asian and North American professional bodies.

In the second presentation, **Dr. Michael Vogel**, Consultant Cardiologist from the Grown-up Congenital Heart Unit, Middlesex Hospital, London UK presented a paper on **Atrial Arrhythmia in Adults with Congenital Heart Disease**.

The natural history of atrial septal defect is characterised by the late development of right heart failure, pulmonary hypertension and supraventricular dysrhythmias. The latter being the most prevalent, was the focus of Dr. Vogel's presentation and the long discussion that followed.

Dr. Vogel presented an extensive review of the literature and his own experience from the German Heart Center, Berlin in collaboration with Drs. Berger and Lange of arrhythmia in adults who underwent surgical closure of atrial septal defect in adulthood. Age was predictive of atrial flutter and fibrillation both at presentation and during late follow-up. There was no correlation between the magnitude of left-to-right shunting (all patients had a Qp:Qs > 1.5) and atrial arrhythmia. Recurrence of atrial arrhythmia was less common in patients with pre-operative atrial flutter versus those with atrial fibrillation (45% vs 75%, p<0.04). Stroke remains an uncommon late complication and relates to recurrence of atrial arrhythmia. Patients with other risk factors for stroke and pre-existing arrhythmia may benefit from elective anticoagulation perhaps for a period of 6 months from closure, while both atria and pulmonary veins remodel. Furthermore, there are occasionally older patients who underwent remote atrial septal defect closure, who present with atrial re-entry tachycardia without marked right or left atrial dilation. Such patients

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Job Opportunities

Royal Brompton & University of Toronto Congenital Cardiac Centre for Adults — Joint Fellowship in Adult Congenital Heart Disease

The Royal Brompton Hospital (RBH) and the University of Toronto Congenital Cardiac Centre for Adults (UTCCCA) invite U.K., Canadian, and international candidates to apply for their Joint Fellowship in Adult Congenital Heart Disease. RBH and UTCCCA are two of the largest adult congenital heart disease facilities in the world, affiliated respectively with the National Heart & Lung

Institute, University of London (RBH) and the Toronto General Hospital (University Health Network) and Hospital for Sick Children, University of Toronto.

The successful applicant will participate in a wide range of clinical and academic activities encompassing the whole spectrum of congenital heart disease. Applicants are expected to contribute to ongoing clinical research and initiate their own projects. The tenure of appointment is 1 year starting from London, renewable to a second year in Toronto. Applicants must be eligible to train in the U.K. and the Province of Ontario and have completed or be near completion of their specialist

training in Cardiology and/or Pediatric Cardiology.

Applications are now invited for the position to be available as of July 2003. For information, or to submit application (please include CV and names of 2 referees) contact Dr. Michael Gatzoulis, Director, Adult Congenital Heart Programme, Royal Brompton Hospital, Sydney Street, London, SW3 6NP, U.K.; m.gatzoulis@rbh.nthames.nhs.uk and Dr. Gary Webb, Director, UTCCCA, Toronto General Hospital (University Health Network), 200 Elizabeth Street, Toronto, ON, Canada M5G 2C4 gary.webb@uhn.on.ca Deadline for applications: June 30th 2002.

ISACCD Fall Meeting Highlights

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may have incisional atrial tachycardia and may benefit from catheter ablation.

Dr. Vogel concluded that patients with confirmed atrial septal defects and right heart dilation need timely closure irrespective of symptoms. In the older patient, atrial septal defect closure leads to symptomatic improvement and some regression of atrial flutter although pre-existing atrial arrhythmia tends to persist. For these older patients, a combined hemodynamic (atrial septal defect closure) and arrhythmia targeting approach (such as the modified Cox-Maze procedure, or catheter ablation) need to be considered.

New Executive Committee for the ISACCD

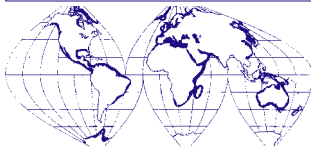
The current President-Elect, Thomas P. Graham, Jr., M.D. of the Vanderbilt Children's Medical Center in Nashville, Tennessee, will become the ISACCD President in March 2002. The current President, Daniel Murphy, Jr., M.D., will remain an officer in the position of Immediate Past President. The current Secretary, Michael A. Gatzoulis, MD, PhD, of the Royal Brompton Adult Congenital Heart Programme, London, United Kingdom has been elected as the new President-Elect.

There are two new officers joining the executive: Elyse Foster, M.D. as the Secretary. Currently, Dr. Foster is the Director of the Adult Congenital Heart Disease Practice and Adult Echocardiography Laboratory at the University of California in San Francisco, CA. and Michael Landzberg, M.D. as the ISACCD Treasurer. Dr. Landzberg is currently Assistant Professor in Internal Medicine and Pediatrics at the Harvard University and founding Director of the Boston Adult Congenital Heart (BACH) and Pulmonary Hypertension Group.

Newly elected officers will take office in March 2002 at the ISACCD meeting to be

held during the ACC Annual Scientific Sessions in Atlanta, GA. They will serve a two-year term to expire in March 2004.

The ISACCD members and officers of the executive would like to express their appreciation and many thanks to Dr. Richard Liberthson, M.D. of the Massachusetts General Hospital, Boston, Massachusetts, who has served as President and Past-President and Harald Kaemmerer, M.D., VMD of the German Heart Centre, Munich, Germany, Treasurer for their time, efforts and contribution to the ISACCD causes and extend a warm welcome the new officers of the executive.



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for Adult Congenital
Cardiac Disease
1500 Sunday Drive, Suite 102
Raleigh, North Carolina 27607

Future Meetings

April 20, 2002

Congenital Heart Disease in Adults: Diagnostic and Management Strategies
The Ahmanson-UCLA Adult Congenital Heart Disease Center will hold its annual program on Saturday April 20, 2002 in Santa Monica, California.

For information contact:
Office of Continuing
Medical Education, UCLA
School of Medicine, (310)
794-2620,
fax 794-2624 or
cme@mednet.ucla.edu

May 19-22, 2002

The 13th Annual International Symposium on Congenital Heart Disease in the Adult Symposium Skamania Lodge, Stevenson, WA
Course Directors:
Drs. David J. Sahn, Peter P. Liu, and Gary D. Webb

For more information please contact: Dr. David Sahn on Sahnd@ohsu.edu or call
1-800-253-4636 ext. 694 for US and Canada, or 301-897-2694 for calls from outside the US or Canada.

July 13-16, 2002

The 8th World Congress on Heart Failure — Mechanisms and Management
The Hyatt Regency Washington on Capitol Hill in Washington, D.C.

Inquiries: Asher Kimchi, M.D., Congress Chairman, c/o International Academy of Cardiology, P.O. Box 17659, Beverly Hills, CA 90209, USA. Tel: +1 (310) 657-8777; Fax: +1 (310) 275-8922;
E-mail: klimedco@ucla.edu;
Web site: www.cardiologyonline.com

August 31-September 4, 2002

European Society of Cardiology Annual Meeting
Berlin, Germany

For more information visit:
<http://www.escardio.org/>

September 26-28, 2002

The 1st Joint European/North American Symposium on Congenital Heart Disease in the Adult

Royal College of Surgeons of England, London, England

Course Directors:
Drs. Michael A. Gatzoulis, Darryl F. Shore and Gary D. Webb

For more information visit:
<http://www.rbh.nthames.nhs.uk/ACHD2002> or contact Bigley Conference Organising Service Ltd., P.O. Box 20710, London E3 5UE; Tel: +44 (0) 20 8980 0679; Fax: +44 (0) 20 8980 0725; E-mail: bcharters@bcos.demon.co.uk

November 17-20, 2002

American Heart Association, Scientific Sessions 2002 Chicago, IL
Further Information:
Tel: (214) 706-1543;
Fax (214) 706-5262;
E-mail: sessions@heart.org

September 19-20, 2003

The 2nd Joint European/North American Symposium on Congenital Heart Disease in the Adult
In Honour of Professor Joseph K. Perloff, M.D.

Santorini, Greece

Course Directors:
Drs. Michael A. Gatzoulis, George Sarris, Darryl F. Shore and Gary D. Webb

For more information please contact: Dr. Michael Gatzoulis on
m.gatzoulis@rbh.nthames.nhs.uk

ISACCD to Meet in Atlanta

Tuesday, March 19, 2002
7:00 - 9:00 am

Westin Peachtree Plaza Hotel
Atlanta, Georgia

The semi-annual meeting of the International Society for Adult Congenital Cardiac Disease (ISACCD) is scheduled to be held during the Annual Scientific Sessions of the American College of Cardiology in Atlanta, GA. The ISACCD meeting will take place Tuesday, March 19, 2002 at the Westin Peachtree Plaza Hotel in the Vinings I - Level 6 Room.



The academic program will begin with presentation by Dr. Martin Rosas on "Surgical versus Medical Therapy for ASDs in patients > 40 years of age: A Randomized Clinical Trial". Dr. Rosas and colleagues will then present their Experience from the Adult Congenital Heart Centre, National Institute of Cardiology of Mexico "Ignatio Chavez", Mexico City, Mexico.

All are encouraged to attend! We look forward to seeing you in Anaheim.

If you will be attending the meeting, return this form by March 11, 2002 by mail, fax or e-mail.

Yes, I will attend the semi-annual meeting of the ISACCD March 19, 2002 in Atlanta, GA

Name _____

Affiliation _____

Address _____

City _____ State _____ Zip _____

Phone _____

Fax _____

Email _____

Send registration to:

ISACCD
1500 Sunday Drive, Suite 102
Raleigh, NC 27607

Fax: (919) 787-4916
Email: isaccd@olsonmgmt.com

Please RSVP by March 11, 2002!