

Tetralogy of Fallot: 1888 - 2013

FALLOT

ALL TOGETHER !

Let's convene to understand the past and to learn from the future



PALAI DES CONGRES - PARC CHANOT
10 & 11 JUIN 2013
MARSEILLE (FRANCE)



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Marseille (France)

Palais des Congrès du Parc Chanot

2013, June 10 and 11

Welcome letter

Dear friends and colleagues,

We will take this unique opportunity: the 125th anniversary of description of what will be later named “Tetralogy of Fallot” to gather in Marseille, where Etienne-Louis Arthur Fallot worked in 1888. The first goal of this meeting is to look with pride but a critical eye to the already long history of the treatment of what is the first complex cardiac congenital complex accessible to therapeutic actions. More ambitiously, this meeting aim to allow high-level exchanges between all the specialists involved in the diagnosis, treatment and research about “repaired tets” and more widely about adult with congenital heart defects. The quality of the invited speakers, as well as the moderators will ensure, together with deliberate long discussion time are designed to reach this goal.

The patients, and their families, have share all along the way our success and their limits also. They are nowadays actors of their health and wellness. We need to improve simultaneously, in open collaboration, medical treatments, capabilities of societal support and improved quality of life.

Marseille (and surrounding Provence) is this year the European Capital of Culture (<http://www.mp2013.fr/?lang=en>). You will find yourself into an extraordinary rich, fun and interesting environment. South of France is one of the most exciting part of the world to visit, from its unique climate to its blend of history (Marseille was created 26 centuries ago; Montpellier is one the oldest medical school in Occident) and modernity.

All the ingredients are there to make, of this June rendez-vous, a unique and unforgettable meeting. We are looking forward to welcome you.

Dominique METRAS

Alain FRAISSE

Loïc MACE

Bernard KREITMANN

Description of the meeting grounds, fundamental and course

Let's convene for us to improve, all together, understanding history, learning from the future of the past experience and let's prefigure the next decades.

In 1888, Etienne-Louis Arthur Fallot, a 38 year old French physician working in Marseille, described the association of 4 different cardiac anatomic abnormalities found in conjunction with "la maladie bleue" (cyanosis) in "Marseille Medical". Later on, the words "Tetralogy of Fallot" became popular. Although accuracy of the concept of tetralogy is under discussion, it remains the term used to characterize the first complex, frequent, cyanotic, lethal, cardiac congenital defect which has been successfully palliated and then corrected.

Now, 125 years after this, we will gather in Marseille, South of France, to participate a never-before meeting entirely dedicated to patients born with this defect, designed to share the latest scientific advances and to learn from the patients' history and perspectives, as we will add to the power of a medical and surgical convention the necessary widening point of view of the patient him-self.

Thousands of adults, 40, 50, 60 (or even more) years of age are alive. If this is your case, you are among the first representatives of a new group in the human history: those who survived a complex cardiac congenital defect. You have encountered numerous difficulties along the road and the science had, and still has to, learn a lot from this.

Hundred of thousands young adults and teenagers are now facing the issue of being different, neither diseased, nor completely free of questions. If this is your case, you have to draw the future, to tell physicians and researchers how they have to act and how they should have done. You also have to gather and work together to get our modern human society able to understand and support your specificities.

Among the scientific community, the surgeons now operate mostly on neonates and infants and correct as perfectly as possible a Tetralogy. The results of even small alteration of any technical aspects are to be evaluated decades after. That emphasizes the importance of building strong surgical team, transmitting those skills in an endless teaching process and of studying together surgical advances and very long term results.

The anesthesiologists and intensivists, helped by numerous technologically advanced tools, preserve all the tissues and organs of any side effect of the disease and the surgical assault. These tools have to be improved continually and the ultimate results of those efforts are to be evaluated years after.

The "pediatric" cardiologists have grown up in conjunction with the patients and are dealing nowadays with many more adults than children. This has been a dramatic change of practice, as well as emergence of new, active and important sub-divisions of the field. Among them, some specialists address more peculiarly the families, the embryo and the fetuses, from a genetic standpoint as well as from developmental and clinical aspects, as most of the children eventually become parents. Development of cardiac electrophysiology and of the ability of such specialists to treat medically and interventionally previously underestimated rhythm and conduction problems took place. On top of it, an unbelievable development of interventional cardiology has to be noted. It is likely that, more and more, the optimal treatment program for each specific case will be constituted of surgery and interventional catheterization, together or consecutively and that each of these steps has to take the others in consideration.

The researchers, in medical industry and academic laboratories have been walking together with the clinicians along the entire road, often in the shadow but essential. They are conducting research and development programs on genetics and embryology, pulmonary hypertension treatments, percutaneous or electrophysiologic treatment possibilities, on mechanical long term assist devices and much more. Each of those aspects has to be evaluated and progressively enhanced to improve quality and longevity of numerous lives.

Despite those tremendous advances, availability of this type of treatment all around the world for every patient is far from being obtained and we cannot obliterate this question.

This meeting will be a new and important opportunity for everybody to draw the lines for the future of congenital cardiology... The history of Tetralogy started in Marseille 125 years ago. Let's make it again... All together!

PRE-PROGRAMME

A. Current medico-surgical problems: (Dominique Metras, Sylvie Di Filippo, Bohdan Maruszewski)

The history and anatomy of tetralogy of Fallot. *Richard Van Praagh*
Longitudinal follow up of patients with Tetralogy of Fallot. *Michael Gatzoulis*
Toward disappearance of neonatal surgical palliation? *Giovanni Stellin*
Peri-operative intensive care for neonates and infants with Tetralogy. *David Wessel*
Past, current and optimal surgical management *Cristopher Caldarone*
How to interpose a valvulated RV-PA connection? *Loïc Macé*

B. Electrophysiology and interventional catheterization: (Damien Bonnet, David Barron, Loïc Macé)

Neonatal palliation by interventional catheterization. *Dietmar Shranz*
Transcatheter valvulation in operated patients *Marc Gewillig*
Mid-term results of current valvulation devices *Mario Carminatti*
Reducing the risk of long-term arrhythmias at first steps *Jean Benoit Thambo*
Detection and treatment of arrhythmias in the corrected tetralogy *Paul Khairy*
Conduction disturbances and resynchronisation therapy. *Jan Janousek*

C. Society and human problems (Patient needs and questions): (Alain Fraisse, Marc Hazekamp, Richard Van Praagh)

From genes to embryo, then to the heart defect. *Stephane Zafran*
Magnitude and consequence of loss of follow up in our current practice. *Barbara Mulder or Ariane Marelli*
Evaluating quality of life after correction of a cardiac defect. *Eva Goossens*
Current societal situation of an adult with repaired « tet ». *Magalie Ladouceur*
Patients groups and association: support groups or mandatory partners? *TBA*
Tetralogy of Fallot in a third world country, disaster or hope? *Alessandro Frigiola*

D. Preparing the future: research and development programs for currently and predictable unmet needs: (Bernard Kreitmann, David Wessel, Francois Lacour-Gayet)

New ideas for transvascular therapy in adult Fallot . *Younes Boudjemline*
Tissue engineering or advanced prosthesis in RVOT repair *David Kalfa*
The future of cardiac stimulation for the congenital patient. *Jean-Michel Haissaguerre*
PAH-Therapeutic actions on pulmonary vascular resistance. *Alain Fraisse*
Preserving adequacy of brain perfusion in invasive procedure. *Eduardo Da Cruz*
Long term assist devices for right heart failure (2 or 3 lectures max. *TBA*)

**each session is a 4 hours period of time, with a mid coffee break; morning sessions are 8:30>12:30; pm sessions are 14:30>18:30; time allotted for each lecture is discussed between moderators (scientific committee) and experts.*