Pediatric Heart Transplant Society

PEDIATRIC HEART TRANSPLANTATION TODAY

PHTS NEWSLETTER

December 2021

Dr. Juan "Chuck" Alejos, Senior Editor
Dr. Neha Bansal, Junior Editor

PHTS GROWTH*

10,842	patients enrolled
11,250	total listings/ relistings entered
8,253	transplants/ retransplants entered
528	listings for 2020
440	transplants for 2020
368	listings for 2021
297	transplant for 2021

*as of December 1, 2021

A MESSAGE FROM THE PRESIDENT

The recent Thanksgiving Holiday in the U.S. gave me a chance to reflect on how much there is to be thankful for with regards to the PHTS.

I am thankful for the leadership and service of Past President Dr. Jennifer Conway and for the strategic plan that was developed under her leadership. Please review the slides summarizing the strategic that are posted on Basecamp (Transplant Community Resources->Strategic plan). The future looks bright with the election of Dr. Shri Deshpande as Vice President and I am excited about the opportunity to work with him.

I am thankful for the new international PHTS centers (The Royal Children's Hospital, Melbourne and British Columbia Children's Hospital, Vancouver) as well as new PHTS centers in the US (NYU, Mayo Clinic, and Dell Children's, Austin). We now have a total of 61 PHTS centers!

I am thankful for the success of new initiatives like PHTS live, the Heart University-PHTS Pediatric Transplant curriculum, and the Health Disparities Task Force. Additionally, I am thankful for the promise of the up-and-coming research, standardizing care, and QI initiatives.

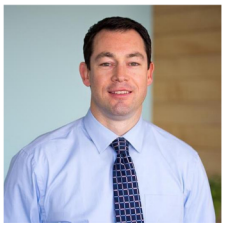
I am thankful for a growing Allied Health Community and Allied Health leadership on PHTS committees.

I am thankful for our motivated fellows and junior faculty and for the PHTS veterans who are mentoring these young physician scientists.

I am thankful for the publication of our 100th manuscript and for all the PHTS investigators, Scientific Committees, and DCC representatives that made the science possible.

Most of all, I am thankful for the commitment, enthusiasm, and effort of our membership, who I have no doubt will be successful in implementing our well-conceived strategic plan. I look forward to working with all of you over the next several years as we implement this strategic plan. On behalf of PHTS leadership, we wish you a very happy holiday season.

Scott Auerbach, MD



PHTS President
Scott Auerbach, MD
Children's Hospital Colorado
Denver, Colorado



PHTS Vice President
Shriprasad Deshpande, MD
Children's National
Health System

A MESSAGE FROM THE EDITORS

As your newsletter editors, we would like to thank Jennifer and Scott and the entire PHTS community for their unwavering support in a 2021 that was filled with its own challenges. We would also like to wish the entire PHTS community a happy and safe holiday season spent with family and friends. We look forward to a 2022 that will bring prosperity and happiness as well as hopefully a chance to enjoy each other's company in person!

- Chuck and Neha

PHTS Newsletter Editors



Juan Alejos, MD
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Neha Bansal, MD
nbansal@montefiore.org

Visit our website to learn more:
www.PHTSociety.org

Current Trends in Coronary Artery Vasculopathy

Written by: Micheal Kuhn, MD

Cardiac allograft vasculopathy (CAV) is one of the leading causes of graft loss in heart transplant recipients. When I was a fellow back in the Stone Age, we were taught that the coronary disease was chronic rejection. We have learned a lot since that time. The reasons for CAV are still unclear but it is thought to be a response to an immune insult. CAV occurs readily after severe cellular rejection episodes and with frequent cellular rejection episodes. It can present in many forms, most commonly as large vessel disease. Intimal hyperplasia of the vessel occurs throughout the coronary arteries. With disease progression, luminal stenosis eventually occurs. CAV can also primarily affect the smaller coronary vessels and the microvasculature, or it can be a combination of both. In the adult population, CAV is much more common and occurs earlier than in pediatric patients. Other risk factors including age at transplant (older patient have higher risk), hypertension, donor age, hypercholesterolemia and antibody mediated rejection have all been associated with increased risk of CAV in pediatric patients. For many years, CAV has been the leading cause of death in pediatric heart transplant patients. In 2007, analysis of the pediatric report of the International Society for Heart and Lung Transplant registry showed CAV as the primary cause of death in 30-35% of the patients with graft failure a close second at 25% (1). CAV, particularly microvessel disease, likely played a role in at least some of those patients. With the advent of newer treatment regimens, the incidence has decreased. In 2015, using ISHLT registry data the cause of death from CAV and graft failure had dropped to 11% and 15%, respectively (2).

Once CAV becomes severe and compromises graft function, the only alternative is re-transplantation. 'Treatment' of CAV is most effective with early detection and prevention. The 'gold' standard for detecting CAV has always been coronary angiography. The major disadvantage of angiography is that once you diagnose vasculopathy, the disease process is too advanced with long-term survival often months. Two methods have improved early diagnosis of CAV, intravascular ultrasound (IVUS)and optical coherence tomography (OCT). In 1997, we started using IVUS at Loma Linda (3). We found that it was much more sensitive in detecting early intimal changes when compared to angiography. Vasculopathy, if present, was diffuse and found in all coronaries making it very convenient to study a single coronary, the left anterior descending. Since that time, it has become standard of care at our institution during the annual catheterization, and as needed when indicated (eg. 6 months post acute severe rejection episode). In 2017, in collaboration with Great Ormond Street, we started utilizing a better tool for assessing IVUS results (4). Using a software program, QIVUS, assessment of the vessel is done in a longitudinal fashion as compared to the old method of segmental analysis. It has proven to be more sensitive in assessing the degree of intimal hyperplasia. In conjunction, with centers in the US and Europe, the safety of IVUS was evaluated with major and minor complication rates of 0.5 % and 0.7 % respectively (5). OCT is performed similarly to IVUS. It is also very sensitive in detecting intimal changes with similar complication rates (8). Both OCT and IVUS have two limitations. First, they both evaluate the large vessels but not the microvasculature. Second, use of both techniques is limited by patient size with studies typically starting at 7-8 years of age. Coronary flow reserve (CFR) has been extensively used to evaluate the microvasculature in atherosclerotic coronary artery disease and in adult heart transplant recipients. In 2015, Denver Children's data on coronary flow reserve was presented at the annual ISHLT meeting. They found that a blunted response to adenosine challenge correlated with microvessel disease similar to findings in the adult population. The advantage of a flow wire is that it can be used at any age. The only limitation is it does not assess the larger vessels. In the adult population, fractional flow reserve and instantaneous wave-free ratio have been evaluated with a coronary flow wire. The future of diagnosing CAV early probably rests with a combination of large and microvessel analysis.

With regards to prevention of CAV, the 2015 ISHLT registry review did show a decrease compared to the 2007 assessment (11% compared to 30%). This decrease was most likely due to changes in immunosuppression management. In the 1990's, the standard immunosuppression was generally cyclosporine, azathioprine +/- steroids. By the early 2000's, tacrolimus and mycophenylate were both being used with increased frequency. In 2006, at Loma Linda, we noted a possible decrease in intimal thickening in patients who we started on sirolimus for significant CAV which was presented at the annual ISHLT meeting. By 2008, sirolimus had become part of our standard immunosuppression protocol. A larger study of the PHTS database in 2017

Current Trends in Coronary Artery Vasculopathy

Written by: Micheal Kuhn, MD

showed a trend toward decreased CAV in patients on sirolimus (7). Sirolimus has also been associated with a decrease in CAV in adult heart transplant patients. Most recently, Almond, et al., developed the MATE score to assess 6 significant adverse events in pediatric heart transplant patients (8). Now, a prospective trial randomizing patients to two immunosuppressive regimens (tacrolimus + everolimus vs. tacrolimus + mycophenylate) is ongoing to evaluate the effects of immunosuppression on adverse events. This is the first prospective multi-center trial to see what effect an immunosuppression regimen could have on adverse events such as CAV.

With the advent of newer treatment regimens, I think we will continue to see a decrease in the incidence of CAV in the future. It would be good to see more collaborative prospective efforts both in immunosuppression protocols and diagnostic protocols. Although non-invasive methods of diagnosis were not discussed, in an ideal world, patients would be screened with an effective non-invasive study, and if indicated, then more invasive testing (IVUS/OCT/CFR) would be performed. It will be interesting to see how things develop in the future.

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Welcome New Officers



PHTS President
Dr. Scott Auerbach



PHTS Vice President
Dr. Shri Deshpande



Allied Health and
Nursing Representative
Heather Missler

PHTS Excellence Award for Transplant Coordinators and Allied Health Professionals

2021 PHTS Excellence Award for
Transplant Coordinators



Heather Bastardi, RN, MSN, CPNP
Heart Failure / Heart Transplant Coordinator
Boston Children's Hospital

2021 PHTS Excellence Award for
Allied Health Professionals



Betsy Long, LCSW
Licensed Clinical Social Worker
Heart Institute Children's Hospital Colorado

2022 Committee Members

Steering Committee

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Vice President
Shri Deshpande, MBBS, MS

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Research Updates

Pediatric Heart Transplant Society

Congratulations!



PHTS Manuscript Accepted to Journal of Heart and Lung Transplantation!

Dr. Jennifer Conway

Early report From the Pediatric Heart Transplant Society on COVID-19 Infections in Pediatric Heart Transplant Candidates and Recipients

Pediatric Heart Transplant Society

Congratulations!



PHTS Manuscript Accepted to Pediatric Transplantation!

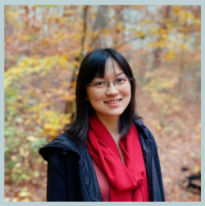
Dr. Melissa Cousino

Circumstances Surrounding End-of-Life in Pediatric Patients Pre- and Post-Heart Transplant: A Report from the Pediatric Heart Transplant Society

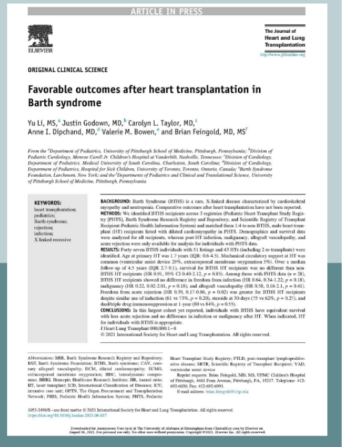
New Publication!

Favorable outcomes after heart transplantation in Barth syndrome

Yu Li, Justin Godown, Carolyn L Taylor, Anne I Dipchand, Valerie M Bowen, Brian Feingold



Yu Li, MS
University of Pittsburgh School of Medicine



ARTICLE IN PRESS

The Journal of Heart and Lung Transplantation

ORIGINAL CLINICAL SCIENCE

Favorable outcomes after heart transplantation in Barth syndrome

Yu Li, MS,[1] Justin Godown, MD,[2] Carolyn L. Taylor, MD,[1] Anne I. Dipchand, MD,[3] Valerie M. Bowen,[4] and Brian Feingold, MD, MS[1]

J Heart Lung Transplant. 2021 Jul 10;S1053-2498(21)02394-9. doi: 10.1016/j.healun.2021.06.017. Online ahead of print.

Pediatric Heart Transplant Society

New Publication!

Improved heart transplant survival for children with congenital heart disease and heterotaxy syndrome in the current era: An analysis from the pediatric heart transplant society

Asma Khan, Elfriede Pahl, Devin A. Koehl, Ryan S. Cantor, James K. Kirklin, Paolo Rusconi, Aliessa Barnes, Estela Azeka, Melanie Everit



The Journal of Heart and Lung Transplantation
Available online 25 July 2021
In Press, Corrected Proof

ELSEVIER

Original Clinical Science

Improved heart transplant survival for children with congenital heart disease and heterotaxy syndrome in the current era: An analysis from the pediatric heart transplant society

Asma Khan MD [a], Elfriede Pahl MD [a], Devin A. Koehl MSDS [b], Ryan S. Cantor PhD [b], James K. Kirklin MD [b], Paolo Rusconi MD [c], Aliessa P. Barnes MD [d], Estela Azeka MD [e], Melanie D. Everitt MD [f] ✉

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Background

Challenges exist with heterotaxy due to the complexity of heart disease, abnormal venous connections, and infection risks. This study aims to understand heart transplant outcomes for children with heterotaxy.

Methods

All children with congenital heart disease listed for transplant from 1993 to 2018 were included. Those with and without heterotaxy were compared. Waitlist

The Journal of Heart and Lung Transplantation, 2021, ISSN 1053-2498, https://doi.org/10.1016/j.healun.2021.07.008.

Pediatric Heart Transplant Society

https://pediatrichearttransplantsociety.org/publications/

100th Publication Celebration

Pediatric Heart Transplant Society
PHTS Celebrates
100 Publications



When we started the PHTS in 1993, we had a dream of improving outcomes in listed pediatric patients and transplanted pediatric patients through the knowledge gained from the analyses of multi-institutional patient-specific data. Now, 100 publications later, I believe that we have steadily made progress towards the dream through the thoughtful analyses of the massive amount of collected data and the collaborative efforts of hundreds of clinical researchers and data coordinators. The continued growth of the PHTS and the ever-expanding enthusiasm for PHTS is a testament to the passion of the pediatric transplant community and the dedication of the PHTS leadership. I am grateful to have been part of this fulfilling endeavor and to have made so many life-long friends along the way. I look forward to the next 100 publications.

- David C. Naftel, PhD
PHTS DCC Director 1993-2015

Pediatric Heart Transplant Society
PHTS Celebrates
100 Publications



PHTS research has been the cornerstone from which most of the multicenter studies in pediatric heart failure and heart transplantation have derived for nearly 30 years. There were 2 reasons for this I believe. One is it fostered an inclusive and collaborative environment so that investigators developed confidence and trust in each other and fashioned bylaws that were very inclusive and allowed for participation of small and midvolume centers as opposed to the few high volume centers that often occurs in pediatric cardiology research. This trust carried over into other non-PHTS projects like the pediatric cardvedilol trial and the CTOT pediatric heart transplant studies. Number 2 is that we all learned the nuances and pitfalls in the design and analysis of clinical cardiac outcomes research from David Naftel. I enclose a picture of he and I focusing on smallmouth bass in a competing risk analysis of hooking the fish, catching the fish, letting the fish get away, or inability to get the fish hooked. He trained so many of us with great patience and humor. Congratulations for a major milestone.

- Charlie Canter, M.D.
2nd President of PHTS

Pediatric Heart Transplant Society
PHTS Celebrates
100 Publications



Treating critically ill children was greatly enhanced by my ability to use the PHTS and the colleagues I met as a forum for our patients. From its onset, the PHTS has been the most rewarding professional collaboration I have participated in, as it provided the opportunity to engage in critical multicenter outcomes research and answer questions on the most challenging issues, that we couldn't address with single center studies. I have met extraordinary clinicians from around the world, who have become my lifelong friends, who have both mentored me and been study collaborators. As we implement new initiatives created by the PHTS strategic plan, we will expand our society further to engage more allied health professionals, patients and families in our future research priorities, and increase our mentoring and education efforts to best optimize care.

- Elfi Pahl, M.D.
PHTS Foundation Chair

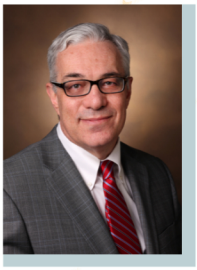
Pediatric Heart Transplant Society
PHTS Celebrates
100 Publications



Congratulations, PHTS, on the 100th publication! The research and quality work from this Society has been the cornerstone of knowledge since the 1990s for children with advanced heart failure, congenital heart disease, and heart transplant. Can't wait to participate in and learn from the next 100 publications that will continue to improve outcomes for children!

- Melanie Everitt, M.D.
9th President of PHTS

Pediatric Heart Transplant Society
PHTS Celebrates
100 Publications



PHTS has been one of the most important initiatives in pediatric heart transplant research over the last 30 years. An enormous number of observations have been made that have directly informed both clinical practice and the development of hypothesis driven prospective studies and clinical trials. The importance of PHTS to our field cannot be overstated.

- Steve Webber, MBChB, MRCP
3rd President of PHTS

Pediatric Heart Transplant Society
PHTS Celebrates
100 Publications



The celebration of the 100th PHTS publication is truly a tribute to the nearly 30 years of consistent excellence in the scholarly activities of our society. Who could have imagined in 1992 that this research effort would not only survive over the next 30 years but would blossom into a global society that carries the torch for infants, children, and adolescents everywhere who need and receive a new heart. The dedication of its member physicians and other pediatric health care workers to their patients and their lifelong commitment to studies that will prolong the lives of these patients embodies the true spirit of this society. My intimate participation in the PHTS over the past 30 years has been one of the most fulfilling aspects of my professional career.

-James K. Kirklin, M.D.
PHTS DCC Director 2015-Current

100th Publication Celebration

Pediatric Heart Transplant Society
PHTS Celebrates
100 Publications



Pediatric Heart Transplantation Society (PHTS) has a mission to advancing science and care of children listed for and following heart transplantation for almost 30 years!

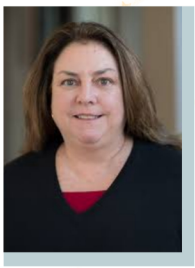
PHTS is well known worldwide to have the largest database, robust researches, collaborative and inclusive principles.

Congratulations PHTS for your 100th publication! Congratulations Prof. Kirklin and the Pionners of the Society for having the vision to create the Society and all the presidents and members that keep PHTS alive!
I really appreciate the opportunity to participate and learn from the Society!

Eternal gratitude for participating in this Heart Team

- Estela Azeka, M.D. PhD

Pediatric Heart Transplant Society
PHTS Celebrates
100 Publications



I am grateful to be a member of the Pediatric Heart Transplant Society since 1997. The PHTS collects data on pediatric heart transplantation with a granularity that is not present anywhere else. It allows us, as a community, to study and learn from our patients in a way that is not possible as single centers. The PHTS is an important driver of moving our field forward allowing for collaboration and evidence based research. I am pleased to have served on the Scientific Committee 2018-2021 and as Chair 2019-2020.

- Jacqueline M. Lamour, M.D.

Pediatric Heart Transplant Society
PHTS Celebrates
100 Publications



It would have been difficult for the small group who initially gathered to discuss the founding of a multi-center pediatric heart transplant study to envision how incredibly successful this initiative would be, now more than two decades down the road. As the PHTS celebrates its 100th publication, the impact this group has made on the lives of our patients and their families is immeasurable, and the friendships made working in close collaboration have been much treasured.

- Daniel Bernstein, M.D.

Pediatric Heart Transplant Society
PHTS Celebrates
100 Publications



ONE HUNDRED PUBLICATIONS!! Kudos to the PHTS community whose research has truly been the cornerstone of paediatric heart transplantation for the last 25 YEARS - helping thousands of children, families, AND paediatric practitioners. Personally, I would not have had such a rewarding career without the opportunities provided to me though involvement in PHTS and the PHTS Foundation. Here's to many more years of learning and collaboration!

- Anne Dipchand, M.D.
6th President of PHTS and PHTS Foundation Founding Chair

Pediatric Heart Transplant Society
PHTS Celebrates
100 Publications



Original Article

More lessons learned from the Pediatric Heart Transplant Study*

Yok M. Law[1,2]

[1]Division of Pediatric Cardiology, Seattle Children's Hospital. [2]Division of Pediatric Cardiology, University of Washington, Seattle, Washington, United States of America

Abstract: Paediatric heart transplantation has evolved over the last 3 decades. The research group, Pediatric Heart Transplant Study, has been in step with that evolution over the nearly 30 years of its existence by utilising its registry to contribute a wealth of clinical research to the field. The highlights of its studies will be presented in this review.

Keywords: Heart transplantation, children, pediatrics, registry

Received: 9 February 2015; Accepted: 2 May 2015

Background

Over the field of paediatric cardiology and cardiac surgery, the natural history of heart transplantation is truly expansive in that it covers the phase before transplant, the actual transplant and the transplant procedure, and the subsequent follow-up. Transplantation has for many as 'open book'. In many ways, the anonymous stories of the individual patients who had the courage to take this journey are captured collectively in the registry of the Pediatric Heart Transplant Study.

The creation of the Pediatric Heart Transplant Study was in essence a natural consequence of the early history of paediatric heart transplantation. Before the so-called golden knowledge that Christiaan Barnard performed the first human heart transplantation in an adult in Cape Town on 3 December 1967, there was only medical news for physicians and laymen alike that only 3 days later a heart transplant was performed in an infant in Mississippi by Dr. Norman Shumway. Neither this infant with Ebstein's anomaly nor the adult in Cape Town survived for very long, but as subsequent history has shown, they were the harbingers of success we see in modern heart transplantation in adults and children. Pediatric Heart Transplant Study, in my mind, is a by-product if not a benchmark in the history of paediatric heart transplantation.

As paediatric heart transplantation gained momentum through the pioneering work of the Magdi Yacoub group in London, UK, and the group led by Norman Shumway in the United States, and Denton Cooley with the first long-term successful paediatric heart transplant, the number of centers performing heart transplantation in children in the 1980s.[1] In fact, by the early 1990s, the steep growth curve of the 1980s had begun to plateau.[2] By then, it was apparent that heart transplantation in children was quite different than in adults. Candidates in this early period were dominated by infants with congenital CHD. The transplant procedure itself required more complex surgical techniques in reconstructing the allograft. The co-morbidities before and after transplant were recognised to be different, leading to the need for more intensive monitoring for rejection and how immunosuppressive medications were to be delivered. These differences led to the realisation that the paediatric population could not be simply based on adult data. These differences in care between adults and children give the development of the Pediatric Heart Transplant Study, as well as the need to form a heart transplant registry specific for children – the Pediatric Heart Transplant Study. Over the years, the Pediatric Heart Transplant Study "morphed" allowed this registry to flourish into a vast database with a prolific output of clinical research studies published that will be reviewed below.

The Pediatric Heart Transplant Study has provided a wealth of investigative and clinical information to the field of paediatric heart transplantation. The work of the registry has made a tremendous impact on clinical practice. This is particularly true of depicting outcomes before and after transplantation and of risk assessment. These large-scale studies with the use of advanced statistics have served as the benchmark for policy-making and institutional programme.

Law, Y. (2015). More lessons learned from the Pediatric Heart Transplant Study. Cardiology in the Young, 25(S2), 131-139. doi:10.1017/S1047951115000931

Support PHTS

Support PHTS by purchasing an ornament during the PHTS Holiday Fundraiser with Beachwood Street





Registration now open!

If you would like to sponsor this event, contact Sherita Brown at sheritabrown@uabmc.edu

Information Corner

Job Postings

Cardiology/Heart Transplant Social Worker position at Children's Hospital Colorado

The Cardiology Clinical Social Work position is within Children's Hospital Heart Institute. This role provides clinical support from the point of diagnosis of a heart condition throughout the lifespan of the care the patient receives at Children's Hospital. This would include following the patient and family in both inpatient, intensive care and outpatient care settings. This position coordinates with many treating providers and team members within the Heart Institute along with other members of the well-ness team supporting the psychosocial needs of the patient and family. On occasion the patient will be referred for transplant in which the clinical social worker will closely follow as part of the transplant process.

Contact melanie.everitt@childrenscolorado.org with further questions.

Pediatric Cardiology/Advanced Cardiac Therapies Faculty Position

The Division of Pediatric Cardiology in the Department of Pediatrics at the Icahn School of Medicine at Mount Sinai (ISMMS) and the Children's Heart Center at Mount Sinai seeks a full-time, BC/BE pediatric cardiologist with experience in general cardiology as well as heart failure and transplantation to join our practice. The candidate will join 16 other Children's Heart Center pediatric cardiology faculty members as well as six categorical pediatric cardiology fellows, one advanced imaging fellow, two pediatric cardiothoracic surgeons, a dedicated pediatric cardiac ICU and a dedicated cardiac anesthesia service.

Contact Jacqueline M. Lamour (jacqueline.lamour@mssm.edu) for more information.

Director for Pediatric Heart Failure, Transplant and Cardiomyopathy - Columbia University Irving Medical Center

The Department of Pediatrics and the Division of Cardiology at the Columbia University Irving Medical Center (CUIMC)/Morgan Stanley Children's Hospital (MSCH) NewYork-Presbyterian Hospital (NYPH) are recruiting a new Director for Pediatric Heart Failure, Transplant and Cardiomyopathy to lead the rapidly expanding pediatric heart failure, mechanical support and pediatric heart transplant programs at CUIMC/MSCH.

Contact Christopher J. Petit (cjp2196@columbia.edu) for more information.

Pediatric Heart Failure / Transplant / MCS position - Phoenix Children's

The Cardiology Division of Phoenix Children's Hospital is looking for a pediatric cardiologist to join their Heart Failure, Heart Transplantation, and Mechanical Circulatory Support Program. We are in search of a full time physician to join our team that currently includes two dedicated heart transplant cardiologists, four cardiac surgeons, three nurse practitioners and a nurse coordinator.

Contact Dr. Bethany Wisotzkey directly at bwisotzkey@phoenixchildrens.com to apply.

Information Corner

Job Postings

Pediatric Heart Transplant Position for Nurse Practitioner or Physician Assistant at Phoenix Children's Hospital

Phoenix Children's Hospital is seeking an Advanced Practice Practitioner (APP) to join our growing heart transplant team. This position will be one of four APPs providing both inpatient and outpatient coverage to the pediatric heart transplant program.

Contact David Blaha (dblaha@phoenixchildrens.com) for more information.

Pediatric Palliative Care Physician Position at Joe DiMaggio Children's Hospital

The Division of Pediatric Palliative Care Medicine at Joe DiMaggio Children's Hospital in South Florida is seeking a BC/BE pediatric palliative care physician to join our growing, interdisciplinary team.

Contact Janille Wolf at jwolf@mhs.net for more information.

Pediatric Advanced Cardiac Therapies Cardiologist Position at Nationwide Children's Hospital

The Heart Center (THC) at Nationwide Children's Hospital is recruiting a cardiologist, at the assistant or associate professor level, to join our Pediatric & Adult Advanced Cardiac Therapies (PAACT) Team. This individual would join a group of three academic cardiologists, two nurse practitioners, three transplant nurse coordinators, and allied healthcare providers who serve our cardiomyopathy, heart failure, and transplant population.

Interested candidates are encouraged to submit their curriculum vitae to Deip Nandi, MD, Medical Director of the PAACT Team at Deipanjan.Nandi@nationwidechildrens.org.

Boston Children's NP Position

Boston Children's Hospital is looking for a full time nurse practitioner to join the Advanced Cardiac Therapies Team. This is an exciting opportunity to provide expert care for patients with heart failure in the setting of cardiomyopathy or congenital heart disease and management of listed and post heart transplant patients. The NP will partner with physicians, nurse practitioners, nurses, administrative staff and all other multidisciplinary team members to provide comprehensive care across a variety of settings including inpatient ward and ICU, cardiac catheterization suite and cardiology outpatient clinic. Qualifications include: masters in nursing with active NP license; APN experience preferred. Experience in managing pediatric complex care, superb communication skills and leadership experience preferred.

Any inquiries can be directed to Heather Bastardi via email at heather.bastardi@cardio.chboston.org

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