WCPCCS - This is an event which is held every 4 years and is under the overall control of an international Steering Committee with membership which is 50% Pediatric cardiologists and 50% cardiac surgical. The congress is supported by the World Health Federation and a number of other bodies including the Association for European Pediatric Cardiology.

The joint (cardiology / surgery) congress was initiated after separate World Congresses of Paediatric Cardiology (London 1980, New York 1984, Bangkok 1989) and Paediatric Cardiac Surgery (Bergamo, Italy 1988) during the 1980s.

Each congress has its own local organising committee and scientific / program committee.

Attendance History of Past Congresses
Paris (1993) 1500
Hawaii (1997) 2000
Toronto (2001) 2200
Buenos Aires (2005) 3000

The Cairns meeting has the support of the Cardiac Society of Australia and New Zealand, who are underwriting the meeting and providing “seed funding” to ensure its financial security.
Expected groups / specialties attending.

This meeting is aimed at paediatric cardiologists and surgeons, adult cardiologists with an interest in Adult Congenital Heart Disease, anaesthetists, intensivists, technologists (including perfusionists) and nurses. The involvement of several specialty subgroups which include Adult Congenital Heart Disease, Pediatric Cardiac Intervention, Pediatric Cardiac Intensive Care (linked with Pediatric Cardiac Anesthesia and Perfusion), Electrophysiology / Arrhythmias and Pediatric & Congenital Heart Surgery will add to the interest in this meeting which is likely to attract a total of around 3000 delegates from the various disciplines.

Organising Committee:

Chairman (Paediatric Cardiology)
Dr JL Wilkinson (Melbourne)
Deputy: Dr N Wilson (Auckland)

Chairman (Cardiac Surgery)
Dr P Pohlner, (Brisbane)
Deputy: Dr G Nunn (Brisbane)

Chairman of Program Committee (Scientific Committee)
Dr D Penny (Melbourne). Deputy: Dr D Winlaw (Sydney)

Treasurer
Dr G Sholler (Sydney)

Technical Exhibition / Industry / Sponsorship
Dr J Ramsay (Perth), Dr I Nicholson (Sydney)

Representative from PCO
Ms S Markey Hamm

Honorary Presidents:
Dr Abraham Rudolph, UCSF, San Francisco, Pediatric Cardiology President
Dr Roger Mee, RCH Melbourne / Cleveland Clinic, Cardiac Surgery President.
Planning at this stage:

The planning is fairly well advanced but remains flexible at this time. There will be eight incorporated (parallel) specialty meetings on the Monday / Tuesday of the conference week. These will be, in effect, "incorporated satellite meetings". Every delegate will be able to attend one of these, and will express their preference at the time of registration. There may be some flexibility to move between them - subject to space / numbers constraints. The registration fee for the World Congress will include registration for these meetings. The interventional meeting ("PICS at the World Congress") will be slightly different from the others with a supplementary registration fee and entry only for registered delegates (who have paid the supplement). It will be the sole meeting which will start on the Sunday (continuing until Tuesday).

The plan to have these meetings as part of the congress, rather than as stand-alone satellite meetings, is a response to the widely expressed sentiment following other / earlier meetings that the practice of having a succession of meetings spread over perhaps two weeks is excessive in its time requirements as well as diluting industry support for the World Congress. The Steering Committee for the World Congress have supported the plan to include the 'satellite' meetings within the time frame of the World Congress - this necessitating a five day meeting rather than the earlier model of a four day meeting.
Specialty meetings:

1. Interventional (jointly organised with PICS) (Sun, Mon, Tues)  
   This will be branded as PICS at the World Congress  
   Anticipated delegates ~ 650

2. Surgical (jointly organised with WSPCHS) Mon, Tues (2 days)  
   This will be branded as 2nd Meeting of WSPCHS, at the World Congress  
   Anticipated delegates ~ 500

3. Pediatric cardiac intensive care (jointly organised with PCICS) will also include perfusion and anaesthesia. Mon, Tues (1 ½ days)  
   Anticipated delegates ~ 300

4. Adult Congenital Heart Disease Mon, Tues (2 days)  
   Anticipated delegates ~ 300

5. Paediatric electrophysiology / arrhythmia Mon, Tues (2 days)  
   Anticipated delegates ~ 200

6. Imaging (including Fetal Echocardiography / MRI and CT) Mon, Tues (2 days)  
   Anticipated delegates ~ 400

7. Nursing Mon, Tues (2 days)  
   Anticipated delegates ~ 150

8. Paediatric cardiomyopathy / transplant Mon (1 day)  
   Pulmonary Hypertension Tues (1 day)  
   Anticipated delegates ~ 200
Following these specialty sessions on the first two days the Wednesday and Thursday will comprise a number of parallel sessions, including free abstract sessions. The main sessions will be "mini-plenary sessions" and will all have a "Theme" lasting for half a day each (morning or afternoon). Each will have contributions for several disciplines / sub-specialties as well as a small number of selected abstracts relevant to the topic being dealt with in the session. The topics for the main focus sessions (10 sessions are planned) are expected to be:

1. Rheumatic Heart Disease
2. Childhood Prevention of Atherosclerosis
3. Forty years of the Fontan Operation
4. Sudden Death
5. Quality in CHD
6. Hypoplastic Left Heart Syndrome
7. Brain Outcomes
8. Translational Science
9. Cardiac services in the Developing World; Kawasaki Disease
10. The Complex Neonate

Thursday afternoon will have a "What’s Hot in ----" summary of the major ground breaking topics that were discussed in the specialty meetings on the first two days. These will allow delegates who have attended one specialty meeting to catch up on the important aspects from some of the others. It is hoped that it will also help to avoid the phenomenon where talks in the 'Satellite' meetings are repeated almost verbatim in the World Congress itself, as has happened repeatedly in the past! The programming of the main sessions on the later days of the meeting will be done to minimise overlap / repetition as far as possible.

The Friday morning will comprise a plenary session lasting all morning (with a coffee break) with five "Landmark Lectures" - Surgery, Pathology, Cardiology, Nursing, Intensive Care. Each will be a 30 minute talk, with no discussion. The titles of these and the nominated lecturers have not yet been finalised. These will be followed by the closing ceremony and hand over for the 2013 meeting.

We will be inviting speakers from around the world to contribute to these various sessions and lectures and we hope to have a clearer idea of who these may be in the next few weeks?
It is currently expected that there will be approximately 200 free abstracts accepted for oral presentation and around 1500 as Posters.

Total delegates are likely to be in the range of 2500 – 3000.

We are working on the social program which will include a welcome ceremony, a speaker's dinner, some sponsored dinners for the specialty meetings and an Australian Cultural Event (Thursday evening). There will be a range of options for accompanying persons and pre and post congress tours / trips / adventures, etc.

The technical exhibition will have 66 booths, each with 9 m² of space. These will be grouped so that larger exhibitors can, if they wish, have groups of 2- 4 booths allowing spaces up to 36 m². There will be tea, coffee and food stations within the exhibition area, which will be housed in “Hall B” of the Cairns Convention Centre - a large space used for major basketball contests throughout the year, when not required for conferences.