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William A. Himmelsbach Becomes CRF's New President and CEO

CRF has appointed William A. Himmelsbach as the foundation's new President and Chief Executive Officer. He replaces outgoing CEO Marvin L. Woodall, who retired April 20, 2009, but who will continue to serve on CRF's Board of Directors.



William A. Himmelsbach

"Bill's results-oriented focus, collaborative nature, technical expertise, and management

experience will further strengthen CRF's role in the development of new technologies and therapies that will help millions of people with heart disease everywhere," said Eric B. Woldenberg, Esq, Chair of CRF's Board of Directors. "His history of working proactively with physicians to achieve organizational goals is widely known and respected."

Mr. Himmelsbach joined CRF from New York-based VHA Empire – Metro where he was Executive Officer. He also served as Senior Vice President of VHA, a national health care alliance of 1,400 not-for-profit hospitals and more than 23,000

nonacute care organizations. While there, he was responsible for designing and implementing programs and services to enhance revenue and volume for the organization's members. Prior to that, he served as President and Chief Executive Officer at several large hospitals and health care systems, including the Institute of Living (Hartford, CT), Saint Mary's Health Services (Grand Rapids, MI), Holy Cross Health System (South Bend, IN), and Detroit Receiving Hospital and University Health System (Detroit, MI).

"I'm looking forward to working with CRF's dynamic physician leadership and dedicated staff to further the organization's goals of medical education and developing the next generation of cardiovascular therapies for patients with heart disease," said Mr. Himmelsbach.

A well-respected and recognized expert in the health care field, Mr. Himmelsbach brings more than 30 years of leadership and management expertise to CRF. He holds a Bachelor of Arts in labor-management relations/economics from Penn State University and a Master of Public Health in health care administration from the University of Pittsburgh. He is also a Fellow of the American College of Healthcare Executives.

HORIZONS AMI Analysis Presented at ACC/i2 Summit: Insights into Stent Thrombosis Risk

This past March, CRF partnered for the first time with the American College of Cardiology (ACC) in organizing the i2 Summit, the interventional component of the annual ACC Scientific Session. A highlight of this year's meeting in Orlando, Florida, was the presentation of a CRF-authored study focusing on factors that predict the risk of stent thrombosis. This life-threatening event occurs when a blood clot forms within a stent that has been placed in an artery to keep it propped open after angioplasty.

The new analysis was based on data from the HORIZONS AMI trial, which tested different regimens of anticoagulant medications given to people undergoing angioplasty after a heart attack.

The new study, which followed patients for one year, featured several CRF faculty members as authors: George D. Dangas, MD, PhD; Alexandra J. Lansky, MD; Roxana Mehran, MD; and Gregg W. Stone, MD. The results were presented at a late breaking trial session by Dr. Dangas.

Reassuringly, the study found that over the course of one year, the odds of suffering stent thrombosis were not affected by whether patients received a drug-eluting stent (the kind of stent that releases a drug to prevent artery re-narrowing) or a bare-metal stent (one that does not release any drug). Nor does it matter which regimen of anticoagulant medication is prescribed to minimize the chances of stent thrombosis.

The Highest Risk Comes Early

But some important differences in risk over various time periods did emerge. One of the most important lessons is that in heart attack patients who receive the new anticlotting drug bivalirudin before undergoing angioplasty, adding extra blood-thinning medications early on and in optimal doses significantly reduces the increased risk of near-term stent thrombosis.

For example, heart attack patients would be less likely to experience stent thrombosis in the first 24 hours after stent implantation if they received

heparin either in the ambulance or as soon as they arrived in the emergency department, instead of waiting until they got to the catheterization lab.

Another finding was that loading bivalirudin patients with twice the standard dose of the antiplatelet drug clopidogrel before angioplasty reduces the risk of stent thrombosis over the next month.

Over the longer term, the strongest risk factor for stent thrombosis—and one patients can modify—is smoking. Other predictors of so-called late stent thrombosis, which covers the period between 30 days and one year after stent implantation, include having diabetes or having suffered a prior heart attack.

Dr. Dangas summed up the findings: "We can do a few simple things to bring stent thrombosis rates down. Get heparin and a potent antiplatelet agent into patients as fast as possible, and reinforce the importance of stopping smoking."

Message from the Faculty



Gregg W. Stone, M.D.

Welcome to the Cardiovascular Research Foundation's Late-Spring Newsletter. With the changing of the seasons, CRF has also experienced change. We bid a fond farewell to Marvin L. Woodall, our CEO (see story, page 4). Throughout his career, Marv has been a highly respected leader in the interventional vascular medicine community. His experience prior to his time at CRF included serving as President of Johnson & Johnson Interventional Systems, where he led the team responsible for developing the original Palmaz-Schatz stent, the first major balloon-expandable coronary stent. He also helped initiate the research that led to the first FDA-approved drug-eluting stent. During his time on CRF's Board of Directors and as CEO, Marv oversaw a period of tremendous growth and helped strengthen CRF.

Meanwhile, in our more scientific endeavors, the annual meeting of the American College of Cardiology/i2 Summit in Orlando, FL, in March marked the first i2 Summit that was the product of the new partnership between CRF and ACC. The meeting was a resounding success, offering many learning opportunities to not just the traditional audience of interventionalists but also surgeons and general cardiologists (see stories, pages 1, 3, and 4). We extend our sincerest thanks to all the CRF physicians and staff who helped make this year's i2 Summit one of the best ever.

In late April, we welcomed a new CEO, William A. Himmelsbach, who brings over three decades of leadership and management expertise to our organization. Prior to joining CRF, Bill was Senior Vice President at VHA and Executive Officer of the New York-based VHA Empire – Metro. He has also held executive positions at several hospitals and health care systems. We are confident that Bill's extensive experience will further strengthen CRF's role in the development of new technologies and therapies to help people with heart disease (see story, page 1).

And, as always, we continue to steam ahead in our planning for the upcoming TCT scientific symposium, which for the first time will take place in San Francisco, CA, September 21-25, 2009. With all these initiatives in the pipeline, we are looking forward to a productive and rewarding summer season at CRF. Thanks to all for your continued hard work in helping to advance our goal of helping people with heart disease everywhere.

Sincerely,

Gregg W. Stone, MD
Cardiovascular Research Foundation

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111 East 59th Street
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Tel. 212-851-9187

www.crf.org

Director of Communications
Irma J. Damhuis

Managing Editor
Jason Kahn

Associate Editors

Caitlin E. Cox

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Kiersten Feil

Judy Romero

Copy Editor
Scott Allan Wallick

Project Manager
Tricia Rawh

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2009 Conferences

Third Annual Left Main and Bifurcation Summit

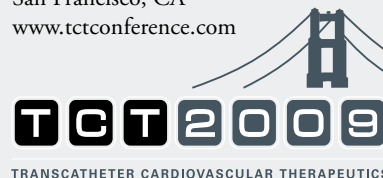
June 4-5, 2009
New York, NY
www.leftmainsummit.com

Transcatheter Valve Therapies: An Advanced Scientific and Clinical Workshop

June 25-26, 2009
Seattle, WA
www.tvconference.com

Transcatheter Cardiovascular Therapeutics 2009

September 21-25, 2009
San Francisco, CA
www.tctconference.com



2010 Conferences

Sixth International Conference on Cell Therapy for Cardiovascular Disease

January 24-27, 2010
New York, NY
www.celltherapy.crf.org

Seventh International Chronic Total Occlusion Summit

February 4-5, 2010
New York, NY
www.ctosummit.org

Annual ACC/i2 Summit Features Practice-Changing Research

In March, the annual American College of Cardiology (ACC) Scientific Session showcased research that captured many facets of cardiology, raising new questions, providing positive results, and putting some once-promising ideas to rest. This also marked the first year that the ACC partnered with CRF to host the i2 Summit, with continued focus on developments in interventional cardiology.

As usual, much of the excitement hinged on late breaking clinical trial sessions.

Fresh Updates on Major Trials

An analysis of the SYNTAX trial looked at both the quality of life and costs associated with angioplasty vs. bypass surgery in patients with complex coronary artery disease. The findings suggested that dividing patients according to their level of risk—using the SYNTAX score—may help pinpoint the more cost-effective strategy on an individual basis.

At 12 months, patients with triple-vessel or left main coronary artery disease who underwent surgery or received paclitaxel-eluting stents can expect a similar quality of life, with surgery having a slight edge by relieving more chest pain. Also at 12 months, the total expenses for patients treated surgically remained significantly higher than for patients treated with stents, although the gap had narrowed.

In another late breaking session, CRF faculty member George D. Dangas, MD, PhD, presented the most recent data from HORIZONS AMI, which randomized heart attack patients to anticoagulation treatment with heparin plus a glycoprotein IIb/IIIa inhibitor (GPI) or bivalirudin alone (see story, page 1).

Lessons for Clinical Practice

Several other trials presented at ACC/i2 featured data that could influence how doctors practice medicine.

In the largest real-world study of its kind, researchers analyzed data from the ACC-NCDR CathPCI Registry of over 260,000 Medicare patients, demonstrating that drug-eluting stents reduce death and heart attack rates with no increased risk of stroke or major bleeding compared with bare-metal stents in elderly patients.

Two trials, EARLY ACS and AGIR-2, compared the effects of giving GPIs earlier vs. later. EARLY ACS showed that in high-risk patients with heart attacks or chest pain early, routine use of the drug eptifibatid before angioplasty does not improve outcomes compared to delayed use after angiography. In fact, early use increases the risk of non-life-threatening bleeding. Similarly, AGIR-2 found that patients experiencing a severe type of heart attack called ST-elevation myocardial infarction (STEMI) have equal outcomes after receiving high-dose tirofiban, regardless of whether the drug is given in the ambulance or in the catheterization lab at the time of angioplasty.

Yet ON-TIME-2 confirmed that this class of drugs still has an important role. The trial's findings indicated that, compared to placebo, tirofiban appears to impart long-term benefits when given

during ambulance transfer before hospitalization for severe heart attack. The trial showed that early use of the drug may be associated with fewer deaths.

Other studies found that the lipid-lowering drug atorvastatin could help both patients who have never taken statins and those already on regular statin therapy.

NAPLES-II demonstrated that, in patients who are not taking statin drugs, a high dose of atorvastatin in the 24 hours before elective angioplasty can reduce the chances of having a less severe form of heart attack called non-Q-wave myocardial infarction during the procedure.

But how to treat the many patients—perhaps the majority—who are already on statins? ARMYDA-RECAPTURE found that even these patients can benefit from atorvastatin pretreatment. The study showed that boosts of atorvastatin can be given to patients on prior statin regimens just before they receive angioplasty for stable chest pain or less severe heart attacks. This treatment resulted in better clinical outcomes at 30 days.

Another pair of studies investigated whether cardioprotection strategies could successfully limit the damage to the heart that can occur during angioplasty in patients with severe heart attacks.

One of those randomized trials involved severe heart attack patients who were being transferred via ambulance to receive emergency angioplasty. Patients in the treatment group had a blood pressure cuff repeatedly inflated and deflated on the upper arm in five-minute intervals for a total of four times. The other trial employed a similar technique further downstream: in the catheterization lab immediately after blood flow was restored to a blocked coronary artery, researchers inflated a low-pressure angioplasty balloon four times at 30-second intervals inside the artery to block the vessel.

In both studies, these methods were associated with significant decreases in the amount of heart muscle that was damaged. The effect was particularly pronounced for patients who had disease in the left anterior descending coronary artery.

Treatments Moving in the Right Direction

Another trial, ZEST, compared three different types of drug-eluting stents. At one year, a newer zotarolimus-eluting stent proved equal to a sirolimus-eluting stent in the occurrence of deaths, heart attacks, and need for retreatment. Moreover, the zotarolimus-eluting stent did significantly better than a paclitaxel-eluting stent.

In addition, the VELETI trial suggested that angioplasty with drug-eluting stents may help prevent the rapid progression of coronary disease that afflicts patients who have undergone bypass surgery with vein grafts taken from elsewhere in the body. The Canadian trial found that treating moderate, non-significant blockages in these grafts with paclitaxel-eluting stents is more effective than drug therapy alone.

5 reasons to attend:

- Increased focus on peer-reviewed research
- Emphasis on clinical management operator technique issues
- Enhanced Main Arena
- New "How to Treat" practical live case demonstrations
- Thematic concurrent forums dedicated to pharmacology, devices, and imaging

Transcatheter Cardiovascular Therapeutics 2009

September 21-25, 2009

San Francisco, CA

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The PROTECT-AF trial found that permanently implanting a device in the heart's left atrial appendage in patients with a type of irregular heart beat called atrial fibrillation protects against stroke. The treatment produces results comparable to long-term warfarin therapy and also significantly lowers the risk of hemorrhagic stroke.

And ACT-34 CMI showed that stem cells drawn from a patient's own blood can safely treat chest pain that has resisted other therapies. The stem cells were injected into the heart muscle of patients who were ineligible for surgery or angioplasty. Early results showed improvements in chest pain and exercise time, as well as hints that major cardiovascular complications may decrease with the therapy.

Negative Trials Deal Setbacks

An innovative technology known as the Genous stent (OrbusNeich, Hong Kong, China) suffered a setback when six-month results from the GENIUS-STEMI trial revealed that heart attack patients treated with the investigational device had higher rates of complications and greater need for retreatment than similar patients treated with bare-metal stents.

The ABOARD study revealed that, for patients experiencing unstable chest pain and less severe heart attacks, performing angioplasty on the same day as when symptoms appear shortens hospital stay. However, the same-day approach does not lower the risk of heart attack or other complications compared with a strategy of next-day treatment.

In addition, results from the REVIVAL-3 trial showed that therapy with erythropoietin, a hormone that controls red blood cell production, does not improve the function of the heart's left ventricle or reduce the amount of oxygen-deprived muscle in severe heart attack patients being treated with angioplasty.

Innovation in Intervention: i2 Summit 2009

This year marked the first collaboration between the American College of Cardiology (ACC) and CRF in organizing the i2 Summit, the premier interventional cardiology meeting of the spring.

Several CRF faculty members played active roles in the i2 Summit. George D. Dangas, MD, PhD, served as Co-Chair of the meeting, while Martin B. Leon, MD, Gary S. Mintz, MD, and Gregg W. Stone, MD, were all on the Program Executive Committee. The CRF Meetings and Conventions department also played a key role in collaborating with ACC to develop the organizational and logistical aspects of the meeting.

The four-day conference offered many learning opportunities for surgeons and general cardiologists, beyond its traditional audience of interventionalists.

Much of the success came down to logistics, Dr. Dangas said. The organizers chose a central geographic position in the convention center to make it easier for attendees to move quickly between various sessions. They also tried to facilitate registration. "This year, we had a remarkable increase in joint registration for both the main ACC Scientific Session and the i2 Summit. That allowed people to navigate in and out of each of the meeting's components without having to reregister," he said.

In addition, efforts were made to ensure that attendees could experience sessions on topics that were outside their specialty. "Even if some of the late breaking trials were too technical for some people, there was a discussion with a panel afterwards that put the studies in context for clinical practice and made them more broadly understandable," Dr. Dangas explained. Similarly, there were wrap-up sessions for live cases with case review videos and a panel to answer questions and "highlight things that attendees may have missed during the fast action of the live case."

Other components of the i2 Summit included oral abstracts and posters, as well as opportunities for physicians to brush up on their skills by learning hands-on techniques and becoming recertified in their field.

CEO Marvin L. Woodall Departs CRF

With much gratitude, CRF announces the retirement of a good friend and colleague Marvin L. Woodall, who stepped down as Chief Executive Officer of CRF on April 20, 2009, but will continue as a member of the CRF Board of Directors, a role he has filled since September 2000.



Marvin L. Woodall

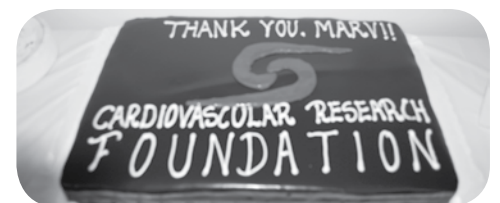
"Marv's vision and dedication serve as an inspiration to us all, and we honor his commitment to progress in the fight against heart disease," said Board Chair Eric B. Woldenberg, Esq. "We offer much gratitude to our good friend and colleague for his unwavering dedication."

Mr. Woodall began his association with CRF at the very first TCT symposium in 1988. There, he and CRF Founder Martin B. Leon, MD, forged a working relationship that has spanned decades. Mr. Woodall has always shared CRF's deep passion and dedication to research and education. His accomplishments at CRF include the creation of the TECC industry professional training programs, identification of new leadership for The Jack H. Skirball Center for Cardiovascular Research, and the development of a strategic plan and direction for the future.



His career in interventional cardiology spans more than 40 years. As President of Johnson & Johnson Interventional Systems (JJIS), he led the team responsible for pioneering the company's highly successful cardiovascular franchise. Over his 37 years with JJIS, he also was actively involved in research and development, pioneering randomized controlled clinical trials, and FDA approval and marketing of the first major balloon expandable coronary stent for the treatment of coronary artery disease. In 1995, he initiated the drug-coated stent research program at JJIS/Cordis that led to the creation of the company's sirolimus-eluting stent. After retiring from Johnson & Johnson in 2001, Mr. Woodall served as Chairman of the Board of Trustees of Lehigh Valley Hospital and Health Network from 2001 to 2004.

"On behalf of CRF, we wish Marv well in his retirement and we are thankful for the continued relationship we share with him," said Dr. Leon.



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Martin B. Leon, MD

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Cardiovascular Research Foundation

For his pioneering work in interventional cardiology to improve survival and quality of life for countless individuals with heart disease

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Jeffrey W. Moses, MD Gregg W. Stone, MD	Eric A. Rose, MD

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FOR TICKETS OR MORE INFORMATION, PLEASE CONTACT IRMA DAMHUIS AT 212-851-9187 OR IDAMHUIS@CRF.ORG.