



American College of Cardiology

# Scientific Session News



56th Annual Scientific Session



INNOVATION IN INTERVENTION  
American College of Cardiology in co-sponsorship with SCAI

## Saturday

March 24, 2007  
New Orleans

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### Don't Forget

ACC.07 opens today at 2:15 p.m. and runs through Tuesday, 3:30 p.m.

Innovation in Intervention: i2 Summit 2007 opens today at 8 a.m. and runs through Tuesday, 3:30 p.m.

Exposition opens today at 4 p.m. Hours are: Saturday, 4 to 6:30 p.m.; Sunday and Monday, 9 a.m. to 5 p.m.; Tuesday, 9 a.m. to 1:30 p.m.

All Chapter Reception takes place on Sunday, 5:30 to 6:30 p.m.

The 38th Annual Louis F. Bishop Lecture takes place Monday, 11 a.m. to 12 p.m.

The 56th Annual Convocation takes place Monday, 6:30 to 7:30 p.m.

### Today...

**i2 Summit Opening General Session**

8 to 8:30 a.m., La Nouvelle Orleans C

**i2 Summit State of the Art Lecture I**

8:30 to 9:30 a.m.  
La Nouvelle Orleans C

**i2 Summit Late-Breaking Clinical Trials I**

11 a.m. to 12 p.m.  
La Nouvelle Orleans C

**ACC.07 and i2 Summit Grand Opening Event: A Celebration**

2:15 to 4 p.m., Hall A

**Exposition Opening and Reception**

4 to 6:30 p.m., Halls B - G

## New Orleans extends a warm welcome to the cardiology world

The cardiology community has many reasons why it should be excited about the 2007 ACC Annual Scientific Session — including innovation, medical updates and new technology — but where the meeting takes place may create as great a buzz. The Scientific Session has had many hosts in its 55 previous years, but none of those sites has had any of the drama of New Orleans, which is fighting to rebuild its passion and infrastructure after the devastation of Hurricane Katrina just 18 months ago.



56th Annual Scientific Session



President Steven E. Nissen, M.D.

“There are a number of things about the meeting that are very exciting, not the least of which is that we are in New Orleans, which makes it particularly meaningful,” said ACC President Steven E. Nissen, M.D., F.A.C.C. “It’s a return to its role as a major convention city. We are the largest meeting to be held in New



The historic French Quarter escaped the flood waters to remain the heart of New Orleans.

Orleans since Hurricane Katrina. That in and of itself will be very special and memorable.

“We made what we thought was an ethical and appropriate decision to come to New Orleans. If at any time in its history the city needs support, it is now. New Orleans has been a great city for us for many years. It has

been one of the most popular choices for site of the ACC Scientific Session. This is a chance to give something back to the city. It’s the right thing to do. We know the city appreciates it.”

This strong bond with New Orleans will be  
**SEE WELCOME, PAGE 9**

## i2 Summit building on success of first year

The Innovation in Intervention: i2 Summit, introduced last year by the American College of Cardiology Foundation in co-sponsorship with the Society for Coronary Angiography and Interventions, is back in 2007 with even more innovative educational opportunities and a location that is more closely integrated with ACC.07.

The i2 Summit 2007 will once again offer live cases from around the world, Late-Breaking Clinical Trials, new technologies and innovation, simulation training rooms, abstract presentations and an Interventional Pavilion at the ACC.07 Exposition, all in the center of ACC.07 at the Ernest N. Morial Convention Center.

“The key elements to the i2 Summit are the live cases at eight sites around the world,” said William Knopf, M.D., F.A.C.C., F.S.C.A.I., program co-chair for the i2 Summit. “The Late-Breaking Clinical Trials will be big, and the State-of-the-Art Lectures will be presented by some of the best and brightest in interventional cardiology.”

The i2 Summit begins at 8 a.m. Saturday with its Opening General Session, followed by a full day of sessions that include the first

State-of-the-Art Lecture, six Meet-the-Experts sessions, two Live Case Transmission sessions, a symposium and other educational sessions.

Many of the sessions on Saturday are geared towards general cardiologists with an interest in interventional cardiology, Dr. Knopf said. That focus will change starting Sunday and Monday, when sessions will address specific topics of more interest to interventional cardiologists before i2 Summit concludes Tuesday with the daylong Fellows Boot Camp and a special session to review the Summit’s highlights.

“We will have an entire day of peripheral vascular disease activities on Sunday, and lots of interesting debates on the treatment of carotid artery disease, diabetes and heart disease,” Dr. Knopf said. “We’ll also have a lot



William Knopf, M.D.

**SEE I2 SUMMIT, PAGE 3**

## Special Session to study lessons learned from Katrina

The flooding that devastated New Orleans after Hurricane Katrina taught a great many lessons to several sectors of modern America. Just how much was learned by those various sectors will be presented at a special event during the ACC Scientific Session.

The Special Session, “Lessons Learned From Katrina and Medical Aspects of Disaster Planning,” will be presented from 11 a.m. to 12:30 p.m. Monday in Hall A of the Ernest N. Morial Convention Center. The co-moderators of the session are a local cardiologist and an emergency medicine physician. Other health care professionals, government representatives and survivors of the hurricane will also attend the session.

“This is a fairly unique symposium for the ACC,” said Randall C. Starling, M.D., M.P.H., F.A.C.C., ACC Program Committee co-chair. “It follows the ‘coming back to New Orleans’ theme of the meeting and the commitment that ACC

**SEE KATRINA, PAGE 4**



# Meeting reminders for ACC.07 and i2 Summit

## Registration

ACC.07 registration is in Hall F of the Ernest N. Morial Convention Center and is open during the following hours:

Saturday .....7 a.m. - 6 p.m.  
 Sunday .....7 a.m. - 7 p.m.  
 Monday .....7 a.m. - 5:30 p.m.  
 Tuesday .....7 a.m. - 3 p.m.

The i2 Summit registration is in Hall F of the convention center and is open during the following hours:

Saturday .....7 a.m. - 6 p.m.  
 Sunday .....7 a.m. - 7 p.m.  
 Monday .....7 a.m. - 5:30 p.m.  
 Tuesday .....7 a.m. - 3 p.m.

## ACC Office

The ACC Office is in Room 204 of the convention center, (504) 670-6704; fax: (504) 670-6705. ACC staff are available during the following hours:

Saturday .....7:30 a.m. - 6 p.m.  
 Sunday.....7:30 a.m. - 6 p.m.  
 Monday .....7 a.m. - 6 p.m.  
 Tuesday .....7 a.m. - 5 p.m.

## ACC Central

ACC Central, Booth # 2267, is the place to visit for news on educational programs, products, advocacy developments and new College ventures designed to improve clinical practice and management. Attendees may also

update their memberships and pick up copies of the latest College publications.

## ACC Exposition

The ACC Exposition, which is held in Halls B-G of the convention center, features nearly 400 exhibitors displaying a variety of equipment, pharmaceuticals, devices and services. The expansive Exposition, a must-see for all cardiovascular professionals, is open to ACC.07 and Innovation in Intervention: i2 Summit 2007 attendees. The Exposition opens with a reception from 4 to 6:30 p.m. Saturday. Visit the Expo floor during the mid-day break, from 12 to 1:30 p.m. Sunday, Monday and Tuesday, and for the Expo Lunch

and Learn program, where exhibitors will be offering complimentary lunches.

Saturday/Opening Reception .....4 - 6:30 p.m.  
 Sunday .....9 a.m. - 5 p.m.  
 Monday.....9 a.m. - 5 p.m.  
 Tuesday .....9 a.m. - 1:30 p.m.

## Shuttle Service

Complimentary shuttle service will operate daily from the convention center and the official hotels. Check the shuttle signs posted in the lobby of each hotel for additional information, changes, frequency of service and specific departure times for the designated route. General hours of operation are:

Saturday .....6:30 a.m. - 7:30 p.m.  
 Sunday.....6:30 a.m. - 8 p.m.  
 Monday .....6 a.m. - 6:30 p.m.  
 Tuesday .....6 a.m. - 4:30 p.m.

The scheduled end times are when the last shuttles will depart from the Convention Center. The last shuttles will depart from hotels approximately 90 minutes before this time.

## Information Stations

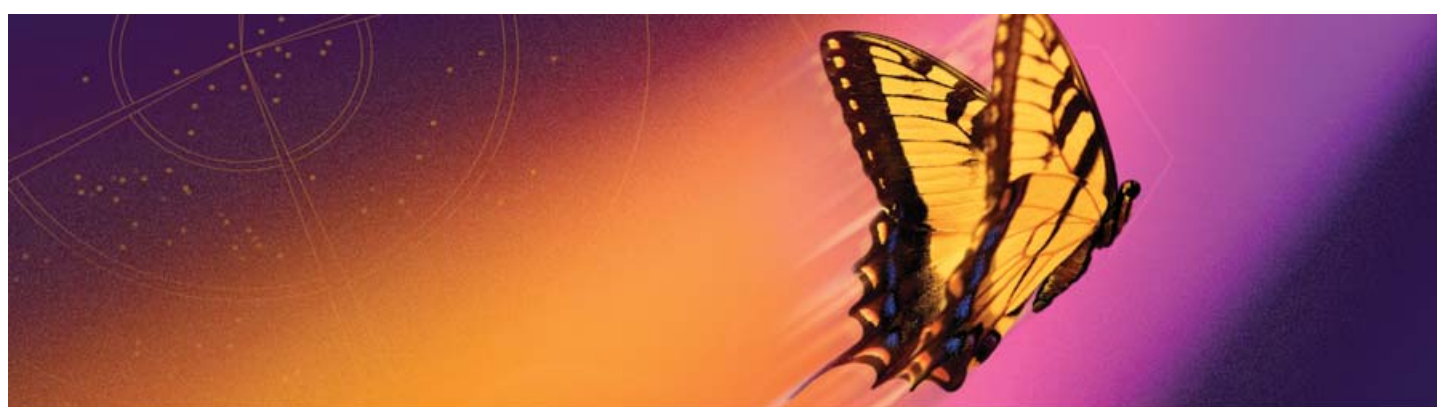
Attendees will find Information Stations located in lobbies of the Convention Center. At the Information Stations, attendees may access the Internet, browse the education sessions, plan, save and print on-site itineraries, access ACCustom, exhibitors and products, and view the Exposition floor plan.

Information Station 1.....Lobby B1  
 Information Station 2 .....Lobby D  
 Information Station 3.....Lobby E  
 Information Station 4 .....Lobby H  
 Information Station 5 .....Level 2, outside Room 238

## Restaurant Reservations

The Annual Scientific Session Restaurant Reservation Service is located in Lobby F of the Convention Center during the following hours:

Saturday .....9 a.m. - 6 p.m.  
 Sunday .....9 a.m. - 6 p.m.  
 Monday.....9 a.m. - 6 p.m.  
 Tuesday.....9 a.m. - 3 p.m.



ENVISION THE FUTURE ...

Please join us for...

## The Awards Ceremony to Announce the 2007 International Competitive Grants Awards for Young Investigators

Hosted by Dr Valentin Fuster, Committee Chairman

A wine reception featuring the "Flavors and Sounds of New Orleans"

Sunday, March 25, 2007

5:30 PM-7:30 PM

Louisiana Ballroom I/Parish Hall

Loews New Orleans Hotel

300 Poydras Street

New Orleans, LA

This event is not part of the official ACC Annual Scientific Session and/or i2 Summit 2007 as planned by the Annual Scientific Session Program Committee (ASSPC) and/or the i2 Summit Program Committee.



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 It's more than our job... it's our mission.

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## Scientific Session News

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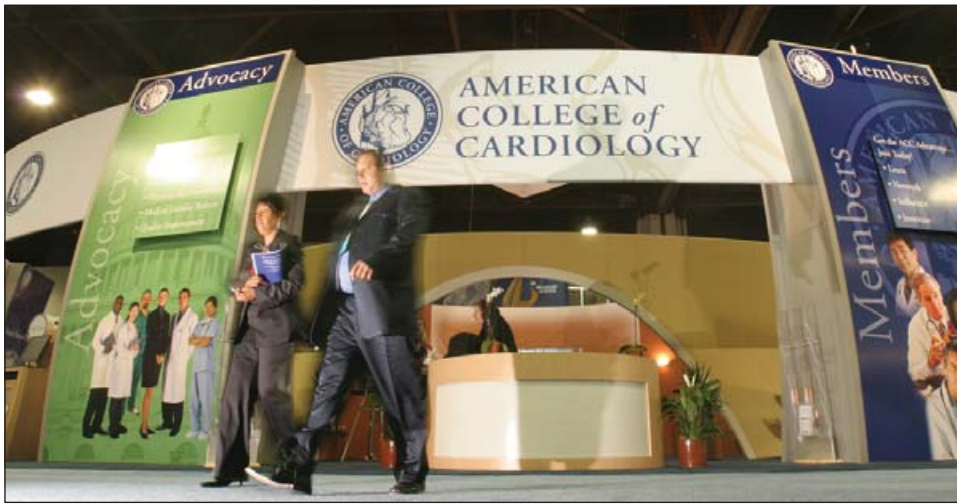
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ACC Central will once again be an important part of the Scientific Session in the Expo Hall.

## Visit ACC Central to capture the total ACC experience

Discover the ACC experience and renew your acquaintance of what the ACC has to offer by visiting ACC Central, Booth #2267, on the Expo floor.

ACC member service representatives will be there to help visitors find out more about the College's membership benefits, advocacy activities, educational programs and products.

ACC Central always features special opportunities for members and nonmembers alike. This year is not different. Visitors will be able to:

- Buy educational products, including Heart Songs and self-assessment programs
- Receive discounts on educational program registrations
- Download free clinical tools on their PDAs
- Learn about Cardiosource Plus for Institutions for your whole team
- Catch theater presentations about College initiatives, products and programs

### Meet ACCF Education Program Directors

ACC Central is not there just to inform visitors about the College. The College is interested in hearing from you. The American College of Cardiology Foundation (ACCF) educational programs have made great progress over the past year, providing new, innovative, high-quality, needs-based educational opportunities for attendees. The ACCF program directors are seeking feedback that will help each program continue to grow and meet today's challenges. For that reason, education program directors will be available at ACC Central for a series of "meet and greets" to talk about the 2007 Program Portfolio from 12:30 to 1:30 p.m., Sunday through Tuesday.

### Bringing Education to You

Part of the new approach to education programs this year has been "Meetings on Demand," in which the ACCF brings the education meeting to you.

Some of the available meetings are "Integrated Imaging in Clinical Cardiovascular Practice," with editor James D. Thomas, M.D., F.A.C.C. This online product brings together clinical experts in ultrasound, nuclear cardiology, angiography, CT and MR.

Other programs include "New Approaches and Procedures in Nuclear Cardiology and Cardiac CT: State-of-the-Art Update for Office-Based Practice," with editors Timothy M. Bateman, M.D., F.A.C.C., and Gary V. Heller, M.D., F.A.C.C., and "ACC Interventional Cardiology Study Guide," edited by Jeffrey J. Popma, M.D., F.A.C.C.

Don't forget the ACCEL Audio Journal, now in its 38th year. Editor-in-Chief, C.

Richard Conti, M.D., M.A.C.C., continues to bring the latest cardiovascular news on ACCEL, available through audio CDs, and MP3 files.

Heart Songs, a new program, will help you perfect your cardiac auscultation skills and master both basic and complex heart sounds. Heart Songs is based on psychoacoustic research that shows that intensive repetition of 400 to 600 times helps to improve your recognition of heart sounds. Find out your baseline knowledge by participating in the ACC.07 Session #1501, "Heart Songs at ACC.07: A Self-Paced Multimedia Learning Experience," which is actually a self-directed learning experience available throughout the day Sunday through Tuesday in Room 226 of the convention center.

### Learn about Cardiosource Plus for Institutions

CardioSource, the ACC's online educational tool, is now available for institutions. The new Cardiosource Plus for Institutions provides personalized access via IP authentication, sets no limit on concurrent users and offers access from any computer in your facility or anywhere in the world through your secure VPN. Find out more at ACC Central.

### Pick Up Your P.A.D. Wall Chart

The National Heart, Lung and Blood Institute, in partnership with the P.A.D. Coalition, recently launched a national campaign to raise awareness among individuals at high risk for peripheral arterial disease (P.A.D.).

The campaign, "Stay in Circulation: Take Steps to Learn about P.A.D.," includes a series of public service announcements, brochures, an educational video and a community toolkit to help individuals, organizations and government agencies spread the word locally.

In conjunction with the launch, the ACC developed a P.A.D. Guidelines Lower Extremity Wall Chart to serve as a tool for physicians to discuss the diagnosis and treatment of the disease with their patients. Visit the ACC Central Booth to pick up your free wall chart during ACC.07. For more on the P.A.D. coalition, visit Booth #1058.

### Expo Hall Opening

Most important, don't miss the Expo Opening and Reception from 4 to 6:30 p.m. Saturday. Stop by ACC Central and celebrate the 10th anniversary of the ACC's National Cardiovascular Data Registry (NCDR™). Enjoy wine and take the opportunity to speak with the physician leaders behind the NCDR and its suite of registries. ■

# i2 Summit, Late-Breaking Clinical Trials open today

Innovation in Intervention: i2 Summit 2007 opens today with the Opening General Session, from 8 to 8:30 a.m.

During the opening, ACC President Steven E. Nissen, M.D., F.A.C.C., will welcome attendees. David R. Holmes Jr., M.D.,

F.A.C.C., F.S.C.A.I. will follow with "Where Did We Come From, Where Are We Going and How Does i2 Summit Fit into the Journey?"

Both the Opening General Session and State-of-the-Art Lecture I will take place in the La Nouvelle Orleans C ballroom in the Ernest N. Morial Convention Center.

The State of the Art Lecture I, co-chaired by Dr. Holmes and William D. Knopf, M.D., F.A.C.C., F.S.C.A.I., takes place from 8:30 to 9:30 a.m. Topics include "Plaque Regression: Is the End of Coronary Atherosclerosis in Sight?" "Carotid Stenting in 2007" and "Percutaneous Aortic Valve Therapy."

This first day of i2 Summit will also include two live case transmission sessions from Erasmus Medical Center in Rotterdam, The Netherlands, and Ochsner Medical Center

in New Orleans.

### i2 Summit Saturday Late-Breaking Clinical Trials

The following i2 Summit Late-Breaking Clinical Trials take place today, in Special Session #2402, from 11 a.m. to 12 p.m. in La Nouvelle Orleans B Ballroom in the convention center. Each presentation will be followed immediately by a panel discussion. Eric Eeckhout, M.D., is the co-chair of this session.

- 11 - 11:10 a.m., ABSORB Trial: Six-Month Angiographic and IVUS Results from This First-in-Man Evaluation of a Fully Bioabsorbable Everolimus-Eluting Coronary Stent;
- 11:15 - 11:25 a.m. Stent Thrombosis After Implantation of Drug Eluting and Bare Metal Coronary Stents in Western Denmark;
- 11:45 - 11:55 a.m. Clinical, Angiographic and IVUS Results from the Pivotal United States Randomized SPIRIT-III Trial of the Xience™V Everolimus Eluting Coronary Stent System in Patients With Coronary Artery Disease ■

## I2 SUMMIT

### CONTINUED FROM PAGE 1

about what is hot in the papers about drug-eluting stents."

David Holmes Jr., M.D., F.A.C.C., F.S.C.A.I., i2 Summit program co-chair, said that he expects the Late-Breaking Clinical Trials and the State-of-the-Art Lectures to be among the Summit's many highlights. The lectures will cover coronary intervention, structural heart disease intervention,



David Holmes, M.D.

carotid intervention and peripheral vascular disease intervention.

"We have an abundance to choose from this year, so the Late-Breaking Clinical Trials will be a major highlight," Dr. Holmes said. "For the State-of-the-Art Lectures, we will have some tremendous people in a field where the state changes rapidly, the art changes rapidly and the science changes rapidly."

"We have expanded sessions on complication-management and quality-control issues. We will have an expanded simulation presence, which is training old dogs to do new

**'(The) late-breaking trials ... are up-to-the-minute because many of the studies will be finished just shortly before they are presented, so the currency of the data will be unsurpassed'**

**Barry Uretsky, M.D.**

things — and new dogs to do new things — and looking at those as aids to education and patient care."

The other i2 program co-chair, Barry

Uretsky, M.D., F.S.C.A.I., F.A.C.C., said that the Late-Breaking Clinical Trials will be important because the research being presented will not be available elsewhere.

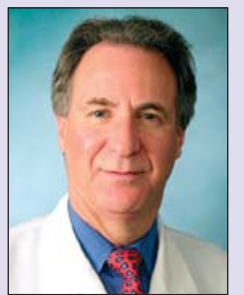
"We're going to have late-breaking trials that are up-to-the-minute because many of the studies will be finished just shortly before they are presented, so the currency of the data will be unsurpassed," Dr. Uretsky said.

"We're going to have four sessions on emerging technologies," he said, adding that one session will be a late-breaking trial while the three other will be presented in other formats. "Those sessions will focus on new devices, new types of stents and their uses, and new imaging devices in which there will be a combination of a summary of where we stand in these various areas and the latest in research, so we will combine formats."

Some other highlights of the i2 Summit include:

- An improved, more intimate VIVA peripheral vascular session on Sunday, with two live case transmissions and 140 computers available
- A strengthened simulation program with hands-on training on the Exposition floor
- An enhanced Fellows-in-Training Bootcamp with focused simulation training opportunities for FITs on the show floor
- A strong nurse/nurse practitioner program, including the four-hour Nurse/Tech@i2 program Sunday morning
- New "Heart Hubs" for gathering, networking and relaxing, and the Interventional Pavilion on the Exposition floor

"In its second year now, the i2 Summit is bigger and better than the first year, and I think it already had a terrific start," said ACC President Steven E. Nissen, M.D., F.A.C.C. "It will have a lot to offer all cardiologists attending ACC, and it will be especially useful for interventional cardiologists." ■



Barry Uretsky, M.D.



# New Orleans health care system faces uphill fight

When visitors arrive in New Orleans, they land at an airport that has been tidied up, they attend meetings at a renovated convention center and they have dinner in the historic French Quarter, which escaped the floodwaters after Hurricane Katrina.

In short, life looks normal from the outside. But if the visitors were to drive through the city's neighborhoods, they would see only half of the old population, piles of debris, neighborhoods without utilities and a severe shortage of retail businesses and city services.

And the city's health care infrastructure reflects the city's infrastructure, according to

Christopher J. White, M.D., F.A.C.C., chair of the department of cardiology at Ochsner Health System in New Orleans and director of the Ochsner Heart and Vascular Institute. Dr. White is also serving as an unofficial host for the ACC Scientific Session.

"I am fortunate to live in a high part of town that stayed dry," Dr. White said. "My life is pretty normal, but only half of the people have moved back, and they live in less than half of the old footprint of the city."

"We're crowded here. The largest car dealer in town closed because there are not enough people in the area to support it."

Before Katrina, New Orleans had eight or nine hospitals, and now only three are functioning. Many of the physicians remain in the city, but there is a serious shortage of nurses

and technicians, Dr. White said.

Those three hospitals' beds are now regularly filled dealing with a population that seems to have more medical problems — especially cardiovascular problems.

"We attribute that to post-Katrina stress, but it is hard to put your finger on stress; it is a very amorphous variable. But when you ask yourself, 'Where are all of these heart attacks coming from?' there is really no other explanation," Dr. White said. "We are seeing more than ever before. Even though at Ochsner we are only up about 15 percent in the total patients, we are up about 300 percent in heart attacks."

With the breakdown of the health care system, the state of Louisiana is looking at innovative options to help rebuild the system, he said.

"There are a number of public health issues not settled," Dr. White said. "There is an increase in unreimbursed care, from 9 to 12 percent, which is a burden on the entire system."

"People are talking about ways to fund health care in Louisiana. They are talking about a credit-card system or using vouchers, which are exciting propositions, but it takes a lot of money. The state is trying to come up with innovative ways to distribute federal health care dollars, but there has been a lot of friction."

The private sector and the religious community are also trying to be creative, which has led to the opening of the St. Thomas Clinic, a free clinic downtown, Dr. White said.

"If I could send a message to people who want to help, it would be, 'Don't send a check, volunteer to work for three months,'" he said. "We need skilled workers to come down and volunteer rather than give money." ■



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*How may we help you?*

**Visit ACC Central, Booth 2267, Exhibit Hall D**

**Saturday, March 24**  
4 p.m. – 6:30 p.m.

**Sunday, March 25 & Monday, March 26**  
9 a.m. – 5 p.m.

**Tuesday, March 27**  
9 a.m. – 1:30 p.m.

A07185

## KATRINA

CONTINUED FROM PAGE 1

made to New Orleans.

"That commitment is pervasive, both from participants in the meeting and the fact that our membership will be in New Orleans for a week. This symposium will be a high point of the meeting, and it will make the membership of the ACC more aware of just what went on and was not picked up by the news media."

The symposium's co-chairs are W. Franklin Peacock, IV, M.D., an emergency medical physician and the vice chair for research at the Cleveland Clinic Foundation, and Hector O. Ventura, M.D., F.A.C.C., director of the Cardiology Residency Program at Ochsner Health System, New Orleans.

"The session will recap things from Katrina, but it is designed to give the audience a feel for how to react to future situations," Dr. Starling said. "We will have a presentation by an emergency medical specialist who is an expert in disaster planning and at managing medical emergencies at large public gatherings."

Speaking at the session will be health care professionals who will offer perspectives of what it was like to work through the challenges presented by Katrina, and a government representative from the office of New Orleans Mayor Ray Nagin, who will discuss disaster preparedness.

Also appearing during the session will be Hugo Mejia, a former U.S. Marine who battled heart disease for several years

**'He was in a position where it was less than two weeks after the surgery and he had to break a hole through the roof of his house'**

**Randall Starling, M.D.**

before having a heart transplant shortly before the hurricane hit. An eight-minute video will tell Mejia's remarkable story.

"He was discharged from Tulane's hospital a week before the hurricane," said Dr. Starling, who will introduce the video. "He was in a position where it was less than two weeks after the surgery and he had to break a hole through the roof of his house. He had to spend two or three days on the roof of his house before he made it to the Superdome." ■



# ACC steps up effort to improve quality of care

The American College of Cardiology is supporting three programs as part of the College's continued mission to ensure quality health care.

The newest venture is ACC's goal to make reducing door-to-balloon (D2B) time an international effort.

The "D2B: An Alliance for Quality" campaign is expanding beyond the United States.

Already, hospitals from India, Thailand and Spain are enrolled in the program to reduce their door-to-balloon times to 90 minutes or less, while others from Canada, the Netherlands and Poland have expressed interest in joining.

The D2B campaign is designed to help hospitals performing emergency percutaneous coronary intervention (PCI) meet the organizational challenges of reducing door-to-balloon times for patients with ST-elevation myocardial infarction (STEMI). "It's an initiative that has no borders," said Sidney Smith, M.D., F.A.C.C.

Currently, Spain has made the largest commitment to the D2B campaign — pledging to have all primary PCI hospitals meet the D2B campaign goals. "Spain has up to 55 PCI hospitals," says Hector Bueno, M.D., Ph.D., of Hospital Gregorio Maranon in Madrid. "Their commitment to high-quality care and the challenges they face in reducing door-to-balloon times are the same as in the U.S."

The D2B campaign, which launched in November 2006, provides hospitals with key evidence-based strategies and supporting tools needed to begin reducing their D2B times. More important, it provides an open, vibrant community for hospitals to share their findings and experiences. The initiative offers something for all participants, whether a hospital is already well on its way to reducing D2B times or just beginning.

"One of the most exciting parts of this initiative is that we can work with friends across the world and make a difference for patients," said Harlan Krumholz, M.D., S.M., F.A.C.C., chair of the D2B Alliance Workgroup. "This international collaboration is an important strategy for the ACC and will only help in making the program stronger and more beneficial for all involved."

A list of all the participating hospitals to date was released on March 24 and posted online at [www.d2balliance.org](http://www.d2balliance.org). Enrollment materials are also available for all interested parties. The goal is to have as many as 1,000 hospitals participating in the program by April 30.

Don't miss the following D2B Programs at ACC.07:

- D2B Alliance Participant Workshop, from 10 a.m. to 12 p.m. Monday in New Orleans Marriott, La Galerie 3
- D2B portion of i2 Summit 2007 CCA Workshop, from 8 a.m. to 12 p.m. Monday

For more information, contact [d2bstaff@acc.org](mailto:d2bstaff@acc.org) or visit ACC Central on the Expo Floor.

## ACC, IHE working to increase interoperability

IHE, of which the ACC is a major partner, is an initiative by health care professionals and industry to streamline the flow of clinical information across the entire health care continuum and speed implementation of a truly connected health system.

Optimal patient care requires efficient access to comprehensive electronic health records (EHRs). The goal of IHE is to improve patient care by harmonizing health care information exchange and providing a

common standards-based framework for seamlessly passing health information among care providers, enabling local, regional and national health information networks.

Recently, more than 80 leading health information technology companies gathered in Chicago to participate in IHE's North America 2007 Connectathon. Sponsored by the ACC, the Healthcare Information and Management Systems Society (HIMSS) and the Radiological Society of North America (RSNA), the Connectathon brought together health care IT vendors and users to break down barriers that prevent multiple systems from sharing patient data.

In addition, IHE has also announced its intention to launch a Quality Domain to

address the infrastructure needed to share information relevant to quality improvement. The domain will be sponsored by HIMSS, RSNA, ACC and the American Heart Association.

To learn more, visit the free IHE Interoperability Showcase on the Expo floor, Booth #2257. The showcase provides opportunities to:

- View ECGs in your EHR
- Move echo measurements directly into the report
- Display NM images correctly on your PACS
- Get current patient meds list in the ED
- Access hospital reports in your clinic
- Have seamless workflow for Cath, EP,

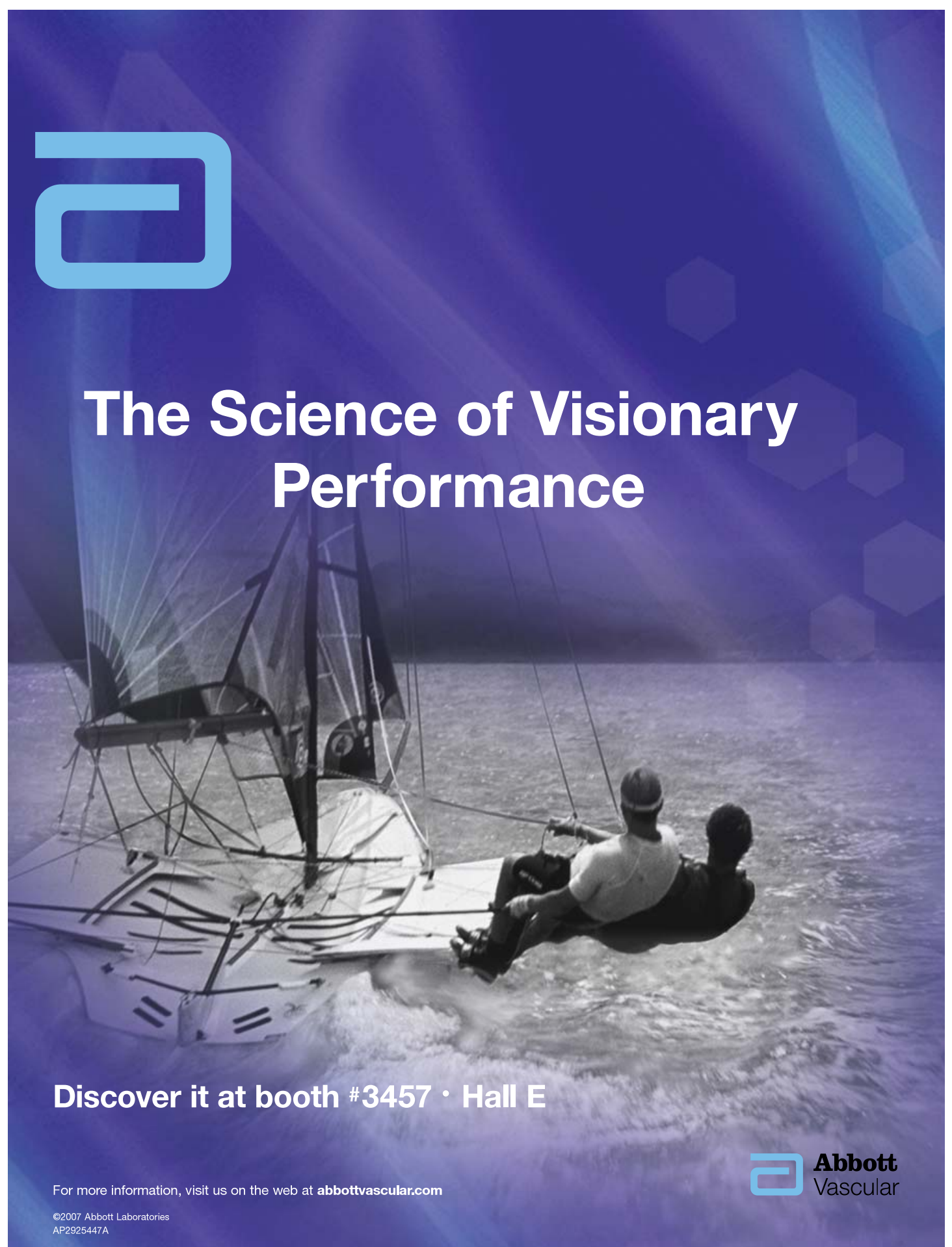
Stress, and Echo labs.

## ACC, IHI partnership continues to improve patient outcomes

Whether it's helping hospitals reduce their D2B times, or working to apply best standards in cardiac care reliably, the ACC and the Institute for Health Care Improvement (IHI) continue to partner together to dramatically improve outcomes in patients with heart disease.

IHI is helping the ACC develop the online community for hospitals participating in the "D2B: An Alliance for Quality" campaign. The online community provides a place for

**SEE QUALITY, PAGE 7**



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## Scientific Session News in Brief

### Be sure to attend the Annual Business Meeting

The Annual Business Meeting of the College will be held from 11 to 11:15 a.m. Sunday in Rooms 228-230 of the Ernest N. Morial Convention Center. The draft agenda is:

- Introductory Remarks — ACC President Steven E. Nissen, M.D., F.A.C.C.
- Report of the Secretary — Michael L. Valentine, M.D., F.A.C.C.
- Report of the Nominating Committee — Michael J. Wolk, M.D., M.A.C.C.
- Report of the Treasurer — William A. Zoghbi, M.D., F.A.C.C.

### Cardiology Career Center open through Tuesday

Planning your career? Don't forget to stop by the ACC Cardiology Career Placement Center at ACC.07/i2 Summit 2007 in Room 224 of the convention center.

The Placement Center will be open throughout the meeting for fellows to search for jobs and meet with employers about potential job openings.

The Placement Center is also hosting an Open House from 9 to 10 a.m. Sunday. Stop in for breakfast and learn how to find the job you want. Hours for the center are:

Saturday .....12 - 5 p.m.

Sunday.....8:30 a.m. - 5 p.m.  
Monday .....8:30 a.m. - 5 p.m.  
Tuesday .....8:30 a.m. - 1:30 p.m.

### Get ready for Convocation Monday

The College's annual Convocation will be held at 6:30 p.m. Monday in the Grand Ballroom at the Marriott New Orleans.

For the Convocation, new Fellows will assemble at the Marriott New Orleans in the Mardi Gras Ballroom D & E at 5:30 p.m.

In preparation, all Fellowship candidates must sign the Convocation Register in the

Gown and Hood office, adjacent to Registration at the convention center by noon Monday.

The Convocation office will be open from 8:30 a.m. to 5 p.m. Saturday and Sunday, and from 8 to 11 a.m. Monday. Only for those candidates who sign the register by 12 p.m.

Monday, certificates will be available immediately following the ceremony.

### Be sure to download the e-Program Guide

The ACC.07 /i2 Summit e-Program Guide (powered by Skyscape) provides a quick and easy way to browse sessions by topic and date or find exhibitor information and key show information, such as shuttle bus routes.

Attendees may download this essential electronic resource directly to handhelds or Windows Mobile SmartPhones from convenient beaming stations and memory cards located throughout the convention center. Just look for directional signage along the main show corridor to the e-Program Guide beaming stations.

This year, attendees will be able to save a list of sessions that they plan to attend and use the list as a reference guide for claiming CME credit later. Improved search functionality and the ability to add session information and exhibitors directly to your calendar and contacts are also included.

Support for development and distribution of this application has been provided by GlaxoSmithKline.



### SGC Meeting Today

The Society of Geriatric Cardiology 13th Annual Scientific Session takes place from 7 a.m to 2 p.m. today at the Astor Crowne Plaza Hotel.

The topic will be "Imaging in the Elderly: Progress and Pitfalls." The keynote speaker is the Honorable Louis W. Sullivan, M.D., president emeritus, Morehouse School of Medicine. Dr. Sullivan is the chair of the Sullivan Alliance to Increase Diversity Programs in Health Care and the former secretary of the U.S Health and Human Services Department. The conference is open to all health care professionals interested in the care of the elderly. This is a continuing medical education accredited event.

### Technology enhances access to Poster data

The ACC.07 56th Annual Scientific Session features a groundbreaking interactive educational experience for attendees. It's a proprietary mobile technology called ClinicalConnectSM, and the ACC is one of the first medical associations in the country to bring it directly to its members.

Using mobile phones as the delivery device, ClinicalConnectSM provides easy and immediate access to a variety of information about posters displayed in the meeting venue.


To access the system, attendees simply call the toll-free number featured on the ClinicalConnect banner adjacent to each poster tour. They can then listen to Key Opinion Leaders discuss the various intricacies and highlights of the data showcased by this technology.

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# FITs find opportunities to meet, mingle and learn

Once again, ACC.07 and the i2 Summit will provide Fellows in Training with the opportunity to meet and network with colleagues, learn from the experts and even make presentations, as this year the session chairs at ACC.07 were encouraged to use fellows and junior faculty to make case presentations in many sessions.

Last year's highly popular FIT Community Room concept returns, with all cardiology fellows having a special place to gather, relax and network throughout the meeting in New Orleans. The Community Room, Room 231 of the convention center, will be open from 8 a.m. to 4 p.m., Sunday through Tuesday. Attendees will find WiFi access and two computers with Internet access, couches, a variety of information brochures, coffee, tea and soft drinks.

In addition to the many educational sessions available at ACC.07 and the i2 Summit 2007, there are sessions developed just for fellows.

**The ACC Fellows in Training Committee** has planned several special career preparation sessions that will take place in the FIT Community Room on Sunday and Monday.

## Sunday

**From 1 to 2:30 p.m.**, "Welcome to ACC.07 and Roundtable Discussion" takes place, with topics that include: Sources of Funding for Young Investigators; How to Write a Grant/NIH Funding; FIT Member Benefits and Work Group Opportunities; and Women in Cardiology.

**From 2 to 4 p.m.**, "FITs: What You Need to Know in Starting a Cardiology Career" will be presented, with topics that include ACC involvement and How to Document and Get Paid for the Services You Perform.

## Monday

**From 1 to 2:30 p.m.**, the session in the FIT Community Room is "Practical Cardiology: What You Never Learned in Fellowship," with topics that include: Financial Planning After

Fellowship; How to Get Started in Private Practice; and Interviewing Tips.

**The ACC Cardiology Training and Workforce Committee** presents "FIT Forum: Stimulating Options 2007" from 9 to 11 a.m. Monday in Room 346 – 347, of the convention center. The session, which is sponsored by Bristol-Myers Squibb, includes speakers from varying career backgrounds as clinicians, educators and clinical investigators.

**The ACC 2007 Young Investigator's Award Competition** takes place Monday in Room 278-281 of the convention center. FIT members are encouraged to support their colleagues by attending these sessions. The schedules for the different awards categories are: Physiology, Pharmacology, Pathology, 9

to 10:15 a.m.; Molecular and Cellular Cardiology, 11 a.m. to 12:15 p.m.; and Clinical Investigations, Congenital Heart Disease and Cardiac Surgery, 2 to 3:15 p.m.

## Fellows at i2 Summit

In addition to its regular outstanding educational sessions with live cases, emerging technologies and simulation training, the i2

Summit 2007 features a unique session for fellows in training with its daylong

"Fellows Bootcamp@i2" on Tuesday. The presentations, which include the "Bootcamp" basics of vascular access, wires and balloons, guiding catheters, coronary circulation, PCI pharmacology, stenting and

complications, will also offer case reviews with experts, hands-on simulation training and a special luncheon address, "How to Be a Successful Interventional Fellow: Top 10 Rules," by David R. Holmes, M.D., F.A.C.C.

## Congenital Heart Disease/Pediatric Cardiology

Fellows who are thinking about a career in congenital heart disease or pediatric cardiology should consider attending "Building a Successful Academic Career in CHD/PC," from 3 to 6 p.m. Monday in La Galerie 5 at the New Orleans Marriott. The session, featuring several CHD/PC experts, will be followed by a reception sponsored by the ACC CHD/PC Committee. ■



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## QUALITY

CONTINUED FROM PAGE 5

hospitals to share successes and tips on how to best meet the D2B challenge.

In addition, to D2B, the ACC is a scientific partner with IHI on a new campaign aimed at preventing patient injuries over the next two years. One of the five main goals of IHI's "Protecting 5 Million Lives from Harm" campaign is to deliver evidence-based care for congestive heart failure to avoid readmissions.

Finally, the ACC continues to be a part of IHI's Reliable Heart Care Initiative. The ACC provided a one-day mini-course on the issue at the IHI's National Forum this past December. ACC's quality improvement tools have been shown to significantly reduce mortality in patients with AMI and are believed to similarly benefit those hospitalized with heart failure.

To learn more about IHI and its initiatives, visit [www.ihl.org](http://www.ihl.org). ■

## Simon Dack Lecturer

The Simon Dack Lecturer, Marc A. Pfeffer, M.D., Ph.D., F.A.C.C., will speak during the ACC.07 Grand Opening Session, from 2:15 to 4 p.m. Saturday in La Nouvelle Ballroom C in Hall A of the convention center. His address is "What Can We Expect From Clinical Trials in the 21st Century."



# ACC.07 and i2 Summit kick off with Grand Opening today

The ACC.07 and i2 Summit Grand Opening Event takes place in Hall A of the Ernest N. Morial Convention Center from 2:15 to 4 p.m. today.

This Presidential Plenary Session includes the Simon Dack Lecture, which this year will be given by Marc A. Pfeffer, M.D., F.A.C.C., professor of medicine, cardiovascular division at Brigham & Women's Hospital in Boston. Dr. Pfeffer's topic is "What Can We Expect From Clinical Trials in the 21st Century?" Following the Dack Lecture, Steven E. Nissen, M.D., F.A.C.C., will address attendees in his final speech as the president of the ACC, "The Uninsured and Access to Health Care."

The ACC.07 Scientific Session begins on Sunday and features the various Spotlight ses-

sions focused on Electrophysiology, Integrated Imaging, Clinical Cardiology, and Vascular Disease, Hypertension and Prevention.

Special topics will include mini-courses on Genetics and Cardiovascular Disease; Cardiovascular Medicine: Pearls and Pitfalls; Adherence: A Critical Physician-Patient Interface; Building a Successful Practice for the Future; and the 33rd Annual Symposium for Directors of Adult Cardiology Programs: Accreditation Council for Graduate Medical Education Residency Review Committee Requirements for Cardiology Training Programs.

## ACC.07 Sunday Late-Breaking Clinical Trials I

These late-breaking clinical trials are sched-

uled from 8:30 to 10 a.m. Sunday in Hall A of the convention center:

- Prognostic Value of T-Wave Alternans in Patients With Heart Failure Due to Nonischemic Cardiomyopathy: Results of the T-Wave Alternans in Patients With Heart Failure (ALPHA) Study
- Effects of Vasopressin Receptor Antagonism With Tolvaptan on Clinical Status, Morbidity and Mortality in Patients Hospitalized With Acute Decompensated Heart Failure: Results of the EVEREST Trial
- Results of the Follow-Up Serial Infusions of Nesiritide for the Management of Patients With Heart Failure (FUSION II) Trial

- The Influence of Angiotensin Receptor Blockers and Blood Pressure Lowering on Diastolic Function in Patients With Hypertension and Diastolic Dysfunction: The VALSartan in Diastolic Dysfunction (VALIDD) Trial
- Additional late-breaking clinical trials are also scheduled from 1:30 to 3 p.m. Sunday:
- Efficacy and Safety of a Potent New PPAR-Alpha Agonist as Monotherapy or in Combination With Statins in Subjects With Dyslipidemia
- Effects of Ramipril and Rosiglitazone on Atherosclerosis: The Study of Atherosclerosis With Ramipril and Rosiglitazone
- American Heart Association or Mediterranean Diet Improves Cardiovascular Outcomes After Myocardial Infarction
- Effect of Rosuvastatin on Progression of Carotid Intima Media Thickness in Low-Risk Individuals: Results of the METEOR Trial
- How Early Should Eplerenone Be Initiated in Acute Myocardial Infarction Complicated by Heart Failure? An Analysis of Early Versus Late Initiation in the EPHESUS Trial ■

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## Drug-eluting stent safety — hype or reality?

A joint ACC.07/i2 Summit 2007 symposium, #2615, on drug-eluting stent (DES) safety, featured as part of today's i2 Summit program, continues the intense discussions surrounding this issue.

The symposium, which takes place from 12 to 2 p.m. in Room 243, lays the groundwork for additional sessions that will take place over the next four days of ACC.07 and i2. Topics include a look at the histology of the issue, an overview of the FDA Panel perspectives, European perspectives, when to use bare metal vs. DES, and two differing points of view on how to handle the noncardiac surgical patients with a DES in place.

Stents are the topic of Late-Breaking Clinical Trials I, #2402, which also takes place today at i2 Summit, from 11 to 11:45 a.m. in La Nouvelle Orleans C. Results from the following trials that will be featured are:

- Stent Thrombosis After Implantation of Drug Eluting and Bare Metal Coronary Stents in Western Denmark
- Clinical, Angiographic and IVUS Results from the Pivotal United States Randomized SPIRIT-III Trial of the Xience<sup>™</sup> Everolimus Eluting Coronary Stent System in Patients With Coronary Artery Disease

The i2 Summit continues the topic of DES on Sunday as part of the State-of-the-Art Lecture II and in Symposium #2607, with "Update on Evolving Drug-Eluting Stent Programs," examining Endeavor, Spirit, Costar, Zomaxx, Biosensors, Healing and Bioabsorbable stents. Also featured on Sunday is session #2404, "Emerging Technology: Stents," from 8 to 10 a.m. in Room 245

On Monday, #2215, a Meet the Experts session "Drug-Eluting Stent Complications and Tough Calls," takes place from 10 to 11 a.m. in Room 234, followed later by Symposium #2609, "Drug-Eluting Stents for Bifurcations and Left Main," from 1:30 to 3:30 p.m. in Room 245. ■



## WELCOME

CONTINUED FROM PAGE 1

a highlight of the "Grand Opening Event: A Celebration," from 2:15 to 4 p.m. Saturday. The opening, which takes place on the first day of the i2 Summit 2007, will feature city officials presenting keys to the city to the College for its support of New Orleans.

Another sign of the impact of New Orleans is a special symposium, "Lessons Learned from Katrina and Medical Aspects of Disaster Planning," at 11 a.m. Monday in Hall A. The symposium will have several speakers, and it includes the appearance of a New Orleans man who was evacuated from the roof of his house three weeks after a heart transplant. (See page 1 for a related story.)

Once meeting attendees make their way to the renovated Ernest N. Morial Convention Center, they will see an i2 Summit that in its second year is more integrated logistically with ACC.07, which has a strong program packed with the latest advances in cardiovascular medicine and a focus on case studies.

"The scientific meeting is among the most interesting we've had in years. There is a lot of innovation," Dr. Nissen said. "This is the second year of the i2 Summit, which will be bigger and better than the first year. The array of Late-Breaking Clinical Trials for both ACC.07 and i2 Summit 2007 is among the strongest in many years, and I suspect that those sessions are going to be packed with people."

### A focus on case-based presentations

The ACC Scientific Session has always presented the latest developments in cardiovascular medicine, but this year's meeting seeks to present that information in a way that is more

useful to cardiologists.

"We also thought we could use some innovative ways of communicating or presenting this information," said E. Murat Tuzcu, M.D., F.A.C.C., Program Committee chair. "We tried to think about how we could make the new information easily applicable to day-to-day problems of the cardiologists."

This emphasis on case studies will be evidenced during Sunday's Spotlight Sessions, said Randall C. Starling, M.D., M.P.H., F.A.C.C., ACC Program Committee co-chair.

"We are particularly excited about the clinical cardiology spotlight this year," Dr. Starling said. "There are a series of clinical vignettes organized in such a way that there will be two experts around a particular theme, for example mitral regurgitation. From the institution of the speaker will come a junior fellow who will present a case. There is no prepared didactic information, and the two experts in each particular case presentation will be invited to provide commentary."

The Electrophysiology Spotlight features a new approach this year as it will include live and taped case demonstrations in topics such as ventricular tachycardia ablations and atrial fibrillation ablations,



E. Murat Tuzcu, M.D.



Randall C. Starling, M.D.

with several coming in from leading centers around the world.

The approach taken with the Vascular, Hypertension and Prevention Spotlight is particularly innovative and should provoke some lively discussion. All of the presentations revolve around the great debates in lipidology, hypertension and vascular medicine.

### E-posters, new areas at ACC.07

The other ACC Program Committee co-chair, James D. Thomas, M.D., F.A.C.C., said that attendees will find new formats in other areas of the meeting, including the posters. Last

year's limited introduction of e-posters was a success, so this year more e-posters can be seen on plasma screens in the areas of imaging, diagnostic testing and electrophysiology.

"We have some new formats people should look at and take advantage of," Dr. Thomas said.

"With e-posters, you can imbed multimedia images, and so targeted imaging, diagnostic testing and electrophysiology are being done in this way. The other significant advantage is that they are highly amenable to being posted on the Web, and so they can be seen indefinitely. You can go to last year's posters and pull them up."

In topic areas that don't have e-posters, such as heart failure and myocardial ischemia, v-posters are being introduced. In these areas, topic coordinators and designated experts offer commentaries on abstracts that received high



James D. Thomas, M.D.

grades. Attendees can hear these commentaries by dialing a number posted in the areas on a cell phone, he said.

ACC.07 will also offer two other new areas of interest — a workshop on detecting common heart sounds and special networking areas. The workshop, "Heart Songs," will provide personal audio instruction on seven common heart sounds. The networking areas, "Heart Hubs," in Lobby A and the Auditorium Lobby, will broadcast sessions on plasma screens while offering snacks and networking opportunities.

### i2 Summit, international participation

The i2 Summit, with its focus on interventional cardiology, was a great success in its first year, and this year promises to be even more so. Also, this year the i2 Summit is integrated logistically with ACC.07 in that it is placed in the middle of the ACC.07 section of the convention center.

The i2 Summit starts 8 a.m. Saturday with interventional events of interest to general cardiologists before changing focus on Sunday to topics geared more toward interventional cardiologists. ACC.07-only attendees will be able to attend the i2 Summit Saturday sessions for a fee of only \$95.

"The first day of i2 is very much designed to also attract non-interventionalists who have an interest in the cath lab," Dr. Tuzcu said. "There will be a lot of opportunity for ACC and i2 participants to exchange ideas. I have no doubt that i2 will be a great success with its live cases and with its other scientific sessions.

"We are very excited about the international participants, too. This is an international meeting. Although it's called the American College of Cardiology, it's really the World College of Cardiology." ■

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# CCA presence continues to grow at ACC.07

The ACC's Cardiac Care Associate (CCA) members — nurses, nurse practitioners, clinical nurse specialists and physician assistant members — will once again find new and exciting opportunities to learn beside their physician colleagues and to network with national and international colleagues and the ACC leadership.

Even more educational sessions this year will feature CCA representatives, who continue to expand their contributions to the program, providing their unique knowledge of patient care and cardiac care team functions. Several will be speaking in Session 307: ACC Brown-Bag Luncheon, "Disease Management of Heart Failure." Other sessions with CCA presenters include Session #620: ACC Symposium, "Assessment of Myocardial Viability: Who Needs It and How to Do It?" and Session 660: ACC Symposium, "Heart Rhythm Update 2007 for Cardiac Care Associates."

As in the past, ACC.07 also offers a broad range of programs designed to meet CCA member needs, including Brown Bag and Meet the Expert sessions on Door-to-Balloon, heart failure, patient care, disease management and prevention.

The i2 Summit 2007 once again features the Nurse/Tech Program@i2 Summit, which will have sessions on "Management of ST Elevation Myocardial Infarction Patients,"

"Hot Topics," such as drug eluting stents, "Carotid Stenting," "Pathophysiology and Management of Post-Cath Complications," and "Intervention Cardiology: 2007 and Beyond." Also featured as part of i2 Summit 2007 are the Interventional Simulation Training Rooms on the ACC.07 Exposition floor near the Interventional Pavilion.

CCA members need to remember these special features provided for them at ACC.07 and i2 Summit 2007.

## Sunday – Tuesday

### Cardiac Care Associate Community Room

Daily: 8 a.m. to 5 p.m. (8 a.m. to 4 p.m. on Tuesday), in Room 232 of the convention center

Connect with colleagues, grab some coffee, pick up a Care Team ribbon for your badge, test drive Cardiosource and check your e-mail. Make the CCA Community room your headquarters during the meeting.

## Sunday

### Cardiac Care Associate Reception

5 to 6 p.m. at the New Orleans Marriott, 555 Canal Street

Eat, drink and network in true New Orleans style with ACC leadership and your colleagues. Nonmember RNs, NPs, CNSs, and PAs are welcome. CCA members are also encouraged to go to the All-Chapter Reception, 5:30 to 6:30 p.m. in the same hotel. ■

# ACC section meetings scheduled

## Congenital Heart Disease and Pediatric Cardiology Section

### CHD/PC Section Meeting

Sunday, 4 to 5:30 p.m. in Rooms La Galerie 1, 2, 3 of the New Orleans Marriott, 555 Canal Street.

Discussions will include the development of a Congenital Heart Disease Cath Registry, ACC.08/i2 programming, the Joint Council on Congenital Heart Disease National PI Initiative and reports from the Pediatric, Quality and Adult Congenital Heart Disease Work Groups.

### CHD/PC Section Reception

Sunday, 5:30 to 6:30 p.m. in Room La Galerie 4 of the New Orleans Marriott, 555 Canal Street.

### FIT: Career Options in Pediatric Cardiology

Monday, 3:30 to 5:45 p.m. in the Melrose Room of the Hilton Riverside.

Target Audience: FITs, Junior Faculty, and Mentors. A reception follows the meeting, from 5:45 to 6:30 p.m. in the Jasperwood Room of the Hilton Riverside.

## Women in Cardiology Section

### Brown-Bag Luncheon Session: "A Decade of Changes for Women in Cardiology"

Monday, 12:30 to 2 p.m. in Room 353 of the convention center.

Come learn more about the recently updated Professional Life Survey and the major themes in the results.

### Women in Cardiology Section Meeting

Monday, 3 to 4:30 p.m. in Galleria 2 of the New Orleans Marriott, 555 Canal Street.

The meeting agenda will include an overview of the success of the recent Professional Development Conference and women fellow in training workforce initiatives. Based on the Professional Life Survey, attendees brainstorm ideas and develop initiatives around mentoring, personal and family issues, radiation concerns, negotiating, career satisfaction, discrimination and participation in ACC leadership.

### Woman in Cardiology Reception in Honor of Newly Elected Women Fellows

Monday, 4:30 to 6 p.m. in Galleria 1 of the New Orleans Marriott.

Follows the Section meeting. ■

# Other special sessions scheduled

**Session #110** — Joint Mini-Course: Society of Geriatric Cardiology/American College of Cardiology ... Basic Mechanisms of Aging — Relevance for Managing Elderly Patients (Thrombosis and Hemostasis in Acute Coronary Syndromes); ACC Mini-Course, 2 to 5 p.m. Sunday in Room 217 of the convention center

**Session #629** — Joint International Symposium With National Cardiovascular Societies; ACC Symposium, 11 a.m. to 12:30 p.m. Monday in Room 262 of the convention center

**Session # 635** — Joint American College of Cardiology/European Society of Cardiology: Imaging in the Catheterization and

Electrophysiology Laboratories; ACC Symposium, 2 to 3:30 p.m. Monday in Hall A of the convention center

**Session #643** — Sesión Conjunta con la Sociedad Interamericana de Cardiología/Sociedad Española de Cardiología/American College of Cardiology: Problemas Relevantes en Cardiología-2007; ACC Symposium, 4 - 5:30 p.m. Monday in La Louisiane C en convention center

**Session #2413** — Current Trends for Clinical Practice and Patient Outcomes: A Report From the NCDR™; i2 Summit Special Session, 2:30 to 4 p.m. Monday in Room 235 of the convention center. ■

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## Help the city during and after the meeting

As part of its commitment to the city of New Orleans and the Gulf Coast, the ACC is supporting the efforts of two organizations in their efforts to help the city rebuild — the Association of Black Cardiologists (ABC) HOPE (Hope Outreach Prevention and Empowerment) Project and the Greater New Orleans Medical Foundation of the Orleans Parish Medical Society. The two groups will have a booth at ACC.07 and will be collecting donations to help rebuild and support the health care infrastructure in the New Orleans and Gulf Coast regions.

The HOPE project, which has been in existence for one year, is managed by Keith C. Ferdinand, M.D., F.A.C.C., adjunct clinical professor of the Morehouse School of Medicine and clinical professor of the cardiology division at Emory University and chief science officer of the ABC. Dr. Ferdinand's cardiovascular center in New Orleans was destroyed and his home severely damaged by Katrina.

The HOPE Project is a committed part of the rebuilding process in New Orleans, and at the one-year point after Katrina it had distributed more than \$130,000 to individuals requiring assistance, not-for-profit organizations and churches. HOPE continues to support the St. Thomas Community Health Center in uptown New Orleans.

The Greater New Orleans Medical Foundation was established by the Orleans Parish Medical Society and the Orleans Medical Society Alliance in 2004 to improve access to health care services in New Orleans, to enhance public and physician education and to increase medicine's involvement in disaster preparedness and response. Through the Foundation, the Orleans Parish Medical Society is committed to helping the physicians whose practices were damaged or destroyed by Hurricane Katrina to re-establish their medical practices so they can continue to care for the citizens of New Orleans. The past president of Orleans Parish Medical Society is Patrick Breaux, M.D., F.A.C.C.

One other organization, "Hands-On New Orleans," will also have a booth on the Expo floor during ACC.07, where those interested in volunteering to help the city rebuild may sign up. It is a non-profit organization committed long-term to a range of projects that are focused on assisting with overwhelming needs or needs that would otherwise be unmet in New Orleans. Their projects focus primarily on stabilizing and rebuilding Katrina-affected communities. ■

## Help heal the heart of the Gulf Coast

Hurricane Katrina broke hearts around the world. You can help to heal the heart of the Gulf Coast — and its cardiovascular patients. Come to Booth #2461 to make a donation to:

- The Association of Black Cardiologists' HOPE Project
- The Greater New Orleans Medical Foundation of the Orleans Parish Medical Society

Your generosity will help both these groups rebuild New Orleans' patient care infrastructure.

Visit Booth #2459 to find out more about Hands-On New Orleans, a volunteer coordinating organization that helps organize rebuilding efforts in New Orleans. ■

## Times require efficient, effective practice management

With Pay-for-Performance, mandated electronic health records and more looming, medical practices need to aggressively improve the management of their practices. Three sessions taking place during ACC.07 will help do just that.

Two Brown-Bag Breakfast sessions are co-sponsored by the ACC and the Medical Group Management Association (MGMA). On Monday, 7–8:30 a.m., in Room 342 of the convention center, Session #520 presen-

ters will educate attendees on how to use MGMA's cardiovascular practice survey data to strengthen a practice's skills in contracting with health plans and operating a highly efficient practice, including productivity and patient flow.

Tuesday's session #521, also in Room 342 from 7–8:30 a.m., includes a discussion and review of hot topics and trends in CV practice, including electronic medical records, quality, reimbursement, benchmarking and

productivity.

The third session, which is sponsored by MedAxiom, is ACC Mini-Course #114, "Building a Successful Practice for the Future," 2–5 p.m., on Sunday in Room 228 in the convention center. This session will cover topics such as the current and future impact of health care legislation, preparing for P4P, managing overhead and practice efficiency and electronic medical record implementation. ■

### LIPITOR® (Atorvastatin Calcium) Tablets Brief Summary of Prescribing Information

**CONTRAINDICATIONS:** Active liver disease or unexplained persistent elevations of serum transaminases. Hypersensitivity to any component of this medication. **Pregnancy and Lactation** — Atherosclerosis is a chronic process and discontinuation of lipid-lowering drugs during pregnancy should have little impact on the outcome of long-term therapy of primary hypercholesterolemia. Cholesterol and other products of cholesterol biosynthesis are essential components for fetal development (including synthesis of steroids and cell membranes). Since HMG-CoA reductase inhibitors decrease cholesterol synthesis and possibly the synthesis of other biologically active substances derived from cholesterol, they may cause fetal harm when administered to pregnant women. Therefore, HMG-CoA reductase inhibitors are contraindicated during pregnancy and in nursing mothers. ATORVASTATIN SHOULD BE ADMINISTERED TO WOMEN OF CHILDBEARING AGE ONLY WHEN SUCH PATIENTS ARE HIGHLY UNLIKELY TO CONCEIVE AND HAVE BEEN INFORMED OF THE POTENTIAL HAZARDS. If the patient becomes pregnant while taking this drug, therapy should be discontinued and the patient apprised of the potential hazard to the fetus.

**WARNINGS: Liver Dysfunction** — HMG-CoA reductase inhibitors, like some other lipid-lowering therapies, have been associated with biochemical abnormalities of liver function. **Persistent elevations (>3 times the upper limit of normal [ULN] occurring on 2 or more occasions) in serum transaminases occurred in 0.7% of patients who received atorvastatin in clinical trials. The incidence of these abnormalities was 0.2%, 0.2%, 0.6%, and 2.3% for 10, 20, 40, and 80 mg, respectively.** One patient in clinical trials developed jaundice. Increases in liver function tests (LFT) in other patients were not associated with jaundice or other clinical signs or symptoms. Upon dose reduction, drug interruption, or discontinuation, transaminase levels returned to or near pretreatment levels without sequelae. Eighteen of 30 patients with persistent LFT elevations continued treatment with a reduced dose of atorvastatin. It is recommended that liver function tests be performed prior to and at 12 weeks following both the initiation of therapy and any elevation of dose, and periodically (eg, semiannually) thereafter. Liver enzyme changes generally occur in the first 3 months of treatment with atorvastatin. Patients who develop increased transaminase levels should be monitored until the abnormalities resolve. Should an increase in ALT or AST of >3 times ULN persist, reduction of dose or withdrawal of atorvastatin is recommended. Atorvastatin should be used with caution in patients who consume substantial quantities of alcohol and/or have a history of liver disease. Active liver disease or unexplained persistent transaminase elevations are contraindications to the use of atorvastatin (see CONTRAINDICATIONS). **Skeletal Muscle** — Rare cases of rhabdomyolysis with acute renal failure secondary to myoglobinuria have been reported with atorvastatin and with other drugs in this class. Uncomplicated myalgia has been reported in atorvastatin-treated patients (see ADVERSE REACTIONS). Myopathy, defined as muscle aches or muscle weakness in conjunction with increases in creatine phosphokinase (CPK) values >10 times ULN, should be considered in any patient with diffuse myalgias, muscle tenderness or weakness, and/or marked elevation of CPK. Patients should be advised to report promptly unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. Atorvastatin therapy should be discontinued if markedly elevated CPK levels occur or myopathy is diagnosed or suspected. The risk of myopathy during treatment with drugs in this class is increased with concurrent administration of cyclosporine, fibric acid derivatives, erythromycin, niacin, or azole antifungals. Physicians considering combined therapy with atorvastatin and fibric acid derivatives, erythromycin, immunosuppressive drugs, azole antifungals, or lipid-lowering doses of niacin should carefully weigh the potential benefits and risks and should carefully monitor patients for any signs or symptoms of muscle pain, tenderness, or weakness, particularly during the initial months of therapy and during any periods of upward dosage titration of either drug. Periodic creatine phosphokinase (CPK) determinations may be considered in such situations, but there is no assurance that such monitoring will prevent the occurrence of severe myopathy. **Atorvastatin therapy should be temporarily withheld or discontinued in any patient with an acute, serious condition suggestive of a myopathy or having a risk factor predisposing to the development of renal failure secondary to rhabdomyolysis (eg, severe acute infection, hypotension, major surgery, trauma, severe metabolic, endocrine and electrolyte disorders, and uncontrolled seizures).**

**PRECAUTIONS: General** — Before instituting therapy with atorvastatin, an attempt should be made to control hypercholesterolemia with appropriate diet, exercise, and weight reduction in obese patients, and to treat other underlying medical problems (see INDICATIONS AND USAGE in full prescribing information). **Information for Patients** — Patients should be advised to report promptly unexplained muscle pain, tenderness, or weakness, particularly if accompanied by malaise or fever. **Drug Interactions** — The risk of myopathy during treatment with drugs of this class is increased with concurrent administration of cyclosporine, fibric acid derivatives, niacin (nicotinic acid), erythromycin, azole antifungals (see WARNINGS, *Skeletal Muscle*). **Antacid:** When atorvastatin and Maalox® TC suspension were coadministered, plasma concentrations of atorvastatin decreased approximately 35%. However, LDL-C reduction was not altered. **Antipyrine:** Because atorvastatin does not affect the pharmacokinetics of antipyrine, interactions with other drugs metabolized via the same cytochrome isozymes are not expected. **Colestipol:** Plasma concentrations of atorvastatin decreased approximately 25% when colestipol and atorvastatin were coadministered. However, LDL-C reduction was greater when atorvastatin and colestipol were coadministered than when either drug was given alone. **Cimetidine:** Atorvastatin plasma concentrations and LDL-C reduction were not altered by coadministration of cimetidine. **Digoxin:** When multiple doses of atorvastatin and digoxin were coadministered, steady-state plasma digoxin concentrations increased by approximately 20%. Patients taking digoxin should be monitored appropriately. **Erythromycin:** In healthy individuals, plasma concentrations of atorvastatin increased approximately 40% with coadministration of atorvastatin and erythromycin, a known inhibitor of cytochrome P450 3A4 (see WARNINGS, *Skeletal Muscle*). **Oral Contraceptives:** Coadministration of atorvastatin and an oral contraceptive increased AUC values for norethindrone and ethinyl estradiol by approximately 30% and 20%, respectively. These increases should be considered when selecting an oral contraceptive for a woman taking atorvastatin. **Warfarin:** Atorvastatin had no clinically significant effect on prothrombin time when administered to patients receiving chronic warfarin treatment. **Endocrine Function** — HMG-CoA reductase inhibitors interfere with cholesterol synthesis and theoretically might blunt adrenal and/or gonadal steroid production. Clinical studies have shown that atorvastatin does not reduce basal plasma cortisol concentration or impair adrenal reserve. The effects of HMG-CoA reductase inhibitors on male fertility have not been studied in adequate numbers of patients. The effects, if any, on the pituitary-gonadal axis in premenopausal women are unknown. Caution should be exercised if an HMG-CoA reductase inhibitor is administered concomitantly with drugs that may decrease the levels or activity of endogenous steroid hormones, such as ketoconazole, spiroinolactone, and cimetidine. **CNS Toxicity** — Brain hemorrhage was seen in a female dog treated with 120 mg/kg/day. Brain hemorrhages and optic nerve vacuolation were seen in another female dog that was sacrificed in moribund condition after 11 weeks of escalating doses up to 280 mg/kg/day. The 120 mg/kg dose resulted in a systemic exposure approximately 16 times the human plasma area-under-the-curve (AUC, 0-24 hours) based on the maximum human dose of 80 mg/day. A single tonic convulsion was seen in each of 2 male dogs (one treated at 10 mg/kg/day and one at 120 mg/kg/day) in a 2-year study. No CNS lesions have been observed in mice after chronic treatment for up to 2 years at doses up to 400 mg/kg/day or in rats at doses up to 100 mg/kg/day. These doses were 6 to 11 times (mouse) and 8 to 16 times (rat) the human AUC (0-24) based on the maximum recommended human dose of 80 mg/day. CNS vascular lesions, characterized by perivascular hemorrhages, edema, and mononuclear cell infiltration of perivascular spaces, have been observed in dogs treated with other members of this class. A chemically similar drug in this class produced optic nerve degeneration (Wallierian degeneration of retinogeniculate fibers) in clinically normal dogs in a dose-dependent fashion at a dose that produced plasma drug levels about 30 times higher than the mean drug level in humans taking the highest recommended dose. **Carcinogenesis, Mutagenesis, Impairment of Fertility** — In a 2-year carcinogenicity study in rats at dose levels of 10, 30, and 100 mg/kg/day, 2 rat tumors were found in muscle in high-dose females; in one, there was a rhabdomyosarcoma and, in another, there was a fibrosarcoma. This dose represents a plasma AUC (0-24) value of approximately 16 times the mean human plasma drug exposure after an 80 mg oral dose. A 2-year carcinogenicity study in mice given 100, 200, or 400 mg/kg/day resulted in a significant increase in liver adenomas in high-dose males and liver carcinomas in high-dose females. These findings occurred at plasma AUC (0-24) values of approximately 6 times the mean human plasma drug exposure after an 80 mg oral dose. *In vitro*, atorvastatin was not mutagenic or clastogenic in the following tests with and without metabolic activation: the Ames test with *Salmonella typhimurium* and *Escherichia coli*, the HPRT forward mutation assay in Chinese hamster lung cells, and the chromosomal aberration assay in Chinese hamster lung cells. Atorvastatin was negative in the *in vitro* mouse micronucleus test. Studies in rats performed at doses up to 175 mg/kg (15 times the human exposure) produced no changes in fertility. There was aplasia and aspermia in the epididymis of 2 of 10 rats treated with 100 mg/kg/day of atorvastatin for 3 months (16 times the human AUC at the 80 mg dose); testis weights were significantly lower at 30 and 100 mg/kg and epididymal weight was lower at 100 mg/kg. Male rats given 100 mg/kg/day for 11 weeks prior to mating had decreased sperm motility, sperm head concentration, and increased abnormal sperm. Atorvastatin caused no adverse effects on semen parameters, or reproductive organ histopathology in dogs given doses of 10, 40, or 120 mg/kg for two years. **Pregnancy — Pregnancy Category X: See CONTRAINDICATIONS.** Safety in pregnant women has not been established. Atorvastatin crosses the rat placenta and reaches a level in fetal liver equivalent to that of maternal plasma. Atorvastatin was not teratogenic in rats at doses up to 300 mg/kg/day or in rabbits at doses up to 100 mg/kg/day. These doses resulted in multiples of about 30 times (rat) or 20 times (rabbit) the human exposure based on surface area (mg/m<sup>2</sup>). In a study in rats given 20, 100, or 225 mg/kg/day, from gestation day 7 through to lactation day 21 (weaning), there was decreased pup survival at birth, neonate, weaning, and maturity in pups of mothers dosed with 225 mg/kg/day. Body weight was decreased on days 4 and 21 in pups of mothers dosed at 100 mg/kg/day; pup body weight was decreased at birth and at days 4, 21, and 91 at 225 mg/kg/day. Pup development was delayed (rotorod performance at 100 mg/kg/day and acoustic startle at 225 mg/kg/day;

pinnae detachment and eye opening at 225 mg/kg/day). These doses correspond to 6 times (100 mg/kg) and 22 times (225 mg/kg) the human AUC at 80 mg/day. Rare reports of congenital anomalies have been received following intrauterine exposure to HMG-CoA reductase inhibitors. There has been one report of severe congenital bony deformity, tracheo-esophageal fistula, and anal atresia (VATER association) in a baby born to a woman who took lovastatin with dextroamphetamine sulfate during the first trimester of pregnancy. LIPITOR should be administered to women of child-bearing potential only when such patients are highly unlikely to conceive and have been informed of the potential hazards. If the woman becomes pregnant while taking LIPITOR, it should be discontinued and the patient advised again as to the potential hazards to the fetus. **Nursing Mothers** — Nursing rat pups had plasma and liver drug levels of 50% and 40%, respectively, of that in their mother's milk. Because of the potential for adverse reactions in nursing infants, women taking LIPITOR should not breast-feed (see CONTRAINDICATIONS). **Pediatric Use** — Safety and effectiveness in patients 10-17 years of age with heterozygous familial hypercholesterolemia have been evaluated in a controlled clinical trial of 6 months duration in adolescent boys and postmenarcheal girls. Patients treated with LIPITOR had an adverse experience profile generally similar to that of patients treated with placebo, the most common adverse experiences observed in both groups, regardless of causality assessment, were infections. **Doses greater than 20 mg have not been studied in this patient population.** In this limited controlled study, there was no detectable effect on growth or sexual maturation in boys or on menstrual cycle length in girls (see CLINICAL PHARMACOLOGY, *Clinical Studies* section in full prescribing information). **ADVERSE REACTIONS, Pediatric Patients (ages 10-17 years):** and **DOSEAGE AND ADMINISTRATION, Heterozygous Familial Hypercholesterolemia in Pediatric Patients (10-17 years of age)** in full prescribing information. Adolescent females should be counseled on appropriate contraceptive methods while on LIPITOR therapy (see CONTRAINDICATIONS and PRECAUTIONS, *Pregnancy*). **LIPITOR has not been studied in controlled clinical trials involving pre-pubertal patients or patients younger than 10 years of age.** Clinical efficacy with doses up to 80 mg/day for 1 year have been evaluated in an uncontrolled study of patients with homozygous FH including 8 pediatric patients (see CLINICAL PHARMACOLOGY, *Clinical Studies: Homozygous Familial Hypercholesterolemia* in full prescribing information). **Geriatric Use** — The safety and efficacy of atorvastatin (10-80 mg) in the geriatric population ( $\geq 65$  years of age) was evaluated in the ACCESS study. In this 54-week open-label trial 1,958 patients initiated therapy with atorvastatin 10 mg. Of these, 835 were elderly ( $\geq 65$  years) and 1,123 were non-elderly. The mean change in LDL-C from baseline after 6 weeks of treatment with atorvastatin 10 mg was -38.2% in the elderly patients versus -34.6% in the non-elderly group. The rates of discontinuation due to adverse events were similar between the two age groups. There were no differences in clinically relevant laboratory abnormalities between the age groups. **Use in Patients with Recent Stroke or TIA** — In a post-hoc analysis of the Stroke Prevention by Aggressive Reduction in Cholesterol Levels (SPARCL) study where LIPITOR 80 mg vs placebo was administered in 4,731 subjects without CHD who had a stroke or TIA within the preceding 6 months, a higher incidence of hemorrhagic stroke was seen in the LIPITOR 80 mg group compared to placebo. Subjects with hemorrhagic stroke on study entry appeared to be at increased risk for hemorrhagic stroke.

**ADVERSE REACTIONS:** LIPITOR is generally well-tolerated. Adverse reactions have usually been mild and transient. In controlled clinical studies of 2502 patients, <2% of patients were discontinued due to adverse experiences attributable to atorvastatin. The most frequent adverse events thought to be related to atorvastatin were constipation, flatulence, dyspepsia, and abdominal pain. **Clinical Adverse Experiences** — Adverse experiences reported in  $\geq 2\%$  of patients in placebo-controlled clinical studies of atorvastatin, regardless of causality assessment, are shown in the following table.

BODY SYSTEM Adverse Event	Adverse Events in Placebo-Controlled Studies (% of Patients)				
	Placebo N = 270	Atorvastatin 10 mg N = 863	Atorvastatin 20 mg N = 36	Atorvastatin 40 mg N = 79	Atorvastatin 80 mg N = 94
<b>BODY AS A WHOLE</b>					
Infection	10.0	10.3	2.8	10.1	7.4
Headache	7.0	5.4	1.8	2.5	6.4
Accidental Injury	3.7	4.2	0.0	1.3	3.2
Flu Syndrome	1.9	2.2	0.0	2.5	3.2
Abdominal Pain	0.7	2.8	0.0	3.8	2.1
Back Pain	3.0	2.8	0.0	3.8	1.1
Allergic Reaction	2.6	0.9	2.8	1.3	0.0
Asthma	1.9	2.2	0.0	3.8	0.0
<b>DIGESTIVE SYSTEM</b>					
Constipation	1.8	2.1	0.0	2.5	1.1
Diarrhea	1.5	2.7	0.0	3.8	5.3
Dyspepsia	4.1	2.3	2.8	1.3	2.1
Flatulence	3.3	2.1	2.8	1.3	1.1
<b>RESPIRATORY SYSTEM</b>					
Sinusitis	2.6	2.8	0.0	2.5	6.4
Pharyngitis	1.5	2.5	0.0	1.3	2.1
<b>SKIN AND APPENDAGES</b>					
Rash	0.7	3.9	2.8	3.8	1.1
<b>MUSCULOSKELETAL SYSTEM</b>					
Arthralgia	1.5	2.0	0.0	5.1	0.0
Myalgia	1.1	3.2	5.6	1.3	0.0

**Anglo-Scandinavian Cardiac Outcomes Trial (ASCOT)** — In ASCOT (see CLINICAL PHARMACOLOGY, *Clinical Studies* in full prescribing information) involving 10,305 participants treated with LIPITOR 10 mg daily (n=5,168) or placebo (n=5,137), the safety and tolerability profile of the group treated with LIPITOR was comparable to that of the group treated with placebo during a median of 3.3 years of follow-up.

**Collaborative Atorvastatin Diabetes Study (CARDS)** — In CARDS (see CLINICAL PHARMACOLOGY, *Clinical Studies* in full prescribing information) involving 2838 subjects with type 2 diabetes treated with LIPITOR 10 mg daily (n=1428) or placebo (n=1410), there was no difference in the overall frequency of adverse events or serious adverse events between the treatment groups during a median follow-up of 3.9 years. No cases of rhabdomyolysis were reported.

The following adverse events were reported, regardless of causality assessment in patients treated with atorvastatin in clinical trials. The events in italics occurred in  $\geq 2\%$  of patients and the events in plain type occurred in <2% of patients.

**Body as a Whole:** Chest pain, face edema, fever, neck rigidity, malaise, photosensitivity reaction, generalized edema. **Digestive System:** Nausea, gastroenteritis, liver function tests abnormal, colitis, vomiting, gastritis, dry mouth, rectal hemorrhage, esophagitis, eructation, glossitis, mouth ulceration, anorexia, increased appetite, stomatitis, biliary pain, cheilitis, duodenal ulcer, dysphagia, enteritis, melena, gum hemorrhage, stomach ulcer, tenesmus, ulcerative stomatitis, hepatitis, pancreatitis, cholestatic jaundice. **Respiratory System:** Bronchitis, rhinitis, pneumonia, dyspnea, asthma, epistaxis. **Nervous System:** Insomnia, dizziness, paresthesia, somnolence, amnesia, abnormal dreams, libido decreased, emotional lability, incoordination, peripheral neuropathy, torticollis, facial paralysis, hyperkinesia, depression, hypesthesia, hypertonia. **Musculoskeletal System:** Arthritis, leg cramps, bursitis, tenosynovitis, myasthenia, tendinous contracture, myositis. **Skin and Appendages:** Pruritus, contact dermatitis, alopecia, dry skin, sweating, acne, urticaria, eczema, seborrhea, skin ulcer. **Urogenital System:** Urinary tract infection, hematuria, albuminuria, urinary frequency, cystitis, impotence, dysuria, kidney calculus, nocturia, epididymitis, fibrocystic breast, vaginal hemorrhage, breast enlargement, metrorrhagia, nephritis, urinary incontinence, urinary urgency, abnormal ejaculation, uterine hemorrhage. **Special Senses:** Amblyopia, tinnitus, dry eyes, refraction disorder, eye hemorrhage, deafness, glaucoma, parosmia, taste loss, taste perversion. **Cardiovascular System:** Palpitation, vasodilatation, syncope, migraine, postural hypotension, phlebitis, arrhythmia, angina pectoris, hypertension. **Metabolic and Nutritional Disorders:** Peripheral edema, hyperglycemia, creatine phosphokinase increased, gout, weight gain, hypoglycemia. **Hemic and Lymphatic System:** Eosinophilia, anemia, lymphadenopathy, thrombocytopenia, petechia. **Postintroduction Reports** — Adverse events associated with LIPITOR therapy reported since market introduction, that are not listed above, regardless of causality assessment, include the following: anaphylaxis, angioneurotic edema, bullous rashes (including erythema multiforme, Stevens-Johnson syndrome, and toxic epidermal necrolysis), rhabdomyolysis, fatigue, and tendon rupture. **Pediatric Patients (ages 10-17 years)** In a 26-week controlled study in boys and postmenarcheal girls (n=140), the safety and tolerability profile of LIPITOR 10 to 20 mg daily was generally similar to that of placebo (see CLINICAL PHARMACOLOGY, *Clinical Studies* section in full prescribing information and PRECAUTIONS, *Pediatric Use*). **OVERDOSAGE:** There is no specific treatment for atorvastatin overdose. In the event of an overdose, the patient should be treated symptomatically, and supportive measures instituted as required. Due to extensive drug binding to plasma proteins, hemodialysis is not expected to significantly enhance atorvastatin clearance.

Please see full prescribing information for additional information about LIPITOR.

Ⓜ only



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February 2007



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**Start with LIPITOR: see up to a 50% reduction in LDL-C with a starting dose\*\***

STARTING DOSES			TITRATION DOSE
40 mg†	20 mg	10 mg	80 mg
50% LDL-C	43% LDL-C	39% LDL-C	60% LDL-C
3%	2%	3%	3%

**RATES OF MYALGIA\***  
As seen in an analysis of pooled results of 44 clinical trials including more than 9000 patients

**Stay with LIPITOR: proven safety profile at every dose**

**Succeed with LIPITOR: LIPITOR is indicated to reduce the risk of stroke, MI, and revascularization in patients with multiple risk factors but without CHD**

\*Pooled average results from 2 multicenter, placebo-controlled, dose-response studies in patients with primary hypercholesterolemia. LDL-C values are mean percent reductions compared with baseline. P<.05 vs placebo.  
†LIPITOR 40 mg may be a starting dose for patients who require an LDL-C reduction >45%.

**I family visits**

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PRESCRIBE THE STATIN YOU LOVE**

**LIPITOR®**  
atorvastatin calcium  
tablets

## Congenital heart disease, cardiology program grows

With more pediatric cardiology patients living into adulthood, many cardiologists are being challenged to learn more about caring for adults with congenital heart disease. This year's ACC.07 program features an increased number of sessions related to adult congenital heart disease (ACHD) and pediatric cardiology. Unless otherwise indicated, all mentioned sessions take place in the Ernest N. Morial Convention Center.

**Sunday**, there are two mini-courses: #106, "Current Concepts for Left Ventricular Outflow Abnormalities," from 9 a.m. to 12 p.m. in Room 265, and #112, "Complex Cases in Congenital Heart Disease: Ask the Experts with Audience Interaction," from 2 to 5 p.m., also in Room 265. Session #112 will feature case demonstrations with comments and debate from the various panelists.

**Monday's schedule** for ACHD and pediatric cardiology sessions starts with "Brown-Bag Breakfast #509," from 7 to 8:30 a.m. in Room 344, and "Biventricular Pacing in Congenital Heart Disease," from 7 to 8:30 a.m. in Room 509.

Hall E-2 is the site for a series of sessions throughout Monday starting with:

- Symposium #609, "Pediatric Cardiothoracic Surgery and Interventional Techniques: Video Sessions," from 7 to 8:30 a.m.
- Symposium #619, "Transposition of the Greater Arteries: Late Outcomes and Surveillance," from 9 to 10:30 a.m.
- ACC Core Curriculum #703, "Late Right Ventricular Failure in Congenital Heart Disease," from 11 a.m. to 12:30 p.m.
- ACC.Symposium, #640, "Controversies in Pediatric Heart Disease I," from 2 to 3:30 p.m.
- ACC.Symposium, #646, "Family Planning for Adult Congenital Heart Disease Patients," from 4 to 5:30 p.m.

Also on Monday, Meet the Experts #235, "Pediatric Ventricular Assist Devices," takes place from 3:30 to 4:30 p.m. in Room R04.

**Tuesday's schedule** features additional ACHD and pediatric cardiology sessions. Hall E-2 is once again the location for several sessions throughout the day:

- Core Curriculum #707, "Genetic Insights and Opportunities in Congenital Heart Disease," from 7 to 8:30 a.m.
- ACC.Symposium #663, "Important Considerations for the Fontan Patient," from 9 to 10:30 a.m.
- ACC.Symposium #673, "Controversies in Pediatric Heart Disease II," from 11 a.m. to 12:30 p.m.
- ACC.Symposium #678, "Progress in Noninvasive Imaging for Congenital heart Disease," from 2 to 3:30 p.m.

**Three Meet the Experts** sessions are also scheduled:

- #258, "Management of Pulmonary Vein Stenosis: Congenital and Acquired," from 11 a.m. to 12 p.m. in Room R03
- #316, "Obesity and the Metabolic Syndrome in the Pediatric Population," from 12:30 to 2 p.m. in Room 352
- #270, "Emerging Therapies for Hypoplastic Left Heart Syndrome," from 12:30 to 2 p.m., in Room 338 ■

LIPITOR is indicated to reduce the risk of myocardial infarction, revascularization procedures, angina, and stroke in adult patients with multiple risk factors but without clinically evident CHD; to reduce the risk of myocardial infarction and stroke in patients with type 2 diabetes and without clinically evident CHD, but with multiple risk factors; as an adjunct to diet to reduce elevated total-C, LDL-C, apo B, and TG levels; and to increase HDL-C in patients with primary hypercholesterolemia (heterozygous familial and nonfamilial) and mixed dyslipidemia.

LIPITOR is contraindicated in patients with active liver disease or unexplained persistent elevations of serum transaminases; in women who are or may become pregnant or who are nursing; in patients with hypersensitivity to any component of this medication.

Rare cases of rhabdomyolysis have been reported with LIPITOR and other statins. With any statin, tell patients to promptly report muscle pain, tenderness, or weakness. Discontinue drug if myopathy is suspected, if creatine phosphokinase (CPK) levels rise markedly, or if the patient has risk factors for rhabdomyolysis.

Due to increased risk of myopathy seen with LIPITOR and other statins, physicians should carefully consider combined therapy with fibric acid derivatives, erythromycin, immunosuppressive drugs, azole antifungals, or niacin and carefully monitor patients for signs or symptoms of myopathy early during therapy and when titrating dose of either drug.

It is recommended that liver function tests be performed prior to and 12 weeks following both the initiation of therapy and any elevation of dose, and periodically thereafter. If ALT or AST values >3 x ULN persist, dose reduction or withdrawal is recommended.

In clinical trials, the most common adverse events were constipation, flatulence, dyspepsia, and abdominal pain.

Reference: 1. Newman CB, Palmer G, Silbershatz H, Szarek M. Safety of atorvastatin derived from analysis of 44 completed trials in 9,416 patients. *Am J Cardiol.* 2003;92:670-676.

Please see brief summary of prescribing information on adjacent page.

[www.LIPITORhcp.com](http://www.LIPITORhcp.com)