

SCIENTIFIC SESSION NEWS

MONDAY
ISSUE

ACC 2001
Comprehensive
Cardiology with
Spotlight Sessions

Vol. 19, No. 2, March 19, 2001

American College of Cardiology 50th Annual Scientific Session

Orlando, Fla.

President Bush to Speak at ACC 2001

Of the more than 32,000 attendees expected for the American College of Cardiology 50th Annual Scientific Session (ACC 2001), there is one whose attendance is creating quite a whirl of excitement. On March 21 at approximately 10:30 a.m., President George W. Bush will open the meeting's "Highlights" session in Hall E. It is expected that President Bush will use the speech as an opportunity to talk about the patients' bill of rights and to promote the health care proposals included in his fiscal year 2002 budget blueprint released in February.

"We're very excited that President Bush has decided to use ACC 2001 to discuss issues that are important not only to cardiovascular specialists but also to physicians and patients across the country," said ACC President George A. Beller, MD.

The president's presence at ACC

2001 comes amidst a flurry of activity on Capitol Hill on health care. Patients' bill of rights legislation has already been introduced by one bipartisan coalition, and a second bill could be introduced any day now by another bipartisan coalition. Legislation aimed at decreasing the number of people without health insurance

and two bills related to Medicare reform have also been introduced in the Senate. And, over the past few weeks, several House and Senate committees have held hearings to take a closer look at all three of these issues.



President George W. Bush

"The ACC believes we can work with the Bush administration and Republican and Democratic leaders in Congress to forge compromise on legislation related to all of these issues that will ultimately benefit physicians and patients alike," Dr. Beller said.

Immediately following President Bush's speech, a news conference will be hosted by

President-Elect Douglas P. Zipes, MD, with additional participation by Dr. Beller, ACC Immediate Past President Arthur Garson, Jr., MD, MPH, and W. Bruce Fye, MD, MA, to give the ACC perspective on the president's speech.

Ticketing

A special ticketing booth for the president's speech has been set up in Lobby C. Free tickets will be issued to ACC 2001 badge-holders only. Attendees who want a ticket for the president's speech must have their badge with them at the ticketing booth.

Members

Members must pick up tickets for the speech in Lobby C between 7:30 a.m. and 5 p.m. on Monday. Tickets are available on a first-come, first-served basis. On Tuesday, remaining seats will be available to both members and nonmember paid registrants.

Nonmembers

Nonmember registrants will be eligible for any remaining tickets from the

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Stent Trials Yield Surprising Results

The coronary artery bypass graft (CABG) surgical mortality rate was surprisingly low in a recent trial comparing surgery with stenting, but the principal investigator in the Stent or Surgery (SOS) trial put the results in context.

SOS was one of six late-breaking interventional trials presented on Sunday.

In comparing rates of major clinical events associated with stenting and surgery, the incidence of death and nonfatal myocardial infarction in the two study groups was essentially identical, at about 9.5 percent, said Rodney Stables, MD, of the Royal Liverpool University Hospital in the United Kingdom.

"A great surprise to us was what appeared to be a mortality advantage in patients managed with bypass grafting," Dr. Stables said. The mor-

tality death rate was 1.2 percent at two years with CABG vs. 4.1 percent with angioplasty.

Dr. Stables explained that the trial was not designed to assess mortality and also, in absolute terms, the number of deaths was low. He also noted that the difference in rates appeared to hinge on an amazingly low mortality rate for the surgery cohort and also on a higher mortality rate from cancer in the angioplasty cohort, both of which may have been due to chance.

In the second trial, balloon angioplasty was compared with elective stenting for patients treated for restenosis.

The Restenosis Intra-Stent: Balloon Angioplasty vs. Elective Stenting (RIBS) trial, from Spain and Portugal, found that stenting pro-

See STENT TRIALS, page 5

GAP Investigator to Reveal "Striking" Results Today

Last year, 10 hospitals in and around Detroit joined in an American College of Cardiology (ACC) pilot project designed to increase adherence to clinical practice guidelines. The project—known as Guidelines Applied in Practice, or GAP—was centered around the recently released ACC/American Heart Association guideline on acute myocardial infarction as well as practical ways to help physicians and other health care providers to implement its recommendations.

Now, a year later, the initial results are in. GAP's principal investigator, Kim A. Eagle, MD, of the University of Michigan, Ann Arbor, will announce the results at 11 a.m. today during a special session titled "Optimizing Care in Acute MI." The session will be held in Hall A3 of the convention center.

"The GAP Project represents a unique collaboration of the ACC, the Southeast Michigan Quality Forum

Cardiovascular Subgroup, and the Michigan Peer Review Organization," explained Dr. Eagle. "All three of these organizations are committed to improving the delivery of cardiovascular care. I think ACC 2001 attendees will be very interested in our findings."

GAP data were collected during a

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Visit ACC Central (Booth #3163)

ACC-NCDR™ Holds Second Annual User Group Meeting

The American College of Cardiology-National Cardiovascular Data Registry™ (ACC-NCDR™) held its second Annual User Group Meeting at the Rosen Plaza Hotel before the opening of the Annual Scientific Session.

The two-day meeting—designed for cardiovascular health care professionals interested in measuring and improving patient care—offered attendees an opportunity to hear presentations covering key concepts in ensuring data quality and consistency as well as how to use ACC-NCDR™ reports in quality assurance/quality improvement programs. The presenters included ACC-NCDR™ physicians and staff, statisticians, nurses, and administrators.

The program opened Friday evening with a reception, where attendees networked with fellow quality improvement professionals from around the

country and learned how different facilities have implemented data-collection strategies and improved patient care. Attendees also browsed a variety of poster presentations describing strategies for quality data collection as well as patient outcome improvements resulting from ongoing outcomes measurement.

The meeting continued on Saturday with an all-day symposium, “Improving Patient Care With Quality Data.” Faculty covered topics such as quality data collection, outcome analysis, risk adjustment methodology, and techniques for integrating data findings into daily operations.

ACC-certified vendors were on hand throughout the meeting to demonstrate clinical data software systems approved for the collection of ACC-NCDR™ data. ACC 2001 attendees can visit ACC Central (booth #3163)

in the exhibit hall throughout the Annual Scientific Session to learn more about ACC-NCDR™ initiatives and view software demonstrations by the following ACC-NCDR™-certified vendors:

- CardioLog Software, LLC
- Cedaron Medical, Inc.
- Cerner Corporation
- CFP, Inc.

- GE Medical Systems *Information Technologies*
- Goodroe Healthcare Solutions, LLC
- Heartbase
- Intelligent Business Solutions
- LUMEDX
- Medical Dynamics of S.C., Inc.
- Velos Medical Informatics, Inc.

More From the ACC-NCDR™

- *Special Report: Clinical Outcomes From the ACC-NCDR™*: Tuesday, 4–5 p.m., Convention Center room 230B;
- *Multicenter Registries: What I've learned From Our Registry That Has Changed Our Clinical Practice*: Wednesday, 8:30–10 a.m., Convention Center, Hall F1; and
- *It's a Small World After All: Convergence of Professional Society Databases From Europe and North America*: Wednesday, 12:15–1:45 p.m., Convention Center room 106.

PRESIDENT BUSH

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ticket counter in Hall C between 7:30 a.m. and 5 p.m. on Tuesday.

Registered attendees may also obtain tickets for any immediate family members who are registered for the meeting.

Exhibitors

Exhibitors may pick up free tickets at the Floor Manager Desk in the Exhibitor Service Center between 1 and 5 p.m. on Tuesday.

Security Issues

Everyone attending the speech will be required to enter Hall E through metal detectors set up by the Secret Service. The Secret Service will open the doors at 8 a.m. and anticipates that it will take approximately two hours to feed those planning on attending the speech through security. The Secret Service will close the doors at 10 a.m. in preparation for the president's arrival. To ensure that the entry process goes smoothly, attendees should plan to arrive as early as possible.

Attendees are also encouraged to bring as little as possible with them to the speech, especially bags and briefcases. Bags and briefcases will have to be thoroughly inspected, which could significantly slow down the entry process.

Program Changes

Wednesday morning's late-breaking clinical trials session (session 423) originally scheduled for Hall E has been relocated to the Valencia B Ballroom and will still be held as scheduled from 8:30 to 10 a.m.

Session 878, “Stable Ischemic Syndrome: Mechanistic Insights,” originally scheduled for Valencia Ballroom B at 8:30 a.m. has been moved to Valencia Ballroom A.

The “Meeting Highlights” session is still scheduled for Hall E and will immediately follow President Bush's speech. The Highlights presentations will still conclude by 12:30 p.m. to accommodate attendees' travel schedules.

Meeting Reminders

Registration

The ACC 2001 registration area is located in Hall C of the Orange County Convention Center and is open during the following hours

Monday.....7 a.m. – 5 p.m.
Tuesday7:30 a.m. – 5 p.m.
Wednesday8 a.m. – Noon

ACC Office

The ACC Office is located in Room 209B of the Orange County Convention Center. Telephone: 407-685-5430. ACC staff are available to help you during the following hours:

Monday7:30 a.m. – 5:30 p.m.
Tuesday7:30 a.m. – 5:30 p.m.
Wednesday8 a.m. – Noon

Dinner Dance

Dinner Dance ticket holders must visit the Dinner Dance Counter in Lobby C to obtain a table number by noon today, March 19. Tickets are not valid without a table number. To reserve a table or sit with a friend or group, present ALL tickets for seat assignment at one time: each table seats ten. A floor plan is available at the Dinner Dance Counter to assist you in selecting a preferred location. Unfortunately, the ACC is unable to keep lists of individual seat assignments by name.

Audiotapes

Audiotapes and CDs of selected sessions at ACC 2001 will be available two hours after each session concludes and may be purchased at Audiotape Sales located in Lobby D2 of the convention center. Hours of operation are as follows:

Monday.....8 a.m. – 7 p.m.
Tuesday.....8 a.m. – 8 p.m.
Wednesday7 a.m. – 4 p.m.

Tickets

Complimentary tickets to Meet the Experts and *info@ACC* sessions have been available since September.

Check boards in Registration for “sold-out” sessions and be prepared with ticket selections before placing ticket orders.

International Registrants

International attendees can pick up Certificates of Attendance at any Portfolio Pick-Up station throughout the convention center.

ACC Convocation Office

All Fellowship Candidates participating in the 2001 Convocation must sign the Convocation Register, located in the Convocation Office in Hall C of the convention center. The register must be signed by 5 p.m. today, March 19. Certificates will be available immediately following the Convocation only for those who sign in advance. The Convocation office is open during the following hours:

Monday.....8 a.m. – 5 p.m.
Tuesday8 a.m. – Noon

Name Badges

Your badge serves as your passport to education sessions, the Exposition, and to complimentary shuttle service. You must wear your name badge at all times. We suggest name badges be worn on your right side. ACC security will not allow persons without badges to attend events. As in any metropolitan area, we recommend for your safety that you do not wear your name badge in public.

Lost and Found

If you lose or find an item, please contact the ACC Office, Room 209B, at 407-685-5430.

No Smoking Policy

The American College of Cardiology promotes a “no smoking” policy. The use of tobacco products is strictly prohibited in the convention center and all hotel meeting rooms hosting ACC events.

Young Investigators Awards Competition Today

Fifteen finalists who have been selected for the Young Investigators Awards competition will undergo final judging today, March 19, during three separate sessions. Each finalist will make a 10-minute presentation. The Physiology, Pharmacology, and Pathology session is from 11 a.m. to 12:15 p.m. The Molecular and Cellular Cardiology category is from 2 to 3:30 p.m., and the Clinical Investigations group is from 4 p.m. to 5:30 p.m. All three sessions are in room 414C of the convention center. The five finalists in each category include—

Clinical Investigations

Michael John Ackerman, MD, PhD, of Rochester, Minn.; Win-Kuang Shen, MD, chief of service. Presentation: *Catecholamine-Provoked T-Wave Lability (TWLI): Identification of a Novel Index for Risk Stratification in Congenital Long QT Syndrome*;

Michael Cusack, MD, of London; Simon R. Redwood, MD, chief of service. Presentation: *The Origin and Significance of the Inflammatory Response in Unstable Angina*;

Tommaso Gori, MD, of Toronto, Ontario; John D. Parker, MD, chief of service. Presentation: *Abnormalities in*

Nitric Oxide Synthase Function Induced by Nitroglycerin in Humans;

Geetha Raghuvier, MBBS, of Iowa City; William Haynes, MD, chief of service. Presentation: *Experimental Induction of Endothelial Dysfunction by Methionine Reduces Conduit Artery Compliance in Humans*; and

Markus Stuehlinger, MD, of Stanford, Calif.; John P. Cooke, MD, PhD, chief of service. Presentation: *Homocysteine-Induced Impairment of NO Synthase: Role of ADMA*.

Molecular and Cellular Cardiology

Hunter Clay Champion, MD, PhD, of Baltimore; Philip J. Kadowitz, PhD, chief of service. Presentation: *Gene Transfer of Endothelial Nitric Oxide Synthase (eNOS) to the Lung of the Mouse in Vivo: Rescue of Bleomycin-Induced Pulmonary Hypertension in eNOS-Deficient Mice*;

Daniel J. Garry, MD, PhD, of Dallas; R. Sanders Williams, MD, chief of service. Presentation: *Functional and Molecular Adaptations in Skeletal Muscle of Myoglobin Mutant Mice*;

Puvi N. Seshiah, MBBS, of Atlanta; Pascal J. Goldschmidt, MD, chief of service. Presentation: *Activated*

Monocytes Induce Smooth Muscle Cell Death—Role of M-CSF in Coronary Plaque Instability: Molecular Mechanisms in Vitro;

Ripudamanjit Singh, MD, of Rochester, Minn.; Robert D. Simari, MD, chief of service. Presentation: *Modulating the Thrombogenic Balance in a Murine Model of Vascular Remodeling: A Role for TFPI*; and

Masao Takemoto, MD, PhD, of Boston; James K. Liao, MD, chief of service. Presentation: *Inhibition of Cardiac Hypertrophy by 3-Hydroxy-3-Methylglutaryl (HMG)-CoA Reductase Inhibitors*.

Physiology, Pharmacology, and Pathology

Jiang-Yong Min, MD, of Boston; James P. Morgan, MD, PhD, chief of service. Presentation: *Long-Term Improvement of Cardiac Function by Transplantation of Embryonic Cardiomycogenic Stem Cell in Postinfarcted Rats*;

Maria A. Rupnick, MD, PhD, of Boston; Judah Folkman, MD, chief of service. Presentation: *Vascular Regulation of Adipose Tissue Mass*;

Miguel Valderrabano, MD, of Los Angeles; Peng-Sheng Chen, MD, chief of service. Presentation: *Dynamics of*

Transmural Re-entry During Ventricular Fibrillation: Anatomical Determinants;

Jufeng Wang, MD, PhD, of Boston; James P. Morgan, MD, PhD, chief of service. Presentation: *Cocaine Enhances the Susceptibility of Mice to Encephalomyocarditis Virus: The Catecholamines Hypothesis*; and

Sean M. Wu, MD, PhD, of Durham, N.C.; Salvatore V. Pizzo, MD, PhD, chief of service. Presentation: *Binding to Hyaluronic Acid Oligosaccharides: A Mechanism for Endostatin-Mediated Inhibition of Angiogenesis*.

Results of the competition will be announced Tuesday, March 20, during the ACC's 50th Annual Convocation. One first-place "young investigator" from each category will receive a plaque, a certificate, and \$2,000 at the Convocation. Each of the three second-place awardees will receive a certificate and \$1,000, and each investigator who earns honorable mention will receive a certificate and \$500.

The ACC Young Investigators Awards competition is supported by a grant from DuPont Pharmaceuticals Company.

Adult Training Program Directors Make Suggestions for Recruitment

During the past year, adult cardiology training program directors have become concerned about reports of unfair matching practices at some institutions. In response, the Cardiology Training and Workforce Committee of the ACC surveyed directors for their input on possible solutions.

To ensure fair recruitment, the committee devised several recommendations, which Valentin Fuster, MD, PhD, chair of the committee, described at yesterday's 27th annual symposium for adult cardiology training program directors.

The committee is urging directors to "make no promises, nor give applicants high expectations and report any irregularities to the Cardiology Training and Workforce Committee." However, he suggested one exception, when extenuating circumstances might exempt a program from participation in the match.

While the committee explored non-participation in the National Residency Match, a survey of directors of adult cardiology training programs

showed that 78 percent wanted to continue to participate in the program. Dr. Fuster reported that the committee had considered publicizing the names of people violating the rules of match, but it determined that such a move would be too extreme.

Dr. Fuster believes the new suggestions for conducting interviews are a worthwhile solution for the time being. "With these guidelines, we are moving in the right direction, and we've preserved the matching program. We all want what's best for the fellows," said Dr. Fuster.

Although early reports of unethical practices revealed that two potential fellows were "working the system" to gain employment, one residency director in the audience took issue with the inability to give applicants high expectations.

"We need to avoid saying 'you have a job here,'" said Dr. Fuster. "It's very important that we don't hurt the fellows. Put yourself in the shoes of the fellows. They need to go to 10 or 12 places, so they don't miss any opportunities."

Late-Breaking Clinical Trial Results to Be Announced Today

The following are the late-breaking clinical trials sessions and presenters scheduled for today, March 19:

Session 405—Late-Breaking Clinical Trials I 9:15–10:30 a.m.

Convention Center, Hall E

- *Aggressive Diagnosis of Restenosis (ADORE) Trial*—Mark J. Eisenberg, MD, of Montreal;
- *Adenovirus FGF Angiogenic Gene Therapy (AGENT) Trial for Stable Angina*—Cindy Grines, MD, of Royal Oak, Mich.;
- *Therapeutic Angiogenesis With Recombinant Fibroblast Growth Factor-2 for Intermittent Claudication (TRAFFIC): Results After 180 Days*—Robert J. Lederman, MD, of Bethesda, Md.;
- *A Placebo-Controlled Safety and Pharmacology Study of ALT-711 in Older Patients With Stiffened Cardiovasculature*—David Kass, MD, of Baltimore; and
- *Clopidogrel in Unstable Angina to Prevent Recurrent Ischemic Events (CURE)*—Salim Yusuf, MD, of Ontario.

Tax and Estate Planning Session Open to All

Expert panelists will offer helpful financial strategies during Tuesday's session on "Tax- and Estate-Planning Strategies to Further Personal and Philanthropic Goals," which will cover how to fulfill philanthropic objectives, how to preserve assets for heirs, and how to minimize taxes.

Registrants, spouses, and guests are invited to attend this 5:30–7 p.m. session in Hall A3 of the convention center. Bring questions, as time has been scheduled for a question-and-answer period.

GAP RESULTS

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four-month period last year and then analyzed to assess performance based on Health Care Financing Administration quality indicators, such as beta-blocker administration, smoking-cessation counseling, and treatment with aspirin. Although Dr. Eagle is keeping the specifics of GAP's findings under wraps until today's session, he indicated that the results are "striking."

In addition to commending the physicians, nurses, and others who participated in the project, Dr. Eagle is expected to describe the "toolkit" developed and used by GAP's collaborators. Besides assisting the physicians and nurses, the kit's materials helped to bring the patients themselves into what Dr. Eagle calls "the triangle of care."

STENT TRIALS

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duced better outcomes in patients with larger lumen diameter.

"We should avoid stenting in patients with smaller vessels," said Fernando Alfonso, MD, of Universitario San Carlos in Madrid. He concluded that while stenting is easy to perform and effective in terms of minimal lumen diameter, the restenosis rate remains high.

Surgery produced the best one-year outcomes in the third trial described here. The Medicine, Angioplasty, or Surgery Study (MASS-II) trial used a three-way design to compare outcomes of patients with multivessel coronary disease randomized to stenting, bypass surgery, and medical therapy.

Whady Hueb, MD, of the University of Sao Paulo in Brazil, said the mortality rate in the first year was similarly low for all three treatment strategies.

Patients treated with percutaneous transluminal coronary angioplasty (PTCA) were more likely to require further or cross-over interventions than medical or CABG patients, 14 percent compared with 8 percent and zero, respectively.

Although medical therapy alone was associated with a higher rate of major combined cardiac events, the trial's primary endpoint, it ranked between PTCA and surgical revascularization in relation to anginal status.

"According to the combined cardiac events during the first year, CABG was better than PTCA and medical treatment," the Brazilian researchers concluded.

Online Cardiovascular Knowledge Source in Development

The American College of Cardiology (ACC) and the American Heart Association (AHA) are developing a joint learning initiative that will further the mission of both organizations. Currently known as the Knowledge Delivery Enterprise, or KDE, the Web-based project will be a credible source of synthesized, prioritized cardiovascular knowledge that can be accessed anywhere and anytime. For a personal demonstration of

this evolving resource, attendees are invited to visit the ACC Central booth (#3163).

KDE's launch is planned for the first quarter of 2002. It will initially serve physicians and other cardiovascular health professionals in the United States and internationally. In the future, KDE will offer extensive resources for cardiovascular patients and their caregivers.

KDE reflects the shared objectives

of the ACC and the AHA—the College's goal of fostering optimal cardiovascular care and disease prevention as well as the AHA's mission of reducing coronary heart disease, stroke, and risk by 25 percent by 2008.

ACC 2001 attendees are also invited to complete a 30-minute survey that will help to guide the development of KDE. Those who complete the survey will receive a free case for their personal digital assistant.

Brachytherapy, Dual-Site Atrial Pacing Assessed

Amid the flurry of activity in brachytherapy research, a technique recently approved to treat in-stent restenosis in native heart vessels was also found to be safe and effective in reducing the overall restenosis rate and need for repeat revascularization.

Data from the Washington Radiation for In-Stent Restenosis Trial for Saphenous Vein Grafts (SVG-WRIST) were reported yesterday, along with data from another brachytherapy trial and also a trial of dual-site atrial pacing for atrial fibrillation.

Iridium-192 was the gamma-radiation source for researchers in the SVG-

WRIST trial, which randomized 120 patients to Ir-192 seeds or placebo after percutaneous transluminal coronary angioplasty, laser ablation, additional stents, or rotational atherectomy.

No adverse events related to radiation therapy were reported at 30 days, said Ron Waksman, MD, of Washington Hospital Center in Washington, D.C. The restenosis rate at six months was significantly lower in the irradiated group than in controls, 16 percent vs. 43 percent.

Dr. Waksman said the study should support expansion of radiation therapy in treating in-stent restenosis in bypass

grafts.

In a separate study, the use of Beta-Cath brachytherapy in either previously stented or de novo vessels with stenosis showed a higher-than-expected rate of late stent thrombosis when radiation was used with new stent implantation, reported Richard E. Kuntz, MD, of Brigham and Women's Hospital in Boston.

Dual-Site Atrial Pacing

The prospective trial Dual-Site Atrial Pacing for Prevention of Atrial Fibrillation (DAPPAF) found that this nonstandard strategy prolonged the

interval between episodes of drug-resistant atrial fibrillation better than standard atrial pacing methods.

The study included 118 patients with recurrent symptomatic atrial fibrillation and bradycardias requiring cardiac pacing in the presence or absence of antiarrhythmic drug therapy. Patients were followed for 18 months.

Regardless of drug therapy, time to recurrent atrial fibrillation was prolonged with dual-site pacing as compared to support pacing, said Sanjeev Saksena, MD, of Atlantic Health System in Millburn, N.J.

Dr. Saksena said dual-site pacing suppressed atrial fibrillation and allowed patients who would otherwise be considered a treatment failure to maintain control of their arrhythmia. It could also be valuable as atrial fibrillation prophylaxis after cardiac surgery, he added.

"Dual-site right atrial pacing will result in further prolongation of time to recurrent symptomatic atrial fibrillation and improved quality of life, as compared to high right atrial pacing and support pacing," Dr. Saksena said.

info@ACC Sessions Look at Electronic Medical Record

ACC 2001 attendees are invited to attend educational sessions in the *info@ACC* theater and classroom.

Today's presentations will cover the topic of electronic medical records. During the 9–11 a.m. session, "Electronic Record and Clinical Trials," presenters will discuss "New Frontiers in Assessing Outcomes for Clinical Trials: Implementation of Computerized Health Status/Utility Assessment in the COURAGE Trial" and "The Integrated Paperless Multimedia Electronic Patient Record: Improving the Practice of Cardiology."

From 9 to 10:30 a.m., the topic will be "The Electronic Medical Record: Has the Time Come for Practice Implementation?" All sessions will be in booth #3163, ACC Central.

Attendees who already have e-mail accounts can also send and receive secure e-mail messages in the *info@ACC* area.

The *info@ACC* area is made possible through an unrestricted grant from Pfizer Pharmaceuticals Groups, celebrating five years of support.

Beam the ACC Palm Guide to Your PDA

ACC 2001 attendees can stop by beaming stations located in the convention center to download the ACC Palm Guide to their Palm-OS personal digital assistant. This new product gives attendees handy access to information about the meeting's educational sessions as well as hotel and shuttle information, the *info@acc* class schedule, and exhibitor data. The latter data are sortable by exhibitor name, product category, and booth number. The Palm Guide, which has been available via the ACC Web site since February, is now updated; attendees are encouraged to stop by a beaming station to download the latest version.

Also available for download to handheld devices are a number of the ACC/American Heart Association practice guidelines that have proven to be invaluable tools for physicians. Specifically, attendees can download guidelines on chronic stable angina, acute myocardial infarction (AMI), implantation of pacemakers and antiarrhythmia devices, and valvular heart disease.

All of these guidelines can be beamed from ACC Central (booth #3163), and the AMI practice guideline will also be available for download from Genentech (booth #2715). The Palm Guide can also be downloaded from a beaming station located at the the Bristol-Myers Squibb/Sanofi-Synthelabo Pharmaceuticals Partnership booth (booth #4549, during Exposition hours). The ACC thanks the Bristol-Myers Squibb/Sanofi-Synthelabo Pharmaceuticals Partnership for supporting the ACC 2001 Palm Guide.



ACC 2001 attendees can take advantage of any of several beaming stations to get the ACC 2001 Palm Guide as well as a number of the ACC/American Heart Association practice guidelines.

ACC Membership Applications Available

Cardiovascular specialists interested in becoming members of the American College of Cardiology are encouraged to visit ACC Central (booth #3163). Staff in the Member Relations area are available to answer any questions and explain the criteria needed for the three levels of membership: Fellow, Associate Fellow and Member. Applications are available upon request.

The benefits of ACC membership—such as subscription to the *Journal of the American College of Cardiology* and *ACC Current Journal Review*, access to Cardiosource, and educational meeting discounts—extend to all members. Only Fellows of the College may use the designation “FACC.”

The next deadline for receipt of membership applications, which are due to ACC headquarters in Bethesda, Md., is May 1, 2001. All applicants must be processed for approval by the College's Credentialing and Membership Committee.

ACC Chapter Receptions

ACC chapters provide a vital link to cardiology at the local level, and Chapter Night is a great way to learn about opportunities to get involved at the local level. The following receptions will be held at the Rosen Plaza and Rosen Centre Hotels:

Chapter	Time	Room
Alabama, Louisiana, Tennessee, Kentucky, Mississippi	6:30 – 8:00 p.m.	Rosen Plaza, Salon 7
California	6:00 – 9:00 p.m.	Rosen Centre, Junior Ballroom G
Connecticut	6:30 – 8:00 p.m.	Rosen Centre 22
Florida	6:30 – 8:00 p.m.	Rosen Plaza, Salon 5
Illinois	5:30 – 7:30 p.m.	Rosen Plaza, Salon 4
Indiana	6:00 – 8:00 p.m.	Rosen Centre, Salon 2
Iowa	6:30 – 8:00 p.m.	Rosen Plaza, Salon 13
Massachusetts	6:30 – 8:00 p.m.	Rosen Plaza, Salon 9
Michigan	6:00 – 7:30 p.m.	Rosen Centre, Signature 2
Minnesota	6:00 – 7:30 p.m.	Rosen Plaza, Salon 6
New Jersey	6:30 – 8:00 p.m.	Rosen Plaza, Salon 8
New York	6:30 – 8:00 p.m.	Rosen Centre, Signature 1
North Carolina/South Carolina	6:30 – 8:00 p.m.	Rosen Centre, Salon 1
Northern New England (Maine, Vermont, New Hampshire)	6:30 – 8:00 p.m.	Rosen Plaza, Salon 14
Oklahoma, Nebraska, Missouri, and Kansas	6:30 – 8:00 p.m.	Rosen Centre, Salon 11
Pennsylvania/Ohio/Maryland/West Virginia	6:00 – 8:00 p.m.	Rosen Centre, Salon 10
Rhode Island	6:30 – 8:00 p.m.	Rosen Centre, Salon 4
Texas	6:00 – 7:30 p.m.	Rosen Plaza, Salon 1
Virginia	6:00 – 8:00 p.m.	Rosen Plaza, Salon 3
Washington/Oregon	6:00 – 8:00 p.m.	Rosen Centre, Salon 5
Wisconsin	6:30 – 8:00 p.m.	Rosen Centre Salon 24

The following reception will be held at the Orange County Convention Center:

Nevada	5:30 – 6:30 p.m.	Room 305A
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Health Policy Symposium to Examine Medical Errors

This year's health policy symposium, “Improving the Quality of Cardiovascular Care: Strategies for Preventing Medical Errors,” will be held today from 9:15 to 10:30 a.m. in room 414C of the convention center. The symposium will be moderated by Kim A. Eagle, MD, of the University of Michigan, Ann Arbor. Dr. Eagle is also chair of the ACC/American Heart Association Joint Task Force on Performance Measures and editor in chief of *ACC Current Journal Review*.

The program will feature leading experts in the field of medical errors research and prevention, who will look at the controversial question of how “medical errors” are defined from the perspectives of both the public and the cardiovascular specialist; the underlying causes, particularly of preventable “errors”; and strategies for improving patient safety and quality of care in cardiovascular medicine.

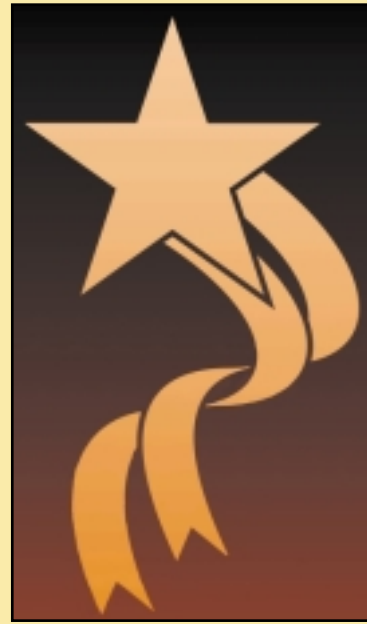
ACC, Pfizer Announce Visiting Professorship Competition

The American College of Cardiology (ACC) is joining Pfizer Inc in the company's ongoing effort to create opportunities for the sharing of cutting-edge clinical and research knowledge at U.S. medical schools. Together, the ACC and Pfizer Inc are sponsoring the Visiting Professorship Competition in Cardiovascular Medicine.

An independent academic advisory board led by Barry Zaret, MD, of New Haven, Ct., will choose eight institutions

to receive \$7,500 grants. Each winning medical institution will use its grant to invite a prominent physician-scientist to hold a three-day, interactive teaching session at the school's medical center.

Appropriate medical school departments will receive application materials in July 2001. The application deadline is Sept. 14, 2001. For more information, visit ACC Central or the Pfizer Inc booth (#2563) in the Exposition.



Students Presenting Posters at ACC 2001

Among the hundreds of posters scheduled to be presented during this year's Annual Scientific Session, three are of particular interest to David J. Sahn, MD, professor of pediatrics, radiology, and obstetrics and gynecology at Oregon Health Sciences University in Portland.

It's not because he is a co-author of each of these papers but because the presenting authors are a high-school student and two college students who worked on projects in his laboratory at the university.

Under Dr. Sahn's mentorship, the students participated in research projects and served as the principal authors of the abstracts that were submitted for consideration to the ACC 2001 Annual Scientific Session Program Committee.

"They go through the same abstract submission process as everyone else," Dr. Sahn said. "They're here because their work represents good science."

Matthew C. Strehlow, a medical student at the University of Washington in Seattle will present "Three-Dimensional Computations of Digital Flow Profiles for Assessing Flow Volumes Through the Main Pulmonary Artery and Its Branches: An In-Vitro Physiological Porcine Pulmonary Artery Model." The presentation will be part of moderated poster session #1006, "New Doppler Techniques I," on Monday from 3 to 5 p.m. in Hall A4 of the convention center.

Also during this session, Daniel W. Dreier, a junior at Lincoln High School in Portland, will present "Feasibility of Calculating Energy Loss Across Stenotic Orifices From 3D Digital Color Doppler: An In-Vitro Model Study."

On Wednesday, Meghan S. Liel, a junior at Rice University in Houston and a Portland native, will present "Is Strain Rate Imaging Superior to Tissue Velocity Imaging in Compensating for Heart or Probe Movement During Acquisition?"

Julia C. Swanson-Burchill, a senior at Lewis & Clark College in Portland, is a co-author of the paper, which will be presented during session #1292, "Regional Function Assessment With Echocardiography," from 9 to 11 am in Hall A4 of the convention center.

Many of the students Dr. Sahn has worked with over the years have gone on to pursue careers in medicine and science. "I have to admit that I feel especially proud when one of our students gets a chance to present work to such an important audience," Dr. Sahn said.