



SCIENTIFIC SESSION NEWS

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American College of Cardiology 52nd Annual Scientific Session

Chicago • March 30–April 2, 2003

New Saturday Study Session Simplifies the Board Recertification Process

Cardiologists wear board certification as a badge of honor, burnishing it with ongoing education and professional development throughout their career. Still, completing the requirements for recertification every 10 years can have even the most dedicated lifetime learner reaching for a bottle of Extra Strength Excedrin.

A new program being launched at ACC '03 is intended to take at least some of the pain out of preparing for board recertification. Scheduled for Saturday, March 29—just one day before the opening of the 52nd Annual Scientific Session in Chicago—the Continuous Professional Development (CPD) Study Session will guide participants through one of the several American Board of Internal Medicine (ABIM) Self-Evaluation Process (SEP) modules that must be completed as part of board recertification, in addition to a written exam.

It will be an intense day, no doubt about it. Participants will anchor themselves to a chair at 8 a.m. and spend almost an entire day plowing through 60

multiple-choice questions on everything from arrhythmias to congenital heart disease to stress testing. But compared to the alternative, it's a breeze.

"If you talk to people who have completed a self-study module on their own, they'll tell you it takes a good 15 to 20 hours of work," said Rick A. Nishimura, MD, program director for the CPD Study Session and the Judd and Mary Morris Leighton Professor of Cardiovascular Diseases at Mayo Medical School, Rochester, Minn. "In order to arrive at the correct answer to each question, you have to spend a lot of time looking up references and reading guidelines. That's why it's called self-study." The good news is that, beginning this month, physicians can work through the modules faster, as each question in every ABIM cardiovascular SEP model now is equipped with an ACCF educational link to additional references through Cardiosource, ACCF's education Web site. (See Cardiosource on page 4 for more information.)

Most of that time-consuming spade work will already have been done by Dr. Nishimura and three other course instructors before leaving for Chicago. Each will have reviewed in detail 15 questions from SEP module 01-C—one of three ABIM self-study modules on cardiovascular diseases—and gathered all necessary background materials and reference citations. At the CPD Study Session, they will introduce each question and, using an audience response system, tabulate participants' initial responses. Next, they will lead the group through a review of relevant data and a detailed discussion to arrive at an answer they mutually agree upon. Answer sheets then can be mailed to the ABIM for credit.

At the end of the day, participants will have received a double benefit: A day of learning in the company of experts and colleagues, and completion of a board recertification requirement in



Join thousands of your colleagues next week as they descend on Chicago's massive McCormick Place for the premier cardiology educational event of the year.

Chest Pain in Women Calls for a Tailored Approach

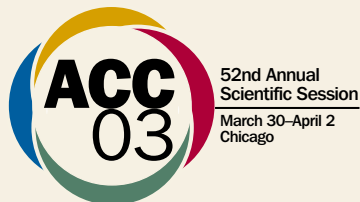
Most women enjoy individualized attention, but when it comes to the management of chest pain, the personal touch is a must. That's because chest pain in women presents a series of clinical questions whose answers must be tailored to each patient.

"Women who have chest pain as a result of coronary disease are often at high risk. The question is how to select those women whose symptoms *are* the result of coronary disease," said Nanette Wenger, MD, a professor of medicine at Emory University School of Medicine in Atlanta.

At ACC '03, Dr. Wenger will chair a Brown-Bag Lunchtime Panel entitled, "Chest Pain in Women: It's Either Benign or Something Really Bad." She and fellow panelists Harlan M. Krumholz, MD; Sharonne N. Hayes, MD; L. Kristin Newby, MD; and Karen M. Smith, MD, will explore chest pain in women from several perspectives, including the assessment of a woman's likelihood of coronary disease, the most effi-

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Metabolic Syndrome Compels Early Intervention

All over America, people with metabolic syndrome are courting cardiovascular disaster, risking premature heart attack, disability, and death, at least in part because of an unhealthy lifestyle.

Metabolic syndrome is characterized by a combination of at least three of the following: abdominal obesity, abnormal glucose metabolism, high blood pressure, high triglyceride levels, and low levels of high-density-lipoprotein cholesterol. The bad news is that, together, they markedly increase the risk of heart disease. The good news is that the hallmark symptoms of metabolic syndrome are so closely inter-related, effective treatment of one can automatically improve the others.

Weight loss, for example, can return blood glucose levels to normal, reduce the risk of developing diabetes, aid in the con-

trol of high blood pressure and, often, markedly improve blood lipid levels. Similarly, the selection of antihypertensive medication can not only determine how effectively blood pressure will be controlled, but also influence the likelihood of developing diabetes. Angiotensin-converting-enzyme inhibitors appear to be protective, for example, while thiazide diuretics increase the risk of diabetes.

“That’s the whole reason to be interested in metabolic syndrome. If we intervene early enough and manage the individual components that increase risk, we can stop the syndrome from progressing,” said Carl J. Pepine, ACC president-elect and co-chair of an ACC ’03 point-of-care (POC) symposium on metabolic syndrome.

As with all of the POC symposia—

a new feature debuting at ACC ’03—the half-day session will take a soup-to-nuts approach to metabolic syndrome. A lineup of 11 speakers will first define metabolic syndrome, review its diagnosis, explore the epidemiologic data that describe the syndrome, and delve into its physiological origins, including the role of hormonal interactions.

The focus then will shift to treatment of heart disease in patients with metabolic syndrome, particularly those with diabetes. First up will be an overview of how to manage patients with both heart disease and diabetes. Next, several speakers will explore special considerations in choosing between surgery and percutaneous coronary intervention in patients who need revascularization.

“This is very pertinent, because patients with diabetes don’t appear to do as well with interventional procedures as with bypass surgery,” Dr. Pepine said.

The session will end with case studies selected by experts to illustrate difficult management problems in patients with ischemic heart disease and metabolic syndrome.

Attendees will leave the symposium with a practical set of tools for understanding what metabolic syndrome is and how to manage it, Dr. Pepine said.

“We’ve enjoyed a continuous reduction in mortality from coronary heart disease since the late 1960s, but it is plateauing. It’s important that we look more closely at other risk factors and intervene early,” he said. ○

International Cardiologists Eligible for New ACC Associate Membership

The ACC is now accepting applications for a new category of associate membership exclusively for non-U.S. cardiologists. The International Associate member category allows cardiologists from around the world to access ACC benefits and services via the Internet.

For significantly reduced membership dues of US\$100, this new membership category allows unprecedented electronic access to ACC services and resources. As members, international associates are entitled to a basic member-

ship to Cardiosource.com, unlimited access to the *Journal of the American College of Cardiology* and *Current Journal Review* online, and a discount on ACC products and services.

International Associate membership is a way for cardiologists from around the globe to immediately access information and the ACC network of cardiovascular physicians. As they expand their knowledge and increase their practice, other membership categories and eventually the FACC credential await. Criteria for the international associate

category, endorsed by the ACC Credentialing and Membership Committee, ensure that qualified, practicing cardiologists are bestowed the honor of International Associate membership.

For more information, visit: http://www.acc.org/about/join/joinacc_international.htm. ○



Politics and Policy at ACC ’03

At ACC ’03, learn more about how politics and public policy are affecting the practice of medicine.

Special Forum: “Empowering Physicians for the Future: How You Can Shape the Health Care Policy Agenda”

Sunday, March 30, 5:00-6:30 p.m., McCormick Place, Room E259

Special guest U.S. Rep. Mark S. Kirk, (R-Ill.) will provide an inside perspective on what motivates legislators and what moves legislation. Highly respected grassroots advocacy guru Michael E. Dunn will drill down to the individual constituent level, discussing proven techniques for communicating with and influencing lawmakers.

Get involved—Make your voice heard!

Annual Health Policy Symposium: “Treatment of Chronic Cardiovascular Disease: Disease Management—Is It A Threat Or A Solution?”

Tuesday, April 1, 2:00-3:30 p.m., McCormick Place, Room S101

In collaboration with the Disease Management Association of America, this year’s symposium will explore the contributions of disease management principles and processes to the care of patients with cardiovascular disease and explore the role of cardiovascular specialists as key stakeholders in the process.

Janet Wright, MD, Chair, ACC Disease Management Workgroup, will serve as moderator for an expert panel discussion on disease management programs, featuring:

Samuel R. Nussbaum, MD, President-elect, Disease Management Association of America, Chief Medical Officer, Anthem Blue Cross and Blue Shield; Michael Mirro, MD, FACC, President, Indiana ACC Chapter, Medical Director, Parkview Research Center; Kurt Elward, MD, American Academy of Family Physicians; and Victor Villagra, MD, President, Health and Technology Vector, Inc.



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ACC '03 Puts Unique Stamp On 'Signature Sessions'

The Olympics has its opening ceremony, the Super Bowl its half-time show, the ballet its Nutcracker. All are signature events that draw attendees back year after year.

ACC '03, though more serious of purpose, will play host to an equally enticing set of signature sessions during the 52nd Annual Scientific Session in Chicago. Sometimes fun, sometimes challenging, ACC signature sessions are always informative, drawing cardiologists from around the world and from every type of cardiology practice. Together, they offer something for everyone and create an educational experience that can be found nowhere else.

"These sessions are truly unique to ACC '03," said Bijoy Khandheria, MD, ACC '03 program committee co-chair.

Here are some of the signature highlights attendees can look forward to:

- **Cardiology Crossfires.** If you've loved Controversies in Cardiology all these years, you won't want to miss Cardiology Crossfires. The name may be new, but spirited debates still rule the day, as experts hold nothing back in defending opposing positions on 12 hot topics. On the docket this year—verbal sparring matches on everything from how widely drug-eluting stents should be used, to whether myocardial perfusion imaging by contrast echocardiography has finally arrived, to the great diet debate (courtesy of Drs. Ornish and Atkins themselves), to whether a two-year-old with atrial septal defect should undergo immediate device closure.
- **Cardiology Jeopardy.** A new twist on the always-popular Clinical Decision-

making Symposium, Cardiology Jeopardy will feature four contestants competing to see who is quickest to interpret clinical scenarios, angiograms, radiographs, electrocardiograms, and other bits of medical science and culture. Contestants will rack up points by providing the correct answer—in the form of a question, of course—within 20 seconds. Three judges and two moderators will be on hand to keep the game moving.

- **Point-of-Care (POC) Symposia.** New for ACC '03, POC symposia will take attendees on a comprehensive, bench-to-bedside tour of four critical topics in cardiology. The Heart Failure POC symposium will trace the decision-making steps involved in a typical patient's work-up. The Atrial Fibrillation POC symposium will conduct an up-close examination of this common arrhythmia from myriad perspectives, just when treatment is at a major crossroads. The Metabolic Syndrome POC will define the syndrome, review its diagnosis, delve into its physiological and epidemiological origins, and then zero in on treatment controversies. Finally, the Conflict of Interest POC symposium will bring together cardiologists, health care policymakers, and representatives from industry and the media to wrestle with the issues raised by potential and real conflicts of interest in cardiology research.
- **Spotlight Sessions.** Sunday Spotlights have become an opening-day tradition at the ACC Annual Scientific Session. This year, the spirit will be



During ACC '02 attendees flocked to signature sessions.

especially festive, with Echo '03 paying tribute to the 50th anniversary of echocardiography. Organizers will also welcome three new Spotlights to the fold: Vascular Disease '03, CT/MRI '03, and CardioTeam '03. With their focus on clinical problems and diagnostic tools of increasing importance to cardiologists, the first two fit neatly into the existing Spotlight family. CardioTeam '03, however, breaks new ground, highlighting the role of nurses, nurse practitioners, physician assistants, pharmacists, and others in the care of cardiac patients. The symposium will not only include presentations tailored to the needs of the entire cardiac care team, but also provide attendees with a forum for rubbing shoulders with colleagues from across the country.

- **Joint Sessions.** The ACC Annual Scientific Session has a long tradition of collaborating with other medical so-

cieties to jointly host educational meetings of interest to members of both organizations. In Chicago, the ACC welcomes the American College of Chest Physicians and the Illinois chapter of the American Academy of Family Physicians to the line-up of joint sessions. They will join returning participants, the American College of Physicians-American Society of Internal Medicine, Association of Black Cardiologists, and the Inter-American Society of Cardiology.

- **Meeting Highlights.** The perfect wrap-up to a great week, Meeting Highlights is a can't-miss session if there ever was one. An expert-guided tour through the best clinical presentations of the Annual Scientific Session, it's the perfect answer to the universal dilemma: too much great research and too little time. It's little wonder this signature session is packed, year after year. Don't miss it! ○

Chest Pain in Women (continued from page 1)

cient diagnostic strategies for differentiating myocardial ischemia from other causes of chest pain, differences in the symptoms men and women experience in acute coronary syndromes and myocardial infarction, gender differences in the response to therapy, and evidence that women may be more prone than men to microvascular disease.

"We're going to be covering a very wide spectrum of topics," Dr. Wenger said.

For years, physicians virtually ignored the possibility that chest pain could signal myocardial ischemia in women, she said. Even now that more is known about the risk of heart disease in women, its diagnosis is perplexing.

It's well known, for example, that at any given age, women are less likely than men to have coronary disease. That generalization must be tempered by the details of

each woman's health history, however. Her age; her family history; whether she has hypertension, hyperlipidemia, or diabetes; her level of physical activity, her diet, whether she smokes, and the nature of the chest pain itself all influence the likelihood of coronary artery disease.

Personalizing the assessment makes it possible to personalize the diagnostic strategy. For most women with suspected coronary disease, stress radionuclide or echocardiographic imaging is the next step. A very-low-risk woman may undergo no testing at all, however, and a very-high-risk woman may be sent directly to cardiac catheterization.

Even then, interpreting the results of angiography can be tricky in women. Many who have evidence of myocardial ischemia have angiographically normal coronary arteries. One explanation is that

women are more prone to microvascular disease. Another is that women deposit atherosclerotic plaque differently than men.

"Some studies suggest that women may keep atherosclerosis diffusely distributed in the wall rather than protruding into the lumen, and the question is, how can we best identify it and how does that define risk?" Dr. Wenger said.

Women who come to the emergency room with acute chest pain present an equally complex diagnostic challenge. In addition to chest pain, they may experience neck, shoulder, back, or abdominal pain. Some women develop acute shortness of breath or severe fatigue. In many cases, such symptoms distract attention from the chest pain, delaying both diagnosis and treatment.

Once an acute coronary syndrome is diagnosed, the best approach to treatment is not as clear in women as in men. Most studies of acute coronary syndromes show that, overall, an early invasive strategy is best. But when the data are analyzed separately for women, the findings are quite different. Because women are more likely than men to experience bleeding, the complications of an invasive strategy appear to outweigh the benefits, except in those at highest risk on the basis of troponin levels and dynamic electrocardiographic changes.

"Over time we're going to have to tease this out and say, Are there important markers other than troponin? Is there an age influence? Is there a diabetes influence? These are questions we still have to answer," Dr. Wenger said. ○

The Most Comprehensive Cardiology Program You Can Find—



52nd Annual
Scientific Session
March 30–April 2
Chicago

- Comprehensive overviews of cardiovascular medicine
- In-depth subspecialty updates
- Cutting-edge research
- Expert speakers
- Networking and more!

March 30–April 1, 2003

Exposition open 9 a.m.–5 p.m., Sunday through Tuesday

Fast Facts

- ACC Central—opens Saturday, March 29
- Effective Estate Planning Seminar—Saturday March 29, 2–5 p.m.
- Spotlight Sessions—Sunday, March 30, from 7:30 a.m.–5:30 p.m.
- Annual Scientific Session—Sunday, March 30, through April 2
- ACC Computerized Placement Center—open Sunday, March 30, through April 2
- Presidential Plenary Session—Monday, March 31, 8–9 a.m.
- 52nd Annual Convocation Ceremony—Tuesday, April 1, 6:30–8 p.m.
- ACC '03 Meeting Highlights Session—Wednesday, April 2, 10:30 a.m.–12:30 p.m.
- On-site registrations accepted daily from Saturday, March 29, through April 2

For more information call 301-897-2694, or toll free 1-800-253-4636, ext. 694, or visit http://www.acc.org/2003ann_meeting/home/home.htm.

New Study Session (continued from page 1)

a fraction of the time it would ordinarily take.

The CPD Study Session has its roots in a recent collaboration between the ABIM and the ACC. The goal is to emphasize continuous learning, rather than a paper shuffle. “By partnering with us, ABIM is allowing the ACC to help its members to recertify. It’s a brand new concept,” Dr. Nishimura said.

Eventually, physicians will be able to take the self-study modules at their own pace, spreading several modules over 10 years, but because ABIM’s CPD plan is still new, those who are seeking recertification today must complete the modules much more quickly. Even once the pace slows, Dr. Nishimura foresees the ACC-sponsored CPD Study Sessions being a hit.

“Participants will be completing a self-study module away from all of the stresses of home and work, where they can concentrate on learning the material, and where they will be directed by faculty who are well versed and have an expertise in the areas they’re teaching,” he said. “Just as important, at the end of the day, they’ll be done with one module.”

Candidates for the CPD Study Session must be a diplomate of the ABIM, be enrolled in the ABIM CPD Program, and not have already completed SEP module 01-C. The cost is \$375 for ACC members and \$450 for nonmembers. To register, call 800-253-4636, ext. 694. ○

Check Out Cardiosource Premium Features In Chicago—And Save!

Cardiosource may be a familiar name, but it’s a whole new game. The result of a partnership between the American College of Cardiology Foundation and Elsevier Science, today’s Cardiosource sports a new look and a full roster of practical features to meet the educational and clinical needs of today’s busy cardiologists.

Originally borne of a vision to provide cardiologists with Web-based educational resources, Cardiosource has grown into much more.

“Cardiosource is a very powerful education site that contains access to a large number of journals and textbooks that are published by Elsevier Science, a very robust core of educational material that’s produced on a continuing basis by the ACC, all of it seamlessly integrated so you can go from textbook to case report to any other resource you might need,” said Cardiosource Editor in Chief Alfred A. Bove, MD.

One of its most exciting new features will debut at ACC ’03: tools to streamline completion of the training modules for American Board of Internal Medicine recertification. Each module can take 15 to 20 hours to complete the old-fashioned way, much of it spent searching for the references and guidelines necessary to answer each module’s 60 questions. Cardiosource will make the whole process a breeze by providing instant links to references that have been preselected by a panel of experts. To find the new ABIM training modules, just go to www.cardiosource.com and click on the Self-Directed Study tab.

There also is a project under way to design continuing medical education modules that can be completed on the fly in 15 or 20 minutes—for example, an essay on an electrocardiogram accompanied by a single question. “You couldn’t do that in a didactic environment in a classroom, but certainly on the Web that’s the way we’re designing it,” Dr. Bove said.

But that’s not all. Cardiosource is packed with tools to make everyday practice easier. Tired of hunting down the *Physicians’ Desk Reference* when a patient comes to the office with a new drug? Turn to the Cardiosource Library tab and click on Mosby’s Drug Consult, the searchable database with complete prescribing information on more than 30,000 generic and brand-name drugs. Then print out a patient hand-

out from the companion Patient Drug Consult.

Need to refresh your memory on a clinical problem you haven’t encountered for a year? Click on Braunwald’s *Heart Disease: A Textbook of Cardiovascular Medicine*, just one of 10 renowned cardiology textbooks available behind the Cardiosource Library tab.

Notice a worried look on the face of a patient scheduled for cardiac catheterization? Turn to Cardiosource’s Clinical Resources and click on Patient Handouts. You’ll find handouts on more than 70 topics—including cardiac catheterization—written in easy-to-understand language.

The list of Cardiosource’s features is long and impressive. Behind the Library tab, in addition to textbooks you’ll find full-text access to 19 leading journals, including *Journal of the American College of Cardiology* and *Current Journal Review (CJR)*. The Library also holds nearly 1,000 clinical images, searchable by topic or type.

In addition to patient handouts, Clinical Resources is loaded with practical tools to improve the quality of care, including practice guidelines, a clinical trials database, decision support tools, and performance measures. There’s even CardioQuestions, where experts answer the questions that pop up in everyday practice. Ever wonder, for example, how long clopidogrel can safely be used at a stretch? Turn to CardioQuestions for that answer and dozens more.

Behind the News & Views tab is Hot Topics, where experts provide perspective on important issues of the day, such as the ALLHAT hypertension trial, alternative medicine, and the SAPHIRE trial on carotid stenting. *CJR* Picks, In This Week’s Journals, Editorials, and a Reuters news feed round out the News & Views offerings.

And the best part of all, Cardiosource is available anytime, anywhere.

“Wherever you are, you can get this information—at home, in the office, in a hotel room. There’s so much value in the ubiquity of the Web,” Dr. Bove said.

Access to many of the best features of Cardiosource requires premium membership. Sign up at ACC ’03 and save 20 percent off the \$369 annual premium membership fee! Stop by ACC Central Booth #2003 for more information. ○