



SCIENTIFIC SESSION NEWS

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American College of Cardiology 52nd Annual Scientific Session

Chicago • March 31, 2003

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DON'T FORGET

The Presidential Plenary Session, which includes the annual Presidential Address and Simon Dack Lecture, will be held Monday, from 8 to 9 a.m., in Hall D of McCormick Place.

The Second Annual American College of Cardiology International Lecture will be held Tuesday, from 8:30 to 9:30 a.m., in Room S104 of McCormick Place.

The 34th Annual Louis F. Bishop Lecture will be held Tuesday, from 2 to 3 p.m., in the Grand Ballroom S100B of McCormick Place.

The 52nd Annual Convocation will be held Tuesday, from 6 to 8 p.m., in the Grand Ballroom of the Chicago Hilton & Towers.

The Annual Meeting Highlights session will be held Wednesday, from 10:30 a.m. to 12:30 p.m., in Hall D of McCormick Place.

Drug-Eluting Stents Proven Effective *and* Cost-Efficient

Interventional cardiologists are still faced with the major problem of restenosis after successful percutaneous coronary interventions, be it balloon angioplasty or stent placement.

Based on the promising, often astounding results of earlier clinical trials, drug-eluting stents have been pegged as the leading candidate to solve—or at least greatly diminish—the problem of restenosis. Data from trials involving stents that elute sirolimus and paclitaxel—two of the most proven drugs in this area of research—were presented here on Sunday. Questions addressed by the trials were whether short-term benefits already seen with drug-eluting stents are maintained in the long-term, and whether the higher costs associated with this new technology are justified by clinical results.

Sirolimus Proves Its Cost Effectiveness Mettle

Clinical outcomes of the SIRIUS trial, reported in October 2002, showed that patients receiving the Cypher sirolimus-



Be sure to stop by ACC Central (Booth #2003) to see all of the latest products and services that the College has to offer.

eluting stents had a significant reduction in risk of death, heart attack, or repeat stenting or bypass surgery of the same artery.

Now there are data showing that clinical benefits of the sirolimus-coated stent may justify its initial extra expense, at least over the first year. A presentation Sunday described a pharmacoeconomic substudy of SIRIUS.

Drug-eluting stents, when they

become commercially available, will cost an estimated \$2,000 more than standard metal stents, said David J. Cohen, MD, Beth Israel-Deaconess Medical Center, Boston, in a press conference here Sunday.

But the cost is matched by a savings of more than \$2,000 in the first year after implant, related to the reduction in number of revascularizations, Dr. Cohen said.

See DRUG-ELUTING STENTS, page 7

Folate Therapy Increases Restenosis Rates in Stent Recipients

Contrary to findings from previous studies, administration of folate and other B vitamins to patients receiving coronary stents does not lower the risk of restenosis, according to the results of a randomized, controlled study presented on Sunday. Instead, the trial results suggest that such vitamin therapy can actually increase that risk over the six months following the stent procedure.

The Folate After Coronary Intervention (FACIT) trial enrolled 636 patients who underwent successful coronary stenting and were randomly assigned to receive or not receive supplemental treatment with folate and vitamins B6 and B12. The trial explored whether folate—which has been shown to reduce elevated blood levels of homo-

cysteine—can limit in-stent restenosis during the six months following their implantation.

Based on the previously published Swiss Heart Study, which suggested that folate therapy could reduce the restenosis rate by as much as 50 percent, “some interventionalists already began giving folate to prevent restenosis,” said Helmut W. Lange, MD, Heart Center Bremen, Kardiologische Praxis, Bremen, Germany.

“The results of FACIT are surprisingly contradictory of its hypothesis as well as of the published results of the Swiss Heart Study, in that folate therapy led to a significantly smaller minimum lumen diameter at the six-month follow-up, as well as higher restenosis and major

adverse cardiac event rates,” Dr. Lange said. The increased restenosis risk, he added, occurred despite significantly lower homocysteine levels in the folate-treated patients.”

The folate, B6, B12 vitamin combination, he concluded, should be avoided following coronary stent implantation.

Dr. Lange added that, while it is currently being studied, at this time no conclusions can be drawn on the efficacy of folate for the secondary prevention of adverse events in patients with chronic CAD.

“This is one of the few studies I have ever found that tells us that vitamins are not always good for us, that they can even be harmful in certain settings,” Dr. Lange said. ☺

OCTOPUS: Stenting Recommended as First Choice of Revascularization in Single-Vessel Coronary Disease

Despite hopes that a contemporary reduced-risk technique for coronary artery bypass surgery would prove a better option in most patients scheduled to receive coronary stents, a randomized trial suggests stents may be preferable.

In the OCTOPUS trial, 280 patients with mostly single-vessel coronary disease were randomly assigned to receive a stent or "beating heart" or "off-pump" bypass surgery. Studies have shown that beating-heart surgery can avoid the increased


risks, time, and costs of conventional CABG using a cardiopulmonary bypass.

Patients in the two groups showed statistically similar one-year rates of event-free survival and freedom from cardiac chest pain (96 percent for stenting, 94 percent for CABG), according to Peter de Jaegere, MD, University Medical Center, Utrecht, the Netherlands. However, coronary stenting was associated with significantly shorter hospital stays and lower overall costs.

"The PTCA is so minimally invasive, it was performed on an outpatient basis, so the difference in number of days' hospital stay was quite large," Dr. de Jaegere said during a Sunday morning news conference.

"Ultimately, our primary concern was safety and efficacy, the two things that matter most to the patients," Dr. de Jaegere said. "They want to be able to go

home and not have to see the doctor again."

The combination of little or no difference in cardiac outcomes and quality of life and the greater cost-effectiveness of stenting, said Dr. de Jaegere, indicates that it should be recommended as the first choice of revascularization for the kind of patients entered into the OCTOPUS study. 

Preview New Quality CathKIT at ACC Central

While at ACC '03, be sure and visit ACC Central (Booth #2003) to examine a new interactive, Web-based resource called CathKIT, designed to help cardiac catheterization laboratories improve the quality of their systems, processes, and patient outcomes.


The foundation of CathKIT is derived from recommendations in ACC/American Heart Association (AHA) practice guidelines and expert consensus documents that all cardiac catheterization laboratories implement a continuous quality improvement (CQI) process. CathKIT provides a framework to address quality at many different levels. CathKIT is a joint effort of the College and the Society for Cardiac Angiography and Interventions (SCAI).

Users will find information on all of the traditional measures of quality, such

as complication rates and radiation exposure, as well as training standards, credentialing, scheduling efficiency, and patient flow.

Feedback from physicians and cardiac catheterization laboratory staff is essential to ensure the usefulness of CathKIT, which is being pilot-tested through this summer and will be released in the fall.

ACC-NCDR™ Pilots New Web Portal at ACC Central

CathKIT is designed to be a stand-alone product, but it also complements the ACC-National Cardiovascular Data Registry™ (ACC-NCDR™). At ACC '03, the NCDR™ will unveil its latest advance—a demonstration version of a new Web portal that will make it easy for Registry participants to update their profiles and obtain reports. 

Meeting Reminders

Registration

The ACC '03 registration area is located in Hall A of McCormick Place South and is open during the following hours:

Monday7 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 S501 of McCormick Place South. Telephone: 312-791-6737; fax: 312-791-6735. ACC staff are available to help you during the following hours:

Monday7:30 a.m. – 5:30 p.m.
Tuesday.....7:30 a.m. – 5:30 p.m.
Wednesday.....8 a.m. – Noon

ACC Gala Dinner

Always a highlight of the Annual Scientific Session, the ACC Gala Dinner will be held Tuesday from 8:30 to 11:30 p.m. Guests will be able to choose where they sit when they arrive at the event. No advance seating assignments will be made, with the exception of the president's tables. Each table will seat 10 guests and will be filled on a first-come, first-served basis. If you would like to sit with certain people, arrive early to hold the table for your group.

Questions can be posed at the ACC Gala Dinner Desk, located in the Grand Concourse of McCormick Place.

Shuttle Service

Complimentary shuttle service will operate daily from McCormick Place and the official hotels of the Annual Scientific Session. Check the shuttle sign 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 as follows:

Monday6:30 a.m. – 6:30 p.m.
Tuesday.....6:30 a.m. – 6:30 p.m.
Wednesday.....6:30 a.m. – 1 p.m.

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

Audiotapes/Audio-CDs

Audiotapes and audio-CDs of selected sessions will be available two hours after each session concludes and may be purchased at Audiotape Sales, located in the Hall D foyer of McCormick Place (East/Lakeside building). Hours of operation are as follows:

Monday8 a.m. – 7 p.m.
Tuesday.....8 a.m. – 8 p.m.
Wednesday7 a.m. – 4 p.m.

Name Badges

Your badge serves as your passport to education sessions, the Exposition, and complimentary shuttle service. Attendees must wear their name badge at all times. ACC security will not allow people without badges to attend events. For your safety, we recommend that you do not wear your name badge after leaving the convention center.

Locator System

The Locator System kiosks will allow attendees to search for other attendees, exhibiting companies, and products. The system includes a computerized ACC '03 Exposition layout. Attendees may also send and retrieve messages using this system. These kiosks are located in the registration area (McCormick Place South, Hall A) and the Hall D foyer (McCormick Place East/Lakeside building).

Restaurant Reservations

The ACC '03 Restaurant Reservation Service booth is located in the Grand Concourse of McCormick Place during the following hours:

Monday9 a.m. – 5 p.m.
Tuesday.....9 a.m. – 5 p.m.

The restaurant reservation service is also available by calling 312-791-6746.



ACC President W. Bruce Fye, MD, (center) and Annual Scientific Session co-chairs, Bijoy K. Khandheria, MBBS, (left) and David R. Holmes, Jr., MD, (right) welcomed members of the media to the meeting at Sunday's opening news conference.



ACC Central

McCormick Place, South Building, Hall A

UNLOCK Your ACC '03 Experience at ACC Central, Booth #2003

Here are the tools you need to support your clinical practice. Find the latest technology and plentiful resources to enhance and distinguish the quality of patient care you provide. Discover valuable presentations, new products, special services, and demonstrations that complement all your professional interests.

ACC Central has them all:

Advocacy—Get news about current advocacy activities on behalf of your profession, reimbursement issues, and other issues of concern to cardiovascular specialists.

Quality—Use the beaming stations to download ACC/AHA Practice Guidelines, learn about the enrollment benefits of NCDR™ and GAP (Guidelines in Practice) activities, and view demonstrations of the CathKIT rolling out soon for cath lab personnel.

ACCF CME Programs—Register for ACCF Board Review and Learning Center programs at Heart House, in Seattle, and Chicago. Look at the year's schedule of programs, see the full spectrum of topics offered, and learn more about Internet opportunities for learning. Take a virtual tour of the new ACCF Blended Learning Community.

Educational Products—Use a demonstration monitor to try one of the ACCF's many stellar Self-Assessment Programs: the new ACCSAP V, CathSAP II, ECG-SAP I, II, and III, the new EchoSAP IV, and EPSAP II. Meet SAP editors from 11 a.m.–1 p.m., daily. Save 20 percent on all ACCF products, including ACCEL, throughout ACC '03.

Cardiosource—A main attraction at ACC Central, this all-inclusive, one-stop, cardiology portal challenges your intellect and fans your professional imagination. Bring a colleague to test-drive one of the Cardiosource interactive demonstration stations and save 20 percent on a premium access subscription when you sign up at ACC '03.

New hours

Saturday, March 29, 12 p.m.–5 p.m.

Sunday, March 30, 9 a.m.–5 p.m.

Monday, March 31, 9 a.m.–5 p.m.

Tuesday, April 1, 9 a.m.–5 p.m.

Membership—Check out your iMIS listing to see if your CME credits are current. Pay your membership dues, or just say hello to the ACC staff on duty at the booth.

Webcast Stations—Download the ACC '03 e-Program to your handheld device and later access need-to-know information about sessions, shuttle service, hotels, exhibitors, and ACC on-site offices. Put together your customized ACC '03 schedule using the online program planner.

Emblem Products—Choose a souvenir for your favorite staff back home, your practice partner, or treat yourself to a paperweight for your desk.

Charitable Giving—Learn more about the goals and projects of your professional association. Pick up the new ACCF Guide to Giving and learn what you and the ACC Foundation can accomplish together.



52nd Annual
Scientific Session

March 30–April 2
Chicago

The mission of the American College of Cardiology: to foster optimal cardiovascular care and disease prevention through professional education, promotion of research, leadership in the development of standards and guidelines, and the formulation of health care policy.

CardioTeam Spotlight Session

Prevention Clinics Improve Outcomes for Cardiovascular Disease Patients

Recognizing the growing importance of prevention efforts in stemming the tide of cardiovascular disease, the CardioTeam Spotlight Session yesterday morning focused on the team aspects of the services provided in prevention clinics, including the clinical aspects of treating patients in prevention clinics and adherence issues in preventive care.

The best outcomes for patients who receive preventive care result from the efforts of a team composed of cardiologists and other health care providers, including nurses, nurse practitioners, physician assistants, dietitians, and clinical pharmacists, said H. Robert Superko, MD, director of the Center for Prevention at the American Cardiovascular Research Institute and director of the Cholesterol, Genetics and Heart Disease Institute, Burlingame, Calif.

“Who does a better job of getting patients to lower their lipid levels, cardiologists or nurses?” Dr. Superko asked the audience. The answer, as demonstrated in the 1988 Multifit Trial, is that nurses are better at helping patients adopting lifestyle patterns that help lower lipid levels, such as consuming healthier diets, exercising, and taking their medications.

In 1990, Kaiser Permanente of Northern California began using a prevention clinic model studied in the Multifit Trial and was able to decrease mortality rates from cardiovascular disease in its patients by 15 percent, so that CVD was no longer the leading cause of death in this population. The average length of hospital stay was also reduced. “The team approach made the difference,” Dr. Superko said.

Brenda C. Garrett, RN, from the American Cardiovascular Research Institute in Atlanta, Ga., reviewed a number of case studies of patients treated in prevention clinics, showing that care provided by a cardioteam helps prevent and reduce cardiovascular events.

Prevention clinics are effective in identifying patients’ risk factors for cardiovascular disease, teaching patients about their disease and the lifestyle changes they need to make to help prevent cardiovascular events, and providing a continuum of care, Garrett said.

Patient Adherence

Patient adherence to medication regimens and lifestyle recommendations is a major issue in preventive care, said Lara E. Burke, PhD, MPH, RN, from the University of Pittsburgh.

Studies have shown that only from 20 to 40 percent of patients who are prescribed medications for chronic diseases, such as cardiovascular disease, are still taking their medications one year after the drugs were first prescribed, Dr. Burke said. In addition, from 30 to 50 percent of the drugs prescribed fail to have the desired effect due to lack of adherence.

A number of strategies have helped improve patient adherence, she said, including tailoring the drug regimen to the patient’s lifestyle, culture, and needs; asking about adherence at every visit; following up on missed appointments; involving the patient as a member of the cardioteam; simplifying the regimen as much as possible; and counseling the patient about the value of the regimen.

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 Monday at the Hyatt Regency McCormick Place:

Alabama	5:30pm - 7:30pm	CC23C
California	5:30pm - 7:30pm	CC12C
Connecticut.....	5:30pm - 7:30pm.....	CC20A
Florida.....	5:30pm - 7:30pm.....	CC12A
Illinois	5:30pm - 7:30pm	CC11
Indiana	5:30pm - 7:30pm	CC24
Kansas	5:30pm - 7:30pm.....	CC23A
Kentucky.....	5:30pm - 7:30pm	CC23C
Louisiana.....	5:30pm - 7:30pm	CC23C
Maine	5:30pm - 7:30pm.....	CC21A
Massachusetts	5:30pm - 7:30pm.....	CC20B
Michigan.....	5:30pm - 7:30pm	CC10BC
Minnesota	5:30pm - 7:30pm.....	CC23B
Missouri	5:30pm - 7:30pm.....	CC23A
Mississippi	5:30pm - 7:30pm	CC23C
New Hampshire	5:30pm - 7:30pm.....	CC21A
New Jersey.....	5:30pm - 7:30pm	CC20C
New York	5:30pm - 7:30pm.....	CC12B
Ohio	5:30pm - 7:30pm	CC24
Oklahoma	5:30pm - 7:30pm.....	CC23A
Pennsylvania	5:30pm - 7:30pm	CC24
Rhode Island.....	5:30pm - 7:30pm	CC21C
Tennessee	5:30pm - 7:30pm	CC23C
Texas	5:30pm - 7:30pm.....	CC21B
Vermont	5:30pm - 7:30pm.....	CC21A
Virginia.....	5:30pm - 7:30pm.....	CC22B
Washington.....	5:30pm - 7:30pm.....	CC22A
West Virginia.....	5:30pm - 7:30pm	CC24
Wisconsin	5:30pm - 7:30pm	CC22C

ACC BOT Approves Membership Category for Nonphysician Health Care Professionals

The American College of Cardiology (ACC) Board of Trustees (BOT) has approved a plan for the College to create a new membership category for nonphysician health care professionals. The new category is a nonvoting, affiliate membership and is geared toward nonphysician members of the cardiac care team, specifically physician assistants (PAs), nurse practitioners (NPs), and registered nurses (RNs).

The creation of an affiliate membership category in the ACC will be an excellent opportunity for nonphysician health care professionals to formalize their relationship with physicians and promote communication and collaboration with physicians and other members of the cardiac care team, explained ACC President W. Bruce Fye, MD.

“This is an extremely exciting moment in the College’s history,” Dr. Fye said. “This initiative has the potential to significantly improve patient care by creating new educational opportunities for and communication among all members of the cardiac care team.”

A task force to investigate the issue of expanding membership opportunities in the College was formed in June of last year under the leadership of BOT member Costas Lambrew, MD, director emeritus of the Cardiology Division at the Maine Medical Center in Portland, Maine, and chair of the ACC Allied Health

Professionals Committee. The task force coordinated a series of six one-hour telephone “focus group” conference calls with PAs, NPs, and RNs involved in cardiac care to explore their educational needs, professional priorities, and interest in the ACC.

Participants in the conference calls came from a variety of different work environments. Some of them were already part of a well-functioning cardiac care team, while others worked exclusively with one or two cardiologists.

“Overall, the focus group participants were familiar with the ACC and hold the College in high esteem,” said Dr. Lambrew. “The majority agreed that the primary need that the College can fill for them is to provide quality, high-level, continuing education for nonphysician health care professionals who specialize in cardiovascular care.

“It is becoming more and more apparent every day that improving patient care means ensuring that the whole cardiac care team is functioning as a cohesive unit,” added Dr. Lambrew. “Cardiac care nurses, NPs, and PAs want the same high-level, quality educational content that cardiologists receive from the ACC, and they want to provide quality care to their patients. Expanding membership in the College is an excellent opportunity to achieve both goals.”

The potential marketplace of this new

See BOT, page 7

Presidential Plenary Session

Dr. Fye to Address Clinical Trials, Guidelines, and Conflicts of Interest

ACC President W. Bruce Fye, MD, will deliver the annual Presidential Plenary Address this morning at 8 a.m. in Hall D of McCormick Place. Dr. Fye, who at ACC '03 is completing a successful and productive year as the College's president, will call on ACC members to maintain the integrity of the relationship between clinical trials, practice guidelines, and continuing education.

"Powerful scientific and socioeconomic forces continue to transform medical practice and research, especially in this country," Dr. Fye said. "What I call the 'trial-guideline-education process' is having profound effects on cardiology research and practice."

Dr. Fye said that the practice of medicine is undergoing a paradigm shift of unprecedented proportions due to the combined effects of the parallel clinical trial, practice guideline, and continuing education movements.

"Although the trial-guideline-education process has helped to inform decisions and enhance care, it presents some challenges," Dr. Fye said. "I will focus on one: financial conflicts of interest that pose a threat to the vital but vulnerable interface between academic medicine and industry."

Dr. Fye will also touch on the importance of disclosure statements, which he says should be required for activities such as publications and presentations,


as well as for other functions like committee and editorial work, "where conflicts might influence outcomes."

Dr. Fye called for common standards to be developed to ensure the integrity of the trial-guideline-education process.

"We can't allow publicity or profit

potential to blur our focus on patients or compromise the credibility of the trial-guideline-education process," he said.

"The ACC prides itself on being the premier source of continuing medical education for cardiovascular specialists. This means the College has a special

obligation to ensure the integrity of the trial-guideline-education process," Dr. Fye said. "Because the ACC, like other professional societies, depends on industry to help support our mission, we must be alert to the potential for bias." 

I N S P I R A T I O N G R O W S

ANNOUNCING

The 2003 Recipients of Our Competitive Grants Awards for Young Investigators

ENVISION
THE FUTURE...

Lars Maier, MD
Georg-August-Universität Göttingen
Göttingen, Germany

Moussa Mansour, MD
Massachusetts General Hospital
Boston, MA

Tomohisa Nagoshi, MD
Massachusetts General Hospital
Charlestown, MA

Joseph Wu, MD
UCLA School of Medicine
Los Angeles, CA

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ACCEL Special Issue on Peripheral Interventions Available

Scientific Session attendees are encouraged to stop by the Medical Simulation Corporation booth (#3242) to receive a complimentary special edition of the College's audiojournal ACCEL. This special edition CD focuses on peripheral interventions and features five interviews with leading cardiovascular specialists. The ACCEL Special Peripheral Interventions CD is provided through a grant from Medical Simulation Corporation.



New Drugs Coating Drug-Eluting Stents

Two new agents being tested in drug-eluting stents, angiopeptin and everolimus, are showing encouraging preliminary results in recent small studies, researchers report.

On Sunday, Vincent On-Hing Kwok, MD, described a study in China of angiopeptin, a synthetic cyclic octa-peptide analogue of somatostatin. Angiopeptin inhibits production of growth hormones including platelet-derived growth factor and epithelial growth fac-

tor. A phosphorylcholine "sponge" coating loads the drug onto the stent.

"Angiopeptin inhibits smooth muscle cell proliferation," Dr. Kwok said, "but because it is cytostatic, it does not cause local toxicity."

This first angiopeptin study in humans was conducted at Grantham Hospital, Hong Kong, in collaboration with the Brigham and Women's Hospital, Boston.

In the first 13 patients, minimal lumen

diameter improved from 0.69 mm to 3.19 mm, Dr. Kwok said, compared with a pre-procedural reference diameter of 3.23 mm. And six-month studies in the first eight patients showed a late loss of 0.55 mm and late loss index of 0.23 mm.

Quantitative coronary angiography and volumetric intravascular-ultrasound studies in 14 patients with 16 lesions treated with angiopeptin showed the 126 microgram dose as the most promising,

compared with the 22 microgram dose used earlier.

Tests are now being planned for stents coated with SSTR-1, a somatostatin analogue that is more human-vascular specific. Dr. Kwok said.

Everolimus in Randomized Study

Animal studies show that the new anti-proliferative agent everolimus binds to cytosolic immunophyllin and inhibits growth-factor driven cell proliferation, said Eberhard Grube, MD, Heart Center, Sieberg, Germany.

In his presentation here Sunday, Dr. Grube described six-month follow-up results of the FUTURE Trial, the first human trial with everolimus. He said 27 patients with severe single-vessel disease were randomized to the everolimus-coated stent, and 15 to the uncoated stents.

"A bioabsorbable polymer matrix is the vehicle in this stent, versus materials in other stents which stay on the stent after the drug is gone," Dr. Grube said. "This minimizes the inflammatory response."

Patients entering the FUTURE trial had lesions between 2.75 and 4.0 mm in diameter, and 18 mm or less in length.

Dr. Grube said six-month angiographic studies showed an 88 percent reduction of in-stent late loss in 26 patients in the treatment group, compared with 12 controls, and an 87 percent reduction in neo-intimal volume.

"These results almost mirror the results with the sirolimus stent," Dr. Grube noted.

GlaxoSmithKline – Committed to Cardiology



A Global Quest to Improve the Quality of Human Life from Research Laboratories and Manufacturing Facilities to Healthcare Providers and Patients Around the World, GlaxoSmithKline Is Dedicated to Delivering Innovative Products for Cardiovascular Disease that Enable People to Do More, Feel Better and Live Longer.

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Official Notice

ACC Annual Business Meeting Is Today

The annual business meeting of the College will be held today at 9:30 a.m. in Room S101 of McCormick Place.

All Fellows of the College are encouraged to attend this meeting, where the College's president, W. Bruce Fye, MD, will give a report on the state of the College. Elections will also be held for new officers and trustees.

The agenda for the meeting is as follows:

- Introductory remarks by Dr. Fye;
- Reports of the College's secretary, treasurer, and Nominating Committee; and
- New business.

DRUG-ELUTING STENTS

continued from page 1

In the press conference, Dr. Cohen said the use of sirolimus-eluting stents did increase the cost of the initial procedure and hospital cost considerably. The median cost of the procedure for 533 patients randomized to sirolimus-eluting stents was \$7,252, compared with \$4,395 for the 525 patients in the “placebo” arm who received standard metal stents, a difference of \$2,856. When all initial hospital costs were totaled, at \$11,345 and \$8,464 respectively, the difference of \$2,880 was still in favor of standard therapy.

But when the costs incurred from hospital discharge to 12-month followup were calculated—\$5,468 for the sirolimus stent and \$8,040 for standard care—the total costs for the sirolimus stent added up to \$16,813, versus an almost identical \$16,504 for the standard stent.

“That difference of only \$309, while not statistically significant, is important if applied to the million patients per year who undergo stenting,” Dr. Cohen warned.

However, using longer sirolimus-eluting stents than were used in the SIRIUS trial, Dr. Cohen noted, would likely further reduce the need for repeat revascularization when compared to bare metal stents. The combination of a longer stent and the discontinuation of clopidogrel, the SIRIUS researchers analysis found, would actually result in the drug-eluting stent outperforming the bare stent in terms of cost-effectiveness at

one year by \$96.

Dr. Cohen concluded that the availability of longer stents and improved implantation techniques should further enhance the cost-effectiveness of this technology in the immediate future.

Long-term results favorable

In other trial data presented during Sunday’s Late-Breaking Clinical Trials session, Italian researchers said a 12-month followup of the TAXUS-II pacli-

taxel stent study showed it to be highly effective at one year after implant.


The TAXUS-II trial randomly assigned 536 patients to receive slow-release or moderate-release paclitaxel-eluting coronary stents.

Antonio Colombo, MD, EMO Centro Cuore, Milan, said the beneficial clinical effects reported at six months are sustained at one year.

At 12 months, there was a 21.5 percent rate of major adverse coronary events among the 270 control patients who received bare metal stents, compared with 10.9 percent for the 131 patients receiv-

ing a slow-release paclitaxel stent and 9.9 percent for the 130 patients randomized to moderate-release paclitaxel stent.

“Both the slow release and moderate release paclitaxel stents have superior long-term efficacy,” Dr. Colombo said. “And an increase of the adverse event-free survival, from six to 12 months, suggests that the paclitaxel stent prevents rather than delays restenosis.”


TAXUS-II also studied the effects of discontinuing clopidogrel after six months, and Dr. Colombo said that data support the safety of discontinuing the anticoagulant. 

BOT

continued from page 4

membership category is more than 490,000 health professionals.

At its meeting on Saturday, the BOT also voted to:

- Establish a Cardiac Care Team Committee. A physician and nonphysician member would be assigned as committee co-chairs.
- Create educational models that demonstrate the best practices for cardiac care team function and develop vehicles for teaching others how to implement these models in their own institutions.
- Offer educational programs, including Web-based offerings, for nonphysician members of the cardiac care team at the institution/practice, regional, and national levels.
- Develop competency and training statements with members of the cardiac care team.
- Add appropriate members of cardiac care teams to committees/task forces/working groups that are developing materials/tools and systems to bring about compliance with guidelines in their institutions and practices. 

lipitor
PI

Disease Management Programs Focus of Health Policy Symposium

Most experts agree that the collaboration of physicians and industry in evolving the management of chronic disease holds great potential, especially in the area of cardiovascular disease. Many physicians, however, are still skeptical about the use of disease management programs. During this year's Health Policy Symposium, several noted experts will delve into some of the issues surrounding disease management programs.

"Each day physicians face the daunting challenge of managing large numbers of chronically ill patients using increasingly limited resources, while being required to document performance," said Janet Wright, MD, chair of the ACC Disease Management Workgroup, who will moderate the session. "We think the tools available through disease management programs have the potential to help cardiovascular specialists deliver better care to more patients."

During the session, a panel of experts will discuss several key areas of disease management, including an overview of how disease management programs work, a review of the data on DM programs, and a discussion of the major barriers to adoption of DM by the physician community. Presentations will also include highlights on physician and patient views on chronic disease management, provider-based DM success stories, and establishing a frame work

for the future of disease management.

"Treatment of Chronic Cardiovascular Disease Management: Is It a Threat or a Solution?" will be held on Tuesday, April 1, from 2 to 3:30 p.m., in room S101 of McCormick Place.

The Health Policy Symposium is supported by unrestricted educational grants from American Healthways, Inc. and Sanofi-Synthelabo, and has been developed in collaboration with the Disease Management Association of America.

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Fellowship Candidates

Get Ready for Convocation

The College's Annual Convocation will be held on Tuesday evening, beginning at 6 p.m., in the Grand Ballroom of the Chicago Hilton & Towers. In preparation for the Convocation Ceremony, all Fellowship candidates must sign the Convocation Register, located in the Convocation Office in McCormick Place South, Hall A (next to Registration). The register must be signed by 5 p.m. on Monday. Certificates will be available immediately following the Convocation only for those who sign the register in advance. The Convocation office is open Sunday and Monday from 8 a.m. to 5 p.m. and Tuesday from 8 a.m. to noon.

Child Care During Convocation

During Convocation on Tuesday, the College will provide a complimentary children's activity room from 5:30 to 8 p.m. in the Marquette Room of the Chicago Hilton & Towers. The activity room will be operated on a walk-in basis and will feature children's videos, books, coloring supplies, and games. Children must be accompanied and supervised by a parent or other responsible adult.

Arrangements for child care can also be made through the front desk or the concierge of most hotels.

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