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Heart Failure Society News

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7th Annual Scientific Meeting Breaks Previous Records

The 7th Annual Scientific Meeting of the Heart Failure Society of America held September 21 to September 24, 2003 in Las Vegas, Nevada again broke attendance records.

"We took a gamble on Las Vegas," Dr. Peter Liu, Program Committee co-chair, remarked at the opening plenary session. While underscoring the goals and accomplishments of the HFSA in his address, President Marvin A. Konstam said, "If there is anyone in the audience who has come to the HFSA meeting only because it's in Las Vegas, I will assure you that you will change your mind and decide to join us again next year."

The "gamble" paid off. A record 3,400 attended this year's annual scientific meeting. A record number of abstracts were presented, and 19 industry-supported satellite symposia were held. Although the satellite symposia are not part of the



Peter P. Liu, MD

scientific program as planned by the program committee, they are CME accredited and provide a wealth of valuable clinical information about heart failure. The scientific meeting featured a unique blend of sessions on the basic sciences and clinical practice. Symposia highlighted new treatments for heart failure (pharmacologic and device), cell therapy, genomics and genetics, models for heart failure therapy delivery, heart

failure management guidelines, health care policy for heart failure, late breaking clinical trials, and debates, to name a few.

New to this year's meeting was a basic science workshop held on Sunday, September 21. This year's workshop focused on the influence of the nucleus in cardiac disease and applications of proteomics in cardiovascular research.

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HFSA President Outlines Goals and Strategies in Opening Remarks

President Marvin Konstam opened the 7th Annual Scientific Meeting of the Heart Failure Society of America by discussing how the organization is committed to improving treatments and outcomes for patients diagnosed with heart failure.

Although the scientific meeting is the most effective way to showcase the Society, the HFSA is also involved in a number of other important initiatives, including development of a comprehensive set of guidelines for the management of heart failure. These guidelines "should be the definitive statement from a consensus perspective about what we think is appropriate for the management of patients with heart failure," said Dr. Konstam.

The HFSA is also working with federal agencies (FDA, CMS, NIH); developing new strategies that align financial incentives to encourage optimal care of heart failure patients through our Care Standards Committee; continuing to expand our heart failure awareness program, which includes national and local programs to educate patients and their families, individuals at risk, and primary care providers; entering our second year of funding research fellowship grants for trainees doing research in heart failure related to clinical care; and embarking on a new initiative to provide opportunities for cardiology fellows to learn about careers in heart failure.

Dr. Konstam concluded by thanking the Society's members for their enthusiasm and support of the Society's activities.

7th Annual Scientific Meeting Breaks Previous Records

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Marking the increasingly collaborative nature of the HFSA, representatives of the U.S. Food and Drug Administration, the Centers for Medicare and Medicaid Services, the National Heart, Lung, and Blood Institute, and industry participated in the scientific program. Two joint sessions were also included as part of the program – The European Society of Cardiology (ESC) and the International Society for Heart and Lung Transplantation (ISHLT).

The variety of formats featured in the Annual Scientific Meeting (didactic lectures, panel discussions, case studies, moderated poster sessions, debates, and lunch-and-learn) were designed to provide something for everyone. The Hyde Park Session, first introduced in 1998, gave speakers a chance to present controversial or novel hypotheses in an atmosphere free of peer-review. Audience reactions ranged from disbelief to laughter to tears. This year “Court is in Session” made its debut. Unlike a debate session, this forum provided an opportunity to take a well-known “fact” and put it on trial. This year’s topic was diastolic heart failure. Judge Marvin Konstam presided and tried to keep order in the court as the defense team led by Michael Zile argued with the prosecuting team led by Milton Packer. The audience served as the jury.



Judge Marvin Konstam puts the hammer down during “Court is in Session”...

Awards Presented

Four awards were presented at the HFSA annual meeting.

■ The 2003-04 HFSA Research Fellowships - Ahmed S. Hinan, MD (Medical University of South Carolina) and David Mathew Fiss, MD (Temple University). This fellowship grant program is supported by educational grants from AstraZeneca, GlaxoSmithKline, Guidant Foundation, Medtronic, Scios Inc, and Vasomedical.



Jay N. Cohn New Investigator Clinical/Physiology Award Finalists received their awards from Dr. Cohn.

■ Jay N. Cohn New Investigator Clinical/Physiology Awards - Maninder S. Bedi, MD (University of Pittsburgh), Lisa C. Costello-Boerrigter, MD, PhD - winner (Mayo Clinic), Shang C. Lee, MD (Mayo Clinic), Gloria Y. Yeh, MD, MPH-winner (Harvard), and Patrick I. McConnell, MD (The Ohio State University)

■ Jay N. Cohn New Investigator Basic Science Award - Ichiro Shiojima, MD, PhD-winner (Boston University), Min Nian, PhD (Toronto General Hospital), Motoaki Sano, MD (Baylor), and Wen Zhao, MD, PhD (University of Cincinnati).



...as Milton Packer looks on in disbelief.



Jay N. Cohn New Investigator Basic Science Award Finalists received their awards from Dr. Cohn.

The Jay N. Cohn New Investigator Awards are supported by an educational grant from Novartis Pharmaceuticals.

■ Nursing Research Award - Marjorie Funk, RN, PhD-winner (Yale University), Simon Stewart, PhD (University of South Australia), Terry A. Lennie, PhD (The Ohio State University), Teresita Corvera-Tindel, PhD (VA Greater LA Health Care System), and Martha Biddle, RN, MSN (Georgetown Community Hospital).



Nursing Research Award Finalists received their awards from Susan Bennett.

Future Annual Scientific Meeting Dates

2004: September 12-15, Toronto, ON, Canada

2005: September 18-21, Boca Raton, FL

2006: September 10-13, Seattle, WA

2007: September 16-19, Washington, DC

2008: September 21-24, Boca Raton, FL

Opening Session Addresses Future Heart Failure Therapies

The 2004 Annual Scientific Meeting kicked off with a plenary session that combined a blend of basic and clinical science in "Heart Failure 2003: From Cells to Population". Topics addressed included the use of stem and progenitor cells for cardiac repair, apoptosis and survival in heart failure, and a map for the future care of patients with heart failure.

Stem and Progenitor Cells for Cardiac Repair

Michael D. Schneider reviewed research on the use of skeletal muscle cells, bone marrow cells, and endothelial progenitor cells for cardiac regeneration. He also discussed the possibility of using cells from the heart itself. Although cardiogenic stem cells have been shown to engraft themselves in the infarcted myocardium, Dr. Schneider speculated that stem cell engineering will be necessary to enhance the cells' ability to promote favorable remodeling.

Apoptosis and Survival in Heart Failure

Richard N. Kitsis described the molecular pathway mediating cardiac apoptosis and the inhibition of apoptosis in animal models of ischemic reperfusion injury and heart failure. Modifying the apoptosis signaling process reduced infarct size and prevented the development of cardiomyopathy in genetically modified mice. He concluded that translating the research into clinical practice will involve identifying the best target in the apoptosis molecular pathway, as well as considering the long-term consequences of apoptosis inhibition.

Cell Therapy in the Patient

Initial clinical trials have demonstrated that transplanting skeletal myoblasts into infarcted tissue improved global and regional function, including symptoms and ejection fraction, but some patients have developed arrhythmias requiring treatment, explained Richard D. Weisel. Research has shown that the therapy is feasible, probably safe, and possibly efficacious. Questions remain on whether myoblasts are the correct cell type, on the optimal dose, and on techniques to enhance survival and engraftment. Results of clinical trials presented suggesting that cell transplantation might have a future in preventing myocardial infarction and cardiomyopathy.

Map for the Future Care of Clinical Patients with Heart Failure

Harlan Krumholz argued that the current healthcare system often is unsafe, ineffective, inequitable, inefficient and not patient centered. He noted there is a tremendous variability in care, which has created gaps in quality and utilization of effective therapies.

"Change will involve expanding our knowledge, changing our culture, and improving our systems." Systems geared to acute care must be reconfigured for chronic care. Disease management programs and tools to identify appropriate patients for particular therapies need to be developed and used to establish effective management of patients with heart failure.

Hyde Park 2003

As has come to be tradition since the 1998 Annual Scientific Meeting, the Hyde Park Session provided not only comic relief but gave the audience food for thought. The presentations proved provocative and controversial and in some cases pushed the envelope of medical know-how. The presenters faced a number of challenging questions from the audience.



Ken Dickstein conferring with Arnie Katz.

"This has certainly been the best Hyde Park Session yet, and there have been many good ones," said Arnold M. Katz. The sentiment was echoed by the audience.



Carl Leier provided opening remarks to set the stage.

The line-up for this year's session included Kenneth Dickstein, who argued that death was a misleading endpoint in heart failure trials; Harlan M. Krumholz,



Harlan Krumholz pleads with the audience during his presentation...

who called for an end to the use of digoxin to treat heart failure; David A. Kass, who disputed the existence of diastolic heart failure; Sarah J. Goodlin, who challenged the viewpoint that palliative care is unnecessary for patients with



...and the audience responds.

heart failure; Marc A. Silver, who presented data suggesting that uterine fibroids were an early warning signal for the development of heart failure; and Lynne Warner Stevenson, who concluded that physician bias was nearly impossible to avoid during clinical trials.

New Data and Application to Patient Care Discussed at Late Breaking and Recent Clinical Trials Session

The results of five clinical trials were presented at the Late Breaking and Recent Clinical Trials session moderated by D. Norman Sharpe, Auckland, New Zealand, and Karl B. Swedberg, Göteborg, Sweden. The session included presentations and discussion of trials of drugs, devices, and techniques for managing heart failure patients.

TEN-HMS

Results of the Trans-European Network – Home Telemonitoring Study (TEN-HMS), as presented by John Cleland showed that increased support of heart failure patients in their homes can reduce mortality substantially and that home telemonitoring reduces the hospital length of stay and the days lost to death or hospitalization. Home telemonitoring may also be associated with lower costs when compared to more conventional nurse telephone support.

REDHOT Trial

Alan S. Maisel reviewed the results of the Rapid Emergency Department Heart Failure Outpatient Trial (REDHOT), which examined BNP levels and emergency physician decision-making and outcomes in patients presenting with shortness of breath.

The REDHOT study was designed to establish whether BNP levels are correlated with outcomes independent of emergency department physician assessment and identify BNP levels that might help the physician decide whether to admit or discharge a patient.

Dr. Maisel concluded that a rapid BNP test taken in the emergency department strongly contributes to the diagnosis and to accurate characterization of disease severity. BNP is a superior reflection of 90-day outcome compared to current standards of patient assessment.

COMPANION Trial

Michael R. Bristow reported the final results of the COMPANION trial which evaluated the application of cardiac resynchronization therapy (CRT) and CRT plus an implantable cardiac defibrillator (CRT-D) in patients with symptomatic moderate to severe heart failure. COMPANION was the first appropriately powered trial to prospectively investigate the impact of CRT and CRT-D on hospitalization and mortality in a chronic heart failure population.

The study demonstrated that CRT or CRT-D reduces mortality plus hospitalizations when added to optimal pharmacological therapy (OPT).

COMET Trial

Philip A. Poole-Wilson presented the carvedilol or metoprolol European Trial (COMET) study, which was the first study comparing two beta-blockers.

The 5-year trial is one of the longest in heart failure, and one of the only studies in heart failure to compare two drugs. The endpoints were all-cause mortality and the combined risk of death or hospitalization.

“Carvedilol saved significantly more lives,” said Dr. Poole-Wilson. There was a 17% reduction in death with carvedilol, and the



Poster sessions drew a lot of interest.

results were highly significant. Subgroup analysis showed the affect of carvedilol was uniform across the board.

CHARM Trial

James B. Young closed the session with a presentation of the results of the Candesartan Cilexetil in Heart Failure – Assessment of Reduction in Morbidity and Mortality (CHARM) study.

When all of the CHARM trials are considered, (Alternative, Added, and Preserved), there was a 9% reduction in all-cause deaths; a 12% reduction in cardiovascular mortality; a 21% reduction in heart failure hospitalizations; and a 16% reduction in cardiovascular mortality or heart failure hospitalizations.

In conclusion, Dr. Young said, “Candesartan saves lives and reduces hospitalizations, particularly when the ejection fraction is < 40%. Candesartan is effective and safe on top of optimal standard therapy. Candesartan reduces heart failure hospitalization irrespective of the left ventricular ejection fraction.”



HFSA Research Fellowship Award Recipients: (1st row) David Fiss, Marvin Konstam (HFSA President), Ahmed Kinan; (2nd row) Gregory Cash (Vasomedical), Ken Margulies (Temple University), Michael Zile (MUSC), Hilary Stanbrook (AstraZeneca); (3rd row) Jay Millerhagen (Guidant), Tom Varricchio (Vasomedical), Jim Baumgardt (The Guidant Foundation), Don Dwyer (AstraZeneca); Wilson Colucci (HFSA), Barton Murray (GlaxoSmithKline)

Heart Failure Society
of America

2004 HFSA RESEARCH FELLOWSHIPS

The purpose of the research fellowship is to develop clinician-investigators in the field of heart failure.

Details and an application can be found on the HFSA website.

Deadline for application:
February 2, 2004

www.hfsa.org

Comprehensive Patient Management Guidelines Nearing Publication

Two years ago the HFSA Guideline Committee began the ambitious task of developing a comprehensive guideline for the management of heart failure. This session provided a peek at some of the areas that will be addressed in the document. They will also be available on the HFSA web site and will be Palm Pilot friendly.

Recommendations on preventative strategies, diagnostic evaluation, heart failure with preserved systolic function, ischemic heart disease and heart failure, the electrophysiologic management of heart failure and pharmacologic therapy were addressed in the session. Below is a brief summary of each area.

Preventative Strategies

The evidence has led to a number of recommendations in the new guidelines, including blood pressure targets, reported Jonathan G. Howlett. Optimal blood pressure is a difficult question. Instead the new guidelines list blood pressure targets for people with different conditions.

HF with Preserved Systolic Function

"We believe this will be the largest and most comprehensive statement about heart failure with preserved systolic function in guideline form at this point," said Marvin W. Kronenberg.

Dr. Kronenberg suggested that heart failure with preserved systolic function represents a large heterogeneous population. The guidelines will include an algorithm to help subcategorize patients with heart failure and preserved systolic function into distinct diagnostic categories. Patients with aortic stenosis, constrictive pericarditis, or hypertensive heart disease require different types of treatment.

Ischemic Heart Disease and HF

Mihai Gheorghiade briefly described the importance of the relationship between coronary artery disease (CAD) and the progression of heart failure. The relationship has prognostic implications, contributes to sudden cardiac death, and calls for unique management considerations.

Diagnostic Evaluation

Richard J. Rodeheffer provided a brief overview about the importance of a diagnostic evaluation. "Every patient who presents with ventricular dysfunction doesn't have to be worked up for everything. One has to make selective decisions based on the initial evaluation."



Kirk Adams outlines plan for release of new Heart Failure Guideline.

He also emphasized the importance of lifelong follow-up.

EP Management

Before discussing specific recommendations on the use of electrophysiologic testing and devices to treat heart failure, Mandeep R. Mehra said the decision on whether to undertake EP intervention should be made in light of functional status and prognosis based on the severity of the underlying heart failure and co-morbid conditions.

"We also have a lot to learn about the use of biventricular pacing to treat heart failure," said Dr. Mehra. He covered the issue of "confounding variables" in trials using CRT versus combination CRT and ICD devices, noting that most of the ICD trials were post-myocardial infarction trials. "We must resist the temptation to extrapolate this data to anyone with coronary artery disease."

At the same time, Dr. Mehra said the guidelines committee found that the recent CMS decision to reimburse device implantation on a very selective reading of the MADIT II criteria was unsupported.

In conclusion, Dr. Mehra said the guideline committee is committed to updating the implant criteria in a timely manner as new data become available.

Pharmacologic Therapy

J. Herbert Patterson reported that the new guidelines will include 35 recommendations on the use of drugs to treat heart failure and will present updated information on use of beta-blockers, angiotensin II receptor blockers, spironolactone, and diuretics.

Evolving an Evidenced-Based Guideline

Dr. Lindenfeld, who has recently been appointed the new chair of the Guideline Committee, noted that despite the existence of over 700 published guidelines on various diseases, little evidence exists that guidelines have had an impact on the practice of medicine. They are deemed cumbersome, hard to use, and, in many cases, out of date. To address these issues, the Guidelines Committee has developed a process to rapidly evaluate new topics and to present the updated recommendations both on the HFSA website and in the *Journal of Cardiac Failure*. To pilot test this new process, the Guideline Committee chose Cardiac Resynchronization Therapy. The goal will be to review the data, and publish updated recommendations within four months.

Heart Failure Awareness Week 2004: February 8 - 14



Clyde W. Yancy, MD

Primary Care Symposium

To kick-off Heart Failure Awareness Week, the HFSA will hold the 3rd Annual Primary Care Symposium on February 7, 2004, in Dallas, Texas. Dr. Barry Greenberg will chair this event, and Dr. Clyde Yancy will serve as the co-chair and local host. This conference provides basic information on diagnosis and treatment of heart failure for primary care physicians, who care for eighty percent of heart failure patients.

Added to this year's conference will

be a breakfast session (case presentation) for nurses who work with heart failure patients in a primary care setting.

The presentations from this conference are used to produce an audio tape distributed to the Audio Digest primary care membership and also a web cast hosted on the HFSA web site for 12 months. CME credits (physicians and nurses) are available for the conference, tape, and web cast.

Local Events

To assist with local events, the HFSA has developed a "turn key" kit which can be found at www.hfsa.org. The kit contains information on how to promote events and templates for posters. A set of easy-to-understand slides in PowerPoint format for use in patient education activities can also be downloaded off the web site.

If you are holding a local event, please let the HFSA know by sending an e-mail to info@hfsa.org. Be sure to include: the type of event, date, location, sponsor, expected number of attendees, and a contact name with phone, fax, e-mail, and address. Although we don't have room to publish articles about all events, we plan to highlight several events in the spring issue of the *HFSA Newsletter*. Photos would be especially appreciated.



Heart Failure Society of America

September 12-15, 2004
Toronto, Ontario, Canada

8TH ANNUAL SCIENTIFIC MEETING

Abstract Deadline:
April 12, 2004

www.hfsa.org

New This Year: Basic Science Workshop

HFSA's first basic science workshop focused on the nuclear regulation of cardiac hypertrophy and cardiovascular proteomics.

In the keynote presentation, Eric N. Olson spoke on "Myocardin and HDACs as Transcriptional Regulators". He outlined research showing how Class II HDACs function as a checkpoint for stress signals that result in cardiac remodeling.

Scott Fraser's presentation showing attempts to image the movement of individual cells generated particular excitement and discussion. "Movies of action tell more of a story," said Fraser, whose work focuses mainly on the brain. He also discussed work in developing MRI technology with single cell resolution and research exploring the impact of shear forces on the development of heart valves.

The afternoon session on proteomics was organized in conjunction with the National Heart, Lung, and Blood Institute (NHLBI). Institutes participating in this program were invited to provide brief summaries of their experience with the proteomics initiative.

"The field of proteomics is technology dependent," said John L. Fakunding, the NHLBI Heart Research Director. "The goals of the NHLBI proteomics initiative are to develop new approaches to diagnose, classify, understand, and treat disease," he said. The NHLBI will award \$157 million in grants to 10 centers over 7 years to enhance and develop innovative technologies that will further clinical applications of proteomics.