

Heart Failure Society News

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Annual Scientific Meeting Offers Comprehensive View of the State of Heart Failure Science and Practice

From basic science to cutting-edge treatments, from established clinical practice to controversial approaches, from the seasoned perspectives of the Society's founders to the promising new presentations of Young Investigators, the Heart Failure Society of America's Third Annual Scientific Meeting will offer attendees a comprehensive view of the state of heart failure science and practice. The Annual Scientific Meeting will be held at the Hyatt Regency (Embarcadero), from Wednesday, September 22, through Saturday, September 25, 1999.

State of the Science Lectures

Featured will be two types of lectures: State of the Science and Landmarks of Heart Failure. According to Michael Bristow, MD, PhD, co-chair of the Scientific Program committee and Head of the Division of Cardiology at the University of Colorado Health Sciences Center, the State of the Science lectures will cover issues that are "important to the field of heart failure -- information that is exciting, new, and apt to be important."

Landmarks of Heart Failure Lectures

The four Landmarks of Heart Failure lectures, he explained, "will acknowledge and summarize ar-

reas in which years, if not decades, of work have led to an important diagnostic or therapeutic development, and each lecture will be given by someone involved in contributing to the large body of work that constitutes the topic." Norman Shumway, MD, who developed the first definitive heart failure treatment to lower mortality -- transplantation -- will present the Founder's Lecture. Edmund Sonnenblick, MD, will discuss the identification of the physiologic phenotypes of myocardial failure; Marc Pfeffer, MD, PhD, will address the importance of remodeling in the natural history of heart failure; and Karl Swedberg, MD, will speak on the activation of the adrenergic and renin-angiotensin system as critical in the natural history of heart failure.

Additional Programs

Complementing the 23 lectures will be a Late-Breaking Clinical Trials Plenary Session, the Hyde Park Hypotheses session (back by popular demand), two debate sessions, and the Young Investigator Award session. In addition, 18 satellite symposia are planned that will provide numer-

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Heart Failure Society News

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President's Message Heart Failure Awareness Initiative Launches Public Education Campaign

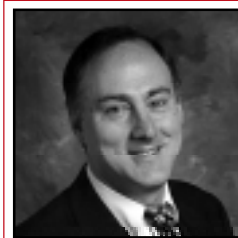
Congestive heart failure, a disease of epidemic proportions in the United States, now afflicts 4.6 million Americans, and 400,000 new cases will be diagnosed in the coming year. The prognosis for these patients is not promising -- less than 50% of patients survive more than 5 years following the initial diagnosis, and less than 25% survive more than 10 years. It is particularly troubling, at a time when the mortality rates from many diseases are stabilizing or decreasing, that deaths due to CHF rose nearly 120% from 1979 to 1996; hospital discharges during that same time period increased from 377,000 to 870,000. The toll in human and economic terms is staggering.

Despite its enormous social and economic burdens, heart failure is not recognized as a disease

entity either by the lay public or by governmental entities. Few people are able to differentiate between a heart attack and heart failure. Indeed, a recent article in the *New York Times* quotes a senior administrator at the National Institutes of Health (NIH) as saying that we could wipe out heart failure if we could cure coronary disease. This lack of awareness means that many patients with heart failure erroneously view this diagnosis as a death sentence, and often neither they nor their families know where to turn for support or information.

The lack of heart failure awareness has also had a negative impact on the level of funding allocated to research. For example, in 1997 the NIH allo-

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Arthur M. Feldman, M.D., Ph.D.
President, HFSA

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President's Message

cated \$28 million to CHF compared with \$332 million for breast cancer and \$132 million for lung cancer.

HFSA Awareness Initiative

To improve awareness by both the public and by governmental agencies, the HFSA is developing a program to

- Enhance the public's recognition of heart failure as a defined cardiac disease of epidemic proportions
- Educate the public that the diagnosis of heart failure is not a death sentence
- Educate the public that with early recognition, appropriate therapy, and careful emphasis on the critical aspects of diet, exercise, and medical care, patients can lead productive lives.

This heart failure awareness campaign will be conducted in collaboration with a group of our industry sponsors, the American College of Cardiology, and members of other closely related professional societies.

Heart Failure Awareness Week

As we initiate our efforts to improve heart failure awareness, we are planning to designate the week of February 14, 2000, as Heart Failure Awareness Week. During this week, we are hoping to have events in cities across the country that will be designed to enhance local awareness.

HFSA Committees

Care Standards Committee
Ileana Pina, MD, chair

Corporate Affairs
Bertram Pitt, MD, chair

Endorsement
Martin LeWinter, MD, chair

Guidelines/Clinical Positions
Kirkwood Adams, MD, chair

Membership
Marc Silver, MD, chair

Nominating
Jay Cohn, MD, chair

Nursing
Debra Moser, RN, DNSc, chair

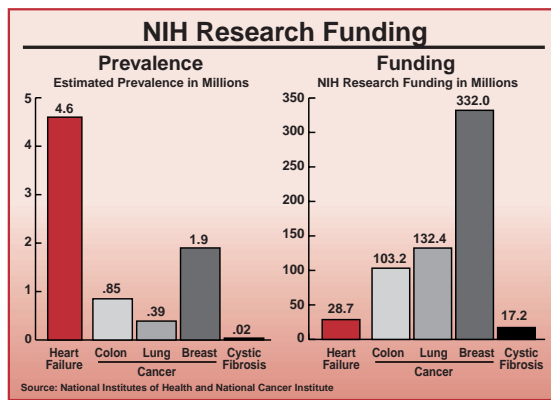
Program
Michael Bristow, MD, PhD, chair
Leslie Leinwand, PhD, co-chair

Publications
Marc Pfeffer, MD, PhD, chair

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To underscore the importance of this awareness initiative, we have been working with the staff of Senator Arlen Specter (R-Penn) to introduce a U.S. Senate Resolution de-



claring February 14-21, 2000, to be Heart Failure Awareness Week. In addition, we have written to the 50 state governors to request their help with these important ini-

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Annual Scientific Meeting Offers Comprehensive View

ous additional sources of information for attendees. Most sessions have scheduled time for questions and answers.

Posters will be displayed from 10:00 a.m. to 6:30 p.m. in the exhibit halls on Thursday and Friday. Poster presenters will be at their respective posters from 5:30 to 6:30 p.m. During the poster presenter sessions, there will be five moderated posters in each exhibit hall. A moderator will guide the process that will include a five-minute presentation followed by five minutes of discussion.

New Sessions

New this year will be three how-to sessions designed to attract young scientists into technically challenging areas, such as gene therapy, transgenic models, and physiologic aspects of measuring adrenergic activity. Additional how-to sessions will focus on clinical areas of heart failure, including practical aspects of care delivery, setting up a heart failure clinic, optimizing the involvement of heart failure nurses in clinical trials, interacting with managed care, designing clinical trials, and managing acute heart failure in the ICU/CCU. These sessions provide an excellent opportunity for one-on-one discussions with experts.

The balanced meeting program incorporates the successful elements of previous years, particularly the lecture sessions, clinical trial updates, and the Hyde Park Hypotheses, and it provides new opportunities for learning

initiatives. However, to be successful we need the help and support of each member of the Society. In particular, we ask you to do the following:

- 1) Write to both Senator Specter and your state's Senators, urging them to support the Heart Failure Awareness Resolution. A sample letter for Senators will be sent to each Society member shortly.
- 2) Begin to develop local initiatives for Heart Failure Awareness Week.

We hope that each member of the Society shares our enthusiasm for what we believe is an important activity. We look forward to your help and to receiving your thoughts and suggestions. ■

Arthur M. Feldman, President

Readers may contact their state's two Senators by writing to them at the Senate Office Building, Washington, D.C. 20510, or by calling them at (202) 224-3121.

Agenda Overview

Wednesday, September 22

Satellite symposia begin at 10:00 a.m.
Opening reception 6:00 p.m.

Thursday, September 23

Satellite symposia 6:30 a.m.
Opening session 8:10 a.m.
Simultaneous sessions 10:30 a.m.
Hyde Park Hypotheses 2:00 p.m.
Debates 4:00 p.m.
Poster presentations 5:30 p.m.
How-to sessions 7:00 p.m.

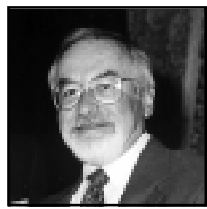
Friday, September 24

Satellite symposia 6:30 a.m.
Late-Breaking Clinical Trials 8:30 a.m.
Simultaneous sessions 10:30 a.m.
Young Investigator presentations 2:00 p.m.
Debates 4:00 p.m.
Poster presentations 5:30 p.m.
Evening satellite symposia 6:30 p.m.

Saturday, September 25

Satellite symposia 6:30 a.m.
Founder's Lecture 8:00 a.m.
Simultaneous sessions 10:30 a.m.
Afternoon satellite symposia 1:00 p.m.

First HFSA President Jay Cohn Looks Back ... And Ahead



Jay N. Cohn, MD

[Editor's note: Jay N. Cohn, MD, Professor of Medicine, Cardiovascular Division, University of Minnesota Medical School, Minneapolis MN was the first President of the HFSA. In this interview, he discusses the founding of the Society and its present and future programs.]

What was the impetus for the formation of the Society?

The Society was formed by individuals who saw the need for a professional organization dedicated to increasing the visibility and improving the management of heart failure through research and education. I was appointed the first president and began the work of drafting bylaws, securing the nonprofit status, and developing programs based on providing a forum for research and educational dissemination.

Has the growth of the Society met original expectations?

The HFSA, now entering its fourth year, has experienced significant growth and success. With membership now exceeding 1200 members, we have surpassed even our own optimistic estimates. No other organization specifically addressed the issues unique to heart failure. Clearly, we have filled a void.

What are the reasons for the successful growth?

Essential components contributing to the Society's growth have been the annual scientific sessions and the journals. The scientific sessions are a major incentive to becoming involved; they are well attended and offer high-quality science in an interactive environment. Participants appreciate the opportunity to join

with colleagues in this setting to discuss issues and share experiences.

Which journals does the HFSA publish?

Realizing the importance of disseminating important research, the HFSA wisely decided to adopt the *Journal of Cardiac Failure (JCF)*, an established scholarly journal. *JCF* provides a forum for the publication of abstracts from the scientific sessions as well as articles that report on basic and clinical research. I serve as editor of *JCF*. The Society also endorses a clinical journal, *Congestive Heart Failure*, edited by John Strobeck, MD, and Marc Silver, MD, as an official journal of HFSA.

What are the primary areas in which the HFSA is developing initiatives?

We have undertaken or are developing initiatives in a number of areas, including education, science, patient care, and public policy.

How does the HFSA interact with other medical associations?

The Society has allayed initial concerns that its founding would diminish support for other established organizations. Our programs have attracted people, but they have not cut back on support for other groups. The Society's role instead is a complementary one that allows it to focus specifically on heart failure issues. We have provided a smaller, more user-friendly environment in which members can feel that they are an important part of the organization and in which they can interact with associates who share similar interests.

Do you expect the growth to continue?

The Society has had extraordinary success in its first 3 years and has every reason to regard the future with optimism. With each new success we move closer to our fundamental goal of improving outcomes for heart failure patients. ■

The HFSA's initiatives in the areas of education, science, patient care, and public policy include

Education

- The annual scientific sessions provide vehicles for professional education, including official sessions, as well as satellite programs and publications.
- The Society is committed to fostering a higher profile for heart failure on the national agenda.

The programs on preventive measures and quality of life will target both primary care physicians and the general public to increase awareness, make early recognition a high priority, enhance the availability of diagnostic services, and improve treatment for heart failure patients.

Science

By offering forums for experienced and young investigators, the Society encourages research now and in the future. The publication of studies in *JCF* is a second means of attaining this goal. A third means would be research grants, but the Society is too young at the moment for this. However, it is working with other groups, such as the National Heart, Lung, and Blood Institute, to enhance research support.

Patient Care

Two of the Society's committees are working specifically to improve patient care by establishing standards for diagnosis and treatment of patients. The Care Standards Committee is developing guidelines for the management of heart failure. The Guidelines Committee has drafted the first publication on heart failure management. These guidelines will be presented in a session at the 1999 annual meeting of the HFSA. The guidelines will then be finalized for publication and available to health care professionals.

Public Policy

The Society is working to develop government support for heart failure management and will seek mechanisms to distribute treatment guidelines at the grassroots level.

Young Investigator Nominees to Present Research

The HFSA is again sponsoring a Young Investigator Awards competition as part of its Third Annual Scientific Session in San Francisco. Five finalists have been selected to present their abstracts in a special session on Friday, September 24, 2:00 to 3:30 p.m. The abstract presentations will be judged by a panel, and the winners will be announced on Saturday morning, September 25, at the opening of the plenary session. Support for this program is provided by an unrestricted grant from AstraZeneca.

Reprogramming of Dysfunctional Gene Expression by Mechanical Unloading in Failing Human Heart

Christopher Depre, MD, PhD, Division of

Cardiology, University of Houston Medical School, Houston, Texas

Human Cdc5 Controls Mitotic Entry Through Specific DNA-Protein Interactions and Is Regulated Through a Mitogen-Activated Pathway

Harold S. Bernstein, MD, PhD, Pediatrics and Cardiovascular Research Institute, University of California, San Francisco, California

Regulation of Tumor Necrosis Factor by Volume and Pressure Overload in Human Myocardium: Effect of Chronic Ventricular Unloading and Pressure Overload Elimination

Guillermo Torre-Amione, MD, Cardiology, Baylor College of Medicine, Houston, Texas

Implantation and Myogenic Differentiation of Human Mesenchymal Stem Cells

Bradley J. Martin, PhD, Division of Cell Biology and Muscle Research, Osiris Therapeutics, Baltimore, Maryland

Restoration of Contractile Function in Isolated Failing Human Ventricular Cardiac Myocytes by Gene Transfer of SERCA2a

Federica del Monte, MD, PhD, Cardiovascular Research Center, Massachusetts General Hospital, Boston, Massachusetts. ■

Care Standards Committee Targets Earlier Identification of Disease



Ileana Pina, MD

Formed by the HFSA in 1997, the Care Standards Committee plays a key role in the Society's campaign to improve care of patients with heart failure. The Committee's goals, according to Committee Chair Ileana Pina, MD, Professor of Medicine and Director of Heart Failure and Transplantation, Case Western Reserve University and University Hospitals of Cleveland, Cleveland, Ohio, "are to slow disease progression by identifying the patients earlier and to aid in the delivery of state-of-the-art care to patients with heart failure."

To achieve this goal of earlier identification of patients, the committee has developed two primary initiatives

- Better dissemination of the known standards of heart failure care, especially to primary care physicians and nurses
- Development of effective training programs for physicians and nurses, especially those who are interested in starting a heart failure program, clinic, or inpatient service.

"We have identified how to work effectively with primary care physicians," Dr. Pina said, "and are developing a paper with specific information on the care of heart failure patients." This clinical paper will contain specific how-to information on conducting a physical examination, se-

curing the information required for a diagnosis, focusing on salient elements of the medical history, conducting an effective followup examination, and identifying the essential elements in an echocardiogram.

The Care Standards Committee is responsible for developing mechanisms for the efficient dissemination and application of the official HFSA treatment guidelines being finalized by the Guidelines Committee. Dr. Pina said that each of these guidelines might be released in sections, such as individual guidelines on beta blockers and ace inhibitors, and will present a challenge as to how to best disseminate them. However, effectively transitioning new innovations in treatment to patients and practitioners is imperative to improving the care of patients with heart failure.

The Care Standards Committee is composed of a core group of members as well as those who join for particular projects. Members are nominated by the HFSA, and nominees are appointed by the Executive Council to serve 2-year terms on a rotating basis. ■

The Third Annual Scientific Meeting of the **Heart Failure Society of America** will be held Wednesday, September 22, through Saturday, September 25, at the Hyatt Regency, San Francisco. For program and registration information, call the society at (612) 626-3864 or visit our web site at www.hfsa.org.

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