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Heart Failure Society News

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Heart Failure Society News is an official publication of the Heart Failure Society of America, Court International, Suite 240 South, 2550 University Avenue West, St. Paul, MN 55114; (651) 642-1633; www.hfsa.org.

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Kanu Chatterjee Receives 2009 HFSA Lifetime Achievement Award

Dr. Barry Greenberg, former student of Dr. Chatterjee, presented the 2009 HFSA Lifetime Achievement Award to him on September 14, 2009 at the HFSA Annual Scientific Meeting in Boston. This Lifetime Achievement Award recognizes an individual who has made lifelong significant and sustained commitment to the field of heart failure.

Dr. Kanu Chatterjee has more than 30 years of experience in diagnosing and managing coronary artery disease, heart failure and pulmonary hypertension. He is a world-renowned researcher in vascular reactivity and heart failure and has pioneered the study of drugs such as ACE inhibitors and vasodilators that have become the standard of care for heart failure.

He was director of the Inpatient Cardiology Service at Cedars-Sinai Medical Center in Los Angeles before joining the UCSF Medical Center staff in 1975 as director of the Cardiac Care Unit and associate chief of Cardiology. He is the Ernest Gallo Distinguished Professor of Medicine at the University of California at San Francisco. A research center at UCSF, called the Chatterjee Center for Cardiac Research, is named after him.



Dr. Greenberg presents Dr. Chatterjee the 2009 HFSA Lifetime Achievement Award

As a “master of the cardiovascular exam,” Dr. Chatterjee used bedside rounds to teach students, staff, and patients alike. Dr. Chatterjee has won numerous teaching awards, including the Kaiser Award for Teaching (1977), Excellence in Teaching Award (1995), Outstanding Teacher, Class of 1990 and 1991, the first Melvin D. Marcus Memorial Gifted Teacher Award from the International Society of Heart Failure (1995), the first Floyd C. Rector Award for Excellence in Teaching (1996) and the Gifted Teacher Award

from the American College of Cardiology (1990). In 2007, Dr. Chatterjee was formally selected as a Master Clinician at the University of California San Francisco.

Dr. Chatterjee’s research in the UCSF/VACM laboratory of Dr. Joel Karliner focused on the potential protective effects of vincristine, a chemo-therapeutic agent, on doxorubicin induced cardiomyocyte toxicity in cultured adult cardiac mouse myocytes. This was a logical extension of Dr. Chatterjee’s previous work which demonstrated that vincristine has cardioprotective effects on the cultured adult mouse cardiac myocyte against other oxidative stress. Although he has since retired, he continues his research and teaching at the University of Iowa.

Heart Failure Awareness Week Provides Opportunity to Reach Out

Many HFSA members highlight the importance of heart failure prevention and treatment by holding educational events for professionals, patients and their families during Heart Failure Awareness Week, which will be February 14-20 in 2010. Examples include symposia, screening sessions for heart failure risk factors, presentations on diet, nutrition, and other subjects of general

interest. There is a tool kit with resources for such activities on the HFSA web site (about.hf.org) for events specifically designed for patients and families including a set of slides for use in patient educational events. For professional educational activities a set of core slides based on the 2006 HFSA Heart Failure Guidelines is also available online at www.heartfailureguideline.org.

HFSA CME Board Review Course Planned for Fall, 2010

A Board Review Course is being planned by the HFSA for October 1-3, 2010 in Minneapolis, MN. This review course is aimed at individuals planning to take the ABIM certificate exam in Advanced Heart Failure and Transplant Cardiology.

This 2.5 day CME review course will be designed to meet the learning needs of those preparing to take the certifying exam. The course will provide an extensive summary of all aspects of heart failure including:

- Epidemiology and causes of heart failure
- Pathophysiology of heart failure
- Evaluation of heart failure
- Management of hospitalized patients
- Management of heart failure
- Comorbidities or coexisting conditions
- Cardiac surgery in heart failure
- Heart transplantation
- Mechanical circulatory support
- Pulmonary arterial hypertension

Lectures will offer insight on how to think through Board questions and prepare for the exam. The curriculum will also provide a comprehensive and in-depth review for attendees not planning to take the Board exam.

The program will include a combination of didactic lectures and case based presentations with emphasis on guidelines, knowledge and practice management multiple choice questions. All presentations will include questions designed in the manner of Board questions. An audience response system (ARS) will be used to compare your answers with your peers and faculty experts.

The course, chaired by Barry Greenberg, is being developed with the help of three core directors John Chin, G. Michael Felker, and James Fang, and the following core leaders: Javed Butler, Wilson Colucci, John DiMarco, Marvin Konstam, and Margaret Redfield. They will be joined by other invited speakers.

Information regarding cost, hotel information and registration is posted on the HFSA website. To view FAQs and learn more, please visit www.hfsa.org.

Additional information about the certifying exam can be found on the American Board of Internal Medicine (ABIM) website at www.abim.org/specialty/ahftc.aspx. The date of the first certifying exam is November 8, 2010.

Revised Practice Guidelines Due Out in Spring

Attendees at the Annual Scientific Meeting got a sneak peek at some of the changes proposed for the 2010 updated HFSA practice guidelines at a session chaired by JoAnn Lindenfeld (Denver, CO) and Carla S. Dupree (Chapel Hill, NC). Randall C. Starling (Cleveland, OH) and John P. Boehmer (Hershey, PA) discussed changes in recommendations for the use of implantable devices in heart failure, including prophylactic ICD placement, the use of biventricular pacing, and the concept of "bridge to decision" in mechanical circulatory support. Changes in recommendations on disease management and non-pharmacologic management of heart failure were discussed by Nancy M. Albert (Cleveland, OH) and Mary N. Walsh (Indianapolis, IN). Areas addressed included the obesity paradox, defibrillator inactivation, and exercise. The difficult area of acute decompensated heart failure, a major section in the practice guidelines, was reviewed by Michael M. Givertz (Boston, MA) and Paul J. Mather (Philadelphia, PA).

2010 update of the HFSA Comprehensive Heart Failure Practice Guideline has been led by JoAnn Lindenfeld, Chair of the Guideline Committee (2003-2009). Current guideline committee members as well as some from the previous guideline committee have all contributed to this process and will be recognized when the updated guideline is published.

The Journal of Cardiac Failure Has a New Editor-in-Chief



Dr. Mann congratulating Dr. Massie

The Journal has come a long way since Barry Massie assumed the role of Editor-in-Chief in 2002. At that time the journal was being published bi-monthly. It is now published monthly. This plus a current impact factor of 3.691, first among journals on heart failure, are some the legacies that Dr. Massie will leave the new editor-in-chief, Gary S. Francis (Minneapolis, MN), who assumed the role of Editor-in-Chief January 2010.

The mission of JCF is to bring to the national and international scientific community new information on all facets of heart dysfunction and failure. It publishes peer-reviewed manuscripts of interest to clinicians and researchers in the field of heart failure and related disciplines. It is a valuable resource for information on the latest developments in patient care management of heart failure. The Publications Committee of the HFSA has encouraged the new Editor-in-Chief to be creative to distinguish this Journal from others, while maintaining its scientific excellence.

About the new Editor-in-Chief: Gary S. Francis, MD is Professor of Medicine at the University of Minnesota. Prior to that he was Head of Clinical Cardiology Section at the Cleveland Clinic; Professor of Medicine at the Cleveland Clinic Lerner College of Medicine at Case Western Reserve University; and had an appointment in the Kaufman Center for Heart Failure and the Transplant Center at the Clinic. He received his undergraduate and MD at the University of Minnesota and did

advanced training in Chicago and San Diego. Before moving to Cleveland, Dr. Francis was Professor of Medicine at the University of Minnesota and Research Director of the Rasmussen Center for Heart Failure. He is board certified in Internal Medicine and Cardiovascular Diseases. Dr. Francis's main interests are heart failure and acute coronary syndromes. He served as President of the Heart Failure Society of America (HFSA) 2004-2006. He is a Fellow of the American College of Cardiology, American College of Physicians and the American Heart Association.

Dr. Francis has had a leadership role in many clinical trials at the national and international level, and has served on the Data and Safety Monitoring Boards of 20 large international trials. He has authored or co-authored more than 600 original manuscripts, review papers, editorials, and book chapters and has edited or co-edited 17 books.

Highlights from the 13th Annual Scientific Meeting

Opening Session – Personalized Medicine: The Dawn of a New Era

The Opening Plenary session presented three different perspectives on the application of genetic information and testing to better understand complex human disease and personalize medicine. David A. Schwartz (Denver, CO), an expert on pulmonary disease, addressed the role of the epigenome in the development of disease. One important aspect of personalized medicine is how the environment is altering biology and therefore affecting the risk of developing disease. Schwartz explained that the field of epigenetics concerns the mechanisms that control gene regulation and transcription. These epigenetic mechanisms can be altered by the environment or inherited from one generation to the next. The goal is to measure these epigenetic marks in patients and use them to identify individuals who may respond to certain medications.



Atul J. Butte (Palo Alto, CA) discussed translational bioinformatics. There are now approximately 350,000 publicly available microarrays, a number that should double or triple each year. This easily-searched data is leading to a new taxonomy of disease based on genomics.

David E. Duncan, a journalist, (Berkeley, CA) anchored the session by recounting his experiences in the “Experimental Man” project in a talk, “One Man’s Quest for Personalized Medicine.” The project involved taking 320 tests, including genetic and gene expression tests that required having 2 liters of blood drawn and undergoing 22 hours of MRI scans. Baseline testing showed that Duncan was a healthy 51-year-old male. However, a battery of genetic tests indicated that Duncan was at a lifetime risk for several illnesses or events, including myocardial infarction and addiction. He learned he had a greater tolerance for caffeine, had a greater propensity for risk taking, and showed a high exposure to DDT. Duncan said his experiences underscored the need to standardize and organize the information better, since different companies showed different results.



Oliver Smithies, PhD receiving 3rd Distinguished Lecture in Basic Science

Excellence in Basic Science

Oliver Smithies, PhD, co-recipient of the 2007 Nobel Prize in Physiology or Medicine for work on gene modifications in mice through the use of embryonic stem cells, delivered the 3rd Distinguished Lecture in Basic Science. Following Smithies’ lecture were presentations on the current role of mouse models in cardiovascular research, current research in cardiac transgenesis, and the implications of biased signaling by G protein-coupled receptors for the treatment of patients with heart failure. The Special Sunday Session is the kick off for the basic science component of the annual meeting, and always features excellent speakers that attract a large audience.

Insights from Recent Trials and Registries

Key data and new insights from 4 recent trials and registries of heart failure therapies were discussed in a session focusing on implications for patient care. James K. Kirklin (Birmingham, AL) presented on the INTERMACS registry; David J. Whellan (Philadelphia, PA) presented HF-ACTION; Peter E. Carson (Washington, DC) discussed the I-PRESERVE trial; and Eric J. Velazquez (Durham, NC) presented the STICH trial.

INTERMACS is a U.S. national registry for patients receiving mechanical circulatory support therapy for advanced heart failure. Registry data indicates that the strategy is increasingly to implant a temporary device before the patient is in cardiogenic shock and to do it as an elective procedure. Patients with an isolated LVAD have the best survival. However, there are still issues with long-term survival, and destination therapy currently does not look favorable. There is a clear movement from pulsatile to axial flow pumps.

Most patients enrolled in ACTION-HF did not meet the exercise goal, but approximately 30% achieved or surpassed the target. When the

results were adjusted for baseline prognostic factors such as EF, atrial fibrillation, and depression, there was a significant benefit, with greater exercise resulting in a greater benefit in terms of the primary end point. The study clearly demonstrated that exercise training for heart failure patients is safe.

Approximately 50% of patients with heart failure have an ejection fraction of at least 45%, but no pharmacological therapies have been shown to improve outcomes. Irbesartan did not improve outcomes in patients in the I-PRESERVE trial. Although mortality in the study was substantial, the change in Minnesota Living with Heart Failure scores was favorable.

One of the objectives of the STICH trial was to compare surgical ventricular reconstruction (SVR) in addition to a coronary artery bypass graft (CABG) procedure to CABG alone. Results of the randomized study of 1,000 patients found no differences between the 2 groups in death or cardiovascular hospitalization.

Late-Breaking Clinical Trials

Eight late-breaking clinical trials were presented in 2 sessions at the 2009 Annual Scientific Meeting. Additional information about the trials has been published in *J Card Fail*, 2009;15:813-816.

Superior Performance of Intrathoracic Impedance Derived Fluid Index versus Daily Weight Monitoring in Heart Failure Patients: Results of the Fluid Accumulation Status Trial (FAST)

William T. Abraham (Columbus, OH) presented the results of the FAST study, which compared intrathoracic fluid monitoring by an implantable cardiac resynchronization and implantable cardioverter defibrillator device with daily weight monitoring as predictors of worsening heart failure. The study found that of 65 adjudicated heart failure events, 40 events (62%) were detected by intrathoracic impedance monitoring, but not by daily weight monitoring. Five events (8%) were detected by weight but not by intrathoracic impedance monitoring. In conclusion, fluid monitoring is a more accurate predictor of worsening heart compared to daily weight monitoring, partially because patient compliance to daily weight monitoring is poor (76%).

Improving Evidence-Based Care for Heart Failure in Outpatient Cardiology Practices: Primary Results of IMPROVE HF

Clyde W. Yancy (Dallas, TX) presented the results of the IMPROVE HF, an open registry and prospective study that is a comprehensive effort to address performance improvement for heart failure in the outpatient setting. Quality of care in IMPROVE HF was assessed using 7 criteria: the use of ACE inhibitor/ARBs; beta-blockers; aldosterone antagonists; anticoagulation for atrial fibrillation (AF); CRT-P/CRT-D; ICD/CRT-D; and heart failure education. Practice-specific education and implementation tools were used to promote adherence to the quality measures. The study found that the heart failure performance improvement intervention resulted in significant improvements in all quality measures, except anticoagulation for AF.

Reduction in the Risk of Heart Failure with Preventive Cardiac Resynchronization Therapy: MADIT-CRT

Arthur J. Moss (Rochester, NY) presented the results of the MADIT-CRT trial, which studied the use of CRT-D devices in minimally symptomatic cardiac patients. The study met the primary endpoint with a 34% reduction in mortality or a heart failure event in patients receiving a CRT-D device. The benefit of CRT-D was driven by a 41% reduction in the heart failure event rate. There was no difference in the mortality rate between the two treatment groups.

Effects of Rolofylline, A Selective Adenosine A1 Antagonist in Patients Hospitalized for ADHF and Renal Impairment: Findings from the PROTECT Study

Christopher M. O'Connor (Durham, NC) presented findings from the PROTECT study, which studied the potential benefits of rolofylline, a selective adenosine A1-receptor antagonist, in reducing renal impairment, worsening heart failure symptoms, and readmission for heart failure or death. The study did not meet the primary endpoint. The overall safety profiles of placebo and rolofylline were similar. However, treatment with rolofylline 30 mg was associated with a higher incidence of seizures and a trend toward more strokes.

Clinical and Prognostic Value of Galectin-3: A Novel Fibrosis-Associated Biomarker in Patients with Chronic Heart Failure

Dirk Jan van Veldhuisen (Groningen, Netherlands) presented on the prognostic value of galectin-3 in acute heart failure. The Coordinating Study Evaluating Outcomes of Advising and Counseling in Heart Failure (COACH) found that galectin-3 is an independent, powerful prognostic marker in patients with heart failure. Further studies will be needed to examine how galectin-3 can be decreased and whether this may affect outcomes.

Relationship of Resting Myocardial Perfusion to Death and Hospitalization in Heart Failure Patients: Results from the Nuclear Sub-Study of HF-ACTION Trial

Salvador Borges-Neto (Durham, NC) presented the results of a sub-study of the HF-ACTION trial that used nuclear imaging to provide diagnostic and prognostic information on heart failure. The study found an inverse relationship between the degree and severity of resting perfusion abnormalities with mortality and cardiovascular hospitalizations. The degree and severity of resting perfusion abnormalities can reliably distinguish between ischemic and non-ischemic etiologies of heart failure. Rest gated SPECT derived perfusion and functional variables provide significant prognostic information above and beyond the clinical characteristics of patients in the HF-ACTION trial.

Renoprotective and Potassium Sparing Effects of Low Dose Dopamine in ADHF

Filippos Triposkiadis (Larissa, Greece) presented the results of a study which investigated the benefits of combining furosemide with dopamine in terms of renal function in acute decompensated heart failure. Results of the study found urine output and dyspnea relief were similar in treatment and placebo groups. There was a lower incidence of worsening renal function and of electrolyte abnormalities in the patients receiving low dose furosemide and dopamine. There was no difference in long-term clinical outcomes in both groups.

MARVEL-1: A Double-Blind, Randomized, Controlled, Multicenter Study to Assess The Safety And Cardiovascular Effects of Myocell Implantation by a Catheter Delivery System in Congestive Heart Failure Patients Post Myocardial Infarction(s)

Dr. Thomas Povsic presented the results of the MARVEL-1 trial. It was the first double-blind placebo controlled study to assess intramyocardial myoblast administration using a percutaneous approach in patients with advanced ventricular dysfunction. A relatively high arrhythmic event rate was observed, but was short lived and responded to amiodarone therapy. Clinical meaningful trends in improvements in 6-MWT compared with placebo administration were observed. Given the limited treatment options in these patients, myoblast therapy warrants continued evaluation. These results will impact the design of future studies in this field.

Heart Failure Society
of America

14th Annual Scientific Meeting





September 12 – 15, 2010
San Diego Convention Center, San Diego, CA
www.hfsa.org

Debates

Pivotal Clinical Trials Should only be done in North America

In the first debate Robert M. Califf (Durham, NC) and Karl Swedberg (Göteborg, Sweden) presented arguments for and against doing clinical trials only in North America. Dr. Califf reframed the question to the broader one of whether clinical trials “should include adequate numbers of U.S. patients.” He noted that a review of outcomes in cardiovascular drug trials over the last 10 years found that in 13 of the 15 trials the results in the U.S. varied significantly from those in the rest of the world. The question is how we handle regional differences.

Dr. Swedberg questioned the existence of regional variations. Major trials of ACE-inhibitors post-MI performed in several European countries and in North America and primary prevention statin trials done in Europe and North America show consistent results. In general, trials done properly will show similar benefits across regions. Pivotal trials should include a broad patient population.



Clinical Trials Should be Conducted in Targeted Populations

In the second debate, Clyde W. Yancy (Dallas, TX) and Milton Packer (Dallas, TX) debated the question of whether clinical trials should be conducted in targeted populations. Dr. Yancy argued that in the case of certain groups and certain disease states, heart failure being one, the differences between groups must be taken into account. National health statistics illustrate differences in the cardiovascular disease burden according to age, gender, and race. He also noted that randomized controlled trials do not include a representative sample of the U.S. population. How can we accept the results of trials targeting high-risk hypertensives with a low percentage of African Americans participating, when it is clear that African Americans are at higher risk of developing hypertension?

Dr. Packer argued that sub-group analyses are not reliable. V-HeFT reduced mortality in all patients. Some researchers thought race merited a closer look and initiated the A-HeFT trial to confirm the sub-group analysis. When data from both trials are considered, it appears that the drug combination works even better in white patients than in African Americans. Dr. Packer concluded that a stratified approach including all populations should be used in designing a randomized clinical trial.

2010 HFSA RESEARCH FELLOWSHIPS

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

APPLICATIONS AVAILABLE ON-LINE

2010 Research Fellowship Application
Receipt Deadline:
Monday, February 1, 2010

HFSA CME Board Review Course for ABIM 2010 Certifying Exam:

Advanced HF/Transplant Cardiology
October 1-3, 2010
Minneapolis Airport Marriott,
Bloomington, MN

Addressing Arrhythmias in Heart Failure

The first speaker of the session was Sanjiv M. Narayan (San Diego, CA) who addressed the changing epidemiology of atrial fibrillation (AF) and sudden cardiac death (SCD) in relation to heart failure. AF complicates the treatment of heart failure, and the combination of both disorders is particularly detrimental, leading to substantially increased mortality. Obesity will be an increasingly important etiology for AF. Studies show falling trends in the stroke rate for patients with AF, consistent with the general decrease in stroke rates and the increased use of warfarin, but the treatment of patients with AF remains sub-optimal.

William G. Stevenson (Boston, MA) focused the issue of medication efficacy in the treatment

of AF in heart failure patients. Warfarin is the standard of care. The importance of rate control cannot be overemphasized. It normally takes a number of drugs to achieve that goal, with beta blockers commonly combined with digoxin. Recent studies have demonstrated no differences between rhythm control and rate control. Therefore, routine attempts to maintain sinus rhythm are not warranted. However, if a patient is symptomatic, and rate control is difficult, it is reasonable to consider a rhythm control strategy.

Bruce L. Wilkoff (Cleveland, OH) addressed ICD therapy as long-term strategy. ICD therapy prolongs patients' live an average of 1.2 years over 8 years. ICD therapy can be improved by using AAI mode for ventricular

backup pacing, because right ventricular pacing has been shown to increase mortality. Reducing shocks by using antitachycardia pacing and other discriminators is another way to improve ICD therapy.

Vivek Y. Reddy (New York, NY) rounded out the session with a talk on the application of ablation for ventricular tachyarrhythmia (VT) in ICD patients. Clinical efficacy data for VT ablation are limited. Most studies are single-center. Based on the data available, the procedure appears quite safe and effective. We should consider whether ICD patients at high risk of shock should undergo VT ablation to reduce the incidence of shock and prevent ICD storms.

What Every Heart Failure Specialist Should Know About the Explosion of Cancer Therapies

In this session, Thomas Force (Philadelphia, PA) addressed the use of kinase inhibitors in the treatment of cancer. Many cancers are driven by mutations in protein kinases. Kinase inhibitors work by preventing ATP binding in and disrupting downstream signaling pathways in kinases. They can also inhibit angiogenesis. However, kinases are also expressed in the heart, making cardiotoxicity unavoidable. The number of available kinase inhibitors is expected to increase substantially in the future. Drugs such as sunitinib can be effective in difficult-to-treat cancers; it's a matter of balancing use with concomitant left ventricular toxicity.

Daniel J Lenihan (Nashville, TN) spoke on the reversibility of heart failure induced by kinase inhibitors. Significant hypertension and decompensated heart failure have been reported in some studies of sunitinib. Extensive hypertensive remodeling will occur with a drug that destroys capillaries, said Dr. Lenihan. If cardiotoxicity is recognized early, it can be treated effectively with standard heart failure pharmacotherapy. But early detection can be challenging in a cancer patient, where symptoms such as fatigue can be confusing. Some work has suggested that the biomarkers troponin and BNP can be used to detect cardiotoxicity.

Ming Hui Chen (Boston, MA) focused her remarks on cardiovascular disease in survivors of childhood cancer. Anthracyclines and radiation are commonly used to treat childhood cancers and are highly effective, but they have been shown to cause cardiotoxicity. The late cardiovascular effects of cancer therapy are progressive and may not be clinically present for decades. The risk increases with younger age at diagnosis, higher dose, and length of exposure. Women are at higher risk than men. Radiation therapy is also cardiotoxic, with the risk extending to every layer of the heart that is irradiated.

The final speaker, Douglas B. Sawyer (Nashville, TN) addressed anthracycline cardiotoxicity and methods to decrease cardiac damage. Currently, the problem is being approached by infusing a lower concentration of the drug over a longer period of time. Another method is to administer a liposomal version of anthracycline, which appears to lower the drug's cardiotoxicity. Other drugs that lower the cardiac uptake of anthracycline have been administered concomitantly.

Heart Failure Patient Education

Terry A. Lennie (Lexington, KY) led off the session by outlining the challenges involved in educating patients about nutrition and strategies for improving compliance. Some patients might have limited access to the foods we recommend. They may not be available in grocery stores and restaurants frequented by patients, or people may not have transportation to go shopping regularly. Food storage and cooking possibilities may also be limited. Teach patients in the context of their environment to make nutritional recommendations relevant and improve compliance.

Eileen Handberg (Gainesville, FL) presented information on motivating heart failure patients to be more active. Most heart failure patients do not engage in regular exercise. Take individual barriers into account and include the patient's entire family in the planning process to help patients become more successful with an exercise prescription. Realize that lapses will occur and use them as a learning opportunity.

J. Herbert Patterson (Chapel Hill, NC) discussed improving medication management in heart failure patients. Patients' ability to take their medications correctly is dependent on

their knowledge of the medications, cognitive ability, and health literacy. Health literacy is especially important, because research shows that health literacy and adherence are directly correlated. Adherence can be improved by tailoring education to specific drugs. For example, to improve adherence with beta blocker therapy, stress long-term benefits the importance of not stopping the drug.

Paul Heidenreich (Los Angeles, CA) concluded the session with a discussion on healthcare quality measures and the question of compensation for adherence. There are various measures such as national rankings, performance measures, appropriateness measures, patient satisfaction surveys, and clinical outcomes, and mortality and hospitalization statistics. Patient care is constantly changing, so the appropriateness of measures must be re-evaluated. Reimbursement is another problem. Currently, there are disincentives for both hospitals and physicians to implement disease management programs. A pay-for-performance movement that compensates physicians for meeting quality care measures could improve patient care and resolve inequities.

Educational Outreach Successful

In 2007, the Education Committee, chaired by Clyde W. Yancy (Dallas, TX), began a new initiative in the education of primary care physicians. The Primary Care Update, an annual one-day regional review course for primary care physicians and nurses, was phased out. To reach a wider audience the HFSA began an initiative to encourage national scientific meetings focusing on educating primary care physicians, to include a heart failure session as part of their annual meeting.

Since that time, HFSA members have been invited as speakers as speakers for a heart failure session at the American Academy of Family Practice (AAFP) for the past three years, sometimes drawing more than 1,000 attendees, and evaluations have been extremely positive. This year, in addition to the AAFP annual meeting, HFSA members participated

in a HF session at the American College of Physicians (ACP), and the American College of Clinical Pharmacy (ACCP). Clyde W. Yancy was the speaker at ACP, and at the 2009 AAFP meeting he was joined by David DeNofrio (Boston, MA) and Lynne Warner Stevenson (Boston, MA). J. Herbert Patterson (Durham, NC) was a primary organizer for the session at ACCP. Other speakers in the ACCP session included JoAnn Lindenfeld (Denver, CO), J. Thomas Heywood (Loma Linda, CA), and clinical pharmacists Sheryl L. Chow (Los Angeles, CA) and Mark A. Munger (Salt Lake City, UT).

Proposals will be submitted to these organizations for their 2010 programs in addition to the American Academy of Nurse Practitioners (AANP). Other organizations are also under consideration.

2009 Clinical Excellence in Nursing Award Goes to Donna Petruccelli



Barbara Riegel presenting Nursing Award to Donna Petruccelli

Donna Petruccelli, RN, MSN, CRNP was awarded the 2009 HFSA Clinical Excellence in Nursing Award at the 13th HFSA Annual Scientific Meeting. Ms. Petruccelli is currently a Nurse Practitioner at the Center for Advanced Heart Failure at Lehigh Valley Hospital and Health Network, Allentown, PA where she has developed heart failure programs for hospital and hospital-based cardiology practice as well as pioneered hospital heart failure case management and participated in the development of a dedicated CHF Unit. Ms. Petruccelli received her BSN, MSN and CRNP from Temple University. She has participated in several research projects and published in the field of heart failure. This award is given annually to a nurse who is recognized for their excellence in heart failure clinical practice, special achievement in clinical practice or special contribution in the field of heart failure.

Hyde Park Draws a Crowd



As has become a tradition at the Annual Scientific Meeting, Hyde Park drew a crowd as it covered a wide range of topics selected from a large number of abstracts submitted for this “competition.” This year’s topics included how patients are wrecking clinical trials in HF by making too much noise; the art and science of self deception in expert clinicians; clear as an oropharnx: A 14-point review of the absurd game of documentation and HF ‘quality’, new HF diet: load up on fat and lose the carbs; and finally a Motto for the HFSA.



Presenters used humor, deception, outrage, wit, pointed remarks, as well as direct provocation to try and convince the audience that what they were saying had meaning. The audience as usual, responded with pointed questions, comments and laughter.

The Hyde Park session provides an opportunity for presenters to tackle topics of interest in a setting free of the usual peer-review standards. Douglas Shocken (Duke University) and Mandeep Mehra (University of Maryland) tried their best to keep the session at a high scientific level and avoid chaos.

2009 Investigator Awards Presented



Dr. Koch with JNC Basic Science Award Finalists

An important part of the HFSA’s mission is to support new researchers interested in pursuing an academic career in heart failure. Each year at the Annual Scientific Meeting awards for new investigators are presented in basic science, clinical/physiology, and nursing. A panel of experts reviews the abstracts submitted for these competitions and the top five are selected in each category for presentation at the meeting. The winners of this year’s competitions were:



Dr. Anand with JNC Clinical/Integrative Physiology Award Finalists

Jay N. Cohn New Investigator Award: Clinical/Integrative Physiology
Neal K. Lakdawala (Brigham and Women’s)
“Familial Dilated Cardiomyopathy Caused by an Alpha-Tropomyosin Mutation: The Distinctive Natural History of Sarcomeric DCM



Dr. Jurgens with Nursing Research Award Finalists

Jay N. Cohn New Investigator Award: Basic Science

Joel D. Schilling (Washington University)
“TLR4-Mediated Signals Converge on the PGC-1 Family of Nuclear Receptor Coactivators to Control Myocardial Metabolism and Function

Nursing Research Award

Eun Kyeung Song (University of Kentucky)
“Depressive Symptoms, Poor Nutritional Intake and Event-Free Survival in Patients with Heart Failure: A Deadly Chain of Events”