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## Heart Failure Society News

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## 2010 HFSA Lifetime Achievement Award Goes to Eugene Braunwald

Dr. Braunwald, Distinguished Hersey Professor of Medicine at Harvard Medical School and Chairman of the TIMI Study Group at the Brigham and Women's Hospital, received the 2010 HFSA Lifetime Achievement Award recognizing his significant and sustained contributions to the field of heart failure.

Dr. Braunwald received his medical training at New York University and completed his Medical Residency at Johns Hopkins. He served as the first Chief of the Cardiology Branch and as Clinical Director of the National Heart, Lung and Blood Institute and was the founding Chairman of the Department of Medicine at the University of California, San Diego. From 1972 to 1996 he was Chairman of the Department of Medicine at the Brigham and Women's Hospital. He was a founding trustee and Chief Academic Officer of Partners HealthCare System.

Dr. Braunwald's early work focused on the control of ventricular function and he was the first to measure both left ventricular ejection fraction and left ventricular dp/dt in patients. For the past 24 years, as Chairman of the TIMI Study Group,



Dr. Pfeffer presents Dr. Braunwald the 2010 HFSA Lifetime Achievement Award

he and his colleagues demonstrated improved patient survival with a patent coronary artery which led to the widely accepted "open artery hypotheses." In the PROVE-IT TIMI 2 Trial, in 2004, they demonstrated the benefit of more intensive reduction of LDL in high risk coronary artery patients, which has already changed practice guidelines and will favorably affect the lives of millions.

Dr. Braunwald has received numerous honors and awards including the Distinguished Scientist Award of the ACC, Research Achievement, and Herrick Awards of the AHA, and the Gold Medal of the ESC. The living Nobel Prize

winners in medicine voted Dr. Braunwald as "the person who has contributed the most to cardiology in recent years". Dr. Braunwald was the first cardiologist elected to the National Academy of Sciences of the United States.

The award was presented by Marc A. Pfeffer. Previous recipients are Jay N. Cohn (2006, Minneapolis, MN), Arnold M. Katz (2007, Norwich, VT), Michael R. Bristow (2008, Denver, Co), and Kanu Chatterjee (2009, San Francisco, CA).

## First Certification Examination in Advanced HF Now History

The first ABIM certification examination in advanced heart failure and transplant cardiology was offered November 8, 2010, at designated sites around the country. The examination was the culmination of work that began at HFSA in 2005 with the formation of a Training and Certification Committee that developed and submitted a proposal to ABIM for the new secondary subspecialty. The proposal was approved by ABIM in 2007 and by ABMS (American Board of Medical Specialties) in September, 2008.

Approximately 300 cardiologists sat for the first board examination. The next examination will be offered in November, 2012. For more information about the secondary subspecialty in advanced heart

failure and transplant cardiology, visit the ABIM website, www.abim.org.

### Work Begins on MOC Materials

With certification comes maintenance of certification (MOC). During the 10-year period between initial certification and recertification, subspecialists will need to complete 100 points of maintenance-of-certification activities. These activities can be self-evaluation of medical knowledge modules (SEMs, or SAPs) or practice improvement modules (PIMs). HFSA is in the process of developing a SAP module specifically for advanced heart failure and transplant cardiology.

## 2010 Board Review Course Draws 250

The HFSA Board Review Course in Advanced Heart Failure and Transplant Cardiology was held October 1-3, 2010, in Minneapolis, MN. It drew a capacity crowd, primarily cardiologists planning to sit for the first offering of the ABIM certification examination in advanced heart failure and transplant cardiology.

The course, chaired by Barry Greenberg (San Diego, CA), was based on the ABIM examination blueprint, which assigned relative weight to the following content areas:

- 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

Working with Dr. Greenberg in planning and presenting the course were section leaders Javed Butler (Atlanta, GA), John Chin (Sacramento, CA), Wilson S. Colucci (Boston, MA), John P. DiMarco

(Charlottesville, VA), James C. Fang (Cleveland, OH), G. Micheal Felker (Durham, NC), Marvin A. Konstam (Boston, MA), and Margaret M. Redfield (Rochester, MN). Other speakers included Maria Rosa Costanzo (Naperville, IL), Martha Grogan (Rochester, MN), Steven R. Ommen (Rochester, MN), Michael W. Rich (St. Louis, MO), Joseph G. Rogers (Durham, NC), Stuart D. Russell (Baltimore, MD), and James E. Udelson (Boston, MA).

The course, which featured board-type questions and an audience-response system, was extremely well-received, garnering the highest evaluation ratings of any CME activity offered by HFSA. A follow-up survey with attendees who had subsequently taken the certification exam was also very positive.

### Plans for 2011

Since the certification examination is every other year, the next board review course will be in 2012. However, due to the positive response to the 2010 course and the fact that nearly a third of the attendees were not taking the board examination, a comprehensive review course, modeled on the board review, will be offered in 2011. Planning has already started. The course will be offered during late October, 2011, at a location yet to be determined.

## CME Activities Endorsed by HFSA

HFSA has occasionally endorsed CME activities sponsored by other organizations. This process was formalized in early 2009 under the direction of the CME Endorsement Subcommittee of the Education Committee. The subcommittee was chaired by Paul Mather (Philadelphia, PA). Members were David DeNofrio (Boston, MA), Judith Mitchell (New York, NY) and Herb Patterson (Raleigh-Durham, NC).

Requirement for endorsement were established. To be considered, an activity must be CME-accredited, chaired by an HFSA member, focused on heart failure, and held in the US. Other materials, such as a needs assessment and sample evaluation, must be submitted for review. Following an activity, sponsoring organizations are required to submit evidence of speaker disclosure, an evaluation summary, and an attendance summary.

Since June, 2009, 11 activities have been endorsed, attracting a total audience of 1,800. Three activities have been endorsed to date for 2011. Many of these activities are annual and represent ongoing efforts by HFSA members to educate professional audiences about heart failure. If interested in endorsement, please send information to [info@hfsa.org](mailto:info@hfsa.org).

## Mary Beth Earley Awarded 2010 Nursing Clinical Excellence Award



Barbara J. Riegel congratulating Mary Beth Earley

Mary Beth Earley, CCRN, MSN, ANP-c (University of Rochester, Rochester, NY) received the 2010 Award for Clinical Excellence in Nursing. Ms. Earley currently is a nurse practitioner in the University of Rochester Medical Center's Program in Heart Failure and Transplantation. She earned her BS and MS in nursing from the University of Rochester, where she is an Assistant Professor of Clinical Nursing in the School of Nursing.

Ms. Earley was recognized for her important contributions to the clinical care of heart failure patients, particularly in the area of palliative care. Ms. Early is actively involved in interdisciplinary work, quality improvement efforts, and patient education. In her positions at the University of Rochester, she serves as a liaison to interdisciplinary healthcare teams. She has co-authored articles and book chapters as well as a newsletter for the American College of Cardiology. Ms. Earley is well known for her work in education and her many professional roles.

## Follow HFSA on Twitter

If you are looking for instant information about HFSA, try Twitter. For the past year, HFSA has been posting tweets about such topics as the following:

- Updates to time sensitive site content, including:
  1. Guidelines
  2. Consensus statements
  3. Position papers
  4. Working group papers
  5. Perspectives
- Educational activities:
  1. New or updated patient education materials
  2. Annual Scientific Meeting
  3. Board certification in advanced heart failure and transplant cardiology
- Retweets of information that might be of interest to all members

HFSA continues to gain followers, especially among hospitals and clinics with cardiovascular services. To get more information on Twitter, go to the HFSA website ([hfsa.org](http://hfsa.org)) and click on Latest Developments.

## 2011 HFSA RESEARCH FELLOWSHIPS

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

APPLICATIONS AVAILABLE ON-LINE

2011 Research Fellowship Application  
Receipt Deadline:  
**Monday, February 7, 2011**

## Research Awards Presented at Annual Meeting

Three awards for research were made at the Annual Scientific Meeting in San Diego. Five finalists in each category presented their work for the competition. The Nursing Research Award was given to Lisa C. Bauer (University of California, San Francisco, CA) for her presentation on "Cognitive Impairment Patterns in Chronic Heart Failure." Co-authors were Julene K. Johnson and Bunny J. Pozehl.



Nursing research award finalists and Corrine Jurgens (right) who presented the awards.

The Jay N. Cohn New Investigator Award in Clinical-Integrative Physiology went to Valentina Cannone (Mayo Clinic, Rochester, MN) for her presentation, "A Genetic Variant of the ANP Gene is Associated with a Lower Cardiometabolic Risk Profile in the General USA Population." Co-authors on the abstract were Guido Boerringter, Lisa C. Costello-Boerringter, Alessandro Cataliotti, Kent R. Bailey, Brian Lahr, Denise M. Heublein, Richard J. Rodeheffer, Timothy M. Olson, and John C. Burnett.



Clinical-Integrative Physiology award finalists with Christopher O'Connor (left), who presented the awards and Jay Cohn (right) for whom the award is named.

The Jay N. Cohn New Investigator Award in Basic Science was awarded to Veli K. Topkara (Washington University, St. Louis, MO) for the presentation, "Myocardial Recovery is Associated with Molecular Hysteresis in a Model of Conditional Transgenesis." Co-authors included Wei Wang, Huei-Ping Tzeng, Feng Gao, Amanda Camp, Charles Gu, Jeffery Robbins, Philip M. Barger, and Douglas L. Mann.



Basic Science award finalists and Walter Koch (left) who presented the awards and Jay Cohn (right) for whom the award is named.

## Reaching Out... Heart Failure Awareness and Education

### Heart Failure Awareness Week

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 13-19, 2011. Examples include symposia, screening sessions for heart failure risk factors, and presentations on diet, nutrition, and other subjects of general interest. There is a tool kit with resources on the HFSA web site ([about.hf.org](http://about.hf.org)) for events designed for patients and families. It includes a set of slides, recently updated. For professional educational activities a set of core slides based on the 2010 HFSA Comprehensive Heart Failure Guidelines is available online at [www.heartfailureguideline.org](http://www.heartfailureguideline.org).

If you are involved in educational activities during Heart Failure Awareness Week, please send some information about the event to HFSA at [info@hfsa.org](mailto:info@hfsa.org) or [bgalle@hfsa.org](mailto:bgalle@hfsa.org). The HFSA spring newsletter always includes articles about Awareness Week events. Information to send includes: the title of the event and key talks, names of people involved, attendance numbers and types of attendees (physicians, nurses, public, etc.), and other information you think relevant. Photographs are appreciated.

### Educational Outreach Valuable to Speakers and Audiences Alike

Since 2007, under the leadership of the Education Committee, chaired first by Clyde W. Yancy (Dallas, TX) and now Stephen Gottlieb (Baltimore, MD), HFSA has been "embedding" presentations on heart failure in the annual meetings of primary care physicians and other health professionals. Each year, HFSA submits program proposals through society-specific procedures, sometimes collaborating with society members in their development.

In 2010, HFSA speakers have given presentations on heart failure at the annual meetings of the American College of Physicians, the American Society of Hypertension, the American Academy of Family Physicians, and the American College of Clinical Pharmacy, attracting large audiences in every case.

At the 2010 American Academy of Family Practice (AAFP) Annual Scientific Session in Denver, two

presentations on heart failure was given by Drs. Yancy, Gottlieb, and JoAnn Lindenfeld (Denver, CO) to audiences totaling approximately 600. The sessions followed objectives established by the AAFP and consisted of a progressive case study and brief presentations on heart failure classification and diagnosis, heart failure prevention, and an overall algorithm for treatment. Evaluations of the session were extremely positive, as they have been the last 4 years at AAFP.

The 2010 Annual Meeting of the American College of Clinical Pharmacy was held in Austin, TX, in October. The session on heart failure was a joint session of the ACCP and HFSA, developed in collaboration with HFSA by Mark Munger (Salt Lake City, UT), a Pharm.D. and member of HFSA. Speakers included three clinical pharmacists, Drs. Munger, Tien Ng (Los Angeles, CA), and Kerry Pickworth (Columbus, OH); and two physicians, Drs. Lindenfeld and Mandeep Mehra (Baltimore, MD). It featured presentations on:

- Heart Failure Therapy in Special Populations: The Same or Different?
- Therapeutic Approach to the Patient with Left Ventricular Dysfunction and Atrial Fibrillation
- Depression and Heart Failure: SAD-HEART
- The Present and Future Treatment of Heart Failure: What Works and What Needs Rethinking?

The session was standing-room only for 600-700 attendees, about half those present at the meeting.

The heart failure sessions are designed to meet the needs of the attendees, whether they are internists, family physicians, or pharmacists. Efforts are underway to become more involved in nursing meetings, such as the annual meeting of the American Association of Nurse Practitioners. However, speakers learn a great deal, too. Audience questions are always very stimulating and reflect the real-world needs of clinicians who are responsible for treating patients with a wide range of diseases.

### Future Heart Failure Awareness Weeks

2011: February 13-19

2012: February 12-18

2013: February 10-16

## 2010 HFSA Practice Guideline Published

The 2010 HFSA Comprehensive Heart Failure Practice Guideline was published in the *Journal of Cardiac Failure* in June, 2010. It represents a systematic revision of the 2006 guideline by the HFSA Guideline Committee, chaired by JoAnn Lindenfeld (Denver, CO), and the HFSA Executive Council. A section on the genetic evaluation of cardiomyopathy, previously published separately, became the 17th section in the new guideline.

Among the highlights of the recommendation changes, which can be found in a separate table in the guideline, are:

- A new recommendation in the section 4, on evaluation: 4.16. Evaluation of myocardial ischemia is recommended in those who develop new-onset LV systolic dysfunction especially in the setting of suspected myocardial ischemia or worsening symptoms with pre-existed CAD.
- Addition of criteria for endocarditis prophylaxis (Recommendation 6.15) and a new recommendation on exercise based on the HF-ACTION trial: 6.19. It is recommended that patients with HF undergo exercise testing to determine suitability for exercise training (patient does not develop significant ischemia or arrhythmias). (Strength of Evidence = B) If deemed safe, exercise training should be considered for patients with HF in order to facilitate understanding of exercise expectations (heart rate ranges and appropriate levels of exercise training), to increase exercise duration and intensity in a supervised setting, and to promote adherence to a general exercise goal of 30 minutes of moderate activity/exercise, 5 days per week with warm up and cool down exercises. (Strength of Evidence = B)
- A new recommendation in section 7 on heart failure in patients with reduced ejection fraction: 7.41. -3 polyunsaturated fatty acids (PUFA) may be considered to reduce mortality in HF patients with NYHA class II-IV symptoms and reduced LVEF. (Strength of Evidence = B)
- A significant rewrite of the end-of-life portion of section 8 on disease management
- A revision of the LVEF criteria and strength of evidence based on ischemic vs. non-ischemic etiology for prophylactic ICD placement (Recommendation 9.4)

- A new recommendation for “bridge to decision” in section 10 (surgical approaches): 10.7. Patients with refractory HF and hemodynamic instability, and/or compromised end-organ function, with relative contraindications to cardiac transplantation or permanent mechanical circulatory assistance expected to improve with time or restoration of an improved hemodynamic profile should be considered for urgent mechanical circulatory support as a “bridge to decision.” These patients should be referred to a center with expertise in the management of patients with advanced HF. (Strength of Evidence = C)
- Several new recommendations in section 12 on acute heart failure: 12.15. Use of non-invasive positive pressure ventilation may be considered for severely dyspneic patients with clinical evidence of pulmonary edema. (Strength of Evidence = A). 12.16. Venous thromboembolism prophylaxis with low dose unfractionated heparin (UFH), low molecular weight heparin (LMWH), or fondaparinux to prevent proximal deep venous thrombosis (DVT) and pulmonary embolism (PE) is recommended for patients who are admitted to the hospital with ADHF and who are not already anticoagulated and have no contraindication to anticoagulation. (Strength of Evidence = B) Venous thromboembolism prophylaxis with a mechanical device (intermittent pneumatic compression devices or graded compression stockings) to prevent proximal DVT and PE should be considered for patients who are admitted to the hospital with ADHF and who are not already anticoagulated and who have a contraindication to anticoagulation. (Strength of Evidence = C)
- New recommendations for the use of ARBs in women with heart failure and hydralazine/isosorbide dinitrate in African-American women with heart failure.

A searchable version of the complete guideline can be found online at [www.heartfailureguideline.org](http://www.heartfailureguideline.org), accessible through the HFSA website, [www.hfsa.org](http://www.hfsa.org). The executive summary was published in *Journal of Cardiac Failure* (2010;16:475-539), as was the complete guideline (2010;16:e1-e194). A PDF file of the entire guideline is also available on the JCF website. The incoming chair of the Guideline Committee, Randall Starling (The Cleveland Clinic, Cleveland, OH), is working with the committee to establish a new update and revision process and explore best methods for dissemination.

## Journal Completes First Twelve-Issue Year

The *Journal of Cardiac Failure* (JCF) is completing its first year and of monthly issues and its first year with Gary Francis (Minneapolis, MN) as editor-in-chief. Submissions are up approximately 10% over the previous year. The current impact factor for JCF is 3.254.

As in the past, the largest number of submissions comes from North America, followed by Europe, then Asia. The journal continues as a mix of clinical investigations, trials, methods, reviews, and basic science papers. The acceptance rate is approximately 30-35 percent.

Working with Dr. Francis are associate editors Inder Anand (Minneapolis, MN), Bradley Bart (Minneapolis, MN), Javed Butler (Atlanta, GA), Horng H. Cheng (Rochester, MN), Mark H. Drazner (Dallas, TX), Daniel J. Garry (Minneapolis, MN), Michael M. Givertz (Boston, MA), Steven R. Goldsmith (Minneapolis, MN), Sidney Goldstein (Detroit, MI), Steven R. Houser (Philadelphia, PA), Dennis M. McNamara (Pittsburgh, PA), W.H. Wilson Tang (Cleveland, OH), Niraj Varma (Cleveland, OH), Hector O. Ventura (New Orleans, LA), and Suzanne J. Wingate (Gaithersburg, MD). Statisticians are John Connett (Minneapolis, MN), Michael Kuskowski (Minneapolis, MN), Beth Davison Weatherley (Durham, NC), and Yuping Wu (Cleveland, OH).

Heart Failure Society  
of America

### 15th Annual Scientific Meeting

September 18 – 21, 2011  
Hynes Convention Center  
Boston, MA

