



SCIENTIFIC SESSION NEWS

Vol. 24, No. 5

American College of Cardiology • 55th Annual Scientific Session • i2 Summit

Atlanta • March 11 - 14, 2006

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DON'T FORGET

The Annual Business Meeting of the ACC is today, 9:30 a.m., Room B305, GWCC.

The Douglas P. Zipes Distinguished Young Scientist Award Lecture is Monday, 9 a.m., Hall A103, GWCC.

Convocation is Monday, 6 p.m., Centennial Ballrooms II, III and IV at the Hyatt Regency Atlanta.

Exhibition Hall hours:
 Sunday, 8:30 a.m. – 5 p.m.
 Monday, 8:30 a.m. – 5 p.m.
 Tuesday, 8:30 a.m. – 4 p.m.

ACC.06 Spotlight Sessions take place Sunday from 7:30 a.m. – 7 p.m., GWCC

ACC President Opens Session, Urges Focus On Imaging

Calling it a landmark day for cardiovascular medicine, Pamela S. Douglas, M.D., F.A.C.C., president of the American College of Cardiology, opened the 55th Annual Scientific Session and the inaugural Innovation in Intervention: i2 Summit 2006 in Atlanta on Saturday.

Speaking to a crowded hall of cardiovascular specialists from across the United States and around the world, Douglas highlighted the celebratory theme of this year's conferences and focused on the new and improved programs, technologies and opportunities available to attendees.

Douglas' plenary speech built on the topic of "new" opportunities, by addressing the issue of medical imaging — called one of the top 11 medical developments of the past 1,000 years by the *New England Journal of Medicine*. "New diagnostic tools and creative treatments have sparked an exciting evolution in medicine," said Douglas. "While this would



ACC President Pamela Douglas opens the 55th Annual Scientific Session.

seem to be a positive change, sometimes we adopt these new tools with not enough thought to ensuring quality."

According to Douglas, improving qual-

ity imaging is a "professional imperative." She cited rapid growth, inconsistent use, few regulatory controls, little evidence for

See **OPENING SESSION**, page 11

New NHLBI Director Sees Future of CV Medicine



Elizabeth G. Nabel delivers the Dack Lecture.

Medical care based on knowledge gained from the Human Genome Project and gene-based studies represents the future of cardiovascular medicine, said Elizabeth G. Nabel, M.D., F.A.C.C., the new director of the National Heart, Lung and Blood Institute, in Saturday's Simon Dack Lecture.

"Virtually all diseases, except maybe trauma, have a genetic component," Dr. Nabel said. "The discovery of hereditary factors in cardiovascular diseases will allow a future in which medicine is predictive, preemptive and personalized."

Genomic medicine will provide new ways to predict individual risk for cardio-

vascular diseases, new and individualized ways to detect subclinical cardiovascular diseases early, and individualized or personalized ways to treat common diseases, she explained.

HapMap Project

Dr. Nabel said that the International HapMap Project is developing a haplotype map of the human genome to describe common patterns of human DNA sequence variations. The HapMap is expected to be a key resource for researchers.

The NHLBI is conducting a variety of genetic and genomic studies, including

See **FUTURE**, page 6

Don't Miss This!

Innovation in Intervention: i2 Summit sessions open today at 8 a.m. with State-of-the-Art Lectures Hall C, GWCC



Meeting Reminders for ACC.06 and i2 Summit

Registration

ACC.06 registration is located in Hall A1 of the Georgia World Congress Center (GWCC) and is open during these times:

Sunday	7 a.m. – 6 p.m.
Monday	7 a.m. – 5 p.m.
Tuesday	7 a.m. – 5 p.m.

i2 Summit registration is located in Hall A1 of the GWCC during the same hours as ACC.06 or in the Lobby of Building C with the following hours:

Sunday	7 a.m. – 7 p.m.
Monday	7 a.m. – 6 p.m.
Tuesday	7 a.m. – 2 p.m.

ACC Office

The ACC Office is located in Room B212 of the GWCC. Telephone (404) 222-5899; fax: (404) 222-5883. ACC staff are available during the following hours:

Sunday	7:30 a.m. – 6 p.m.
Monday	7:30 a.m. – 6 p.m.
Tuesday	7:30 a.m. – 6 p.m.

i2 Summit Office

The i2 Summit office is located in Room C308, GWCC. Telephone: (404) 222-5921; fax: (404) 222-5925. ACC staff are available during the following hours:

Sunday	7 a.m. – 6 p.m.
Monday	7 a.m. – 6 p.m.
Tuesday	7 a.m. – 2 p.m.

ACC Central

ACC Central, Booth #2857, is the place to visit for news on educational programs, products, advocacy developments and new College ventures designed to improve clinical practice and management. Attendees may also update their memberships and pick up copies of the latest ACC publications.

ACC Exposition

The ACC Exposition features more than 400 exhibitors displaying a variety of equipment, drugs, devices and services. The expanded Exposition, a must-see for all cardiovascular professionals, is open to ACC.06 and Innovation in Intervention: i2 Summit attendees.

Sunday	8:30 a.m. – 5 p.m.
Monday	8:30 a.m. – 5 p.m.
Tuesday	8:30 a.m. – 4 p.m.

Shuttle Service

Complimentary shuttle service will operate daily from the GWCC and official hotels. Check the shuttle signs posted in the lobby of each hotel for additional information, changes, frequency of service and specific departure times for the designated route. Hours of operation:

Sunday	6 a.m. – 6 p.m.
Monday	6 a.m. – 6 p.m.
Tuesday	6 a.m. – 8 p.m.

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

Information Stations

Attendees will find Information Stations located in the A/B Entrance (across from the Terraces), Building B (Level 2), and outside of Room A312. The i2 Summit 2006 Information Station is located in Lobby C. At the Information Stations, attendees may access the Internet; browse the education sessions; plan, save and print onsite itinerary; locate attendees, exhibitors and products; and view the Exposition floorplan.

Restaurant Reservations

The Annual Scientific Session Restaurant Reservation Service is located in A/B Main Entrance during the following hours:

Sunday	9 a.m. – 5 p.m.
Monday	9 a.m. – 5 p.m.
Tuesday	9 a.m. – 5 p.m.



ACC.06 Industry Alliance Awards

In appreciation for the generous support of the American College of Cardiology Foundation

Diamond Heart Award

Pfizer

Platinum Heart Award

Bristol-Myers Squibb/Sanofi Pharmaceuticals Partnership

Gold Heart Award

AstraZeneca LP
GlaxoSmithKline
Merck/Schering-Plough Pharmaceuticals
sanofi-aventis

Silver Heart Award

Boston Scientific Corporation	GE Healthcare
Bristol-Myers Squibb Company/	Medtronic, Inc.
Bristol-Myers Squibb Medical Imaging	The Merck Company Foundation
Cordis, a Johnson & Johnson company	Novartis Pharmaceuticals Corporation
Guidant Foundation	

Bronze Heart Award

Abbott Laboratories	Guidant Corporation
Astellas Pharma US, Inc./Astellas US Foundation	Merck & Co., Inc.
Bayer HealthCare LLC	NitroMed, Inc.
Beverage Institute for Health and Wellness at Coca-Cola	Otsuka America Pharmaceutical, Inc.
Biosite Incorporated	Philips Medical Systems, Inc.
CV Therapeutics	Siemens Medical Solutions USA, Inc.
Eli Lilly and Company	

CO001 *Support of 2005 educational activities.*

Innovation in Intervention: i2 Summit Convenes on Sunday

The Innovation in Intervention (i2) Summit convenes on Sunday in Hall C, GWCC.

Here are some highlights of the i2 Summit schedule on Sunday:

- **State-of-the-Art Lectures**, 8 – 9 a.m.
- **VIVA @ i2 Laptop Learning for Peripheral and Vascular Interventions** (repeated on Monday), 8 a.m. – 5:30 p.m.
- **Nurse/Tech @ i2**, 8 a.m. – 5 p.m.
- **Chronic Total Occlusion: Meet the Experts**, 10 – 11 a.m.
- **Stroke on the Table: What Next? Meet The Experts**, 10 – 11 a.m.
- **Live Case Transmission Session I**, 10:30 a.m. – noon
- **Percutaneous Coronary Intervention During ST Segment Elevation Myocardial Infarction**, 10:30 a.m. – noon
- **Plugging the Holes: Congenital and Acquired**, 10:30 a.m. – noon
- **Emerging Technology I: Stents**, 1:30 – 3:30 p.m.

- **Structural Heart Disease: Patent Foramen Ovale**, 1:30 – 2:15 p.m.
- **Drug-Eluting Stent Misadventures: Meet The Experts**, 2 – 3 p.m.
- **Will Computed Tomography Replace Diagnostic Heart Catheterization? Meet The Experts**, 2 – 3 p.m.
- **Live Case Transmission Session II**, 2 – 3:30 p.m.
- **Structural Heart Disease: Percutaneous Treatments for Aortic Stenosis**, 2:30 – 3:45 p.m.
- **Our Worst Nightmares: Interventional Complications: Meet The Experts**, 3:30 – 4:30 p.m.
- **Live Case Transmission Session III**, 4 – 5:30 p.m.
- **Stroke Prevention for the Interventional Cardiologist**, 4 – 6 p.m.
- **Adjunct Percutaneous Coronary Intervention Strategies in the Drug-Eluting Stent Era**, 4 – 6 p.m.

i2 Summit: Late-Breaking Clinical Trials for Sunday

i2 Summit 2006 Session # 2402: Late-Breaking Clinical Trials I

Sunday, 9 – 10:20 a.m., Hall C3, GWCC
Moderators: George D. Dangas, M.D., Carlo Di Mario, M.D.; Panelists: Nicolas A. Chronos, M.D.; Raimund Erbel, M.D.

- Final Results of the TYPHOON Study, a Multi-Center Randomized Trial Comparing the Use of Sirolimus-Eluting Stents to Bare Metal Stents in Primary Angioplasty for Acute Myocardial Infarction
- Randomized Comparison of Paclitaxel Eluting Stent Versus Conventional Stent in ST-segment Elevation Myocardial Infarction: Results of the PASSION Trial
- Comparative Late Clinical

Outcomes of Paclitaxel and Sirolimus-Eluting Coronary Stents in Diabetic Patients From a Large Prospective Multicenter Registry: Results From the Strategic Transcatheter Evaluation of New Therapies (STENT) Group

- A Prospective, Multicenter, Randomized Trial Evaluating the TAXUS Paclitaxel-Eluting Coronary Stent Versus Vascular Brachytherapy for the Treatment of Bare Metal Stent In-Stent Restenosis: The TAXUS-V ISR Trial



Sunday's Late-Breaking ACC.06 Clinical Trials

ACC.06 Session 402: Late-Breaking Clinical Trials I

Sunday, 10:30 a.m. – noon, Hall A2, GWCC

Moderators: Paul W. Armstrong, M.D., Eric N. Prystowsky, M.D., W. Douglas Weaver, M.D., Matthew R. Wolff, M.D.

- A Controlled Randomized Trial of Circumferential Pulmonary Vein Ablation Versus Antiarrhythmic Drug Therapy for Curing Paroxysmal Atrial Fibrillation: The Ablation for Paroxysmal Atrial Fibrillation (APAF) Trial
- Year Cardiovascular Event Rates in a Global Contemporary Registry of Over 68,000 Outpatients With Atherothrombosis: The Reduction of Atherothrombosis for Continued Health (REACH) Registry Results
- The Main Results of the CHARISMA Trial
- Prospective, Randomized Comparison of Heparin Plus IIb/IIIa Inhibition and Bivalirudin With or Without IIb/IIIa Inhibition in Patients With Acute Coronary Syndromes: The ACUITY Trial

ACC.06 Session 405: Smaller Trial Late-Breaking Clinical Trials I

Sunday, 2 – 3:30 p.m., Hall A103, GWCC

Moderators: John P. Cooke, M.D., Douglas W. Losordo, M.D.

- A Randomized Trial of Atorvastatin for Reduction of Postoperative Atrial Fibrillation in Patients Undergoing Cardiac Surgery: Results From the ARMYDA-3 (Atorvastatin for Reduction of Myocardial Dysrhythmias After Cardiac Surgery) Study
- The Physical Counterpressure Manoeuvre Trial (PC-Trial): Study on the Effectiveness of Physical Counterpressure Manoeuvres in Preventing Vasovagal Syncope
- Therapeutic Angiogenesis With Intramuscular NV1FGF Improves Amputation-Free Survival in Patients With Critical Limb Ischemia
- A Multicenter, Randomized, Double-Blind, Placebo-Controlled Study of Immune Modulation Therapy in Patients With Symptomatic Peripheral Arterial Disease: The SIMPADICO Trial
- Safety and Efficacy of Bone Marrow Mobilization With Granulocyte-Macrophage Colony Stimulating Factor in Patients With Intermittent Claudication
- State-of-the-Art Commentary on Peripheral Arterial Disease: Novel Therapies

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Scientific Sessions Exhibitors Keen on Attendee Needs

Thanks to convenient hours and a record number of exhibitors, Scientific Sessions attendees will have many opportunities to learn about the latest developments in cardiovascular products and services at the ACC.06 Exposition. Nearly 400 companies have brought their expertise in cardiovascular and related fields to the show floor, giving attendees first-hand information about latest, cutting-edge pharmaceutical products, medical devices, equipment and services.

In addition, the Interventional Pavilion spotlights exhibitors with technologies of specific interest to the interventional cardiovascular community, as well as simulation training for specific procedures and devices.

While Medtronic has exhibited at Scientific Sessions for several decades, its i2 Summit founding patron status sets the tone for the company to position

itself in the Interventional Pavilion.

"It's important for us to have a presence here. Interventional cardiologists and the referral audience are important to us, and, this year, i2 sets us apart," said Jill Schmitt, senior convention manager for Medtronic.

For the first time at Scientific Sessions, McKesson has brought its message to the exposition floor. According to Mike Brozino, vice-president of sales and marketing for McKesson, McKesson recently acquired Medcon, a provider of cardiology imaging and IT solutions, opening the door for McKesson's entry to Scientific Sessions.

"This is a natural extension of our enterprise imaging strategy, but also a

logical extension of our clinical strategy," Brozino said. "When people look at McKesson, they will see a company that can deliver comprehensive solutions for

the cardiovascular continuum of care — from the physician practice, to the hospital, to the home, and to all that is in between. We will become a very strong partner with ACC."

An already longtime partner with ACC, the Canadian Cardiovascular Society (CCS) has exhibited at Scientific Sessions for a number of years.

"Scientific Sessions is an opportunity for us to get together with our Canadian and ACC colleagues to discuss opportunities for collaboration," said John Parker, director of

knowledge translation with the CCS.

CCS, which has 1,400 members, is a growing organization, said Parker, who noted that the CCS collaborated with ACC to develop guidelines in 2005.

"We want to share our commitment to cardiovascular care, and this is an important opportunity for our two organizations," Parker added.

While visiting the ACC.06 Exposition, be sure to stop by the ACC Central booth — the place to be for news about educational programs, products, advocacy development and new College ventures designed to improve your clinical practice and management. Learn about ACC membership categories or update your membership. Come enjoy select educational sessions beamed in the theater, pick up the latest publications and mingle with the staff responsible for all the enjoyable College services.

Exposition Hours

Sunday 8:30 a.m. - 5 p.m.

Monday 8:30 a.m. - 5 p.m.

Tuesday 8:30 a.m. - 4 p.m.

Halls B2-B5 of the Georgia World Congress Center.



Attendees visit the ACC Exposition and i2 Summit.



Convocation Monday Night

The College's annual Convocation will be held Monday at 6 p.m., in the Centennial Ballrooms II, III, and IV at the Hyatt Regency Atlanta. For Convocation, new Fellows will assemble at the Hyatt Regency Atlanta in the Centennial Ballroom at 5 p.m.

Attention Fellowship Candidates

In preparation, all Fellowship candidates must sign the Convocation Register located in the Convocation office, adjacent to Registration in Hall A of the Georgia World Congress Center by noon Monday.

The Convocation office will be open on Saturday and Sunday, 8 a.m. – 5 p.m., and on Monday, 8 a.m. – noon. Certificates will be available immediately following the ceremony only for those candidates who sign the register by noon on Monday.

ACC.06 Online Takes New Approach

ACC.06 Online offers a new approach from last year's ACC.05 Online. This year ACC.06 Online is available to all Internet visitors, not just attendees of the Scientific Sessions in Atlanta. It also includes more information. The ACC.06 Online Web site provides the opportunity to view select sessions from both ACC.06 and the i2 Summit: Innovation in Intervention. The site presents daily highlights of select sessions, rapid news services, press conferences and videos. Key lectures will be available starting Sunday.

The site is available via kiosks or your laptop while attending the 2006 Annual Scientific Session and the i2 Summit and will remain available after the Sessions are over. The site may be accessed directly from <http://acc06online.acc.org>, www.acc.org or www.cardiosource.com.

Discover What ACC Central Has to Offer

You'll discover first-hand what it means to be a member of the American College of Cardiology (ACC) when you visit the ACC Central Booth #2857 on the Expo floor located in Hall B.

Visitors to the state-of-the-art booth can interact with live demonstrations of products, pick up full text guideline updates on CD-ROM, receive a new suite of Cardiology Essentials tools courtesy of ACC's Cardiosource, learn more about key ACC membership, education and quality programs and much more.

Two new products from the American College of Cardiology Foundation (ACCF) are up and running for live demos. The new Cardiovascular Computed Tomography Self-Assessment Program (CCTSAP) and a new, updated version of the renowned Echocardiography Self-Assessment Program — EchoSAP 5 — aim to help cardiovascular professionals keep up with the science of imaging and echocardiography. In addition, the ACCF's Cardiovascular Magnetic Resonance Self-Assessment Program (CMRSAP) is being reintroduced at ACC.06.

ACC and American Heart Association (AHA) Clinical Practice Guidelines and Pocket Guides for PDAs are also available. All ACCF Pocket Guides easily cross-index with other PDA medical references, such as medical calculators, FDA alerts and drug monographs. In addition to the Pocket

Guides for PDAs, visitors can register for the ACC's Cardiosource and get Cardiology Essentials, a suite of tools designed for the cardiovascular professional to download to his/her PDA. Cardiosource is a free educational benefit for members.

ACC Central also provides opportunities to learn more about ACC programs like the National Cardiovascular Data Registry

(ACC-NCDR®) and CathKIT™, both of which can help build and ensure quality in health care programs. ACC Advocacy also has a distinct presence, providing opportunities for attendees to learn about the critical issues facing cardiovascular specialists at the state and federal levels.

Cardiac Care Associate (CCA) members and non-ACC member nurses and physician

assistants can pick up applications and membership sponsor letters, as well as information on how to navigate ACC.06 and the i2 Summit. In addition, the latest issue of the newly redesigned *Cardiology* magazine is available to all conference participants and interested parties can get a virtual tour of what ACC's new Heart House will look like in Washington, D.C.

ACC Central Theatre Schedule

Sunday

10 – 10:30 a.m.

ACC-ePOCRATES Essentials for Cardiology: A Critical Tool for Your Handheld

10:45 – 11:15 a.m.

PDA 101: How to Use Your Personal Digital Assistant/SmartPhone in Everyday Clinical Practice

12:15 – 12:45 p.m.

ACC NCDR ICD® Registry™

1 – 1:30 p.m.

ACC-ePOCRATES Essentials for Cardiology: A Critical Tool for Your Handheld

3:30 – 4 p.m.

ACC NCDR ICD® Registry™

4:15 – 4:45 p.m.

PDA 101: How to Use Your Personal Digital Assistant/SmartPhone in Everyday Clinical Practice

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FUTURE

Continued from page 1

the Framingham Genetic Research Study, genome-wide association studies and large-scale genotyping studies.

The Framingham Genetic Research Study 2006-2007 uses DNA samples from 9,000 participants in the Framingham Heart Study to genotype the samples and create a database of genotypes and phenotypes. The study aims to stimulate gene

discovery and generate new haplotypes, she said.

The NHLBI is also using data from the Women's Health Initiative, which it administers, and extending the study for another five years to determine women's risk for stroke, blood clots, breast cancer and bone fractures based on genetics.

Paradigm Shift

Information learned from genomic studies will create a paradigm shift in cardiovascular medicine, Dr. Nabel said. She

gave an example of applying genomic medicine to patients with familial hypertrophic cardiomyopathy (HCM), the most common heritable cardiac disorder and the most frequent cause of sudden cardiac death in children and adolescents.

"Genotype predicts phenotype and survival," she said in explaining why it's important to understand genotypes. HCM is caused by gene mutations in sarcomere proteins.

Genotyping data will allow scientists to identify and treat patients at risk for car-

diovascular diseases early, monitor patients at risk for disease based on genotype for early conversion from a benign to a hypertrophic phenotype, and conduct clinical studies to guide interventions and improve patient outcomes.

Genomic medicine would permit scientists to initiate trials of potential interventions for HCM based on genotype data and collect clinical information on patients with HCM from registries of patients.

Another example of an application of genomic medicine is in determining the

"We are now at a beginning at which we can apply this important technology and new understanding to a whole variety of cardiovascular diseases."

— Elizabeth G. Nabel, M.D., F.A.C.C.

optimal dose of warfarin to prevent thromboembolism, Dr. Nabel said. Physicians write about 21 million warfarin prescriptions in the United States each year.

However, the appropriate dose is influenced by the patient's stores of vitamin K, liver function, co-existing medical conditions, concurrent medications, cytochrome P450 2C9 gene mutations and VKORC1 haplotypes of the vitamin K epoxide reductase complex 1.

Using gene-based clinical trials, researchers would be able to adjust the dose of warfarin each patient receives according to that patient's genotype and haplotype, she said.

"We are now at a beginning at which we can apply this important technology and new understanding to a whole variety of cardiovascular diseases," Dr. Nabel concluded. That effort will require teams of individuals working together, including geneticists, clinicians and biostatisticians.

ACC.06
Abstracts on
CD-ROM

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ACCC2006

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ACC's Registry Databases Expand to New Arenas

Measuring the quality of cardiovascular care requires powerful tools, such as the series of registries the ACC has developed under the umbrella of the ACC-National Cardiovascular Data Registry® (ACC-NCDR®).

Initially designed to track diagnostic and interventional percutaneous coronary interventions through its CathPCI Registry™, the ACC-NCDR has recently expanded its scope to include a registry for implantable cardioverter-defibrillator devices, and another registry to track carotid procedures.

More than 500 physicians, nurses, data managers, quality assurance professionals and others representing all facets of the cardiac care team came together here in Atlanta for the 7th Annual ACC-NCDR Meeting on Friday and Saturday to learn about contributing to the databases.

Participating in the program were representatives from the Heart Rhythm Society (HRS) and the Society for Cardiac Angiography and Interventions (SCAI).

"The ACC-NCDR continues to expand and improve," said H. Vernon Anderson, M.D., a member of the ACC's NCDR Task Force and professor of medicine at the University of Texas Health Science Center at Houston.

He said that in 2005, the CathPCI Registry welcomed more than 100 new participants, and now numbers more than 700. Also in the news, the CathPCI Registry has begun providing its CathKIT® guide to quality improvement free of charge to all ACC-NCDR CathPCI Registry participants.

The ACC-NCDR has also moved into the area of implantable cardioverter devices with its new ICD Registry™, developed in partnership with the Heart Rhythm Society.

Anderson said that the Center for Medicare and Medicare Service (CMS) has decided to use exclusively the ICD Registry for institutions to present data to the CMS. As of April 1, 2006, the ACC-NCDR ICD Registry will be the sole repository of information on for implantable cardioverter defibrillator devices for more than 1,300 hospitals in the United States.

The registry will be studied to determine if appropriate patients are receiving the devices, and it also has an important potential role in evaluating device performance.

And by the end of March, the ACC-NCDR will launch a multi-specialty working group to develop a Carotid Intervention Registry. Participation in this registry will meet CMS mandates with regard to reimbursement for carotid stenting procedures in Medicare patients.

"There are tremendous efforts underway to expand accumulation of data to improve the quality of patient care in these three arenas," Anderson said.

He said that through the CathPCI Registry, the ICD Registry and the new Carotid Intervention Registry program, institutions and individual practitioners can match their outcomes with specific guideline suggestions for patient care.

"We are using the registries to see if guideline-directed care does improve patient outcomes," Anderson said. The ultimate idea is to help practicing physicians become aware of the guidelines, he said, to help them absorb and learn the guidelines and to provide practitioners with evidence that the use of guidelines actually does improve patient care.

On the other side of the process, he said, new data derived from registries on new procedures and practices is fed back to the guidelines writers so the guidelines can be altered and updated.

A Must-See Panel Session

Don't miss the panel session "CT: Who's Ready to Slice It?" at the Annual Scientific Session on Monday at 12:30 p.m., Room A406, in the GWCC.

The session will examine the issues surrounding CT and discuss its impact on the delivery of health care. Panelists will be on hand to speak from the perspectives of cardiology, radiology, health plans, employers, radiology management vendors and equipment manufacturers.

ACC.06 Annual Business Meeting

The Annual Business Meeting of the College will be held 9:30 a.m., Sunday, Room B305 of GWCC.

Draft agenda:

- Introductory Remarks — Pamela S. Douglas, M.D., F.A.C.C.
- List of Deceased Members during the Past Year — Pamela S. Douglas, M.D., F.A.C.C.
- Report of the Secretary - Richard A. Chazal, M.D., F.A.C.C.
- Report of the Nominating Committee — Carl J. Pepine, M.D., M.A.C.C.
- Report of the Treasurer — W. Douglas Weaver, M.D., F.A.C.C.

ACC Cardiology Career Center

Planning your career? Don't forget to stop by the ACC Cardiology Careers Placement Center, Room B213, GWCC. The Center will be open throughout for fellows to search for jobs and meet with employers about potential job openings.

The Placement Center is also hosting an Open House on Sunday, 9 – 10 a.m. Stop in for breakfast and learn how to find the job you are looking for.

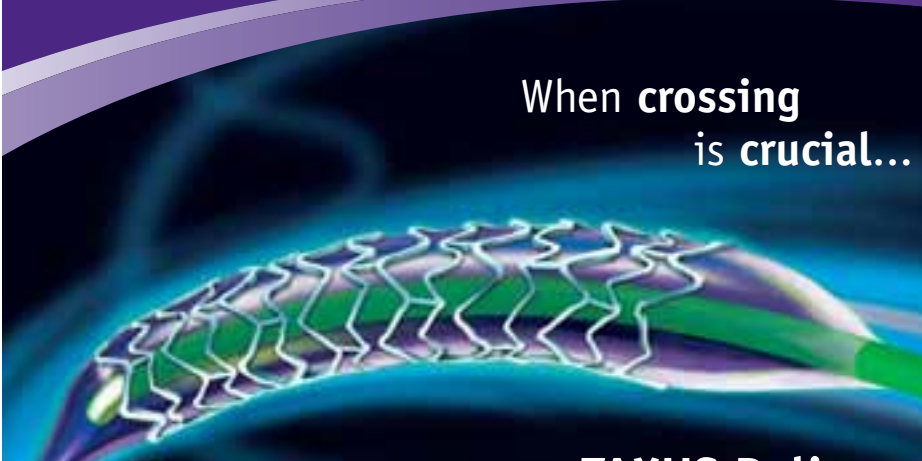
Hours:

Sunday 8:30 a.m. – 5 p.m.
 Monday 8:30 a.m. – 5 p.m.
 Tuesday 8:30 a.m. – 4 p.m.

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When crossing
is crucial...



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INDICATIONS
 The TAXUS Express²™ Paclitaxel-Eluting Coronary Stent System is indicated for improving luminal diameter for the treatment of de novo lesions $\leq 28\text{mm}$ in length in native coronary arteries ≥ 2.5 to $\leq 3.75\text{mm}$ in diameter.

CONTRAINDICATIONS
 Use of the TAXUS Express² Paclitaxel-Eluting Coronary Stent System is contraindicated in patients with:

- Known hypersensitivity to paclitaxel or structurally related compounds.
- Known hypersensitivity to the polymer or its individual components.

Coronary Artery Stenting is contraindicated for use in:

- Patients in whom antiplatelet and/or anticoagulant therapy is contraindicated.
- Patients judged to have a lesion that prevents complete inflation of an angioplasty balloon or proper placement of the stent or delivery device.

WARNINGS

- To maintain sterility, the inner package should not be opened or damaged prior to use.
- The use of this product carries the risks associated with coronary artery stenting, including subacute thrombosis, vascular complications, and/or bleeding events. Patients with known hypersensitivity to 316L stainless steel may suffer an allergic reaction to this implant.

Potential adverse events (in alphabetical order) which may be associated with the use of a coronary stent in native coronary arteries include but are not limited to: Aneurysm, Arrhythmias, Bleeding complications, Death, Distal Emboli, Emergent CABG, Myocardial Infarction, Myocardial Ischemia, Occlusion, Stent Delivery Failures, Target Lesion Revascularization, Thrombosis, Vascular complications, Vessel Dissection.

Potential adverse events not captured above that may be unique to the paclitaxel drug coating: Alopecia, Allergic reaction to the drug or the polymer, Anemia, Blood product transfusion, Gastrointestinal symptoms, Hematologic dyscrasia, Hepatic enzyme changes, Histologic changes in vessel wall, including inflammation, cellular damage or necrosis, Myalgia/Arthralgia, Peripheral neuropathy.

The safety and effectiveness of the TAXUS Express² Paclitaxel-Eluting Coronary Stent System have not been established in the following patient populations:

- Women who are pregnant or lactating.
- Men intending to father children.
- Pediatric patients.
- Patients with unresolved vessel thrombus at the lesion site.
- Patients with coronary artery reference vessel diameters <math>< 2.5\text{mm}</math> or $> 3.75\text{mm}$.

- Patients with lesions located in the saphenous vein grafts, in the unprotected left main coronary artery, ostial lesions, or lesions located at a bifurcation.
- Patients with diffuse disease or poor flow distal to the identified lesions.
- Patients with tortuous vessels (>60 degrees) in the region of the obstruction or proximal to the lesion.
- Patients with a recent acute myocardial infarction where there is evidence of thrombus or poor flow.
- Patients with multiple overlapping stents.
- Patients with longer than 12 month follow-up.

Prior to use, please see the complete "Directions for Use" at www.taxus-stent.com for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events and Operator's Instructions.

CAUTION
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7

Young Investigators Finalists Give Presentations

The finalists in the ACC.06 Young Investigators Awards competition face the judges on Monday in Room B405, GWCC. The 15 young researchers will each give a 10-minute presentation, followed by a short discussion period.

The judging panel will make its decision at the end of the day, and winners will be announced on Monday at the Convocation, which begins at 6 p.m. in

the Centennial Ballrooms II, III and IV at the Hyatt Regency Atlanta.

Presentations are made in three categories: Physiology, Pharmacology and Pathology; Molecular and Cellular Cardiology; and Clinical Investigations — Cardiology and Cardiovascular Surgery.

The schedule for the presentations by these top young investigators is as follows:

9 – 10:15 a.m.:

Physiology, Pharmacology and Pathology

11 a.m. – 12:15 p.m.:

Molecular and Cellular Cardiology

2 – 3:15 p.m.:

Clinical Investigations — Cardiology and Cardiovascular Surgery

The finalists in the three categories are as follows:

Physiology, Pharmacology and Pathology

• Shany Blum, M.D., M.Sc., Haifa, Israel; Chief of Service: Andrew P. Levy, M.D., Ph.D., F.A.C.C.

Presentation: Haptoglobin Genotype Determines Myocardial Infarct Size in Diabetic Mice

• Frederick E. Dewey, Palo Alto, Calif.; Chief of Service: Victor F. Froelicher, M.D., F.A.C.C.

Presentation: Novel Predictor of Prognosis from Exercise Testing: Heart Rate Variability Response to the Exercise Treadmill Test

• Paul M. McKie, Great Falls, Va.; Chief of Service: John C. Burnett, Jr., M.D. Presentation: The Predictive Value of B-type Natriuretic Peptide for Mortality in a Community-Based Cohort Free of Heart Failure

• Saugato Sanyal, M.D., New York, N.Y.; Chief of Service: Patrick Lam, M.D., F.A.C.C.

Presentation: Impact of Heart Failure Medications on the Incidence of Ventricular Arrhythmias in Patients of Congestive Heart Failure Who Have Implantable Cardiac Defibrillator; a Follow Up of 374 Patients

• Hetal D. Shah, M. Pharm., Ahmedabad, India; Chief of Service: Keyur H. Parikh, M.D., F.A.C.C.

Presentation: Intracoronary Boluses of Adenosine and Sodium Nitroprusside in Combination Reverses Slow/No Reflow During Angioplasty: A Clinical Scenario of Experimental Preconditioning

Molecular and Cellular Cardiology

• Gyo-Seung Hwang, M.D., Ph.D., Los Angeles, Calif.; Chief of Service: Peng-Sheng Chen, M.D., F.A.C.C. Presentation: Calcium Dynamics and the Mechanisms of Vulnerability and Defibrillation in Langendorff-Perfused Rabbit Ventricles

• Koji Ikeda, M.D., Kyoto, Japan; Chief of Service: Thomas Quertermous, M.D. Presentation: Aithon, A Novel Factor for Actin Dynamics, Regulates Microvascular Endothelial and Inflammatory Cells Function

• Navin Kapur, M.D., Baltimore, Md.; Chief of Service: Jeffrey J. Rade, M.D., F.A.C.C.

Presentation: Paracrine Release of Transforming Growth Factor-Beta Inhibits Endocardial Thrombomodulin Expression in Acute Heart Failure

• Veerappan Subramaniam, M.D., Atlanta, Ga.; Chief of Service: Arshed Quyyumi, M.D., F.A.C.C.

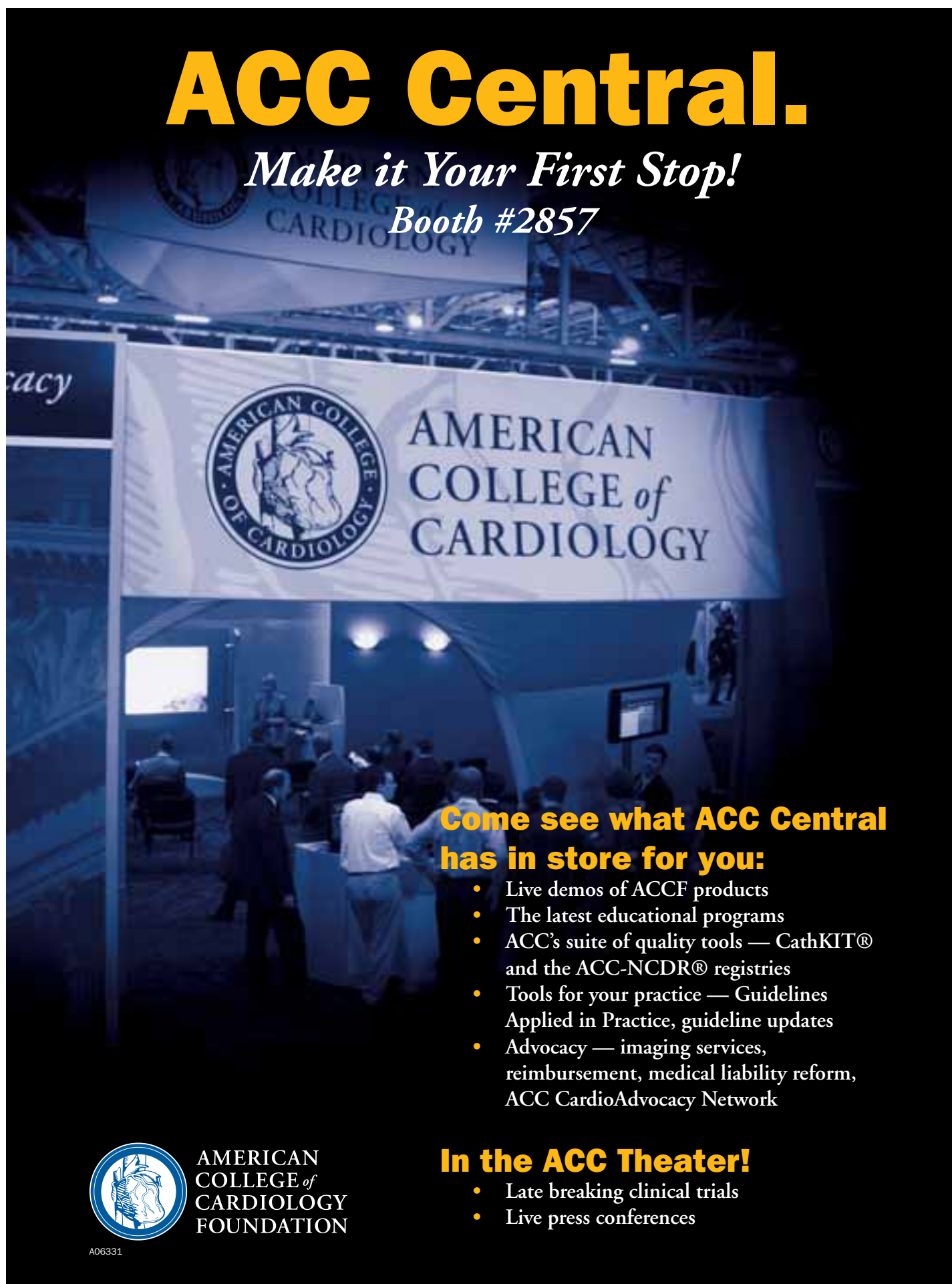
Presentation: Stimulation of Endothelial Progenitor Cells with Granulocyte Macrophage Colony Stimulating Factor

See YOUNG INVESTIGATORS, page 10

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Tune In To ACC.TV for Interviews, News

Look for the big screen TVs throughout GWCC

Atlanta Network Affiliate News Anchors are bringing attendees of this year's 55th Annual Scientific Session and i2 Summit 2006 four days of in-depth television coverage of both conferences.



Dr. Randy Martin conducts an interview for ACC.TV.

From a set overlooking the Exposition Floor, Randy Martin, M.D., F.A.C.C., health reporter for WSBTV Atlanta and director of Noninvasive Cardiology at Emory University, and Rhonda Rowland, former senior medical correspondent for CNN, will host interviews with leading cardiovascular specialists and preside over debates on some of the hottest issues in cardiovascular medicine.

In addition to interviews, ACC.TV will feature live press conference coverage, late-breaker reports and serve as an outlet for meeting updates and changes. ACC.06 and i2 participants from the community rooms or jumbotrons located around the Georgia World Congress Center.

"This is the first year for round-the-clock television coverage of the Annual Scientific Session," says Dr. Martin. "I'm excited to be able to provide a member

perspective on the tremendous news coming out of ACC.06 and i2 Summit."

Sunday ACC.TV Highlights

- Live press conference coverage at 8 a.m., noon and 1 p.m.
- Charles McKay, M.D., F.A.C.C., on the Society of Geriatric Cardiology mini-course: "Basic Mechanisms of CV Aging for Managing the Elderly Patient"
- Dr. Chi-Ming Chow on ACC Essentials for Cardiology
- Sneak peak of a live case transmission from the i2 Summit
- Crossfire Controversies — an exciting debate on the impact of depression on mortality following MI

- Interviews with Bishop Lecturer Spencer King III, M.D., M.A.C.C., and Dack Lecturer Elizabeth Nabel, M.D., F.A.C.C.
 - Interview with incoming ACC President Steven Nissen, M.D., F.A.C.C.
- Check your hotel for specific channel information for daily wrap ups from ACC.TV.

SPREADING THE WINGS OF KNOWLEDGE

ANNOUNCING

The 2006 Recipients of The International Competitive Grants Awards Program for Young Investigators

Alejandro R. Chade, MD
Mayo Clinic College of Medicine
Rochester, MN

Neil Chi, MD, PhD
University of California, San Francisco Medical Center
San Francisco, CA

Arjun Deb, MD
Duke University Medical Center
Durham, NC

Marion Hofmann-Bowman, MD, PhD
The University of Chicago
Chicago, IL

Brian C. Jensen, MD
Northern California Institute for Research and Education (NCIRE)
San Francisco, CA

Cindy M. Martin, MD
University of Texas Southwestern Medical Center
Dallas, TX

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Scientific Session News

55th Annual
Registration Issue
Vol. 24, No. 4
March 11, 2006



Scientific Session News is published by the American College of Cardiology Foundation, Department of Communications, 9111 Old Georgetown Road, Bethesda, MD 20814-1699.

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YOUNG INVESTIGATORS

Continued from page 8

Improves Endothelial Dysfunction in Patients with Peripheral Arterial Disease

- Savvas S. Xanthos, Ph.D., New York, N.Y.; Chief of Service: Sheldon Weinbaum

Presentation: New Hypothesis for Vulnerable Plaque Rupture: Local Stress Concentration Around Single Calcified Macrophages in the Thin Fibrous Cap

Clinical Investigations — Cardiology and Cardiovascular Surgery

- George L. Adams, M.D., Durham, N.C.; Chief of Service: Galen Wagner, M.D. Presentation: Pre-hospital Wireless Transmission of Electrocardiograms to a Cardiologist via Hand-held Device for Patients with Acute Myocardial Infarction

- Paul S. Chan, M.D., Cincinnati, Ohio; Chief of Service: Sandeep Vijan Presentation: Cost-Effectiveness of ICD

Therapy and Risk Stratification with Microvolt T-wave Alternans Testing in the MADIT-II Eligible Population

- Rajat Deo, M.D., San Francisco, Calif.; Chief of Service: Mary A. Whooley Presentation: Association of Cystatin C with Ischemia in Patients with Coronary Heart Disease: Results from the Heart and Soul Study

- Yoko Miyasaka, M.D., Ph.D., F.A.C.C., Rochester, Minn.; Chief of Service:

Teresa S. M. Tsang, M.D., F.A.C.C. Presentation: Trends in Incidence of Atrial Fibrillation 1980-2000 and Implications on Projected Prevalence for 2050

- Mehdi Shishehbor, D.O., Cleveland, Ohio; Chief of Service: Deepak L. Bhatt, M.D., F.A.C.C. Presentation: In Acute Coronary Syndromes, Should Patients with Multivessel Coronary Artery Disease Undergo Culprit Lesion or Multivessel Stenting?



ACC Sections Schedule

For the ACC Women in Cardiology Section, special events at ACC.06 include:

Sunday

Women in Cardiology Section Meeting
3 – 4 p.m.
Room A311, GWCC

CHPCD Section Meeting
4 – 5:30 p.m.
Omni Hotel and CNN Center, Dogwood A/B

Monday

Women in Cardiology Panel Brown Bag Lunch
12:30 – 2 p.m.
“Career Development for Cardiologists: Thinking Like the CEO of Your Own Career,” facilitated by Janet Bickel, Career Development and Executive Coach.
Room A312, GWCC

Women in Cardiology Reception in Honor of New F.A.C.C.s
4:30 – 6 p.m.
Dunwoody Room
Hyatt Regency, Atlanta

Congenital Heart Disease and Pediatric Cardiology
The CHDPC, active in the development of numerous sessions on CHD and pediatric cardiology this year, offers a new program for Pediatric Fellows in Training. “Building a Successful Academic Career,” co-directed by Girish Shirali, M.D., and Jeffrey Towbin, M.D.
Monday, 2:30 – 4:30 p.m., Omni Hotel and CNN Center, Maple A/B.

CHPCD Reception
5:30 – 6:30 p.m.
Omni Hotel and CNN Center, Dogwood A/B

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Community Lounges

Join the ACC and celebrate the cardiovascular community with our new Community Learning Lounges.

The Community Learning Lounges include comfortable meeting spaces with beverage and food available, video access to ongoing sessions, electronic posters, Internet access and opportunities to meet with the experts. The Learning Lounges are a perfect spot to relax and reconnect with colleagues from around the world — or expand your horizons as you mingle with new contacts in your field.

Individual rooms are designated for specialists in:
 Electrophysiology . . . Room A401
 Heart Failure Room A402
 Vascular Disease
 and Prevention . . . Room B403
 Imaging Room B404

Hours:
 Sunday 8 a.m. – 5 p.m.
 Monday 8 a.m. – 5 p.m.
 Tuesday 8 a.m. – 4 p.m.

i2 Summit (Intervention)
 Room C304 – C305

Hours:
 Sunday 7 a.m. – 6 p.m.
 Monday 7 a.m. – 6 p.m.
 Tuesday 7 a.m. – 2 p.m.

Community Lounges provide CCA Members, non-member nurses, physician assistants and Fellows in Training with a place to gather.

Cardiac Care
 Team Member . . . Room A307
 Fellows in Training . . . Room A309

Hours:
 Sunday 8 a.m. – 5 p.m.
 Monday 8 a.m. – 5 p.m.
 Tuesday 8 a.m. – 4 p.m.

OPENING SESSION

Continued from page 1

outcomes and a lack of consensus on the definition of quality as reasons why the cardiovascular community needs to take the lead on quality in imaging.

“If imaging were a drug, regulatory approval would be denied,” said Douglas. “We must demand better imaging research, develop pragmatic research methods, create imaging standards for tri-

als, define imaging quality and outcomes, and improve imaging effectiveness, efficacy and efficiency in practice.”

Improving quality imaging is a “professional imperative.”

Douglas noted the ACC’s work with other professional societies, payers and regulators to jumpstart efforts to

improve quality in imaging, including the ongoing development of groundbreaking Appropriateness Criteria. However, she stated that “these efforts along are not enough.” She urged attendees to focus on “The Pyramid of Quality,” which builds on clinical evidence by applying guidelines, appropriateness criteria and performance measures to achieve quality care.

Douglas left attendees with a quote by Goethe, “Knowing is not enough; we must apply. Willing is not enough; we must do.”



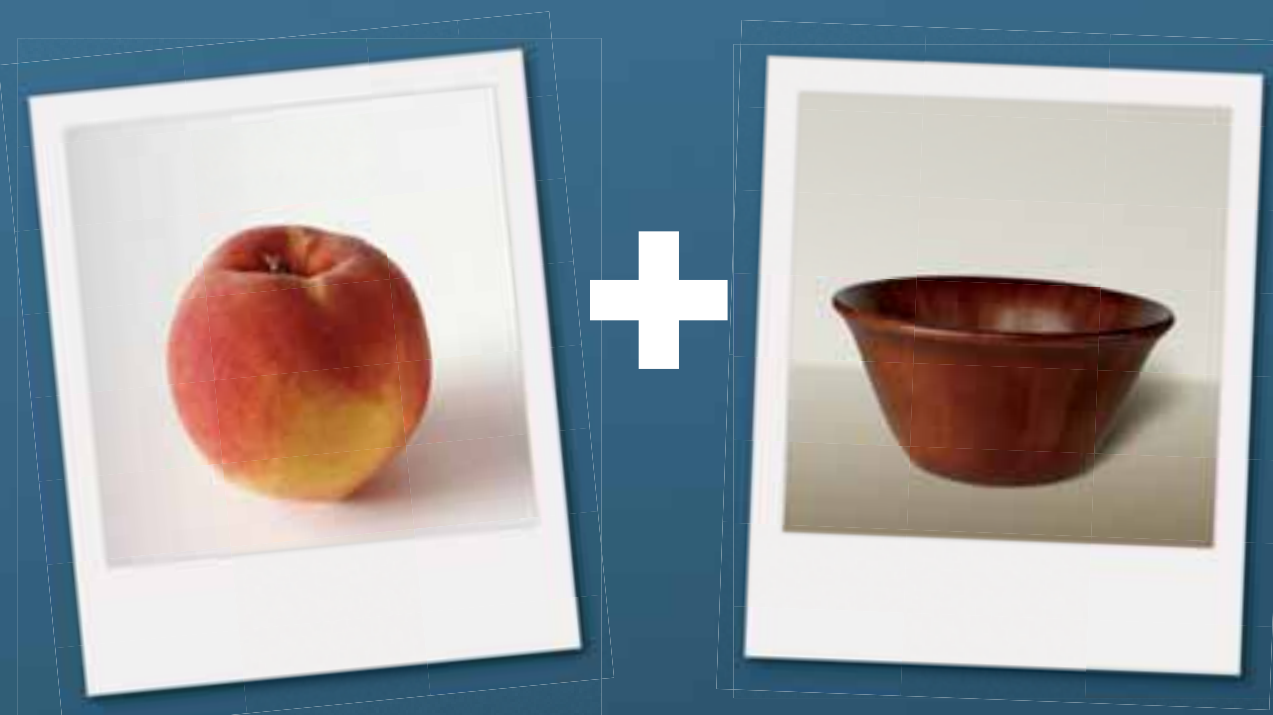
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U.S. Pharmaceuticals

ACC Takes Part in National Effort towards Inoperable EHR

In Fall 2005, the Department of Health and Human Services (DHHS) awarded more than \$17 million for three contracts through its Office of the National Coordinator for Health Information Technology (ONC). These contracts focus on areas of system interoperability, including standards harmonization, security and privacy and certification conformance criteria for electronic health record (EHR) systems.

The contract for standards harmonization was awarded to the American National Standards Institute (ANSI), a nonprofit organization that facilitates voluntary standards development efforts in the United States. Under the contract, ANSI has convened the Health Information Technology Standards Panel (HITSP) — a coalition of various stakeholders interested in the standards harmonization process, including consumer, provider, vendor, government and standards developers.

HITSP and the other two contract groups report directly to the American Health Information Community (AHIC), a multi-stakeholder group created by President Bush to “advise the Secretary [of HHS] and recommend specific actions to achieve a common interoperability framework for health IT; and 2) serve as a forum for participation from a broad range of stakeholders to provide input on achieving interoperability of health IT.” In January 2006, AHIC identified three “breakthrough” areas of focus for the contracts: 1) consumer empowerment, 2) biosurveillance and 3) electronic health records.

The Health Information Management Systems Society (HIMSS), a major HIT vendor trade organization, provides project management oversight for the contract. The ACC actively participates in HITSP through its sponsorship, along with HIMSS and the Radiological Society of North America (RSNA), of the Integrating the Health Enterprise (IHE) initiative. The IHE process of selecting the “best practices” for system integration will largely inform the development of a national standards harmonization process. The College also actively participates in the national EHR breakthrough, in addition to its leadership of the existing IHE Cardiology domain. To learn more about the IHE initiative and to see a live demonstration of systems connecting through IHE, please visit the IHE Interoperability Showcase, Booth #2845.