The new collaborative effort capitalizes on the strength of the clinical research data from the SUDDEN Study at UNC and the SUDEP Registry.

The SUDDEN (SUDden DEath in North Carolina) study at the University of North Carolina at Chapel Hill School of Medicine and the North American Sudden Unexpected Death in Epilepsy (SUDEP) Registry are partnering to identify risk factors and devise strategies for the prevention of sudden death.

Sudden unexpected death (SUD) results from a malfunction of the heart and causes a rapid loss of blood flow through the body, leading to death. It is a very rapid process and may have few or no known warning signs. The overall survival rate for out-of-hospital arrest is only 5-10%. Sudden unexpected death in epilepsy (SUDEP) refers to a death in a person with epilepsy in which there is often evidence of an associated seizure.

The initial research of the SUDDEN study at UNC has identified five medical conditions that may contribute to SUD in North Carolina at a rate that is significant. Hypertension, diabetes mellitus, dyslipidemia, coronary heart disease, and cardiomyopathy were found to be the highest contributors in North Carolina SUD cases.

Eugene H. Chung, MD, associate professor of cardiology at the UNC School of Medicine and principal investigator of the SUDDEN study, says, “We want to understand why people of North Carolina die suddenly. Partnering with the SUDEP Registry allows us to explore and collaborate on additional causes of SUD, such as neurological events, including epilepsy and stroke.”

The mission of the North American SUDEP Registry (NASR) is to facilitate research in order to understand the underlying mechanisms and risk factors of Sudden Unexpected Death in Epilepsy and identify prevention strategies.

Orrin Devinsky, MD, professor of neurology, neurosurgery, and psychiatry at the NYU School of Medicine, is the director of the NYU Comprehensive Epilepsy Center and principal investigator of the SUDEP Registry.

“Our goal is to establish collaborations that can inform our understanding of SUDEP and help us devise strategies to save lives through prevention,” says Dr. Devinsky. “Medical professionals are critical partners as we collect and analyze the available data on sudden unexpected death in the hopes of reducing patient risk factors.”

Dr. Chung adds, “Partnering with NASR enables us to create a database for studying high-risk populations and discovering meaningful predictors of SUD so we may improve the treatment and outlook of high-risk patients.”

Funding for the SUDDEN study at UNC is provided by individual donations from Cecil Sewell, Scott Custer, and Joe and Ann Lamb. Additional support is provided by the Heart & Vascular division of the University of North Carolina at Chapel Hill and the McAllister Heart Institute (MHI).

For more information on the SUDDEN study at UNC, visit http://medicine.med.unc.edu/cardiology/sudden

For more information on the North American SUDEP Registry (NASR), visit http://sudep-registry.org/
Eugene Chung, MD, elected as Fellow of the American Heart Association

The Fellow of the American Heart Association (FAHA) credential recognizes scientific and professional accomplishments, as well as volunteer leadership and service.

Eugene Chung, MD, MSc, FACC, FHRS, Associate Professor, Division of Cardiology, has been elected as a Fellow of the American Heart Association. Dr. Chung is receiving this honor at the American Heart Association Scientific Sessions 2014 on November 15 in Chicago.

AHA Fellowship is conferred to candidates demonstrating an ongoing interest in the practice of cardiology or in scientific or educational work bearing directly on cardiology. Fellows must contribute to the field of cardiology through research, education, and patient care as well as demonstrate significant involvement in advocacy efforts, peer reviews, and committee participation.

Dr. Chung’s medical specialties include radiofrequency ablation of atrial fibrillation and ventricular tachycardia, biventricular pacing, implantable cardioverter defibrillators, pacemakers, and lead extractions. Much of his research focuses on sudden cardiac death in athletes and inherited cardiomyopathies.

Dr. Chung is also the principal investigator in the SUDDEN study at UNC.

Anil Gehi, MD, receives promotion to Associate Professor

Based on his excellence in clinical scholarship, Dr. Anil Gehi with the Division of Cardiology was promoted from Assistant to Associate Professor.

Anil Gehi, MD, has been promoted to Associate Professor in the Department of Medicine, Division of Cardiology.

Promotion of faculty members to associate professor in the School of Medicine requires unequivocal evidence of excellence in one of three areas: research, clinical scholarship, or educational scholarship. School of Medicine faculty are expected to make substantial positive contributions to the teaching mission of the School of Medicine, and those faculty members who provide direct patient care are expected to do so in an exemplary manner, employing current, state-of-the-art methods that are respected by patients and peers within the University and in the professional community.

Dr. Gehi is an electrophysiologist in the UNC Center for Heart & Vascular Care specializing in pacemaker and defibrillator implantation, device extraction, catheter ablation for SVT, VT, and atrial fibrillation. He is involved with multiple research studies on atrial fibrillation with respect to symptom relief and catheter ablation.

'Carolina Cares, Carolina Shares' - NCSECC Campaign

The UNC family has a tradition of giving back to the community. For over 25 years, this campus has supported thousands of charities through 'Carolina Cares, Carolina Shares'.

Tar Heels Give More!

The UNC family has a tradition of giving back to the community. For over 25 years, this campus has supported thousands of charities through Carolina Cares, Carolina Shares. During tough economic times, we continued to give and proved that Tar Heels Give More by pledging over $827,000 - making our campaign the largest in the state.

We can continue our tradition of giving by participating in this year’s Carolina Cares, Carolina Shares campaign and pledging to one or more SECC charities. You can once again make your donation online -- an easy, convenient, and secure way to support your favorite charity with multiple search options available that will make it even easier to find the charity of your choice. In addition to online giving, paper forms will be provided to all faculty and staff. (If you do not receive a form or you have questions regarding the pledge process, please contact your division leader or team captain.)

Important Information: Only payroll deduction and credit card options are available online. If you wish to pledge by cash or check, you must complete a paper form and submit your form and contribution to your team captain. If you wish to pledge by payroll deduction or credit card, please click on the “Give Now” link below and follow the instructions to enter in your UNC-Chapel Hill Onyen and password.

GIVE NOW! When you get to the website, enter your UNC-Chapel Hill Onyen and password.

As you open each page, you will immediately see that this process is very easy! There are only five steps, and it should take only five minutes to complete. We believe that online giving is a true convenience for making your gift to the SECC charities, and we hope you will too!

Thank you for your gift to the State Employees Combined Campaign. We deeply appreciate your generosity and thoughtful consideration of others.
Meghan Kraft, Accounting Technician for the UNC Center for Heart & Vascular Care, shares her story of why she supports the NC State Employees Combined Campaign

“They said it was just stress from my senior year.”

Around October of my senior year in High School I began to lose weight and didn’t know why. My parents were concerned, and later became frightened around thanksgiving when I started to have a lot of pain in my stomach. During that time I felt like either I couldn’t eat anything at all, or I was completely starving (but couldn’t keep anything in).

My dad is an RN and took me to my doctor to see if they could determine what was going on. Regular visits continued for 6 months with the same recurring issues but never leading to a positive diagnosis. At first it was attributed to “stress from my senior year” but that it would go away. Later they claimed that it was all “in my head”. After a while they attributed it to “general IBS” which also didn’t seem quite right. It took continued persistence from both myself and my family to finally get an answer.

Over spring break we opted for additional blood work and a colonoscopy. TADA! I was diagnosed with Crohn’s Disease…!?! I had never heard of it.

I was given an immunosuppressant and steroids and within a month I could walk again, stand for more than 5 minutes, and act like a “normal” (lol) high school senior. After spending almost all of my senior year bedridden, I was finally able to do all the things I had hoped to do! I was also able to go to prom AND walk for graduation; which were two major things that up until that point I didn’t think I would be able to experience.

Later at the age of 21 I had my first surgery to remove part of my intestine. This is a very trying experience for anyone, however I can officially say that for the past 7 years I have been in remission. I eat right, work out, and watch for warning signs; and as a result I am able to do it all without additional medications. Knowledge plus determination can definitely lead to positive outcomes!

Crohn’s disease is still fairly new and is often misdiagnosed. Many patients go a long time without being treated. This year I will be giving to the Crohn’s foundation (CCFA) through the State Employee’s Combined Campaign and continue to do what I can to raise awareness of this rare disease. I also participate in their charity walk each year as a way to connect with other patients like me.

This is MY story – My passion! WHAT’S YOURS? Search eligible charities [http://carolinacares.unc.edu](http://carolinacares.unc.edu)
My #1 passion, all creatures living, but in particular, dogs. Over the centuries, dogs have helped humans in so many ways. The dogs watchful guarding allowed their nomad companions to rest peacefully at night despite having no shelter. Study after study reveals that the unconditional love from dogs help stave away loneliness, depression, anxiety and even lowers blood pressure.

Passion #2- Our military servicemen whom risk the ultimate sacrifice despite low salaries, poor health care and retirement benefits to defend our freedoms. My father, brother and nephew served in the military. My nephew served 3 years in Iraq and has severe PTSD. Being disabled by either loss of limbs, hearing, eyesight, or PTSD, and or being confined to a wheelchair, etc…, takes away autonomy that those that are can destroy the life of our servicemen unless we are dedicated to alleviate their suffering.

Therefore one of my favorite charities is NEADS dogs for the deaf and disabled Americans (1913) and Southeastern Guide Dogs (2959). These dogs help disabled servicemen to become more self-reliant after battle.

This is MY story – My passion! WHAT’S YOURS? 
Search eligible charities 
http://carolinacares.unc.edu

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**Biography courtesy of Southeastern Guide Dogs**

The recipient of many war time honors, the Purple Heart included, Bob paid dearly for those honors. Serving in the First Marine Division, stationed in Vietnam in 1969, Bob saw his share of horrors that could not be imagined by civilians in society today. Once a very social and outgoing individual, Bob's world began to slowly crumble and his ability to go out in public continued to erode until, in 2005, he was declared fully disabled due to his experience of Post Traumatic Stress. Unable to comfortably leave the house while his wife was at work, Bob began to isolate himself, only visiting with other veterans who came to visit him - only able to socialize with those who understood his experience because only they, he thought, could understand and accept him for who he really was - only they had his "six". Bob no longer answered the phone directly, letting it always go to message first - his world had become only the walls of his home and it felt as if even those walls were beginning to cave in slowly and painfully.

“I really just want my life back - that's all," Bob shared.

Enter a beautiful, silky white Golden Retriever named Dillin. Loyal and sweet, quick to give a hug and steady for the duration of a long, easy walk or a belly rub, Dillin was willing to do anything and go anywhere his heart took him. Strong in mind but gentle in spirit, this beautiful boy had earned the nickname, "Chillin' Dillin"! And, now on Bob's door step, Dillin seemed to know immediately that he was home and now with his forever person. He took to Bob immediately.

"Block", said Bob to Dillin. And Dillin blocked. "Watch", said Bob to Dillin. And Dillin watched...and watched...until Bob, with tears in his eyes, told his loyal new battle buddy, "good job, boy" then returning to a heel and proceeding down the isle of a store that Bob had not been in alone for literally years. They both walked side by side and into that dream that Bob now believed would come true- the dream of independence and of a dignity restored.
New Administrative Director of the Divisions of Vascular Surgery and Adult Cardiac Surgery

Jessica Harris joins UNC Heart & Vascular in the School of Medicine as the Administrative Director of the Divisions of Vascular Surgery and Adult Cardiac Surgery

Jessica Harris has been hired as the new Administrative Director for Vascular Surgery and Adult Cardiac Surgery. The joint managerial position is the result of a restructuring of job duties within the School of Medicine’s UNC Center for Heart & Vascular Care.

Harris comes to UNC from the state of Washington, where she was the director of the Washington National Guard Counterdrug Task Force and Substance Abuse Prevention Program. A twenty-year veteran of the United States military, Harris also served as a senior medical advisor and combat medic in the U.S. Army.

Harris is up for the challenge of her new role as Administrative Director. “My first job is to understand the large UNC system. I’ve always worked in a health care role, and I look forward to bringing my experience into this new position.”

As the Administrative Director for Vascular Surgery and Adult Cardiac Surgery, Harris will work closely with hospital colleagues, faculty, UNC Heart & Vascular Senior Administration and Division Chiefs in the deployment of operational practices to support our strategic plan and success in clinical, research, and academic missions. Harris will oversee daily operations, ensuring appropriate charge capture and compliant billing, work closely Human Resources, Financial Management, Clinical Management, Operational Improvement, and Program Development.

As a newcomer to North Carolina, Harris is enjoying the diversity of the state. "North Carolina reminds me of Tacoma with the mountains and coast both located so close by. I’m having a great time learning about the area.”

Harris lives in Durham with her two dogs: a puggle named Bailey and a Bullmastiff named Tilly. Tilly started her therapy dog training in Washington to visit wounded soldiers, and Harris hopes to continue their training in North Carolina so Tilly can serve as therapy dogs at UNC Hospitals.

Harris can be reached at 919.843.1282 and jessica_harris@med.unc.edu.
FACES OF THANKFULNESS

Enjoy some past stories of UNC Heart & Vascular patients who shared their gratitude with us

Unique multidisciplinary treatment for vascular malformations at UNC Health Care

“I would not have made it without UNC” - A Patient Success Story: UNC Aortic Disease Management

A Fighting Spirit and a Grateful Heart: UNC Wound Care patient goes home for the holidays

“You Shouldn’t Discount A Pain Like That” - Heart attack survivor story

‘I got my life back’ - A UNC Patient’s Journey Towards Heart Health

After suffering from open wound for almost two years, patient in UNC Center for Heart and Vascular heals in a matter of weeks as participant in clinical trial

"Feeling Fine"

A family partnership leads to better health for a vascular interventional radiology patient

The Rita and Eric Bigham Cardiology Special Project Fund brings young Afghan girl to UNC for life-saving cardiac care

UNC is First in N.C. to Use New Minimally-Invasive Procedure to Reduce the Risk for Stroke

Making the Best of a Changed Life

“My amputation doesn’t define me”

First patient at UNC to receive new stent graft for pararenal AAA is doing ‘great’ one-year later

UNC Malformations Clinic: Treatment of Elijah Smith’s Lymphatic Malformations

UNC Legs for Life patient receives ‘peace of mind’ after screening

Local man is the first at UNC Hospitals saved from sudden cardiac death by wearing a LifeVest®

The UNC Center for Heart & Vascular Care implants UNC’s first ‘under-the-skin’ cardiac defibrillator
Steve*, a 64-year old retired CEO of a small plastic manufacturing company who lives in Florida, was diagnosed with benign prostatic hyperplasia (BPH) about 20 years ago. Benign prostatic hyperplasia (BPH) is an enlarged prostate and is the most common noncancerous prostate problem, occurring in most men by the time they reach their 60s. Symptoms of BPH can include slow, interrupted, or weak urinary stream; urgency with leaking or dribbling; and frequent urination, especially at night.

Over the years, Steve, who is in good health otherwise, used over-the-counter supplements to treat his BPH. Gradually, he added prescription alpha blockers and tried medications to shrink the prostate.

“During the past couple of years, my symptoms continued to get worse, and I was on the maximum strength of medications,” says Steve. “My urologist suggested several options for procedures, but I was not happy with the side effects that would result from those procedures.”

Faced with few options, Steve did his own research and read about prostatic artery embolization (PAE) as a treatment for BPH.

PAE is a new procedure that decreases the size of the prostate by blocking its arterial blood flow. Through a puncture in the upper thigh, a catheter is directed to the prostatic artery using fluoroscopic guidance. Once in place, tiny particles are injected to obstruct the prostatic arteries, resulting in a reduction in the size of the prostate gland.

“The studies on PAE in Portugal had very good results, so I decided to find out if it was an option for me,” explains Steve.

He discovered that very few hospitals in the United States were performing the PAE procedure, so he talked with a friend who is an interventional radiologist at a top-ranked U.S. hospital to find out if he could help. While Steve’s friend was very familiar with the PAE procedure, his facility was not performing it yet.

Steve says, “He did, however, indicate to me that UNC had a well-respected reputation in interventional radiology.”

Steve met with Ari Isaacson, MD, assistant professor, division of Vascular Interventional Radiology, and Charles Burke, MD, associate professor and VIR Division Chief, to evaluate if he would be a candidate for the PAE procedure. After their evaluation, Dr. Isaacson and Dr. Burke knew they could treat Steve with PAE and made arrangements to perform the procedure at UNC in Chapel Hill. Since Steve was from Florida, they assured him that he’d be home within the week.

“My experience with Dr. Burke, Dr. Isaacson, and the entire staff in interventional radiology was exceptionally positive,” says Steve. “They performed a pre-op CAT scan on Tuesday, and the PAE on Wednesday. I went back to my hotel that evening and stayed at the hotel until Saturday, at which time I was off all medications and was able to fly my plane back to Florida.”

Within one week following the procedure, Steve’s BPH symptoms were about the same with no medication as they were prior with medications. After two weeks, he saw a dramatic improvement in symptoms.

“After one month, my symptoms were nearly nonexistent,” exclaims Steve. “It was like turning back the clock twenty years. I can now do many more activities without the problems associated with BPH.”

As for his experience at UNC, Steve says, “I would certainly recommend that anyone with BPH consider having the PAE procedure performed at UNC. It has made a huge positive impact on my quality of life.”

*Name changed for patient privacy

The University of North Carolina is currently conducting a clinical trial to evaluate the use of prostatic artery embolization (PAE) in patients with severe benign prostatic hyperplasia (BPH). Ari Isaacson, MD, is the principal investigator in the UNC-sponsored study. The UNC study is designed to assess the effectiveness of PAE in men with severe BPH and refractory lower urinary tract symptoms (LUTS). To find out more about the procedure or about the enrollment requirements for the clinical trial at UNC, contact Dr. Isaacson, Terry S. Hartman, MPH, or Shanah Kirk.
Twists of fate bring patient to UNC for successful treatment of his abdominal aortic aneurysm

Augustine Elmo was part of an investigational aortic disease stent graft trial to treat extensive thoracoabdominal aortic disease

Five years ago, Augustine Elmo was living in Charlotte with his wife, Janet, when he hurt his back. He went to his doctor for treatment, and unbelievably, his doctor discovered that Elmo had kidney cancer unrelated to his back injury.

“I had a growth on each kidney,” explains Elmo. “The doctor said I was lucky I had hurt my back because odds are, my cancer would not have been discovered until it was very advanced.”

Fast forward to the end of his cancer treatment. As Elmo was finishing his treatment, his physicians then discovered a pararenal aneurysm. A pararenal aneurysm is located in the abdomen near the kidneys.

“My physician said that usually they don’t find these aneurysms until the patient had died from it,” exclaims Elmo. “So while I discovered my cancer because of my back injury, I discovered my aneurysm because of my cancer!”

The twists of fate continued for Elmo when he and his wife decided to move to Durham to be closer to their son’s family. When they arrived in Durham in the fall of 2013, Elmo’s pararenal aneurysm had grown larger, making a repair necessary. His physicians in Charlotte had no way to treat the aneurysm except by an open-abdomen surgery, an option that was not appealing to Elmo.

His Charlotte-based physician recommended Elmo be treated by Mark Farber, MD, director of the Aortic Disease Management program at the University of North Carolina. Not only did Elmo’s physician say, “I would let him operate on me” but Dr. Farber is only one out of five physicians in the United States approved by the FDA to implant and study a stent-graft for the treatment of complex (Type II, III, and IV) thoracoabdominal aortic aneurysms (TAAA), the kind of aneurysm that Elmo had. The study includes a modification allowing Dr. Farber to have access to custom-made devices that treat extensive thoracoabdominal aneurysms, including those starting distal to the subclavian artery.

UNC is the only center in the Southeastern United States to have access to this technology. Only four other centers in the country have access to the same devices, which include the Zenith® p-Branch and Zenith Physician Specified TAAA device. This allows patients who traditionally would have had large incisions, often extending from their upper back to below their belt button, to be treated with stent grafts through much smaller incisions.

Dr. Farber performed Elmo’s endovascular procedure in June 2014. He inserted ten different stents into Elmo’s abdomen.

“I had the procedure on Monday and went home on Wednesday,” says Elmo. “Other than soreness from the incisions in his groin and arm, through which the endovascular procedure was performed, he felt good. At his follow-up appointment three months after the procedure, Dr. Farber confirmed the success of the procedure, telling Elmo he could “do whatever he wanted.”

“I’ve had no issues,” says Elmo. Elmo is also cancer-free, and due to some amazing twists of fate, Elmo is enjoying his retirement with his wife and relishing time spent with his son, daughter-in-law, and new grandson.

Do you think you have a good patient story? Contact Laura Melega at laura_melega@med.unc.edu

If you would like more information on participating in UNC’s cutting-edge aortic aneurysm clinical trial program, contact Dianne Glover, RN, Research Program Manager for UNC Aortic Disease Management, at (919) 843-1278 or diane_glover@med.unc.edu.
Clot Connect Supports World Thrombosis Day

On October 13, 2014, UNC and the rest of the globe participated in the first annual World Thrombosis Day to spread education about arterial thrombosis and venous thromboembolism.

Thrombosis, or abnormal blood clot formation, causes the top three cardiovascular killers in the world. Initiated by the International Society on Thrombosis and Haemostasis (ISTH), the goal of World Thrombosis Day (WTD) is to increase awareness of the prevalence and risks of thrombosis to both the public and healthcare professionals.

Along with numerous hemostasis and thrombosis societies, advocacy groups, and medical/research organizations, UNC’s Clot Connect participated in WTD by hosting a booth at UNC Hospitals and distributing educational materials about thrombosis.

Additional goals of WTD are to reduce the number of undiagnosed cases of thrombosis, educate health care systems on strategies to ensure “best practices” for diagnosis, treatment, and prevention of thrombosis, advocate for increased support of thrombosis research, and ultimately save lives.

For more information about thrombosis, visit www.worldthrombosisday.org and www.clotconnect.org.

UNC Trainees Receive Awards From The American Society of Hematology

UNC hematology fellow Ming Y. Lim, and medical students Shimena Li and Eric D. Strand are recipients of research training awards from the American Society of Hematology (ASH).

Dr. Ming Y. Lim, MBBChir, was one of 21 hematology trainees selected internationally to participate in the 12th annual ASH Clinical Research Institute (CTRI). This career development program prepares hematology fellows and junior faculty in patient-oriented clinical research. As part of the CTRI, Dr. Lim will be working with Dr. Nigel Key to look at the standard of practice for inhibitor eradication in adult non-severe Hemophilia A patients.

Shimena Li, a current UNC medical student, was named one of 12 medical students to participate in the ASH 2014 Minority Medical Student Award Program (MMSAP). Shimena was selected for her research at Carolinas Medical Center with Dr. Belinda Avalos on leucine-rich α-2 glycoprotein as a potential novel neutrophil granule protein. Shimena will be funded to participate in a summer research program and will receive a research stipend to attend the 56th ASH Annual Meeting in San Francisco in December 2014.

Eric D. Strand, a current UNC medical student, was named one of 19 medical students and 10 residents to receive an ASH HONORS (Hematology Opportunities for the Next Generation of Research Scientists) Award. He will receive a research stipend to conduct up to 12 months of hematology research and additional stipends to attend the ASH annual meetings for the next 2 years.

The mission of the UNC McAllister Heart Institute is to provide a world class environment for basic, preclinical, and applied cardiovascular research.
Check out the Media Coverage and Publications throughout UNC Heart & Vascular!

Media Coverage
Study Published in Advances In Wound Care Shows Venus Leg Ulcers Treated With Spiracur's Mechanically Powered Negative Pressure Wound Therapy System Superior to Electrically Powered System - featuring Dr. William Marston
Yahoo Finance
MarketWired
MedTech Online
Firmenpresse (German)
Spiracur-, Inc.

Jessica Zégere-Hemsey Joins Critical Interprofessional Cardiovascular Care Committee - mentions Dr. Prashant Kaul
Carolina Nursing e-news

Other Interesting News!
UNC researchers boost the heart’s natural ability to recover after heart attack
Health Canal

California doctor performs heart surgery on physician who delivered him
Fox News

Publications
Potential roles of vaptans in heart failure: experience from clinical trials and considerations for optimizing therapy in target patients.
Lin TE, Adams KF Jr, Patterson JH.

Rationale and Design of the GUIDE-IT Study: Guiding Evidence Based Therapy Using Biomarker Intensified Treatment in Heart Failure.

Charting a Roadmap for Heart Failure Biomarker Studies.

Anger Proneness, Gender, and the Risk of Heart Failure.
Kucharska-Newton AM, Williams JE, Chang PP, Stearns SC, Sueta CA, Blecker SB, Mosley TH.

The role of heart failure pharmacotherapy after left ventricular assist device support.
Rommel JJ, O'Neill TJ, Lishmanov A, Katz JN, Chang PP.

Current approaches to antiarrhythmic therapy in heart failure.
Rose-Jones LJ, Bode WD, Gehi AK.

Time and technology will tell: the pathophysiologic basis of neurohumoral modulation in heart failure.
Reed BN, Street SE, Jensen BC.

ATS Core Curriculum 2014: Part II. Adult Critical Care Medicine.
Sottile PD, Moss M, Patel JJ, Truwit JD, Sheikh M, Zimmerman JL, Diwakar A, Schmidt GA, Means GT, Katz JN, Desai AS, MacIntyre NR, Poston JT.

Wright EA, Katz JN, Abrams S, Solomon DH, Losina E.

Expert consensus document: World Heart Federation expert consensus statement on antiplatelet therapy in East Asian patients with ACS or undergoing PCI.

Polypharmacy in heart failure: drugs to use and avoid.
Reed BN, Rodgers JE, Sueta CA.

Vavalle JP, Rusconi CP, Zelenkofskis S, Wargin WA, Ortel TL, Alexander JH, Povsic TJ, Becker RC.

"Lean" system improvement to increase first-case efficiency and decrease overtime expenditures in interventional radiology.
Isaacson A, Ridge N, Yu H, Jackson M.
Presentations
October 2014

"New Guidelines for the Prevention of Cardiovascular Disease: Concepts and Controversy" - Keynote Address
Sidney Smith, MD, Biennial Cardiovascular Symposium, Oct. 3, 2014, Asheville, NC

"Initial Characterization of cytochrome P450-derived eicosanoids as a predictive biomarker in coronary artery disease."

"ST-Elevation Myocardial Infarction in Patients Hospitalized for Non-Cardiac Conditions"
Catherine Rege*, Director, Cardiac Services, and Prashant Kaul, MD, UHC Cardiovascular Council Meeting, Oct. 21, 2014, Las Vegas, NV
*Rege also served on the conference planning team

"CVD Prevention Guidelines Update: Clinical Impact and Current Controversies"
Sidney Smith, MD, 9th Annual Cardiometabolic Health Congress, Oct. 23, 2014, Boston, MA

"Aneurysm Management Session: Beyond the FDA Approved Zenith Fenestrated Device"
Moderator: Raghu Vallabhaneni, MD
Speaker: Mark Farber, MD, Endovascular Therapies 2014, Oct. 24-26, 2014, Pinehurst, NC

"Cerebrovascular Disease Management Session: Is it time to become more conservative with carotid interventions?"
Moderator: Mark Farber, MD
Speaker: Raghu Vallabhaneni, MD, Endovascular Therapies 2014, Oct. 24-26, 2014, Pinehurst, NC

"Mesenteric/Renal/Other Session: Radiation Safety/Exposure"
Moderator: William Marston, MD
Speaker: Mark Farber, MD, Endovascular Therapies 2014, Oct. 24-26, 2014, Pinehurst, NC

"Aortic Hands-on Workshop"  
Raghu Vallabhaneni, MD, Endovascular Therapies 2014, Oct. 24-26, 2014, Pinehurst, NC

"Arterial Disease of the Extremities Session: Factors Influencing Lower Extremity Revascularization Outcomes"
Speaker: Raghu Vallabhaneni, MD, Endovascular Therapies 2014, Oct. 24-26, 2014, Pinehurst, NC

"Venous Disease Management Session: New Approaches to Managing Venous Disease" and "Treatment Effectiveness in Venous Leg Ulcers"
Moderator: Blair Keagy, MD

"Wound Management Session: Before the Days of 'Trick Surgery'"
Speaker: Blair Keagy, MD, Endovascular Therapies 2014, Oct. 24-26, 2014, Pinehurst, NC

"Evaluation and Management of Type II Endoleaks"
Charles Burke, MD, Endovascular Therapies 2014, Oct. 24-26, 2014, Pinehurst, NC

Conference Theme: "World's Dream on Treatment of Cardiothoracic-Renal Diseases"
Sidney Smith, MD, PCS World Congress of Cardiothoracic-Renal Diseases 2014, Oct. 31, 2014, Athens, Greece