

# Cmail

Mount  
Sinai

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A PHYSICIAN NEWSLETTER OF THE ZENA AND MICHAEL A. WIENER CARDIOVASCULAR INSTITUTE  
AND THE MARIE-JOSÉE AND HENRY R. KRAVIS CENTER FOR CARDIOVASCULAR HEALTH



Dr. Jonathan L. Halperin



Dr. Valentin Fuster

## Message from the Directors

We are pleased to announce the appointment of Dr. Samin K. Sharma as Co-Director for Clinical Laboratory Operations of the Zena and Michael A. Wiener Cardiovascular Institute and Kravis Center. Though his achievements are well known to the readership of *Cmail*, it is fitting that we take this opportunity to recount some of the highlights for you. Dr. Sharma's record of clinical excellence places him prominently among the world's best interventional cardiologists. He personally performs over 1,200 coronary interventions annually (among the highest in the nation) and has had the highest success rate (lowest risk-adjusted mortality) for angioplasty in the State of New York. Under his leadership, the Mount Sinai Cardiac Catheterization Laboratories have grown dramatically as a center for complex catheter-based interventions and learning, attracting patients and physicians from around the world. Perhaps most importantly, he has encouraged and facilitated the development of a solid team approach to patient care in the catheterization laboratories.

Dr. Sharma has become a much sought-after resource to the medical profession and to the media and lay public for knowledge and insight about the latest advances in this rapidly changing field and about the management of challenging coronary disease conditions. He is a recognized authority on directional coronary atherectomy, rotational atherectomy and drug-eluting stents, having pioneered many innovative techniques in these areas, making them safer and

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## Health Services Research and the CVI

Mary Ann McLaughlin, M.D., M.P.H.

In their endeavors to improve cardiovascular outcomes, Mary Ann McLaughlin, M.D., and Ira S. Nash, M.D., have partnered with the Department of Health Policy, the academic unit of the Mount Sinai School of Medicine specializing in measuring the quality of care, evaluating health services and clinical outcomes, and performing health policy research.

Dr. McLaughlin, who has a joint appointment in Health Policy and Medicine (Cardiology), is currently leading the federally-funded EXCEED project to improve hypertension control (see below), and is a co-investigator on two studies, one to improve congestive heart failure care, and the other to use administrative databases to reproduce the HOPE trial in a broader population. She has also led a retrospective study of systolic and diastolic heart failure care.

Dr. Nash, a Six-Sigma-trained green belt, is leading initiatives to improve the quality of care in the CVI. He was the principal investigator on a joint project to improve care after myocardial infarction, and is a co-investigator in an ongoing project to reduce adverse drug events. Further details of his work will appear in a future issue of *Cmail*.

### Improving the Delivery of Effective Care to Minorities (EXCEED),

Funded by the Agency for Healthcare Research and Quality, EXCEED comprises four studies:

- Improving hypertension control in East and Central Harlem;
- Preventing recurrent stroke in minority populations;
- Reducing underuse of early-stage breast cancer treatment in minority communities; and
- Assessing variations in the management of prematurity.

The hypertension study is evaluating strategies developed to improve blood pressure control in minority communities. It entails a randomized controlled trial of patients in the six major health providers in East and Central Harlem: The Mount Sinai Hospital, Harlem Hospital, North General Hospital, Metropolitan Hospital, Settlement Health, and Boriken Health Center.

The project, which compares three approaches—usual care, blood pressure monitoring, and nurse management with home blood pressure monitoring—will assess differences in blood pressure changes among the three as the primary outcome, and differences in quality of life, patient satisfaction, costs, and cost-effectiveness as secondary outcomes. Patients receive \$150 for their time during the nine-month intervention and nine-month follow-up period.

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## Directors Message

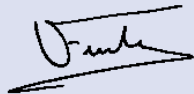
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more effective for patients.

Educated at S.M.S. Medical College in Jaipur, India, where he was the top-ranked student in the University, he came to New York for residency on the Mount Sinai Service at the City Hospital Center at Elmhurst. Upon completion of fellowship training in cardiology, invasive and nuclear cardiology and interventional cardiology (all at Mount Sinai), he joined the faculty of the School of Medicine in 1990. He is currently Professor of Medicine and Director of the Cardiac Catheterization Laboratories and Interventional Cardiology in the Cardiovascular Institute.

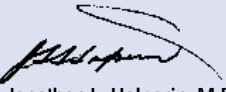
For his many achievements as a clinician, educator and investigator, Dr. Sharma has received numerous accolades, including Center of Excellence Awards for Directional Coronary Atherectomy, Rotational Coronary Atherectomy and Intracoronary Brachytherapy; the Simon Dack Award for Best Teacher from the Cardiology Fellows; and The Rajasthan Gaurav Award from the Government of India. This year, he was invited by the New York Department of Health to join the NY State Cardiac Advisory Board.

In his new position, Dr. Sharma will continue to direct activities in the cardiac catheterization laboratories and interventional cardiology, and oversee professional activities in all of our clinical cardiology laboratories. We have full confidence that he will bring to this task the energetic enthusiasm, high level of technological expertise and committed responsiveness to the needs of patients and referring physicians that are so essential to efficient and effective laboratory operations and to the success of our clinical and educational programs in general. We are delighted that he has agreed to take on this expanded role in the governance of the Cardiovascular Institute and know that you will share both in congratulating Dr. Sharma and in offering him your full support.



Valentin Fuster, M.D., Ph.D.

Director



Jonathan L. Halperin, M.D.

Associate Director

## Health Services Research and CVI

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The stroke study (under the direction of Dr. Stan Tuhim) seeks to determine the factors that contribute to the disparity of recurrent stroke in minority populations. Specifically, it focuses on causes of the underuse of efficacious stroke preventive measures in urban, minority populations.

### Center to Reduce Health Disparities

In October, 2002, the National Institutes of Health, through its National Center on Minority Health and Health Disparities (NCMHD), awarded the Department of Health Policy a five-year, \$6 million grant to develop a center whose mission is to improve the health of minority populations in East and Central Harlem. The grant enhances research focused on reducing health disparities for individuals with many different conditions (including hypertension and stroke), creates new training programs for minority health care providers in health services research, and fosters community outreach and education. The grant is part of the NCMHD Initiative for Excellence in Partnerships for Community Outreach Research on Health Disparities and Training (Project EXPORT). Dr. McLaughlin's hypertension project is supported by this program. The Director and Principal Investigator for the Center is Mark Chassin, M.D., M.P.P., M.P.H., who also chairs Mount Sinai's Department of Health Policy, a group with the dual mission of advancing the science of health services and health policy research, and measuring and improving the quality of care for patients and populations served by Mount Sinai. The Department has assembled a team of multidisciplinary faculty, project managers, statisticians, data managers, analysts and experts in clinical data collection. Its activities include a broad array of research and quality improvement projects funded by federal, state, city, foundation, and institutional sources.

## AHA Presentation: Congestive Heart Failure

*"The Effectiveness of Nurse Management for Ambulatory CHF patients: The Results of a Randomized Controlled Effectiveness Trial in East and Central Harlem," (J.Sisk, MA McLaughlin, C. Horowitz, P. Hebert, M. Chassin, investigators) was presented at the American Heart Association Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke in May, 2004.*

- The aim of the trial was to assess the effectiveness and cost-effectiveness of a nurse-management intervention to enhance heart failure patients' self-management. In all, 406 adult, English- and Spanish-speaking patients with systolic dysfunction were randomly assigned to receive care from their regular clinicians, either with or without the additional nurse-management intervention.
- With those receiving the supplementary intervention, nurses used evidence-based guidelines from national expert panels and a system developed at Stanford University. At an initial visit, they assessed patients' knowledge, behaviors, and resources, and counseled them about heart failure, its management, warning symptoms, monitoring, low-salt diet, daily weights, use of diuretics, medication adherence, and appropriate actions when symptoms worsened. They also supplied educational materials to reinforce this information, scales, and social service referrals, when appropriate.

Nurses followed up regularly with patients by telephone over a one-year period to monitor symptoms, promote therapeutic adherence, and titrate the use of effective medications in partnership with the patients' primary clinicians.

Patients in both the usual-care and nurse-management groups were surveyed quarterly to measure differences in functioning, hospitalization, visits to doctors and emergency departments, satisfaction, and

knowledge and behaviors.

The study demonstrated that nurse management improved patients' health-related outcomes at no additional cost.

Patients under nurse management had significantly better functioning through 12 months ( $p=0.01$ ) and fewer hospitalizations through 12 and 19 months ( $p=0.04$  and  $p=0.01$ ), while nurse-management and usual-care patients did not differ significantly in total medical costs.

Efforts are underway to implement this successful program at the Mount Sinai and North General Hospitals.

## An International First in Cell Therapy for Cardiovascular Diseases

On June 16, European and American leaders in the field of cardiac myogenesis gathered at the first International Conference on Cell Therapy for Cardiovascular Diseases, an event sponsored by Mount Sinai and held at the New York Academy of Medicine. Dr. Warren Sherman, a renowned leader in the field, directed the symposium.

Addressing a broad cross-section of basic and clinical researchers from the academic, industrial and regulatory communities, conference speakers reviewed the different cell types used, cell-delivery strategies and methods for evaluating their effects, and data from completed and ongoing clinical trials.

The response from the international audience, which exceeded the auditorium's capacity, was overwhelmingly positive. Next year's conference, already in the planning stages, is expected to attract more than 500 attendees.

"Dr. Sherman proved once again that Mount Sinai is one of the top cardiac research institutes in the country, a place where new approaches are born and put into practice," commented CVI Director Dr. Valentin Fuster.

## The CVI Hot Spot:

### Highlights from the "Controversies of Cardiology" Conference Series

Thomas M. Maddox, M.D.

*The May 24 session of the monthly Controversies in Cardiology conference focused on preoperative cardiac evaluation for non-cardiac surgery. Dr. Valentin Fuster moderated a panel with visiting professor Dr. Kim Eagle from the University of Michigan, as well as Mount Sinai faculty Drs. Milena Henzlova and Maryann McLaughlin.*

Cardiovascular complications following noncardiac surgery constitute an enormous source of perioperative morbidity and mortality. Approximately 30 million surgeries are performed annually in the United States, almost one-third of them on patients with established coronary artery disease (CAD) or risk factors for its development, and over a million operations are complicated by an adverse cardiovascular event, such as perioperative myocardial infarction (MI) or death from cardiac causes.

Given these numbers, it is hardly surprising that surgeons and anesthesiologists frequently consult cardiologists to clear a patient for noncardiac surgery in an attempt to anticipate and avoid cardiac complications. Simply stated, cardiac evaluation prior to noncardiac surgery asks two questions about the patient: What is the risk of cardiac complications during and after surgery? How can that risk be reduced or eliminated? As the evidence presented below demonstrates, while these questions may be straightforward, the answers are far from clear.

#### Cardiac Risk Assessment

The most recent ACC/AHA practice guidelines recommend assessment of patient co-morbidities, exercise tolerance, and surgery type to determine the overall risk of perioperative cardiac complications. Using these criteria, recommendations are then made about the use of provocative testing in selected patient populations, as well as the need for and type of intervention required to mitigate risk.

In 1999, Lee, et al., offered a revised cardiac risk index that provided a powerful, yet simple method of assessing risk. Six independent predictors of cardiac complications were identified and included in the index: high-risk surgery (procedures with a risk of cardiac complications greater than 5%, such as vascular and prolonged intraperitoneal or intrathoracic operations), history of ischemic heart disease, history of congestive heart failure, history of cerebrovascular disease, preoperative treatment with insulin, and preoperative serum creatinine  $>2.0\text{mg/dL}$ . Significant increases in perioperative cardiac complications occurred in patients with 2 or more risk factors.

ACC/AHA guidelines also recommend that functional capacity be incorporated into the overall risk assessment. This recommendation originates from the Reilly, et al., study of 600 outpatients undergoing noncardiac surgery. Patients with a self-reported ability to either walk 4 blocks or climb 2 flights of stairs were noted to have less myocardial ischemia in the perioperative period.

Finally, the planned surgical procedure is an important factor in risk assessment. Both emergent and vascular surgeries are especially prone to cardiac complications, with rates exceeding 5%. In addition, perioperative cardiac mortality is particularly concentrated among patients who undergo major thoracic, abdominal, or vascular surgery, especially when they are 70 or older.

Myocardial perfusion imaging is a widely used noninvasive test to assess perioperative risk.

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However, the ability of myocardial perfusion imaging to provide additional risk assessment is unclear. Its positive predictive power for cardiac complications is poor, with rates as low as 4% to 20%. In addition, a large study revealed that perfusion imaging did not provide independent prognostic value beyond clinical risk stratification.

Dobutamine stress echocardiography is another provocative cardiac test used in risk stratification. Though its accuracy in predicting cardiac complications is as poor as perfusion imaging, it does appear to add incremental information to risk assessment in certain selected cases. Nonetheless, the information gleaned from non-invasive testing is of questionable value in predicting perioperative cardiac complications.

### Therapy to Reduce Perioperative Risk

After cardiac risk assessment, focus turns to interventions that can reduce it. The most extensively studied therapy is beta-blockers. Perioperative use of bisoprolol yielded a 91% reduction in myocardial infarction and death from cardiac causes. Although investigations of other therapies such as alpha-2 receptor agonists and statins are ongoing, current findings are preliminary and inconclusive.

No randomized, controlled trials show benefit, or lack thereof, of coronary artery bypass grafting (CABG) in attenuating the risks of noncardiac surgery. Although studies imply a low risk of cardiac complications in patients who have undergone CABG surgery in the past five years, CABG is not recommended for asymptomatic patients solely to reduce risks of noncardiac surgery. The risks of CABG, combined with the harm in delaying needed noncardiac surgery while recovering from the procedure, usually outweigh the potential cardiac risks of proceeding directly to the planned surgery. Thus, CABG should be performed, and noncardiac surgery delayed, only if there are independent indications for CABG surgery.

As with CABG, no randomized, controlled

trials illustrate benefits of percutaneous coronary intervention (PCI) in reducing noncardiac surgical risk. In fact, a recent study showed no benefit to PCI in preventing perioperative cardiac complications when performed within 90 days of the noncardiac surgery. In addition, PCI with stenting and its attendant need for anticoagulation can expose patients to perioperative risk during the immediate post-PCI period. In one study, perioperative cardiac mortality of patients receiving stents in the two weeks prior to surgery was a staggering 32%, with the majority of deaths due to either in-stent thrombosis or uncontrolled bleeding.

Based on these and related studies, current ACC/AHA guidelines recommend delaying noncardiac surgery for a minimum of four, and preferably six, weeks after PCI. Thus, the use of PCI prior to noncardiac surgery is best reserved for those patients with an independent need for the procedure due to conditions such as unstable angina or stable angina refractory to medical therapy.

### Conclusions and recommendations

Successful perioperative evaluation and management of high-risk cardiac patients undergoing noncardiac surgery requires careful teamwork and communication between the surgeon, anesthesiologist, primary care physician, and cardiology consultant. In general, patients with low or intermediate clinical risk factors, good functional status, and a surgery with a low or intermediate risk of perioperative complications have an excellent prognosis. In addition, stable patients who have recently undergone revascularization for CAD may safely proceed to surgery, provided that sufficient time for recovery from the revascularization procedure has elapsed.

At the other end of the risk spectrum, patients requiring urgent surgery should proceed immediately, since the consequences of delay usually outweigh any perioperative cardiac risk. Similarly, elective surgery should be indefinitely deferred for those pa-

tients experiencing unstable CAD syndromes, since consequences of the cardiac disease usually negate the benefits of surgery.

The most controversial area of perioperative evaluation, then, lies with the high-clinical-risk patient considering high-risk, but elective, surgery. Noninvasive testing appears to offer limited assistance in stratifying the risks of these patients, with the best evidence pointing to dobutamine stress echocardiography as the test of choice. Once risk is identified, the most effective intervention is the use of beta-blockers. The role of revascularization specifically to ameliorate perioperative cardiac complications remains unknown, and future investigation into its efficacy is necessary.

As the population continues to age, conducting effective cardiac risk assessment will become all the more important. Knowing what to do and, equally important, what not to do, will be central to this goal.

## Milestones

### Born

July 24, 2004 to Dr. David Bharucha and Dr. Carol Levy, a daughter, Audrey, their second child.

June 26, 2004 to Dr. Ira Galin and Catherine Galin, a daughter, Amelia, their first child.

July 5, 2004, to Dr. James Jang and Susie Jang, a daughter, Leah, their first child.

### Achievements

Dr. Zahi A. Fayad has been elected President of the Society of Atherosclerotic Imaging. The June 21, 2004 cover story of *Forbes Magazine*, "Conquering Heart Disease," discussed Dr. Fayad's work on magnetic resonance and computed tomography imaging of atherosclerosis. The article also mentioned his newest research in nanomedicine, using "smart" magnetic resonance contrast agents for the imaging of macrophages in atherosclerotic plaques.

## New Faculty Members



**Sean P. Pinney, M.D.**

We are pleased to announce the appointment of Dr. Sean P. Pinney as Assistant Professor of Medicine and full-time faculty

member of the Zena and Michael A. Wiener Cardiovascular Center and Marie-Josée and Henry R. Kravis Center for Cardiovascular Health. He will be joining the Heart Failure and Cardiac Transplant program under the leadership of Dr. Alan Gass.

Dr. Pinney is an active clinical researcher whose work is currently focused on understanding the cardio-renal physiology of heart failure patients. Specifically, he is investigating how beta-blockers affect renal sodium handling in advanced heart failure patients and what impact this has on fluid homeostasis and the progression of symptoms. His previous work at Columbia University was directed towards the treatment and prevention of coronary artery disease in heart transplant recipients. He is a co-author of a recent publication in *Circulation* describing the effectiveness of rapamycin in preventing the progression of transplant vasculopathy, and he has studied the effects of losartan in preventing disease development. Together with Drs. Gass and Michael Kim, he is examining how the unique immunosuppressive protocol of tacrolimus monotherapy, introduced at Mount Sinai, affects the pathogenesis of transplant vasculopathy.

An expert in the management of patients with advanced heart disease, Dr. Pinney will attend on both the Heart Failure and Cardiac Transplant services. His clinical interests include the care of patients with symptomatic heart failure and cardiogenic shock, and the management of heart failure in adults with congenital heart disease. He is actively involved in the perioperative

care of heart transplant recipients and has a broad range of experience in managing mechanical circulatory support devices such as the Thoratec, Novacor, Abiomed and Jarvik pumps. Dr. Pinney also performs diagnostic cardiac catheterization and endomyocardial biopsy as part of the care of transplant patients.

Dr. Pinney earned his medical degree from Georgetown University in 1994 and then completed a residency and chief residency in internal medicine at Boston's Beth Israel Deaconess Hospital. He completed his cardiovascular fellowship at Columbia Presbyterian Medical Center, where he did additional fellowship training in congestive heart failure and cardiac transplantation. His research in vascular biology earned him the Young Investigator award from the Division of Cardiology at Columbia University and from the New York Chapter of the American College of Cardiology. Dr. Pinney served as Instructor of Medicine at Columbia University for two years before accepting his current position at Mount Sinai. During that time, he was recognized as an outstanding educator who lectured frequently and was involved in teaching both house staff and medical students.

Among the many opportunities that Dr. Pinney envisions for the heart failure program is the potential for rapid growth. "As more Americans are diagnosed with heart failure, there is a need for centers of excellence like Mount Sinai that can incorporate new advances in technology and research into life saving and life-sustaining treatments for advanced heart failure patients," he says. With the addition of Dr. Pinney to the heart failure and transplant program, Mount Sinai is poised to be the leader in the New York area for the management of congestive heart failure.



**Sanjay Rajagopalan, M.D.**

Dr. Sanjay Rajagopalan has joined the full-time faculty of the Zena and Michael A. Wiener Cardiovascular

Institute and the Marie-Josée and Henry R. Kravis Center for Cardiovascular Health of the Mount Sinai School of Medicine as Associate Professor of Medicine and Radiology. After completing his medical training in India, he did his internship in India and at the University of Toronto. He then completed residency training in Internal Medicine at the State University of New York at Buffalo, where he also served as Chief Resident in Internal Medicine. While in Buffalo, he trained in coronary physiology with Dr. John M. Canty and subsequently trained in vascular biology research at Emory University with Dr. David G. Harrison.

Dr. Rajagopalan completed clinical cardiovascular fellowship training at the Emory University Affiliated Hospitals and advanced MRI fellowship training at Cornell and Duke Universities. Formerly Assistant Professor of Internal Medicine in the Division of Cardiovascular Medicine and Co-Director of the Vascular Medicine Training Program at the University of Michigan, he is pursuing research in the areas of free radical mechanisms in the pathogenesis of atherosclerosis. His clinical interests are in imaging and therapeutic modalities for the treatment of peripheral arterial disease.

At the University of Michigan, Dr. Rajagopalan was instrumental in developing clinical gene transfer protocols in collaboration with Dr. Elizabeth Nabel, serving as the national Principal Investigator for four Phase I/II trials employing gene

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## New Faculty Members

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transfer approaches. Together with Dr. David G. Mooney in the Department of Materials Sciences at the University of Michigan, Dr. Rajagopalan is funded by the NHLBI to study biodegradable drug delivery platforms in preclinical models of peripheral arterial disease. While at the University of Michigan, he also established a core laboratory in the General Clinical Research Center (GCRC) that oversaw multicenter trials employing vascular research methodologies, including carotid intima media thickness, brachial artery endothelial function, compliance (pulse wave velocity) and CT coronary calcium measures.

At Mount Sinai, Dr. Rajagopalan's clinical responsibilities include overseeing the day-to-day operational aspects of cardiovascular MR and CT imaging, in close collaboration with his colleagues in Cardiology and Radiology. In addition, he will be an integral part of the Vascular Medicine training program with Dr. Jeffrey Olin. Dr. Rajagopalan's current research interests continue to focus on atherosclerosis and factors that modulate its progress. He is especially interested in novel imaging applications to assess blood flow and molecular events in angiogenesis. His research interests will involve close partnership with Dr. Zahi Fayad in the Imaging Science Laboratory and faculty members in the Cardiovascular Institute at Mount Sinai and New York University.

Dr. Rajagopalan is the recipient of the Astra Young Investigator Award, the Charles A. Dana Clinical Hypothesis Award and the William F. Keating ACC Career Development Award. Dr. Rajagopalan has authored more than 50 peer-reviewed publications, has published multiple book chapters, and has successfully authored two textbooks. He is the recipient of NIH RO-1 funding and serves as a reviewer for the clinical cardiovascular study section of the National Institutes of Health.

## CME Calendar of Events

Continuing medical education is a priority at the Cardiovascular Institute, and these sessions provide an opportunity for faculty and fellows to interact with visiting cardiologists. The institute sponsors nearly 50 lectures, conferences and academic rounds every month, and we invite you to share in these special educational events as often as you can. For information about conference locations or an updated schedule, please contact Ms. Imelda Samson at (212) 241-7784 (imelda.samson@msnyuhealth.org).

### Program Highlights: Cardiology Conferences

#### Upcoming Visiting Professors

##### September 20, 2004

Alan Kadish, M.D.  
Northwestern Memorial Hospital

##### October 25, 2004

Greg Brown, M.D.  
University of Washington

##### November 15, 2004

Scott Grundy, M.D.  
University of Texas

##### December 20, 2004

Joseph Loscalzo, M.D.  
Boston University Medical Center

#### Daily/Weekly Conferences

##### Mondays @ 7:00 AM

Vascular Surgery/Radiology Conference

##### Mondays @ 7:45 am

CCU Conference

##### Mondays @ 12:00 pm

Imaging Conference

##### Mondays @ 5:00 pm

Grand Rounds

##### Once a month on Mondays @ 5:00 pm

Visiting Professor/Controversy

##### 2nd, 4th & 5th Tuesdays @ 7:15 am

Interventional Cardiology Journal Club

##### 1st, 2nd & 5th Tuesdays @ 7:45 am

Catheterization Laboratory Conference

##### 3rd Tuesday of the month @ 7:45 am

Electrophysiology Conference

##### 4th Tuesday of the month @ 7:30 am

Morbidity and Mortality Conference

##### Tuesdays @ 12:00 pm

Electrocardiography Conference

##### 1st Wednesday of the month @ 8:00 am

Fellows Journal Review

##### 2nd, 4th & 5th Wednesdays @ 8:00 am

Advanced Core

##### 3rd Wednesday of the month @ 8:00 am

CVI Clinical Conference

##### 1st Wednesday of the month @ 12:00 pm

Adult Congenital Heart Conference

##### 2nd, 4th & 5th Wednesdays @ 12:00 pm

Hemodynamics

##### 3rd Wednesday @ 12:00 pm

Pathology Conference

##### Thursdays @ 7:15 am

Coronary Anatomy Lecture

##### Thursdays @ 7:45 am

Fellows Rounds with Dr. Fuster

##### Thursdays @ 12:00 pm

Jose Meller, M.D. – Clinical Cardiology Conference

##### Fridays @ 7:00 am

Cardiology/Vascular Surgery

##### Alternating Fridays @ 12:00 pm

Journal Club

##### Alternating Fridays @ 12:00 pm

EPS Conference W/Dr. Gomes

## Seventh Annual Live Symposium

The Cardiovascular Institute hosted the 7th Annual Live Symposium of Complex Coronary and Vascular Cases on June 16-18, 2004. The symposium, under the direction of Drs. Samin Sharma and Annapoorna Kini, has gained international recognition and has a rapidly growing attendance. This year, the symposium included live vascular cases under the direction of Dr. Michael Marin. The vascular and coronary cases were broadcast simultaneously in two separate auditoriums.

The primary focus of the annual symposium is live presentation of complex coronary and vascular cases with an emphasis on interventional techniques, pharmacology, and new devices. The cases serve as a platform for open discussion to provide the interventional cardiologist and vascular interventionalist with "state-of-the-art" information for managing patients. This year's symposium had a record attendance of more than 400, and all the cases went very well.



## Cardiology Fellows July 2004

### Graduating fellows — Investigator Track

**Bruce Darrow, M.D., Ph.D.**, will be joining the full-time faculty at Mount Sinai as Assistant Professor of Medicine. In addition to clinical work, he will be in the Nuclear Cardiology Laboratory.

**W. Lane Duvall, M.D.**, will also be joining the full-time faculty at Mount Sinai (as Instructor in Medicine) and will be in the Echocardiography and Nuclear Laboratories, as well continuing with clinical work.

**Jonathan Fisher, M.D.**, will join his brother, Edward (an alumnus of our program), in his office practice in Manhattan. We expect to continue seeing both of them here at Mount Sinai.

**Ingrid Hriljac, M.D.**, will be joining the full-time faculty of Weill Medical College/Cornell University where she will establish a Vascular Laboratory at New York Hospital and continue with non-invasive cardiology.

**Randi Rose, M.D.**, will join the husband-and-wife team of Dr. David Harnick and Dr. Raymonda Rastegar (both of them Mount Sinai cardiology alumni) in their office practice in Manhattan.

### Graduating fellows – Urban Community Program

**Ramanjit Bagga, M.D.**, will stay on at Mount Sinai for training in Interventional Cardiology.

**Anabel Facemire, M.D.**, will join a cardiology practice in Belair, Maryland.

**Marek Piatek, M.D.**, has had a number of offers but, as of this writing, will likely be joining a cardiology practice in New Mexico.

**David Saenger, M.D.**, will join a cardiology practice in Springfield, Oregon.

**Rajnish Saini, M.D.**, will join a cardiology practice in Doylestown, Pennsylvania (in Bucks County).

### And here are the incoming fellows:

#### Investigator Track

**Ira Galin, M.D.** – Mount Sinai Hospital (Chief Resident 2003-2004)

**Riple Hansalia, M.D.** – University of Maryland (Chief Resident 2003-2004)

**Robert Pyo, M.D.** – Mount Sinai Hospital/Elmhurst Hospital Center

**Gary Spektor, M.D.** – New York Hospital

**Satish Tiyyagura, M.D.** – Thomas Jefferson University Hospital

**Joshua Vessey, M.D.** – University of California at San Francisco

#### Urban Community Program

**Prabhakara Kunamneni, M.D.** – Bronx VA (CHF fellowship with Drs. Baruch and Eng)

**Shah Nawaz, M.D.** – Mount Sinai Hospital (Behavioral cardiology fellowship with Dr. Thomas Pickering)

**Tariqshah Syed, M.D.** – St. Luke's-Roosevelt Hospital Center

**Georgianne Valli-Harwood, M.D.** – Mount Sinai Hospital



2004 Fellows' Farewell Party at the Mark Hotel: (standing, from left) Ramanjit Bagga, Prabhakara Kunamneni, Valentin Fuster, Anshul Jain, Randi Rose, Ingrid Hriljac, Maria Fuster, Lane Duvall, Srivas Attanti, Jonathan Fisher, Bruce Darrow, Paul Lee, Michael Manolios (seated, from left) Annabel Facemire, Davendra Mehta, Eric Stern, Calvin Eng (not in photo) David Saenger, Ajay Agarwal

### Looking further into the future, our 'Match' results (fellows to begin July 1, 2005)

#### Investigator Track

**Seth Goldberg, M.D.** – Brigham and Women's Hospital

**Steven Liao, M.D.** – Yale

**Ajith Nair, M.D.** – Mount Sinai Hospital (Chief Resident 2004-2005)

**Brett Sealove, M.D.** – Mount Sinai Hospital

**Gerin Stevens, M.D., Ph.D.** – Boston University

**Joseph Sweeney, M.D.** – University of Pennsylvania (Chief Resident 2004-5)

#### Urban Community Program

**Jesus Almendral, M.D.** – Montefiore (most recently, Hypertension fellowship at Bronx VA with Dr. Clive Rosendorff)

**Steven Francescone, M.D.** – New York Hospital

**Deborah Reynolds, M.D.** – Mount Sinai Hospital

**Pilar Stevens-Haynes, M.D.** – Mount Sinai Hospital

## Cardiovascular Institute Telephone Numbers

Area	Contact Person	Telephone: 212-
Institute Director	Valentin Fuster, M.D., Ph.D.	241-7911
Adult Cardiology Services	Jonathan L. Halperin, M.D.	241-7243
Administrator	Katherine Gandolfo	241-4030
Ambulatory Care	Amrita Malik	241-5586
Cardiac Care Center	Nancy Rodenhause, R.N. Clinical Director	241-8095
Cardiac Health Program	Patty Brownstein, R.N.	241-8597
Cardiothoracic Surgery	David H. Adams, M.D.	659-6800
Catheterization Laboratories	Samin K. Sharma, M.D.	241-5849
Coronary Care Unit	Michael C. Kim M.D.	241-6422
Development	Stefanie Steel	373-4940
Echocardiography	Martin E. Goldman, M.D.	241-1719
Electrophysiology/Pacemakers	Davendra Mehta, M.D., Ph.D. Jorge L. Camunas, M.D.	241-7272 659-6800
Fellowship Training	Eric H. Stern, M.D.	241-4025
Heart Failure/Transplantation	Alan Gass, M.D.	241-5213
Lipid Management	Donald Smith, M.D.	241-7561
Magnetic Resonance Imaging	Zahi Fayad, Ph.D. Sanjay Rajagopalan, M.D.	241-6858 241-5445
Nuclear Cardiology and Stress Testing	Milena J. Henzlova, M.D.	241-1718
Pediatric Cardiology	Ira A. Parness, M.D.	241-8662
Positron Emission Tomography	Josef Machac, M.D.	241-7888
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