



Heart Failure Society of America

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6th Annual Scientific Meeting Scheduled for September 22-25

The 6th Annual Scientific Meeting of the Heart Failure Society of America (HFSA) offers attendees an exciting and varied agenda, from the core curriculum to the controversy, from basic science to clinical practice, from late-breaking trials to practical how-to advice. Clinicians, investigators, basic scientists, nurses, and allied health professionals will find topics of interest covered in a variety of venues to facilitate education and discussion. The meeting will be held from September 22 to 25, 2002, at the Boca Raton Resort & Club, Boca Raton, FL.

Barry Massie, scientific program chair for the meeting, stated the goals of the meeting: "To cover all that is new and controversial in the clinical arena and to provide basic science insights at a level that is interesting to both researchers and clinical investigators." He and cochair Michael Schneider have developed an integrated program that blends basic science and clinical practice from the opening plenary presentations through the final sessions.

Plenary Session

The plenary session on Monday, September 23, will open with a Presidential address from outgoing HFSA President Milton Packer discussing the latest trends in heart

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Basic Science Sessions to Focus on Key Research

The careful blend of basic science and clinical practice issues and developments that has become the hallmark of the annual scientific meeting permeates the 2002 meeting. Key areas of basic science research will be presented at 14 sessions. Scientific program cochair Michael Schneider, discussed five areas of particular interest.

Cell and Gene Therapy

In the opening plenary session, paired basic and clinical talks will explore cell grafting, gene-based therapies, and other approaches to assist ventricular pump function, setting the stage for much of the meeting. A range of issues in cell and gene therapy will be examined in two subsequent sessions, including the use of stem cells to generate cardiac repair and techniques of genetic manipulation to improve cardiac function. Dr. Schneider said, "Adult stem cells of several kinds can

give rise to heart muscle under suitable conditions and may be useful as a tool for cardiac repair. Similarly, human embryonic stem cells have been shown to form heart muscle. We are especially pleased to have investigators from both lines of research at the meeting to discuss the results of their investigations, including the initial clinical results of grafting with endothelial progenitor cells."

Signaling Mechanisms

The enhanced understanding of signaling pathways that underlie myocardial hypertrophy that has accumulated over the past 10 to 15 years suggests the involvement of secreted factors in addition to intracellular signals generated by mechanical stress itself and by catecholamines. Two sessions will review current research on the contributory

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Heart Failure Society

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President's Message



Milton Packer

It is hard to believe that it has been a full year since the Heart Failure Society of America held its last scientific meeting. That meeting — an outstanding forum coordinated by Barry Massie and Michael Schneider — was interrupted by the tragic events of September 11. Much has happened to the country and to each of us during the past 12 months. In many ways, the events of September 11 have encouraged us to identify and to focus on what is really important in our lives. In doing so, we have not only become better people but we have also become better health care professionals.

We have been able to identify and to focus on what our Society is all about. We have grown and matured a great deal since the Society was started nearly six years ago. At the beginning, we primarily resembled a professional club — a group of scientists and practi-

tioners who came together once a year for a meeting because of a shared interest in heart failure. Now the annual meeting is only a small part of what we do. Our mission is to educate both health care professionals and patients about heart failure for the sole purpose of improving the care of patients with heart failure. We accomplish that mission in many different ways — through guidelines, seminars, and journals for physicians and nurses and through publications, public events, and website postings for our patients. Sometimes we do it alone, and sometimes we do it in collaboration with other societies or governmental agencies. Regardless of the approach, the Society has filled an enormous need — a need for all those afflicted by or interested in heart failure for an authoritative resource for all matters related to this important disorder.

We have accomplished all of this on our own terms. Yes, it is true that much of what we do could not be done without the support of our corporate sponsors. Yet, despite our reliance on their support, our sponsors do not determine what we do or how we do it. The Ex-

ecutive Council has established and enforced strict rules that separate the content of activities with the support of such activities. These rules are far more conservative than those that govern the activities of most other professional societies. I am sure that we could probably receive even more funds for our programmatic initiatives if we were willing to be flexible about our standards. However, if we did that, we might not be able to tell our patients that what they receive from us represents our own views and our very best efforts.

I welcome you to this year's annual meeting in the hope that the excitement generated at this event will come entirely from the scientific energies of those attending the sessions. But the meeting is not just a scientific event. It represents yet another opportunity to confirm what the Society is about and to renew our commitment to our patients.

Milton Packer
President, HFSA

CME Information

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Minnesota and the Heart Failure Society of America. The University of Minnesota is accredited by the ACCME to provide continuing medical education for physicians.

The University of Minnesota designates this educational activity for up to 18 hours in Category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit actually spent in the educational activity.

Pharmacy continuing education credits and nursing continuing education units also are available.

HFSA Address Change

The HFSA office has moved to a new suite within the same building. Please note the change in suite number. The phone and fax numbers have not changed.

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6th Annual Scientific Meeting

failure therapies for clinicians. Sir Magdi Yacoub will provide the plenary address focusing on the future of cardiac transplantation and heart replacement by devices, cells, and genes. Charles Murray and Anthony Rosenzweig will discuss recent developments in cell and gene therapies in heart failure, respectively. Each of these presentations will set the stage for indepth discussions in subsequent sessions.

Following the plenary session will be two sessions that are likely to generate both interest and controversy: "Natriuretic Peptide Measurements: Current and Future Role in the Management of Heart Failure" and "Prevention and Treatment of Arrhythmias and Heart Failure: Drugs/Devices or Both?" According to Dr. Massie, "Although there is general agreement that natriuretic peptides can assist in the diagnosis of symptomatic heart failure patients, there is far less consensus as to the role of these measurements for other applications, such as screening and monitoring therapy." This should be a controversial session, as will the arrhythmia session, which will explore the role of resynchronization and implantable cardiac defibrillators (ICD). Both sessions will be followed up with formal debates of related topics on Tuesday, September 24.

Symposia topics include cardiovascular physiology, pharmacological therapy, epidemiology, outcomes, clinical trials, cardiovascular structure, neurohormones, molecular biology, genetics and genomics, surgery, transplantation, and devices.

How-To Sessions

Balancing the basic science and clinical trial presentations are expanded how-to sessions. Dr. Massie explained, "These are designed to be pragmatic vehicles for people who want to get a lot of knowledge on a particular topic." Examples include using the Internet, not only to keep informed about developments in heart failure but also to improve patient management and education; evaluating patients with heart failure for coronary revascularization; recognizing the role of sleep disturbances in patients with heart failure; understanding the risks of polypharmacy and drug interactions; managing diuretics and fluid balance; and the design and use of heart failure management programs. "In addition, we have added basic science how-tos, such as how to deliver peptides and how to analyze genome expression patterns, to broaden the usefulness of these presentations," he stated.

Multiple Perspectives

"We have also incorporated a more integrated approach in developing programs of interest to both physicians and nurses, rather than for each group separately," Dr. Massie continued. Examples include "Interdisciplinary Models for Managing Heart Failure: Putting It All Together," "Contributing Comorbidities in Heart Failure Patients: Importance and Management," and "Frequently Overlooked Symptoms of Heart Failure: Recognition and Treatment," as well as how-to sessions. "Physicians and nurses will cochair and jointly participate in a number of sessions, enhancing the program via perspectives from both backgrounds," he said. "We received excellent feedback when we offered these types of sessions at last year's meeting, and we are continuing to develop a well-integrated approach."

End-of-Life Care

Joann Lynn, Director of the Rand Center to Improve Care of the Dying, Arlington, VA, will present a featured lecture on the salient issues involved in providing end-of-life care for patients with heart failure. Dr. Lynn will discuss the need to develop and implement innovative approaches in current payment policies that will facilitate vehicles for better care. In addition, she will join Dr. Robert Califf in moderating a how-to session on end-of-life care on Monday, September 23, from 12:30 p.m. to 1:30 p.m.

Case Discussion

Building on the success of the 2001 meeting's case discussions, this popular session on Tuesday, September 24, will offer information on the diagnosis and evaluation of patients with heart failure, especially for internists and cardiologists who do not specialize in the treatment of heart failure. Moderator James Young will present particularly challenging case histories, and the panel of experts will provide recommendations and discussions of options and strategies. Panelists include J. Malcolm Arnold, Gary Francis, Barry Greenberg, and Lynne Warner Stevenson.

Improving Care of Patients

HFSA's initiatives to improve patient care, and the Society's ongoing partnership with the Centers for Medicare & Medicaid Services (CMS), will be the subject of a special session on Monday, September 23, moderated by Marvin Konstam and Edward Havranek. Speakers will provide updates on ways in which to translate recent advances into improvements in patient care.

A Unique Experience

Dr. Barry Massie noted that the HFSA meeting contin-

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Sessions To Focus on Key Research

role of cytokines, kinases, and other mediators. "A major component of the heart failure phenotype is the altered expression of many peptide growth factors and cytokines that act adversely on myocardium. The study of those secreted signals and intracellular signals together provides important leads for drug development," Dr. Schneider explained.

Genomics and Genetics

Analysis of single-gene and multigene disorders will be featured at two sessions, including a bench-to bedside presentation on single-gene disorders that cause cardiomyopathies, the more complex genetics involved in hypertension, new insights into genes affecting cardiac regeneration, and saturation mutagenesis in mice to identify novel genes for heart disease. Additionally, according to Dr. Schneider, "The unusually large sets of data that accrue from analyzing tens of thousands of genes ex-

pressed in heart failure using 'gene chip' assays require the development of appropriate mathematical approaches, and there will be a number of presentations on the bioinformatics of expression profiling in heart failure."

Novel Therapeutic Approaches

The presentations at these two sessions, said Dr. Schneider, include "some of the most promising leads in interventions that prevent heart failure in animal models and are especially ripe for exploitation in clinical studies."

Additional Topics

Of particular interest Wednesday are the role of altered calcium homeostasis and ion channel remodeling and the role of oxidative stress and apoptosis (programmed cell death) in heart failure. These sessions will address pivotal changes in excitation-contraction coupling, arrhythmias, and cell survival in heart failure, three additional areas where mechanistic and translational research converge. □

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6th Annual Scientific Meeting

ues to be a unique experience for professionals with a strong interest in heart failure. Although comprehensive, the program is not so long or "cluttered" with multiple sessions, so as to wear down participants, as the large annual cardiology meetings. The meeting remains informal and provides numerous opportunities to interact with colleagues both scientifically and socially. "Most participants actually enjoy being at the HFSA meeting, and I can't say the same about the larger and less focused meetings," Dr. Massie remarked. "The setting at Boca Raton certainly helps!"

The complete program for the annual scientific meeting, as well as travel and hotel information, are available at the HFSA website at www.hfssa.org. □

Interactive Dialogue Set on Critical Issues for Heart Failure Guidelines



Kirkwood Adams

On September 25, 10:30 a.m.-12:00 noon, a special session on guidelines for the treatment of patients with heart failure will be held. Drs. Kirkwood Adams, Jr., committee chair, and Marvin Konstam will serve as session moderators.

Presentations by Drs. Denise Hermann, Mihai Gheorghide, Mandeep Mehra, Debra Moser, and Kirkwood Adams will focus on new recommendations and other issues in the development of the HFSA's

updated and comprehensive guideline. The new guideline, to be published in early 2003, will include sections on diagnosis and prevention, general measures, ischemia heart disease evaluation, acute decompensation, surgery, special populations, diastolic heart failure, and asymptomatic heart failure, as well as an update on pharmacological therapy for patients with heart failure.

The presentations will include an interactive discussion with a panel composed of Drs. Karl Swedberg, Peter Liu, Sharon Hunt, and David Baker. Panel members will provide perspectives from guidelines developed by the European Society of

Cardiology, the Canadian Cardiovascular Society, the American Heart Association/American College of Cardiology, and the Agency for Health Care Policy and Research.

Following the panel discussion, David Baker will discuss how primary care practitioners will benefit from the guidelines and potential ways in which the Society and other health care organizations can assist in their implementation.

The HFSA invites audience participation. □

End-of-Life Care Offers Challenges and Opportunities



Joanne Lynn

Recent medical and technological advances in the treatment of disease, including heart failure, have brought the issue of end-of-life care to increasing prominence. Two sessions at the annual scientific meeting on Monday, September 23, will explore this issue: a how-to session from 12:30 to 1:30 p.m. and a management symposium from 2:00 to 2:30 p.m.

Joanne Lynn, MD, a featured speaker at both sessions, explained, “The mental model of illness as a short-term event clearly is no longer appropriate. The success in delaying disease progression has produced a situation in which many people live with two or three years of profound disability at the end of their lives.”

Dr. Lynn, an internist certified in geriatrics with an MA in ethics and public policy and an MS in evaluative sciences, has a longstanding interest in end-of-life care for patients with heart failure. When she was entering medicine in the early 1970s, “There was great enthusiasm for new treatments – resuscitation, surgery, devices.” However, despite the promising advances, patients with serious illness like heart failure did not recover from their disease. “There was so little available to help them live better, and so little attention was devoted to this fundamental problem.”

She described her experiences working in a nursing home as “eye-opening.” In a nursing home that provided hospice care, she found that much could be done to help patients with end-stage disease feel more comfortable. “It was so easy to help patients and so rewarding. People can live comfortably and well up to the end, and we can accomplish this with no greater expenditures by developing new strategies and approaches. What is obviously achievable is so far from what we are actually achieving.”

Heart Failure and Medicare

While accurate categorization under existing categories is problematic, Dr. Lynn estimated that from 10 percent to 25 percent of people experience clinically significant heart failure at the end of life. “This is the largest single course toward dying; heart failure is as common as all kinds of cancers combined,” she said. However, patients with heart failure are at a disadvantage under the present Medicare system for several reasons: the unpredictable course of the disease, the lack of insurance coverage for many essential medications, and the difficulties that patients with exercise incapacity experience getting to physicians’ offices.

Reform Strategies

According to Dr. Lynn, current debates about Medicare focus on paying less for current care and on expanding coverage to prescription medications. Such approaches are insufficient for chronic illness at the end of life. “We need a renewed commitment to innovation, evaluation, and learning about the actual effects of alternative arrangements.”

Dr. Lynn identifies the following key strategies for reform in financing end-of-life care:

- Define the target population by severity of illness, not prognosis
- Evaluate innovative models for restructuring the present system of Medicare payment
- Create accountability and improve quality of life through such vehicles as small care teams for seriously ill patients
- Provide incentives for continuity, advance planning, symptom management, and family support

Multiple Reforms

Learning to provide reliable, high-value care in a financially sustainable way will require an array of reforms – in professional education, public expectations, care system engineering, financing, and elsewhere. “Educating patients will help them to achieve good self care, pay attention to how and when to take medicine, and track their weight.” A hospice-like at-home program could enable patients to avoid hospitalization through better self-management; advanced care planning; and nurses visiting the home to manage exacerbations, assess the patient’s condition, inject medications, and provide oxygen.

Conclusions

Dr. Lynn finds great opportunities and challenges in heart failure management. She summarized the challenges by saying, “We know how to cut the exacerbation rate in half, yet we are not doing it.” The opportunities lie in developing mechanisms to clarify the eligibility categories, revamp payment arrangements, expand existing programs like hospice, revise payment arrangements to encourage good care and support value, and improve the reliability of care. □

Special Session Will Review Improving Care of Patients With Heart Failure



Marvin Konstam

As part of the HFSA's ongoing commitment to improving the care of patients with heart failure, a special session moderated by Drs. Marvin Konstam and Edward Havranek on Monday, September 23, from 4:00 p.m.-5:30 p.m., will be devoted to this topic.

"Improvement in quality of care for patients with heart failure is a critical part of the mission of the HFSA," according to Dr. Konstam. "The annual scientific meeting provides an opportunity for a high level of discourse on the goals and methodologies for improving care. At this session, we will look at many facets of quality improvements and identify key elements that, if targeted, can move the process forward."

Harlan Krumholz will provide an overview of salient issues in quality of care measurements. Dr. Konstam said, "The act of measurement gives us opportunity to improve, and Dr. Krumholz, as the author of the definitive document in this area, will provide an insightful analysis." Edward Havranek will offer an update on the efforts of the Centers for Medicare & Medicaid Services (CMS) to improve the quality of care of older patients with heart failure. The overwhelming majority of patients with heart failure are in the age population serviced by this agency, and heart failure is the primary cause of hospitalization within this population and the primary cost driver for Medicare. "Accordingly," Dr. Konstam explained, "CMS, which controls reimbursement and quality, is in a good position to move quality forward through a number of initiatives."

Michael Rich will discuss the state of the art in disease management. Dr. Rich will review methodologies for improving care, especially of geriatric patients. "He has conducted important research in disease management for patients with heart failure, documenting its benefits," said Dr. Konstam, and Dr. Rich will report on his findings.

Barry Massie will explore the role of specialty care and outcomes, particularly what type of provider expertise results in optimal care. According to Dr. Konstam, "The vast majority of patients with heart failure have primary care physicians, but data indicate that cardiologists and heart failure specialists are most aware of newer advances and most adept at providing optimal care in accordance with consensus recommendations." Dr. Massie will address the challenge of how to develop a system to instill specialty expertise needed to improve care of these patients.

Steve Lampert will offer the perspective of a provider system to the subject of heart failure care in the managed care environment. He will focus on obstacles to delivering optimal care. Dr. Konstam said, "This area constitutes a major challenge. Reimbursement models are not conducive to optimal care. For example, they do not reimburse disease management, and they do not offer incentives to providers to keep patients out of the hospital." This presentation will provide the foundation for future HFSA initiatives. "We would like to explore with health care economists if we should advocate for reimbursement models that incentivize care. We would like to develop and document specific methodologies that improve care, especially on an outpatient basis," Dr. Konstam concluded. □

Ad Hoc Committee Increases Heart Failure Awareness

Through its ongoing educational programs, the Heart Failure Awareness Ad Hoc Committee helps to fulfill the Society's mission to increase awareness of the disease and to improve patient care. Chair Barry H. Greenberg discussed the Society's heart failure awareness initiative's recent successes.

Expanding the original scope of the initiative, the committee has been developing a long-term awareness program. "The Heart Failure Awareness activities for 2002 were successful in raising the level of understanding. Plans are under way for Heart Failure Awareness in

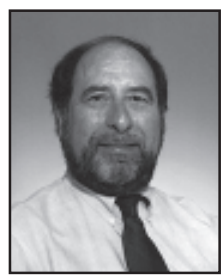
2003," Dr. Greenberg said, "and the program will continue the dual focus of patient and provider education of 2002." A series of 11 modules specifically for patients is being developed. The first module has been distributed as well as posted on the about.hf.org web site; Module 2 will be available by September 1.

Provider education, designed to improve the diagnosis and treatment of heart failure, is offered in the form of medical education programs, particularly for primary care providers. "Heart Failure 2002: Update for the Primary Care Physician," a continuing medical

education program held in San Diego on February 9, is a model of the types of educational events the committee envisions. To maximize the dissemination of the information presented, the program was audiotaped, and two tapes have been sent to 10,000 primary care physicians. The program is also available as a webcast at www.hf.org. Dr. Greenberg said, "We will be contacting a large part of the primary care physicians around the country and directing them to the Heart Failure Society website for further information, including the opportunity to view the February symposium and obtain CME credit," he said. □

JCF Explores New Approaches

Making the *Journal of Cardiac Failure (JCF)* “required reading” for investigators and practitioners interested in the field of heart failure is the goal of editor-in-chief Barry Massie. The baton was passed to Dr. Massie in January 2002 from Jay N. Cohn, who served as editor-in-chief from 1994 through 2001.



Barry M. Massie

“Jay N. Cohn did a remarkable job of initiating and building the journal, making my job infinitely easier,” Dr. Massie said. “In ‘taking the baton,’ I hope to attain an even higher level. I have been gratified by the number and quality of submissions and look forward to the growth and increasing excellence of the journal.” Viewing the journal as a vehicle to communicate with membership and with a broader constituency interested in heart failure, he is developing new approaches to communicate recent developments and perspectives.

The development process involves both procedural and substantive changes. To make the journal a desirable vehicle for prospective authors to publish original research and reviews, Dr. Massie is implementing processes to minimize the time spent in the review and publication process. One innovation that expands the content beyond original research reports is a new section titled “New Developments: Recent Trials and Pre-

sentations,” in which the editors and invited contributors summarize and comment on presentations and major articles published in other journals. According to Dr. Massie, “We have received very positive feedback on this in the first issue in which it was included.

This is a way to keep the readership up to date and to obtain the perspective of experts.”

“We also welcome ideas from our readers,” he continued. “We are always looking for novel perspectives and reviews of important topics. Potential authors are invited to contact me via email (barry.massie@med.va.gov) with their ideas in advance of submitting them or even writing them to determine whether they would be appropriate. Unfortunately, we can’t guarantee acceptances in advance of peer review, but we can at least avoid duplication and provide input about our potential interest in the topic.”

Journal Editors

Serving as associate editors are Kanu Chatterjee, MD; Kathleen A. Dracup, RN, DNSc; Peter D. Guarino, MD; Sharon A. Hunt, MD; Joel S. Karliner, MD; Leslie A. Saxon, MD; Nelson B. Schiller, MD; Paul C. Simpson, MD; and John R. Teerlink, MD. William W. Parmley, MD, serves as a senior consulting editor. Approximately 80 members serve on the Editorial Board. Dr. Massie explained,

“We have instituted a policy of two-year appointments, with the plan to renew for two more years. We depend on the members of the Board for most of our reviews, and their contributions to this process will be evaluated in the decision to renew. The quality and timeliness of their reviews will be important factors in identifying and appointing new members of the Board. Approximately one third of the prior Board was replaced at the beginning of 2002, and regular turnover will reward those who distinguish themselves and provide some relief for current members.” The 2001 impact factors for journals were released recently, and *JCF* was ranked as ninth out of 65 cardiology journals worldwide.

HFSA and JHFS

JCF is the official journal of the HFSA and the Japanese Heart Failure Society (JHFS). A consulting editor and seven members from Japan serve on the Editorial Board, and the journal utilizes a wide group of Japanese reviewers. Japanese authors constitute the second largest source of submissions.

Dr. Massie expressed his gratitude to Cheryl Yano, HFSA Executive Director and managing editor of the journal, who has “made the transition simple and who continues to administer many aspects of the journal.” Additional information about *JCF* is available at the Society website at www.hfsa.org. □

Clinical, Basic Science, and Nursing Awards Competitions Foster Research

The popular sessions featuring presentations by the nominees for the Jay N. Cohn New Investigator Awards and the Nursing Research Award will be held on Monday, September 23.

Basic Science nominees will present their research from 10:30 a.m. to 12:00 p.m. at a session moderated by Michael D.

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Late-Breaking Clinical Trials Data To Be Presented

Barry M. Massie and Henry Krum will moderate the late-breaking clinical trials session on Wednesday, 8:30 a.m.-10:00 a.m. Each presentation will include audience discussion.

8:30 a.m. Douglas L. Mann: Effects of Cytokine Antagonism with Etanercept on Morbidity and Mortality in Patients with Chronic Heart Failure: Results of the RENAISSANCE, RECOVERY, and RENEWAL Trials

8:48 a.m. Milton Packer: Randomized Placebo-Controlled Dose-Ranging Trial of Infliximab, a Monoclonal Antibody to Tumor Necrosis Factor- α , in Moderate To Severe Heart Failure

9:06 a.m. Guillermo Torre-Amione: A Double-Blind Parallel Group, Randomized, Placebo-Controlled Feasibility Study to Assess the Safety and Effectiveness of Immune Modulation Therapy (IMT) in Patients with Chronic Congestive Heart Failure

9:24 a.m. Arthur J. Moss: MADIT-II Trial

9:42 a.m. Stefan D. Anker: Statins and Mortality in Patients with Chronic Heart Failure: Results From Two Studies with a Total of 5,195 Patients

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Clinical, Basic Science, and Nursing Awards Competition Fosters Research

Schneider and Leslie A. Leinwand. The nominees are Tong Zhang, University of California, San Diego, CA; Toshihiro Tsuruda, Mayo Clinic, Rochester, MN; Ravi Ramani, University of Pittsburgh, Pittsburgh, PA; Amy M. Larsen, Mayo Clinic, Rochester, MN; and Syed E. Haq, New England Medical Center, Boston, MA.

Clinical/Integrative Physiology nominees will present their research from 2:00 p.m. to 3:30 at a session moderated by Barry M. Massie and Arthur M. Feldman. The nominees are Horng H. Chen, Mayo Clinic, Rochester, MN; Tien M.H. Ng, University of Nebraska, Omaha, NE; Philip Jong, McMaster University, Hamilton, ON, Canada; Guido Boerrigter, Mayo Clinic, Rochester, MN; and Lazaros A. Nikolaidis, Allegheny General Hospital, Pittsburgh, PA.

Nursing Research Award nominees will present their research at a session moderated by Drs. Debra K. Moser and Kathleen Dracup from 10:30 a.m. to 12:00 p.m. The nominees are Rhonda M. Weller Moore, Guidant Corporation, St. Paul, MN; Mary Naylor, University of Pennsylvania, Philadelphia, PA; Sandra Dunbar, Emory University, Atlanta, GA; and Kismet D. Rasmusson, LDS Hospital, Salt Lake City, UT.