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## Heart Failure Society News

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## Arnold M. Katz Receives 2007 HFSA Lifetime Achievement Award

The 2007 HFSA Lifetime Achievement Award was awarded to Arnold M. Katz (Norwich, VT). This award recognizes an individual who has made a lifelong significant and sustained commitment to the field of heart failure.

The award was presented by Arthur M. Feldman (Philadelphia, PA), former HFSA President and Chair, Lifetime Achievement Award Committee.

Dr. Katz graduated from the University of Chicago and Harvard Medical School. He did his clinical training at Massachusetts General Hospital and the Institute of Cardiology at the University of London. His professional career as a researcher and teacher was spent at Columbia University, the University of Chicago, Mount



Sinai, University of Connecticut, and Dartmouth University.

Dr. Katz' major research focused on the role of calcium in cardiac contraction, excitation-contraction coupling and relaxation, and finally on the actions of lipids on membrane structure and function. His honors include three lifetime research awards, among them the Research Achievement Award of the American Heart Association,

and teaching awards at the University of Connecticut.

Upon receiving this award Dr. Katz thanked the Society and said "Next to recognition by students, an award from one's colleagues is life's greatest academic honor."

## Opening Plenary Session: Empowering Innovation in Research

This opening plenary focused on the challenges facing progress in research. Gail D. Pearson (NHLBI) led off by describing the NIH "blue print" which is designed to improve the understanding of the molecular and physiological basis of disease; the clinical mechanisms of disease; and the process of translating research into clinical practice. Heart failure is included in this blue print with a focus on triggers and modifiers, effects of treatment on disease progression, and a better understanding why heart failure is on the rise.

Andrew Marks (New York, NY) followed this presentation by focusing on the challenges facing basic science investigators. He noted that although the NIH is making changes it has become more difficult for investigators to get grants, particularly young investigators, women and minorities, not to mention

a hesitation to fund creative or risky proposals. In his opinion it would be better served if the NIH streamlined the application process and restored funding to individual-initiated research.

Dr. Califf (Durham, NC) focused on the research challenges of the clinical investigator. There is the perception that clinical investigation is not accepted as a concrete valued discipline, there is a shortage of mentoring, bureaucratic obstacles to overcome, sparse infrastructure, and inadequate funding. It will be important for academic institutions to change their perception of the clinical researcher and nourish the clinical investigator much like a basic scientist; and for the NIH to stand up to bureaucracy and industry and form effective public-private partnerships where resources can be pooled. All of which are critical to the success of the clinical researcher.

## 2007 Investigator Awards Presented

Supporting new researchers interested in pursuing an academic career in heart failure is an important part of the HFSA's mission. Each year at the Annual Scientific Meeting, awards for new investigators are presented in basic science, clinical/physiology, and nursing. Abstracts for these competitions are reviewed by a panel of experts and the top five are selected in each category for presentation at the Annual Scientific Meeting. The winners of this year's competitions were:

### Jay N. Cohn New Investigator Award: Clinical/Physiology

Sanjiv J. Shah (University of Chicago), "Genetic Determinants of Cardiac Contractile Function in Caucasians"

### Jay N. Cohn New Investigator Award: Basic Science

Jeffrey S. Martini (Thomas Jefferson University), "A Novel Nuclear Function for GRK5 and its Potential Role in the Hypertrophic Response"

### Nursing Investigator Award

Victoria V. Dickson (University of Pennsylvania), "A Mixed Methods Investigation of Biobehavioral Variables Influencing Self-Care in Employed Persons with Heart Failure"

## Excellence in Basic Science



Howard Rockman presenting award to Robert Lefkowitz

A highlight of the scientific meeting was the Special Sunday Scientific Session on "Excellence in Basic Science". This session began with a Distinguished Lecture in Basic Science by Robert J. Lefkowitz (James B. Duke Professor of Medicine, Duke University) entitled "A Brief History of Seven Transmembrane Receptors: New Approaches to Drug Therapy". Dr. Lefkowitz chronicled the major discoveries in his laboratory that have led to our current understanding of how G protein-coupled receptors are activated, turn-off and initiate cellular signaling.

## In Memoriam



1932 - 2007

Edmund H. Sonnenblick, MD, one of the founding members of the HFSA passed away September 22, 2007. Dr. Sonnenblick was the Distinguished University Professor and chief emeritus of the Division of Cardiology at Albert Einstein College of Medicine, New York. He was active in the HFSA serving on the Executive Council, Nominating, and Publications Committees and as a regular faculty participant in the HFSA Annual Scientific Meetings.

On November 5, 2007 he received the AHA Research Achievement Award posthumously. The award was accepted on his behalf by Dr. Richard Kitsis at the 2007 AHA Annual Scientific Sessions in Orlando, FL.

His discoveries dramatically advanced the understanding of cardiac muscle structure and function which was invaluable in fighting heart disease. His early work established the physiological parameters of left ventricular performance, and his historic studies included the first use of the such now-familiar terms as ejection fraction. He will be missed.

Dr. Lefkowitz was presented with the first Annual HFSA Award in Basic Science for his passion, achievement, and integrity in discovery science while in the pursuit of the fundamental mechanisms that underlie heart disease.

Dr. Lefkowitz's lecture was followed by four outstanding presentations by scientific leaders in other areas of basic science related to heart failure: Andrew R. Marks (New York, NY) discussed the role of ryanodine receptor function and its importance in the development of heart failure and the potential therapeutic implications. Christine E. Seidman (Boston, MA) presented data on novel inherited diseases of the heart and its progression to heart failure. Jonathan Epstein (Philadelphia, PA), presented an overview of our current understanding of the molecular mechanisms of congenital heart disease. The final speaker was Jonathan S. Stamler (Durham, NC), who presented data from his laboratory showing the novel and diverse function for S-nitrosylation in the heart. All agreed that the session truly represented excellence in basic science and provided a strong foundation for the scientific program.

## Heart Failure Awareness Week Provides Opportunity to Reach Out

Heart Failure Awareness Week in 2008 will be February 10-16. This is an opportunity for HFSA members to educate patients, their families, individuals at risk, and health care professionals about the prevention and treatment of heart failure.

To initiate Heart Failure Awareness Week 2008, HFSA will hold its annual update for the primary care physician on February 9 in New Orleans. This year's program, chaired by Clyde W. Yancy (Dallas, TX) and co-chaired by Hector O. Ventura (New Orleans, LA), will target internists and focus on a series of cases, or clinical vignettes, representing situations frequently encountered in the primary care setting. While in New Orleans, Drs. Yancy and Ileana Piña (Cleveland, OH) will host a national radio tour targeting local, regional, and national listeners. The radio tour is done in both English and Spanish.

Many HFSA members already have standing events for professionals, and patients and their families, that take place during Heart Failure Awareness Week. If you do not already have something scheduled, consider developing an event. Examples include symposia for health care professionals, screening sessions for heart failure risk factors, presentations on diet, nutrition, and other subjects of general interest. There is a tool kit with resources for such activities on the HFSA web site ([abouthf.org](http://abouthf.org)) for events specifically designed for patients and families. A set of core slides based on the 2006 HFSA Heart Failure Guidelines is also available online at [www.heartfailureguideline.org](http://www.heartfailureguideline.org) for professional educational-type activities.

## Future Heart Failure Awareness Weeks

2008: February 10-16

2009: February 8-14

2010: February 14-20

2011: February 13-19

## “Common” Rare Causes of Heart Failure

This session covered the challenges faced by patients who have survived cancer after undergoing radiation and chemotherapy, and adults who were treated for congenital heart disease as children.

Barry L. Karon (Rochester, MN) discussed radiation as a contributor to an increase in cardiovascular death. Irradiation is injurious to cardiac structures and is particularly an issue in the treatment of lymphomas and breast, lung, and esophageal cancer, though the affect varies by type of cancer. Radiation affects all cardiac structures, there is a long latency period, the risk is increased by cardiotoxic chemotherapy and the presence of conventional risk factors, and finally there are increased risks associated with performing cardiac surgery on these patients.

John T. Berger (Washington, DC) discussed the role of congenital heart disease in heart failure, noting that approximately one-fourth of patients do develop heart failure late after congenital heart surgery. Dr. Berger focused on single ventricle abnormality and

the impact of various surgical correction strategies on the later development of heart failure. Current thinking is that heart failure can be prevented or minimized with different surgical methods. However, questions remain about such things as the role of medications in preventing abnormal remodeling; the role of anticoagulants; and the specifics of particular corrective procedures. He stressed that the continued collaboration between pediatric and adult specialists is the best way to determine the consequences of current treatment strategies.

Jean-Bernard Durand (Houston, TX) spoke on drug-induced heart disease. More than 20 new drugs for cancer have been approved in the past 5 years, but the cardiovascular toxicities of chemotherapy drugs are not captured, evaluated, or addressed in oncology clinical trials. Furthermore, cardiovascular toxicities may be more frequent because of expanded indications of approved cancer drugs. Dr. Durand said patients with exposure to cardiotoxic agents should be considered Stage A heart failure patients. By including

cardiologists in oncology trial design, potential cardiotoxicities could be identified and addressed early.

John B. O’Connell (Chicago, IL) focused on viral inflammatory disease concentrating on myocarditis. Viral myocarditis should be suspected in new onset heart failure in a patient without other known co-morbidities, particularly if the patient is young and has had antecedent flu-like symptoms. However, confirming a diagnosis of myocarditis can be problematic. Although biopsy is the gold standard for diagnosis, routine biopsies for unexplained heart failure are not justified. MRI may be the best imaging modality because a normal MRI reliably excludes myocarditis. When considering treatment options, one must remember that there is a high incidence of spontaneous recovery – even when the patient is in dire hemodynamic condition. Even when the patient is considered to be a transplant candidate, all other options, including mechanical circulatory support, should be considered first.


## Gender, Hormones, and Heart Failure

This was a translational session moving from the bench to the bedside. Richard D. Patten (Boston, MA) began with a presentation on estrogen receptor signaling in the heart in remodeling. The survival advantage of females in clinical and experimental studies supports the hypothesis that sex hormones may favorably influence cardiac structure and function. Data from animal studies support the conclusion that estrogen replacement affects cardiac remodeling, but that the response depends on the nature of the hypertrophic stimulus. In response to myocardial injury, estrogen replacement has the potential for benefit by decreasing infarct size and inhibiting cardiomyocyte apoptosis, but also the potential for harm by worsening left ventricular remodeling and increasing mortality. In response to pressure overload, estrogen limits left ventricular hypertrophy by inhibiting cardiomyocyte elongation.

Leslie A. Leinwand (Boulder, CO) focused on the impact of phytoestrogens on cardiomyopathy. Soy has phytoestrogens and isoflavones, and male mice fed the traditional soy diet have poor cardiac phenotypes compared to those fed a casein diet. Diet did not matter as much in female mice. Leinwand hypothesized that phytoestrogens impact males disproportionately because males do not normally have endogenous estrogens. Therefore, phytoestrogens do not have to compete with estrogens to activate genes.

Frederick A. Masoud (Denver, CO) began his presentation by discussing gender-based differences in the presentation, care, and outcomes of heart failure. Women with heart failure predominately have preserved left ventricular systolic function. The lack of inclusion of women in heart failure clinical trials has led to a critical gap in the evidence base about the care and treatment of heart failure in women. The gap is worse in evidence for the treatment of heart failure with preserved left ventricular dysfunction.


Jalal K Ghali (Detroit, MI) concluded the session looking at the differences in the response to heart failure therapies between men and women. Based on the literature, guidelines recommending the similar treatment of men and women are appropriate, but ARBs rather than ACE-inhibitors should be considered as first-line treatment in women with heart failure. He concluded with the recommendation that some clinical trials using heart failure drugs be conducted exclusively in women or that measures be taken to include a larger representation.



**Heart Failure Society  
of America**

# 12th Annual Scientific Meeting

**September 21-24, 2008  
Toronto, Ontario, Canada**



[www.hfsa.org](http://www.hfsa.org)

## Recent and Late Breaking Clinical Trials

### Results of the Predictors of Response to CRT (PROSPECT) Trial

Eugene S. Chung on behalf of the PROSPECT investigators (Cincinnati, OH) presented the results of this trial which prospectively tested whether published echocardiographic measures of mechanical dyssynchrony (D) identify patients that improve with CRT. The trial concluded that while some echo measures predicted statistically significant improved response, sensitivity and specificity are modest. Interobserver variability for tissue Doppler and M-mode precludes conclusions on their predictive capability. Further study with different methods and/or patient populations may improve predictive values and reproducibility. The results of PROSPECT do not support widespread use of ECHO measures of D in patient selection for CRT.

### Randomized Clinical Trial of the Clinical Effects of Enhanced HF Monitoring Using a Computer Based Telephonic Monitoring System in Older Minorities and Women

Ozlem Soran (Pittsburgh PA) presented the Heart Failure Home Care (HFHC) trial which was a multicenter, randomized, controlled trial this study which was designed to assess the efficacy of a unique home monitoring system in a group of elderly patients enriched for both women and non-white males. Patients were randomized to either the Alere Day Link Heart Failure Monitoring System (ADLHFM) or to standard heart failure care (SC).

While the incidence of the primary outcome, 6-month cardiac mortality or re-hospitalizations for heart failure, was somewhat higher in the SC arm (28.8% vs. 21.2%,  $p=0.15$ ), the difference was not statistically different. The study concluded that additional, sophisticated, monitoring of HF patients with an interactive program had no statistically significant effect on cardiovascular deaths and readmission rates within 6 months after discharge in a group of HF patients who are Medicare beneficiaries and non-Caucasian males. The lack of effect may indicate that in pharmacologically well treated and well-informed patients there is relatively little room left for altering the natural course of the condition. Heart failure management programs hold tremendous promise for patients not receiving comprehensive care, but that does not mean it's universally effective. The formal, controlled testing of validated methods for patient education should be encouraged. The variables should not only be knowledge but should also include a clinical outcome, health status assessment and cost analysis.

### Acute Hemodynamic Effects of Tolvaptan, a Vasopressin V<sub>2</sub> Receptor Blocker, in Patients with Symptomatic Heart Failure and Systolic Dysfunction: The ECLIPSE International, Multi-Center, Randomized, Placebo-Controlled Trial

James E. Udelson on behalf of the ECLIPSE investigators (Boston, MA) presented the

results of this double-blind treatment trial. Patients were randomized to either Tolvaptan or placebo. The study concluded that in patients with advanced heart failure due to systolic dysfunction, vasopressin receptor antagonism with tolvaptan resulted in favorable changes in hemodynamics associated with a significant increase in urine output. These data provide mechanistic support for the symptomatic improvements noted with tolvaptan in patients with worsening heart failure.

### Impact of Atrial Pacing on Quality of Life in the Dual Chamber and VVI Implantable Defibrillator (DAVID) II Trial

James Cook (Springfield, MA) on behalf of the DAVID II Trial Investigators presented the results.

The DAVID II Trial randomized 600 patients who met DAVID enrollment criteria to atrial pacing at 70 beats/minute (AAI-70) or back-up right ventricular pacing (VVI-40) at 40 beats/minute. The primary endpoint was mortality or hospitalization for heart failure; and the secondary endpoint was Quality of Life assessment by MLHFQ and SF-36. The study concluded that either atrial pacing or rarely pacing from the right ventricle are safe programming alternatives in patients who have an implantable defibrillator. However, neither resulted in a significant difference in Quality of Life endpoints.

To read the complete abstracts on these studies presented, please see *Journal of Cardiac Failure* 2007; 13:793-794.

## Debates Tackle Basic and Clinical Areas of Heart Failure

### Are stem cells to repair the broken heart ready for prime time?

The use of stem cells to treat heart failure was debated by Steven R. Houser (Philadelphia, PA) and Charles E. Murry (Seattle, WA). Dr. Houser argued that many people are still dying from heart failure even with the best conventional care. Novel therapies are needed. His laboratory has demonstrated that bone marrow-derived stem cells can be transformed into truly functioning myocytes in a rat tissue model. This provides a paradigm for new myocyte formation in the heart. Clinical testing demonstrating safety and efficacy has already been done. The question should be not whether stem cell therapy is ready for prime time, but rather what should be tried next.

Dr. Murry argued that both safety and efficacy must be demonstrated in randomized blinded, placebo controlled trials using hard endpoints. The question is, which type of cells and whom we

are treating. Do we know how stem cells work? It is a fallacy that stem cells remuscularize the heart and that stem cell therapy is safe and easy. There are complications including ventricular arrhythmias with skeletal muscle grafts, calcification with bone marrow stem cells, and microemboli with intracoronary administration of stem cells. Phase I clinical trials of stem cells have not been sufficiently tested to demonstrate efficacy. Finally, he stated that randomized controlled clinical trials have yet to demonstrate proof of concept.

### Should secondary mitral regurgitation (MR) in severe heart failure be repaired?

James S. Gammie (Baltimore, MD) presented the case for the surgical repair of geometric MR occurring as a consequence of ventricular remodeling, a common problem in patients with heart failure that is associated with a poor prognosis. Studies conducted have provided convincing evidence that mitral

valve repair is safe, effective, durable, and improves patient symptoms, even if its impact on survival is not known.

Michael A. Acker (Philadelphia, PA) countered that beneficial outcomes have not been documented. It is not known if the ventricle continues to dilate, causing new MR, or if the reverse is true and recurrent MR is causing additional ventricular remodeling. Objective data on symptom improvement, reverse remodeling, and recurrence is needed. The surgical literature on mitral regurgitation repair is limited and in most cases anecdotal. The studies are small, there is no control group, patients are not randomized, and the follow-up is short. Even in studies where MR has been corrected, and the coronaries have been concomitantly revascularized, no claim to improvements due to mitral valve repair alone can be made. Survival data is also lacking. Mitral valve replacement, rather than repair may eliminate recurrence. Maybe then we can determine whether treating MR is effective or not.

## Hyde Park Speakers Engage Audience with Provocative Subject Matter and Presentation Approaches



Carl Leier and Arnie Katz set the stage

The much-anticipated annual Hyde Park Session covered a wide swath of medical history in presentations ranging from bloodletting in antiquity to current concerns about ventricular dyssynchrony and hospital length of stay. Presenters used humor, wit, outrage, pointed remarks, and direct provocation to engage the audience and win them over to their point of view. The audience, free to respond similarly, laughed and applauded liberally.

The Hyde Park session allows presenters to hold forth on topics of interest in a setting free of the usual peer-review standards. Carl V. Leier, (Columbus, OH) and Arnold M. Katz (Norwich, VT) presided over the session which featured six presentations, two are highlighted below.



Jay N. Cohn tips his hat to both sides of the brain

### Right-Brain Thinking in a Left-Brain Profession

Jay N. Cohn (Minneapolis, MN) who noted that the right brain, which is the site of deductive reasoning, inference, intuition, and holistic thinking is suppressed if you want to practice medicine. Left-brain thinking, which involves linear, sequential thinking, memorization, details, and probabilistic reasoning predominates. Left-brain thinking drives education today and is responsible for “teaching to the test” and “no child left behind”. Right brain activities such as understanding concepts,

creative thinking, and challenging convention receive less attention. The merger of the two hemispheres should be the goal of education and clinical management. We need to “Make Love – Not War” with both sides of the brain, he concluded.

### Introducing Cardiomyopoly: The Heart Failure Game

Douglas D. Schocken (Tampa, FL) presented a humorous take on heart failure patient care with a board game he invented called “Cardiomyopoly”. The game features patient, clinical research, and fickle finger of fate cards. Players move around a board with spaces such as echo lab, ICU, waiting room, clinical research, OR, and morgue. They can earn “gold stars” for achieving certain objectives such as having a patient lose three pounds. To win the game, players must achieve diagnostic and treatment goals, avoid harm, and earn the “gold stars”

indicated on patient cards. Typical turns in the game might include landing in the heart failure clinic to uptitrate drugs or in clinical research where you learn that a study has been terminated early for protocol violations and adverse events. Fickle finger of fate cards include losing a turn because the pharmacy loses a prescription or because electrophysiologists are arguing about the meaning of dyssynchrony. Dr. Schocken who said the existence of the game may be an indication that he has too much time on his hands, also said the game is not likely ready for prime time.

Other presentations included: Placebo is the Only Drug We should Prescribe (Stephen S. Gottlieb, Baltimore, MD); Heart Failure Circle: From Antiquity Bloodletting to Bloodletting 21st Century Style (Hector O. Ventura, New Orleans, LA); Here Dyssynchrony, There Dyssynchrony, Everywhere Dyssynchrony (David A. Kass, Baltimore, MD); Be the Tortoise Not the Hare: Abandon Illogical Length-of-Stay Benchmarks (Patricia A. Uber, Baltimore, MD).

Deadline for abstract submission for Hyde Park consideration is Monday, May 5, 2008. Watch the HFSA web site for details and submission guidelines ([www.hfsa.org](http://www.hfsa.org)).



Doug Schocken explaining the game “Cardiomyopoly”

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## 2008 HFSA RESEARCH FELLOWSHIPS

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

APPLICATIONS AVAILABLE ON-LINE NOVEMBER, 2007

2008 Research Fellowship Application Receipt Deadline:  
Monday, February 4, 2008

## Controversies Addressed in “If So, Why and If Not, Why Not”

Jonathan G. Howlett (Halifax, NS, Canada) discussed whether blood pressure should be lowered as far as could be tolerated. He recommended lowering systolic blood pressure below 120 mmHg for patients with systolic heart failure and adding spironolactone, an angiotensin receptor blocker, or hydralazine nitrate for patients who are above the target while on standard therapy. He added that managing blood pressure in patients with diastolic heart failure was more difficult, because they are similar to high-risk vascular patients. A reasonable target would be a systolic blood pressure of < 130 mmHg. In either case, there must be careful surveillance for side effects.

Ronald S. Freudenberger (Allentown, PA) examined the routine use of anticoagulation in heart failure. We do not know enough about thromboembolism in heart failure to recommend the routine use of anticoagulation. The true risk of thromboembolism in the absence of atrial fibrillation is unknown. However, there is

evidence that heart failure is likely a pro-thrombotic state. Results of the ATLAS trial demonstrated that myocardial infarction is a frequent mechanism of death, thus providing a strong rationale for the use of antithrombotic drugs in patients with heart failure, but we lack evidence to provide definitive practice recommendations.

Mihai Gheorghide (Chicago, IL) addressed recommendations regarding the use of coronary angiography. The importance of CAD as a continuing contributor to the progression of heart failure has been ignored in favor of a focus on left ventricular remodeling and dysfunction. CAD is a major contributor to the prognosis of heart failure patients with diastolic dysfunction and to sudden cardiac death in patients with heart failure. Certain heart failure therapies may result in further damage in patients with CAD. Dr. Gheorghide advocates the routine use of coronary angiography in patients with heart failure.

Stefan Anker explained that what is considered anemia in heart failure does not follow the classical definition of the term. A hemoglobin level of  $\leq 12$  g/dL is considered anemia in large ongoing heart failure studies, while anemia has traditionally been defined at a lower hemoglobin cut-off point. Treatment of anemia in heart failure patients may be beneficial in improving quality of life, functional capacity, or symptoms and may also reduce morbidity or mortality. Though approximately 10%-15% of heart failure patients have anemia, Dr. Anker cautioned against treating these patients with therapies such as blood transfusions or erythropoietic agents until safety and efficacy is shown in randomized controlled clinical trials.

## “Jury” Hands Down Verdict against the Routine Use of ICDs in all Heart Failure Patients with LVEF $\leq 35\%$



Judge Konstam censoring John Cleland as James Young looks on

In what has become a tradition at the HFSA Annual Scientific Meeting, Marvin A. Konstam (Boston, MA) presided as judge in a court session during which arguments about ICD therapy in heart failure patients were heard. John G.F. Cleland (Kingston-Upon-Hull, UK) led the prosecution team arguing that the routine use of implantable cardioverter-defibrillators (ICDs) in heart failure patients with a left ventricular ejection fraction (LVEF)  $\leq 35\%$  was not warranted. Barry Massie (San Francisco, CA) and Michael W. Rich (St. Louis, MO) supported Dr. Cleland as expert witnesses for the prosecution. Bruce Wilkoff (Cleveland, OH) defended the ICD in his role as leader of the defense team. He was backed by

Leslie A. Saxon (Los Angeles, CA) and James B. Young (Cleveland, OH) who served as witnesses for the prosecution.

“Judge” Konstam decked in black judicial garb wielded his gavel liberally. Audience members serving as a “jury of peers” patiently heard spirited arguments from both sides before returning a clear-cut decision against the routine use of defibrillator therapy in heart failure patients.

With the verdict, routine use of ICD therapy joins the illustrious club of controversial subjects argued before the HFSA court in previous years including the existence of dysfunction and the merits of using inotropic therapy and the stethoscope in the treatment of heart failure.



Barbara Riegel presenting award to Sue Wingate

## 2007 Clinical Excellence in Nursing Award Goes to Suzanne J. Wingate

The 2007 Clinical Excellence in Nursing Award was presented to Suzanne J. Wingate (Baltimore, MD). The award, initiated in 2006, recognizes excellence in heart failure clinical practice, special achievements in clinical practice, or special contributions to the field of heart failure. Presenting the award on behalf of the selection committee was Barbara J. Riegel (Lancaster, PA).

Dr. Wingate received her B.S. in Nursing at the University of Maryland and her DNSc at the Catholic University of America in Washington, D.C. She practices as an adult nurse practitioner at Kaiser Permanente in Silver Spring, MD. She is widely published, serves as a reviewer for several professional journals, has been an invited speaker at various regional and national meetings, and is active in organizations focusing on both nursing and cardiovascular disease at the local and national levels.