

HEARTLINE

V2 / No. 1 / Spring 2012

INSIDE THIS ISSUE

Addressing a Difficult
Cardiovascular Landscape

A Grateful Valve Repair Patient

Insights into Severe
Aortic Stenosis

Trained to Use SynCardia



Montefiore
Montefiore Einstein
Center for Heart &
Vascular Care

A Message from Robert E. Michler, MD, and Mario J. Garcia, MD

At Montefiore Einstein Center for Heart and Vascular Care, technical innovation, surgical expertise and clinical excellence are the hallmarks of our program. ... [continued on page 1](#)

HEARTLINE



To read more about the accomplishments of the Montefiore Einstein Center for Heart and Vascular Care, visit www.montefiore.org/heartline/.



A Message from Robert E. Michler, MD, and Mario J. Garcia, MD

continued from cover

These qualities drive our ongoing pursuit of novel treatments, and afford our patients opportunities that they may not find elsewhere.

A prime example of this is transcatheter aortic-valve replacement (TAVR) surgery, a ground-breaking therapy for the treatment of aortic valve disease that is now available at Montefiore. This is a very exciting addition to our repertoire because it means that, for the first time, we can offer patients who were formerly deemed high risk for conventional surgery a promising option for their valvular disease. We are actively evaluating prospective candidates for enrollment in our TAVR program and encourage you to contact 718-920-7000 for more information or to make a referral.

TAVR is just one of the many advanced procedures available to patients through our Comprehensive Heart Valve Repair Program. As leaders in the management of aortic and mitral valve surgery we offer patients from throughout the region the full range of therapeutic options for their condition. We take a multidisciplinary approach to evaluating and caring for patients and hold a proven track record of success—a fact that is exemplified by our participation in the National Heart, Lung, and Blood Institute's Cardiothoracic Surgery Network's (CTSNet) mitral valve repair trials.

We are proud to announce that we continue to lead the national enrollment in the CTSNet's mitral valve and atrial fibrillation trials, and we look forward to publishing the results of the mitral valve studies, which draw to a close later this year.

Throughout 2011 we maintained our status as a preeminent cardiac care provider, performing more than 1,000 heart surgeries—including 29 heart transplants and 47 mechanical heart procedures (31 implantable and 16 extracorporeal ventricular assist devices)—with exceptional results. In recognition of our excellence in heart surgery outcomes, the

Society of Thoracic Surgery awarded us the prestigious 3 Star ranking for the second year in a row, placing Montefiore among the top programs nationally.

We remain firm in our commitment to our patients and community, and over the past year we have significantly expanded our outreach to clinics in the Bronx, South Bronx, Westchester County and Manhattan. We have also developed additional resources, such as our Cardiac Wellness Center, which opened two months ago, with the goal of enhancing the overall cardiovascular health of the people we serve. The Wellness Center is providing critical education and assistance to those who want to reduce their cardiovascular risk factors and change their diets.

Looking forward, we will be hosting our "Success with Heart Failure" conference on October 18 and 19. This conference provides an opportunity for cardiologists and surgeons from across the nation to learn about the clinical decisions associated with heart failure management in adult and pediatric patients.

We will continue to keep you informed about the work being performed here at Montefiore—work that is benefiting patients from around the region and beyond. As always, thank you for your continued support and for the trust you put in our team.

Sincerely,

Robert E. Michler, MD
Surgeon-in-Chief
Professor and Chairman
Department of Cardiovascular and Thoracic Surgery and the
Department of Surgery
Samuel I. Belkin Chair
Co-Director, Montefiore Einstein
Center for Heart and Vascular Care

Mario J. Garcia, MD
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V2 / No. 1 / Spring 2012

Montefiore Einstein Center
for Heart & Vascular Care

INSIDE THIS ISSUE

A Message from Robert E. Michler, MD, and Mario J. Garcia, MD	1
Tackling a Community's Cardiac Care Needs	2
Words to Live By	4
Focus On: Maria A. Rodriguez, MD	6
Saving Time, Saving Lives	6
Offering Hope for the Once Inoperable	8
Montefiore Trained to Implant Total Artificial Hearts	10
Relationships: The Heart of Research Success	12





Tackling a Community's Cardiac Care Needs

Few places in the nation offer a more challenging cardiovascular landscape than the Bronx.

High rates of obesity, diabetes and smoking paired with difficult socioeconomic conditions make this area an axis for heart disease and other cardiovascular conditions. Montefiore's cardiologists know that the health and future of this community hinge upon two things: education and access to quality healthcare.

"It's not enough for us to treat advanced conditions such as heart attacks or congestive heart failure," says Mario J. Garcia, MD, Professor and Chief, Cardiology, and Co-Director, Montefiore Einstein Center for Heart and Vascular Care. "We have to also address the causes of these problems and try to eradicate them."

Combining Outreach with Clinical Excellence

Outreach and emphasizing a healthy lifestyle and prevention are critical components of the cardiology program at Montefiore. Recently, Montefiore began aggressively expanding the number of clinics that it supports in the Bronx, South Bronx, Westchester County and Manhattan. It also added a Cardiac Wellness Center to help people who want to learn how to manage their cardiac risk factors and diet.

On the clinical side, Montefiore has an impressive treatment repertoire and exceptional outcomes, including treating acute heart attack victims with door-to-balloon times that

are below the national benchmark of 90 minutes. It is now sharing this expertise with local partner hospitals by providing two dedicated teams of interventionalists who are on call to offer percutaneous coronary intervention as needed.

"An added benefit to this partnership is that patients who require more intensive therapy than what is feasible at our partner hospitals now have easier access to Montefiore," says Vankeepuran Srinivas, MD, Director, Cardiac Catheterization Laboratories, Montefiore-Weiler Hospital, and Assistant Professor of Clinical Medicine, Albert Einstein College of Medicine.

Keeping Heart Failure Patients Healthy

Heart failure management remains a strength at Montefiore, and we recently implemented the American Heart Association's (AHA) "Get With The Guidelines—Heart Failure (GWTG-HF)" quality improvement program to help further advance patient outcomes and reduce readmission rates.

"Heart failure is the number-one Medicare diagnosis for hospitalized patients," explains Gerin Stevens, MD, PhD, Attending Physician, Cardiology, Montefiore Center for Advanced Cardiac Therapy, and Assistant Professor, Medicine, at Einstein. "So focusing our efforts by

consistently providing evidence-based care is extremely important. We want to keep these patients healthy and out of the hospital."

GWTG-HF provides Montefiore with clinical decision support through the AHA's Patient Management Tool™. This web-based assessment and reporting system allows clinicians to track patient data and assess the quality of the care that they are delivering.

"With this tool we track data in real time as opposed to using quarterly reports," says Dr. Stevens. "It's a much better system that allows for benchmarking in heart failure as well as other areas such as stroke and coronary artery disease."

Managing Atrial Fibrillation

Montefiore has long been recognized as a pioneer in the area of atrial fibrillation and, as such, is regularly selected to participate in high-profile atrial fibrillation trials such as STOP AF and most recently the Catheter Ablation versus Antiarrhythmic Drug Therapy for Atrial Fibrillation (CABANA).

"Through CABANA we're looking at what is best for patients who have atrial fibrillation—drug therapy or catheter ablation," explains Eugen Palma, MD, FHRS, Director, Weiler Arrhythmia Service, and Associate Professor,

Clinical Medicine, at Einstein. "This is a very important study because it is the first randomized, multicenter trial looking at hard endpoints—mortality, disabling stroke and other morbidities—for these approaches."

"I think what is important to emphasize is that we are firmly rooted in our commitment to caring for the vast cardiac needs of this region," says Dr. Garcia. "Our goal at all times is to administer the best care possible to our patients while arming them with the knowledge they need to be successful in managing their health. This is the core of Montefiore's mission." ♥

To learn more about CABANA, a National Heart, Lung, and Blood Institute-sponsored study, or to refer a patient for consideration, call 718-904-2588 and ask for the CABANA team. Information can also be found at www.cabanatrial.org.

Words to Live By

A Montefiore valve patient shares his experience and wisdom

Donald Gillies often offers a few simple words of advice to friends and family—“listen to your heart.” It took two medical scares for Gillies to take his own advice seriously.

The first scare came in 1995 when he was 42.

“I was physically active and liked to spend my free time working out,” he says. “Then, I began to notice my heart was skipping beats. I also had an unusually strong beating sensation that became more pronounced with exercise. Of course, I figured it was nothing and disregarded it.”

What the South Brunswick, New Jersey, resident soon discovered thanks to a pre-employment physical was that he actually had developed aortic insufficiency as a result of an infection.

“I never imagined that the beating sensation I was feeling was actually my heart struggling to pump blood,” he says.

Gillies’ age and health made him the perfect candidate for the Ross procedure, a technically complicated

surgery that involved replacing the damaged aortic valve with his own pulmonary valve. Gillies’ pulmonary valve was then replaced with a human donated valve.

“I had a very smooth recovery and was back to working and exercising in no time,” Gillies says. “Plus, because both replacement valves were human, I didn’t have to take Coumadin.”

Fast forward to 2009.

Gillies was still going to the gym regularly and considered himself healthy, despite having difficulty taking deep breaths.

“At about this time I had another pre-employment physical, and they picked up on my breathing problem,” says Gillies. “They sent me for an X-ray and echocardiogram, but neither test showed a problem, so I was cleared for employment.”

Gillies went on with “life as usual” until he failed a routine echocardiogram two years later. A CT scan showed he had developed an aortic aneurysm. Once again, he required heart surgery.

“Because I had had the Ross procedure I knew there was the possibility for complications,” Gillies explains. “I also remembered that the surgeon who performed that procedure had done a great job and was great to work with—really friendly and focused on making sure that I understood exactly what the surgery entailed. So I tracked him down to see if he would operate on me again.”

“Other medical centers might have replaced Mr. Gillies’ aortic valve, but repair can provide very good long-term outcomes with fewer complications and preservation of overall heart function, and it is a viable option for



patients who do not have extensive valve damage,” says Robert E. Michler, MD, Surgeon-in-Chief, Professor and Chairman, Department of Cardiovascular and Thoracic Surgery and Department of Surgery, and Co-Director, Montefiore Einstein Center for Heart and Vascular Care. “By fixing the leaking aortic valve and replacing only the diseased aorta we were able to once more preserve Mr. Gillies’ own valves and spare him from lifelong anticoagulant use.”

It’s been four months since his surgery and Gillies is doing beautifully.

“I’m walking two or more miles a day and returned to work in February,” he says. “What’s more, thanks to Dr. Michler, I dodged a mechanical valve and Coumadin again. All in all, I would say I’m in good shape for at least another 20 years.” ❤️

Comprehensive Heart Valve Care

Individuals with complex valve disease benefit from the advanced treatment options offered by Montefiore’s Comprehensive Heart and Valve Repair Program. Here, patients are cared for by a multidisciplinary team of valve specialists who are widely recognized for their experience and expertise in all forms of mitral and aortic valve repair and replacement.

Montefiore’s doctors recognize the benefit of preserving a patient’s own heart valve and are dedicated to pursuing valve repair as a primary treatment option. In most cases valve repair can be accomplished using a minimally invasive approach, which helps to reduce the patient’s recovery time and improve overall outcomes. Plus, because this approach spares the native valve, patients have a reduced risk of endocarditis and avoid the lifelong need for anticoagulants.

When a patient’s condition necessitates valve replacement, Montefiore offers both mechanical and biologic options that are placed using the latest methods available. This includes transcatheter aortic-valve implantation, a new, catheter-based approach to aortic valve replacement that is currently offered at only a few sites in the region.

To learn more about Montefiore’s Comprehensive Heart Valve Repair Program, visit www.montefiore.org/valverepair.

Focus On: Maria A. Rodriguez, MD



As a Spanish-speaking, cardiac interventionalist, Maria Alexandra Rodriguez, MD, readily admits that she is a bit of an anomaly in her field.

“There aren’t a lot of women who choose to specialize in interventional cardiology, and there are even fewer female interventionalists who speak Spanish,” says Dr. Rodriguez, who joined Montefiore Medical Center as an interventional cardiologist in August 2011 after completing a fellowship at Jefferson University Hospital in Philadelphia, and is also Assistant Professor, Medicine, at Einstein.

“Dr. Rodriguez is an asset to our cardiology team as we work to expand our capabilities in interventional cardiology and our outreach efforts to the Bronx community,” says Mario J. Garcia, MD, Chief, Cardiology, and Co-Director, Montefiore Einstein Center for Heart and Vascular Care. “Women’s heart health and preventive care are increasingly important, and Dr. Rodriguez’s expertise will allow us to grow in these areas.”

Dr. Rodriguez says, “I’m someone who enjoys building a strong doctor/patient relationship—something that goes a long way when it comes to ensuring adherence with treatment and follow-up care. Being a woman who speaks Spanish helps me connect with my female and Spanish-

speaking patients. Once you build a relationship with a patient it’s easier to teach him or her how to live a healthier life and stay out of the cath lab in the first place. I think one of the greatest things about my job is seeing a patient become healthier and knowing I helped make a difference in that person’s life.”

Dr. Rodriguez earned her medical degree from Creighton University School of Medicine in Nebraska and did her residency at Yale-New Haven Hospital. She later completed a cardiovascular disease fellowship and an interventional cardiology fellowship at Jefferson. Her areas of interest include women’s heart care, preventive women’s healthcare and hypertensive crisis.

“In medical school I did my rotation in cardiology and cardiothoracic surgery and loved it,” she says. “The field is challenging and filled with innovation—there is always something new in the pipeline. I think we’re going to see these innovations continue, not just in the area of coronary vessels but also with percutaneous techniques to repair damaged heart valves and atrial septal defects.”

Since coming to Montefiore Dr. Rodriguez has gotten involved in the hospital’s outreach efforts through clinics in the Bronx that treat the underserved. She also sees herself as a future mentor for women who are considering the field of interventional cardiology. ♥

“I’m someone who enjoys building a strong doctor/patient relationship—something that goes a long way when it comes to ensuring compliance with treatment and follow-up care.”

Maria Alexandra Rodriguez, MD

Saving Time, Saving Lives

Montefiore cardiologists bring lifesaving intervention to Bronx hospitals

It’s a well-established fact that the faster heart attack patients receive care the better the results. Cardiologists at Montefiore Medical Center recognize this and have formed two rapid response teams that are on call to deliver emergency percutaneous coronary intervention (PCI) to heart attack patients at Bronx-Lebanon Hospital, St. Barnabas Hospital, and Montefiore’s Weiler and Moses Campuses.

“A successful PCI program requires skilled operators, clinical resources and organizational leadership,” says Mario J. Garcia, MD, Professor and

Chief, Cardiology, and Co-Director, Montefiore Einstein Center for Heart and Vascular Care. “Some of the hospitals to which we provide this service are too small to have enough clinical volume to be self-sufficient 24 hours a day, seven days a week. At the same time, they provide better service to their community when they can take care of a patient experiencing a heart attack as early as possible. So rather than taking the time to transfer patients to Montefiore, we have teams of interventional cardiologists and nurses who bring their expertise to the patient.”

When a patient dials 911 complaining of chest pain or other heart attack symptoms, an ambulance responds, and within 10 minutes of arrival emergency responders perform an electrocardiogram (EKG). The results are transmitted electronically to the hospital where the patient will be transported. If that hospital is one of the aforementioned, then the EKG transmission activates Montefiore’s cardiology interventional team.

“Typically, our team is able to get to the hospital before or at the same time as the patient,” says Mark Greenberg, MD, Director, Cardiac Catheterization,

at Montefiore, and Professor, Clinical Medicine, and Associate Professor, Radiology, at Einstein. “Once the patient arrives, he or she is fast-tracked to the cath lab, where we perform angioplasty. The whole process—from the time the patient enters the hospital to the time we deploy the balloon—consistently takes less than 90 minutes, placing us below the national door-to-balloon benchmark.”

According to Dr. Greenberg, the success of this process rests heavily upon the fire department’s electronic EKG technology, put in place a year ago by David Prezant, MD, Chief

Medical Officer of the New York City Fire Department and a physician in Montefiore’s Division of Pulmonary Medicine.

“Our interventionalists are among the best; however, to meet that 90-minute mark with a transport requires immediate access to accurate information,” he says. “The electronic EKG has helped to improve outcomes by ensuring that patients are directed to hospitals that are appropriately equipped to care for them, while giving the clinical team on the receiving end a heads-up on the patient’s condition.”

Dr. Greenberg adds that the Nextel phone system that the interventionalists use has also helped shave the teams’ response time by promptly notifying them when the fire department sends an EKG and when a patient is en route.

“It’s amazing to think that a patient can now be transported from a sixth-floor walk-up and receive PCI in under two hours,” says Dr. Greenberg. “I think that as the EKG technology evolves we will see these response times get even faster.” ♥

Offering Hope for the Once Inoperable

Innovative procedure to treat severe aortic stenosis now available at Montefiore

“There’s little we can do for you.”

For generations of patients with severe aortic stenosis who have been deemed too sick for surgery, this has been the harsh reality. However, a groundbreaking clinical study—called the Placement of Aortic Transcatheter Valves (PARTNER) trial—has opened the door to an innovative treatment option that is now offering many of these individuals a chance at life.

Launched in 2007, PARTNER set out to compare transcatheter aortic-valve replacement (TAVR) with standard therapy in high-risk patients with severe aortic stenosis. During TAVR, a bioprosthetic valve is threaded through the femoral artery via a catheter and into the heart. Once in position, balloon valvuloplasty is performed to deploy the replacement valve and its frame within the diseased native aortic valve. The procedure is performed in a hybrid catheterization lab and, once perfected, takes less than an hour.

Montefiore Medical Center is among the first wave of sites selected to launch a TAVR program in 2012.

“Becoming a TAVR site was a very competitive process that required a lot of work and determination on the part of our medical teams,” says Mario J. Garcia, MD, Professor and Chief, Cardiology, and Co-Director, Montefiore Einstein Center for Heart and Vascular Care. “It has been worth it, however, knowing that we can now offer this treatment to these very sick patients.”

A portion of the PARTNER trial—called cohort b—focused on patients who were not considered suitable candidates for surgery.

“At one year, the death rate for patients enrolled in PARTNER cohort b who received standard therapy was 50.7 percent, compared to 30.7 percent in those who received TAVR,” explains Joseph DeRose, MD, Director, Minimally Invasive and Robotic Cardiac Surgery, at Montefiore, and Associate Professor, Cardiovascular and Thoracic Surgery, at Einstein. “These findings showed that, for the first time, we can give these patients something we’ve

not been able to in the past—an option.”

David Slovut, MD, PhD, Director, Advanced Interventional Therapy, and Associate Professor, Medicine, at Einstein, explains that the success of TAVR hinges upon close collaboration between cardiology and cardiothoracic surgery.

“Determining whether a patient is a candidate for TAVR and then successfully executing the procedure requires the expertise of both cardiologists and heart surgeons. While this procedure is currently performed by interventionalists, the surgeons—who have extensive experience in open valve surgery—bring an invaluable perspective to each case. There are important decisions to be made during these procedures, so it’s nice to have more than one set of eyes in the room.”

Prior to receiving treatment, patients undergo an extensive evaluation to determine their eligibility for TAVR.

The patient’s case is then presented before a multidisciplinary team of experts who collectively decide whether the patient meets the predetermined criteria for surgery.

Typically, candidates for TAVR are over the age of 80, have significant co-morbidities and are symptomatic—experiencing pain in the chest, shortness of breath or syncope.

“This is without a doubt one of the greatest advances in cardiovascular medicine in the past decade,” says Daniel Goldstein, MD, Director, Mechanical Assistance Program, Co-Director, Center for Advanced Cardiac Therapy, and Associate Professor, Cardiovascular and Thoracic Surgery, at Einstein. “That said, we need to be mindful that TAVR is very delicate technology and must be used wisely. We are taking a very cautious, systematic approach to deployment with the hopes of performing our first five procedures in early spring.”

“This is truly a proud moment for

“Becoming a TAVR site was a very competitive process that required a lot of work and determination on the part of our medical teams.”

Mario J. Garcia, MD

Professor and Chief, Cardiology

Co-Director, Montefiore Einstein Center for Heart and Vascular Care

Montefiore,” says Robert E. Michler, MD, Surgeon-in-Chief, Professor and Chairman, Department of Cardiovascular and Thoracic Surgery and Department of Surgery, and Co-Director, Montefiore Einstein Center for Heart and Vascular Care. “We care deeply about the well-being of our patients and invest a great amount of time and energy in helping them live long, healthy lives. Through TAVR we can finally offer that same hope to this fragile patient population.”

Patients are actively being evaluated for inclusion in Montefiore’s TAVR program and can be referred by contacting Barbara Levine, Clinic Coordinator, at 718-920-7000. ❤️



An image of aortic stenosis.

Photo credit: Centers for Disease Control and Prevention / Dr. Edwin P. Ewing, Jr.

Montefiore Trained to Implant Total Artificial Hearts

Patients who are at risk of imminent death of heart failure may benefit from the SynCardia Total Artificial Heart, a replacement device that is now being offered by surgeons at Montefiore Einstein Center for Heart and Vascular Care.

Similar to a heart transplant, the total artificial heart replaces both failing heart ventricles and the four valves. The SynCardia Total Artificial Heart is the only system that is approved by the Food and Drug Administration as a bridge to transplant for people with end-stage biventricular heart failure, and Montefiore is one of only two programs in the New York metropolitan region certified to implant this lifesaving device.



"The SynCardia Total Artificial Heart is a tremendous medical advance, and we are proud to add it to our already extensive repertoire of treatment options," says Robert E. Michler, MD, Surgeon-in-Chief, Professor and Chairman, Department of Cardiovascular and Thoracic Surgery and Department of Surgery, and Co-Director, Montefiore Einstein Center for Heart and Vascular Care.

"With SynCardia we can offer patients an alternative that extends their lives and improves the quality of their extended lives," says Daniel Goldstein, MD, Director, Mechanical Assistance Program; Co-Director, Center for Advanced Cardiac Therapy

at Montefiore; and Associate Professor, Cardiovascular and Thoracic Surgery, at Einstein.

The SynCardia Total Artificial Heart is ideal for patients who have damage on both sides of the heart and are awaiting a heart transplant. For these patients, a standard ventricular assist device is not sufficient. The SynCardia Total Artificial Heart provides immediate, normal blood flow through both ventricles, and the high volume of good blood flow can actually help speed the recovery of vital organs, making the patient a better transplant candidate.

According to the New York Organ Donor Network, nationally there are

about 3,100 patients waiting for a donor heart; approximately 200 of them are in New York State. Unlike a donor heart, the SynCardia Total Artificial Heart is immediately available for transplant-eligible patients at medical centers that are SynCardia certified. Another benefit of the Total Artificial Heart is its portable, battery-powered driver, the Freedom®, which makes it possible for patients to leave the hospital and resume an active life while awaiting a donor heart. This is in stark contrast to previous devices that required patients to be connected to a large console-sized machine at the hospital, limiting their mobility and quality of life. ♥

Montefiore Einstein Center for Heart & Vascular Care invites you to

The Cardiology Alumni Welcome Reception during the American College of Cardiology Scientific Sessions 2012

Hosted by **Mario J. Garcia, MD**
Chief, Cardiology
Co-Director, Montefiore Einstein
Center for Heart and Vascular Care

Guest Speaker **James Scheuer, MD**
University Chairman Emeritus
Professor, Medicine
Montefiore Einstein Center for Heart & Vascular Care

The Hyatt Regency McCormick Place
(attached to the McCormick Place Convention Center)
2233 South Dr. Martin Luther King, Jr. Drive
Chicago, Illinois 60616

Sunday, March 25, 2012
6:30 – 8:30 pm

RSVP Lisandra Lamboy
718-920-4595 or
llamboy@montefiore.org

This event is not part of the official ACC Annual Scientific Session & Expo and/or ACC-i2 with TCT as planned by their Program Committees. This event does not qualify for continuing medical education (CME), continuing nursing education (CNE) or continuing education (CE) credit.



Relationships: The Heart of Research Success

When it comes to conducting successful clinical trials, it's all about the relationship.

It's a fact with which doctors in Montefiore's Cardiac Research Institute for Clinical Trials are all too familiar.

"Believe it or not, it's difficult to get patients to enroll in cardiac studies," says Auris Browne, MD, Director, Clinical Trials and Regulatory Affairs, Cardiology. "There's sensitivity with the heart that doesn't exist with other organs."

At any given time, Montefiore is actively recruiting patients for dozens of cardiac trials, including three new studies that began in 2011. The first is a National Heart, Lung, and Blood Institute-sponsored trial that is exploring the safety and efficacy of injecting stem cells into the heart muscle of Left Ventricular Assist Device recipients.

The second study is a Phase III trial called INOVATE-HF, which is aimed at demonstrating the long-term safety and efficacy of vagus nerve stimulation with the CardioFit® system for the treatment of subjects with heart failure. CardioFit® is an implantable congestive heart failure modulator that reduces the heart rate, improves ventricular volumes and restores regular cardiac rhythm.

Through the third study, Montefiore cardiologists are evaluating the effect of 48 hours of IV treatment with omecantiv mecarbil (a novel, small-molecule, direct activator of cardiac myosin) in subjects with left ventricular systolic dysfunction who are hospitalized for acute heart failure.

"We spend a lot of time with patients, explaining the benefits—both intrinsic and extrinsic—that are associated with their participation in a clinical trial," adds Roger Swayze, RN, BSN, MBA, Director, Clinical and Regulatory Affairs, Department of Cardiovascular and Thoracic Surgery and Department of Surgery. "Once patients better understand the big picture they are more willing to enroll."

Which brings Browne and Swayze to their next challenge—retention.

Swayze explains that they maintain an open line of communication with clinical trial patients—calling them to check in, making sure that they have transportation to appointments, following up after the appointment to see how they are doing.

"We like to say that our clinical trial participants are our 'VIPs,'" he jokes. "After all, they are playing a very important role in advancing the care we deliver."

Browne and Swayze's collective ability to connect with patients and develop strong relationships has worked to Montefiore's benefit.

"The leadership here is passionate about research and the critical role that it has in improving patients' lives. It really drives home the importance of what you are doing and makes you want to succeed."

Roger Swayze, RN, BSN, MBA

Director, Clinical and Regulatory Affairs,
Department of Cardiovascular and Thoracic Surgery
and Department of Surgery

"We are consistently among the top enrolling sites for all of our clinical trials," says Browne. "This has helped us garner the attention of institutions such as the National Institutes of Health that select sites based upon their ability to enroll and retain participants."

When asked what drives them to come to work each day, both agree that it's both the leadership and personal satisfaction.

"The leadership here is passionate about research and the critical role that it has in improving patients' lives," says Swayze. "It really drives home the importance of what you are doing and makes you want to succeed."

"What I always love to see is the difference in a patient from the start of a trial to completion," says Browne. "A patient may begin a trial unable to take more than a few steps before resting, then months later you see the person and he or she is walking two miles nonstop. It really makes me feel great to know I had a role in that progression." ❤️

To learn more about all of the clinical trials that are currently available to patients at the Cardiac Research Institute, visit www.montefiore.org/montefioreheartcenter/.

**Montefiore Einstein Center for
Heart & Vascular Care**

c/o Department of
Marketing & Communications
111 East 210th Street
Bronx, New York 10467

Address Service Required

Spotlight on Heart Valve Imaging and Repair

To highlight Montefiore's advances in healthcare technology, NBC is producing a series of 30-second segments called "Insights & Innovations." These segments are part of an overall advertising campaign focused on Montefiore's mission to heal, to teach, to discover and to advance the health of the communities we serve. One recent video segment about heart valve imaging and repair featured Montefiore experts Robert E. Michler, MD, Surgeon-in-Chief, and Mario J. Garcia, MD, Chief, Cardiology. Visit www.montefiore.org/inspiredmedicine/ to view the video.

