ON THE BEAT

Obituary

Dr. Kenneth L. Baughman, 63, director of the advanced heart disease program at Brigham and Women's Hospital, Boston, died Nov. 16 in Orlando, after being struck by a car while he was jogging. A resident of Newton, Mass., Dr. Baughman had been in Orlando to attend the annual scientific sessions of the American Heart Association.

DR. BAUGHMAN

The AHA's president, Dr. Clyde W. Yancy, said in a statement that Dr. Baughman's death "saddens the cardiovascular community and leaves us with a profound sense of loss … His legacy as a scholar, investigator, clinician, and gentleman will remain."

Friends and colleagues remembered Dr. Baughman as a cardiologist dedicated to his work, his patients, and, most importantly, his family. He died while pursuing another of his passions: running. He was an avid athlete who competed frequently in triathlons, and he had participated in the Boston Marathon with a team from BWH in 2005. The following year, he was co-captain of the hospital's team in the AHA's Boston Heart Walk.

A native of Kansas City, Mo., Dr. Baughman earned his bachelor and medical degrees at the University of Missouri. In 1979, he joined the faculty at Johns Hopkins Medical Center, Baltimore. He became director of the medical center's cardiology division in 1992 and was named the E. Cowles Andrus Professor of Cardiology at the school of medicine in 2001.

In 2002, Dr. Baughman took the position as director of the advanced heart disease section of the cardiovascular division at Brigham and Women's. He played a pivotal role in the creation of the hospital's state-of-the-art Carl J. and Ruth Shapiro Cardiovascular Center, a 136-bed, 10-story building that opened in the summer of 2008.

He is survived by his wife, Cheryl, two sons, and four grandchildren. Dr. Baughman's family released this statement: "We are heartbroken by the loss of a wonderful and loving husband, father, grandfather, and physician. Ken dedicated his life to his family and patients. His rewards from a life of caring were tremendous and his loss unfathomable."

Cardiologists on the Move

Dr. Elizabeth G. Nabel, former director of the National Heart, Lung, and Blood Institute of the National Institutes of Health, became president and CEO of Brigham and Women's/Faulkner Hospitals, Boston, this month. She had been elected by the unanimous vote of the board of directors, which jointly oversees the two hospitals.

DR. NABEL

The move represents a homecoming for Dr. Nabel. After she received her medical degree in 1981 from Cornell University in New York, she completed her internship and residency in internal medicine, and a clinical and research fellowship in cardiovascular medicine, at Brigham and Women's Hospital, a teaching affiliate of Harvard Medical School.

The St. Paul, Minn., native went on to join the faculty at the University of Michigan, Ann Arbor, in 1987, as assistant professor of medicine. She became director of the university's cardiovascular research center in 1992 and professor of medicine and physiology in 1994. Three years later, Dr. Nabel was chief of the cardiology division. During her tenure in Michigan, she became known for her work in the field of vascular biology and molecular cardiology.

In 1999, she took the position of institute scientific director of clinical research at the NHLBI. She became director of the institute in 2005, overseeing an annual budget of nearly $3 billion.

She has been active in community outreach, and has a strong interest in women's health and heart disease.

Her interest in genetic and cellular therapies for cardiovascular disease has driven much of her research. Dr. Nabel's vascular biology laboratory at the NIH has characterized the role of the cyclin-dependent kinase inhibitors on vascular proliferation, inflammation, and progenitor cells using various genetic tools. The laboratory has published more than 200 papers, and Dr. Nabel has been mentor to more than 40 students and fellows.

A fellow of the American Heart Association and the American College of Cardiology, Dr. Nabel serves on the editorial board of the New England Journal of Medicine, among other publications.

Dr. Nabel succeeds **Dr. Gary Gottlieb,** who is the new CEO and president of the Partners HealthCare, parent company of Brigham and Women's, Faulkner, and Massachusetts General Hospital. Dr. Gottlieb replaces **Dr. James Mongan**, who has retired.

Dr. Susan B. Shurin, who had served as deputy director for the NHLBI since February 2006, became acting director upon Dr. Nabel's departure.

Dr. Richard L. Page, president of the Hearth Rhythm Society, has joined the faculty of the University of Wisconsin School of Medicine and Public Health in Madison as chair of the medicine department. He makes the transition from the University of Washington, Seattle, where had served as head of the cardiology division and held the Robert A. Bruce Endowed Chair in cardiovascular research.

Dr. Page, whose research interests include atrial fibrillation and automated external defibrillators, took a year off from medical school at Duke University, Durham, N.C., to study electrophysiology at Columbia University in New York as a Sarnoff Fellow. He received his medical degree from Duke in 1984, and completed his internship and residency at Massachusetts General Hospital, Boston. He pursued postgraduate research as a Sarnoff Scholar and served on the faculty at Duke before going to the University of Texas Southwestern Medical Center at Dallas in 1992, where he served as director of clinical cardiac electrophysiology until joining the staff at the University of Washington in 2002.

Heart Care Certification Awarded

The Joint Commission has awarded certification to Advocate Christ Medical Center in Oak Lawn, Ill., the first organization in the United States to be recognized under the Disease-Specific Care Advanced Certification Program in Heart Failure. Developed by the Joint Commission in collaboration with the American Heart Association, the program recognizes hospitals that foster better quality of care and outcomes for heart failure patients. To be certified, organizations must meet the program's standards and performance measurement requirements; must sustain for 90 days or more at least 85% compliance with the five achievement measures of Get With the Guidelines–Heart Failure, a quality improvement program of the American Heart Association; and must collect data on Joint Commission core measures for heart failure and use the data in performance improvement activities.

—Jane Locastro

FDA Seeks Advice for Guiding Health Content on the Web

BY ALICIA AULT

At a meeting convened by the Food and Drug Administration, pharmaceutical and medical device manufacturers, advertisers, medical Web site owners, search engine companies, and consumer advocates argued for greater regulation of health-specific content on the Internet, including social media sites.

The agency sought opinions on how it could guide health-related communications and promotions for YouTube, Twitter, blogging, and social networking sites. No speakers from medical society or health care provider organizations attended.

The Food and Drug Administration will accept comments until Feb. 28, 2010, said Thomas W. Abrams, director of the FDA Center for Drug Evaluation and Research's division of drug marketing, advertising, and communications.

All speakers agreed that consumers and health care providers increasingly rely on the Internet for information about drugs, devices, and specific conditions, and to forge communities to share everything from caregiving recommendations to tips on how to perform a knee replacement.

They also agreed that there is much inaccurate and misleading information, which has a great potential for harm to patients and their families, health care providers, and industries seeking credibility. Even as they seek to be the go-to place for accurate, scientific information, drug and device makers said they are wary—of social media in particular—because of the lack of FDA guidance.

Consumer groups raised the specter of pharmaceutical or device companies putting out purely promotional information that glosses over FDA rules requiring a fair balance of a product's risks and benefits.

Michele Sharp, senior director of United States Regulatory Affairs at Eli Lilly, said the company "had avoided significant interactions with providers and patients online" because of the FDA's lack of clarity. "We're looking to the FDA to provide leadership," Ms. Sharp said.

Jeffrey K. Francer, assistant general counsel for the Pharmaceutical Research and Manufacturers of America, said "the FDA should facilitate manufacturers' communication of important medical information about their products in a responsible way."

PhRMA has proposed that posts on social media sites be accompanied by an official logo that would signify that the information was officially sanctioned by the FDA. Tweets, limited to 140 characters, could provide hyperlinks to full risk and benefit information, Mr. Francer said.

He and other industry representatives said they wanted FDA to review information and promotional materials before they were posted on the Web. This would be a departure from current policy where only a small fraction of print or broadcast materials are reviewed in advance.

Some groups are trying to establish rules before FDA does. The Interactive Advertising Bureau is developing standards to provide "safe harbors" for the drug and device industry, said IAB representative David Wright. The Social Media Working Group is discussing what drug companies can do to self-police, said Mark Gaydos, chairman, and a regulatory affairs director at Sanofi- Aventis U.S.

Google proposed its own standards for "sponsored" searches. The search result would include a link to the official drug site and a link at the end, "more info," which would take users directly to the risk information, said Amy Cowan, head of industry for Google's health division. Results would include a short warning statement.

Consumer advocate Diana Zuckerman, Ph.D., president of the Washington-based National Research Center for Women and Families, said the FDA must monitor the Internet and social media. The center, along with Consumers Union, will push for higher user fees to fund policing of the Web, she added. ■