

ON THE BEAT

Obituary

Dr. Nicholas P.D. Smyth, a thoracic and cardiovascular surgeon and pioneer in pacemaker design, died of heart failure in November in Naples, Fla. He was 88.

As a clinical researcher, Dr. Smyth invented pacemakers and device components, many of which are still used today. One such invention was the atrial J-lead wire, which was designed specifically to stabilize the lead wire's position in the atrium. He was also the coinventor of the world's smallest nuclear pacemaker.

Together with Dr. Seymour Furman and Dr. Victor Parsonnet, he devised the three-position pacemaker code, an alphabetical code that describes a particular pacemaker's functions. The Inter-society Commission for Heart Disease Resources (ICHD) subsequently introduced the three-position ICHD Code based on the trio's original concept.

Dr. Smyth was born in Ireland, and received his undergraduate degree from University College Dublin in 1949. He moved to the United States and earned his medical degree from the University of Michigan in 1954, then served from 1955 to 1957 in the surgery department of the Army hospital at Fort Chaffee, Ark.

After his discharge from the military, he moved to Washington, where he completed his residency in thoracic surgery at George Washington University Medical School. He remained on the university's faculty for almost 40 years, during which time he was also a teacher and surgeon at other institutions in the area. He was a founding member of the Heart Rhythm Society.

After his retirement, Dr. Smyth wrote a medical mystery novel, "Heartbreak." A second novel is due to be published.

Cardiologists on the Move

Dr. Sumeet S. Chugh, an expert in heart rhythm abnormalities, has been named associate director of the Cedars-Sinai Heart Institute in Los Angeles, where he will also serve as the director of clinical electrophysiology.

Dr. Chugh's expertise focuses on diagnostic procedures, the use of pacemakers, defibrillators, biventricular devices, and radiofrequency ablation procedures to correct rhythm problems. He previously directed the cardiac arrhythmia center at Oregon Health and Science University in Portland, where he was also section chief of clinical cardiac electrophysiology and associate professor of medicine.

In 2002, Dr. Chugh began the Oregon Sudden Unexpected Death Study, a population study of sudden cardiac arrest in patients at 16 hospitals serving the state's Multnomah County. The studies provided a comprehensive assessment of sudden cardiac arrest patients, leading to a major shift in the way in which the condition is researched, and treated. Dr.

Chugh is now helping design and launch similar community-centered research studies overseas and leads the panel that is charged by the World Health Organization with performing a worldwide assessment of heart rhythm disorders for the Global Burden of Disease Study.

Dr. Chugh received his medical degree from Government Medical College, Patiala, in Punjab, India, then served as a research associate at Tufts New England Medical Center in Boston from 1989 to 1991. He began his internal medicine residency at Tufts Newton Wellesley Hospital, also in Boston, and completed it at Hennepin County Medical Center in Minneapolis. He remained in Minnesota, where he completed fellowships in cardiology at the University of Minnesota in Minneapolis and in clinical cardiac electrophysiology at the Mayo Clinic in Rochester, Minn. Dr. Chugh joined the faculty of Oregon Health and Science in 1999. He held several academic positions there before accepting his new responsibilities at Cedars-Sinai, where he will join **Dr. Eduardo Marban**, a leading cardiologist and heart researcher, who was appointed director of the institute in 2007 (CARDIOLOGY NEWS, June 2007, p.31).

Dr. Douglas B. Sawyer, Ph.D., has been named physician-in-chief of the Vanderbilt Heart and Vascular Institute in Nashville, Tenn., and chief of the division of cardiovascular medicine in the department of medicine.

He has served as interim chief of the cardiovascular division since May last year and is also the Lisa R. Jacobson Associate Professor of Medicine.

As a specialist in myocyte biology, Dr. Sawyer's research focus has included cell biology and signalling of cardiac myocytes, the mechanisms of congestive heart failure, myocardial remodeling, and chemotherapeutic cardiotoxicity, and development of new therapeutic strategies for cardiovascular disease.

Dr. Sawyer received his undergraduate, doctorate, and medical degrees from Cornell University, New York, and trained in internal medicine and cardiology at Brigham and Women's Hospital in Boston. He was an assistant professor of medicine and molecular medicine in the cardiology section of Boston University Medical Center until 2006, when he moved to Vanderbilt as the Bailey Associate Professor of Cardiology.

—Renée Matthews

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POLICY & PRACTICE

It's Tough Being a Woman

The number of female cardiologists and fellows has doubled since 1996, but women are still vastly underrepresented and likely to report discrimination and difficulties because of family responsibilities, according to a survey commissioned by the American College of Cardiology's Women in Cardiology Council. Despite equal numbers of male and female medical school graduates, women account for fewer than 20% of cardiologists. The survey was initially conducted online in 1996 and repeated in 2006. In the latest version, 1,595 women and 1,950 age-matched male colleagues responded. Women were less likely to describe themselves as interventional cardiologists (11%, compared with 29% of male colleagues), and were more likely to practice in an academic setting. Marriage and family life seemed to be problematic for female cardiologists: They were less likely to be married (73% vs. 91% of men) and more likely to say that family responsibilities had a negative effect on ability to work (40% vs. 22% of men). In all, 69% of women said that they had faced discrimination, compared with only 22% of men. These figures were relatively unchanged since 1996. The new results were published in the *Journal of the American College of Cardiology* (2008;52:2215-26).

\$60 Billion for CV Hospitalizations

The cost of treating patients with cardiovascular disease in hospitals was close to \$60 billion in 2006, which was an almost 40% increase from the previous major study of the costs in 1997, according to the Agency for Healthcare Research and Quality. Most of the increase occurred between 1997 and 2003, as there has been a slight decline in cases and slower increase in cost per case since 2003, said the federal agency. The largest annual cost increase—10% a year—was for treating chest pain, which hit \$3.9 billion in 2006. Cardiovascular disease treatments accounted for 18% of what hospitals spent on patient care in 2005, said the AHRQ.

Xience YouTube Ads Attacked

The Prescription Project has petitioned the Food and Drug Administration to require medical device makers, including Abbott Laboratories, to remove ads promoting their products on YouTube. The ads violate the FDA's direct-to-consumer rules because they do not include brief statements about the products' use, side effects, and contraindications, said the Boston-based health-industry watchdog. Abbott has posted four videos promoting its Xience V drug-coated stent. The petition also asks the agency to review online ads and videos, and to clarify how FDA rules apply to Internet advertising. Abbott said in a statement that it had provided links to the pertinent information,

and that going forward, it would embed the side effect and use data in the videos.

Incentive Exception May Reappear

Under current Medicare and Medicaid rules governing patient referrals, physicians can't share incentive payments for quality improvement. But a proposal to make an exception may reappear, a Centers for Medicare and Medicaid Services official told the Practicing Physicians Advisory Council (PPAC) in December. The CMS proposed an exception under rules governing physician payment for 2009, but opposition—mainly from medical device manufacturers—killed it, said Lisa Ohrin, acting director of the division of technical payment policy at the CMS's Center for Medicare Management. She said, however, that allowing incentive payments is a priority for the CMS, so the agency will again propose allowing physicians to share the payments.

RAC Program Heavily Criticized

Medicare's effort to recover overpayments made to physicians and hospitals and to make good on underpayments—dubbed the Recovery Audit Contractor program—was lambasted by members of the PPAC. The program is currently on hold while the Government Accountability Office studies whether CMS has properly implemented it. During a demonstration project, however, RAC auditors found \$1 billion in improper payments among \$317 billion worth of claims, a CMS official reported to PPAC. As of July 2008, about 7% of those determinations were overturned on appeal. Once the program is restarted—expected by February—there will be limits on the number of years of claims an auditor can examine and how many records can be requested from practices of various sizes. Even with those plans, PPAC panelists recommended further limits.

Much Psoriasis Goes Undiagnosed

Current estimates are that 5 million adults have been diagnosed with psoriasis. But an analysis of the National Health and Nutrition Examination Survey for 2003-2004 published online Nov. 18 in the *Journal of the American Academy of Dermatology* indicates that between 600,000 and 3.6 million more have active disease that hasn't been diagnosed or treated. In a separate report, a panel of cardiologists and dermatologists said that because psoriasis is a risk factor for cardiovascular disease, patients with moderate to severe psoriasis should be told they are at risk and screened. The panel's consensus statement, published online in the *American Journal of Cardiology*, made 13 major recommendations on evaluating and treating the psoriasis-cardiovascular disease connection.

—Alicia Ault



DR. CHUGH