

Walter Reed Cardiovascular Center



A Monthly Newsletter of the Cardiology Division of Walter Reed Army Medical Center

Commentary

Marina N. Vernalis, DO FACC

A new academic year has begun. Dan Isenberger and Lance Sullenberger completed fellowship. Dan is at Johns Hopkins training as an Interventional Cardiology fellow. Lance stayed on at Walter Reed as staff. We have three new fellows – Will Bimson, Pat Devine and Brian Hemann.

Drs. Cassimatis and Atwood have published yet again. They are part of the authorship of the “Expedited Review” article in the 7 July issue of the Journal of the American College of Cardiology. The article is entitled “Incidence and Follow-up of Inflammatory Cardiac Complications After Smallpox Vaccination”.

As a reminder, any and all patients will be accommodated here. **Just call 202-782-3832/3833 and ask to speak with the “E-DOC” or page 202-356-1111 x107-3311.** We remain available for e-mail, phone or page consultations for all of our primary care providers throughout the NCA/NARMC. Utilize the provided contact information for patient diagnostic or treatment questions.

In addition, Walter Reed Cardiology is now directly handling all inpatient transfers from outside facilities. **Page 202-356-1111 x107-3384 to speak with the Cardiology Fellow on call -24/7.** We hope this improves responsiveness, efficiency and access for all of our beneficiaries and referring providers.

Our new website is available at www.wramc.amedd.army.mil
Go to Clinical Departments → Medicine → Cardiology.

*J Am Coll Cardiol 2004;44:201-5.

Cardiovascular Update

Daniel E. Simpson, MD FACC

*Folate Therapy and In-Stent Restenosis after Coronary Stenting**

Background: Folate reduces hyperhomocysteinemia. Animal and limited human data suggest that neointimal hyperplasia after coronary artery stenting or “restenosis” is reduced with “folate therapy” (folate combined with B6 and B12). If this is true, this would be a much more cost effective therapy compared with drug-eluting stents (a few dollars/year vs \$1500-2000 extra per

stent).

Methods: Double-blind, placebo-controlled European trial of 636 patients randomized to “folate therapy” or placebo for 6 months immediately following successful coronary artery stenting.

Angiographic restenosis and need for target-vessel revascularization (clinical need for repeat angioplasty or bypass) were assessed at 6 months.

Results: Restenosis was **higher** with “folate therapy” (34.5% vs 26.5%, P=0.05) as was target-vessel revascularization (15.8% vs 10.6%, P=0.05).

Conclusion: Folate, B6 and B12 may increase rather than decrease in-stent restenosis.

Comments: This inexpensive therapy cannot replace drug-eluting stents.

*N Engl J Med 2004;350:2673-81.

www.nejm.org

Guideline Review

Daniel E. Simpson, MD FACC

*Implications of Recent Clinical Trials for the National Cholesterol Education Program Adult Treatment Panel III Guidelines**

This updates the 2001 NCEP ATP III guidelines with data from 5 major clinical trials of statin therapy.

Risk Category	LDL-C Goal
High Risk	< 100 (optional goal < 70)
Moderately High Risk	< 130 (optional goal < 100)
Moderate Risk	< 130
Lower Risk	< 160

High Risk = CHD or CHD equivalent (PVD, AAA, DM, 2+ risk factors with Framingham 10-year Risk Score > 20%)

Moderately High Risk = 2+ risk factors with Framingham 10-year Risk Score 10-20%

Moderate Risk = 2+ risk factors with Framingham 10-year Risk Score < 10%

Lower Risk = 0-1 risk factors

*Circulation. 2004;110:227-239.

www.circulationaha.org

Cardiovascular Trials at WRAMC

CARDIASTAR

PFO closure device versus standard anti-coagulation therapy with coumadin in patients with an embolic TIA/CVA and no other etiology

Questions/Referrals: Please contact Daniel Simpson

OPTIMIZE-HF

Assessment of inpatients with CHF and/or LV dysfunction to determine if guideline treatment is appropriately implemented

Questions/Referrals: Please contact Stephen Welka

WARCEF

Randomized, double-blind comparison of coumadin versus aspirin for the reduction of death and stroke in heart failure patients (EF < 30% and in sinus rhythm)

Questions/Referrals: Please contact Stephen Welka

RESCUE

Randomized, open label comparison of unfractionated heparin versus low molecular weight heparin in the treatment of high-risk non-ST elevation acute coronary syndromes

Questions/Referrals: Please contact Daniel Simpson