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This issue's [Profiles in Leadership](#) features **Dr. Michael Jaff**, Immediate Past President of SVMB and **Dr. James Froehlich**, SVMB Trustee and Chairman of our Communications Committee

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## Notes from the President John P. Cooke MD PhD



### Society meeting in June

I look forward to seeing you soon at the SVMB Annual Scientific Sessions in Philadelphia June 1-3, 2006. The Scientific Organizing Committee, led by Dr. Michael Bacharach, has crafted a superb program which will provide timely reviews of Vascular and Endovascular Medicine. The meeting features updates on current clinical trials; expert opinion on management of urgent and emergent vascular disease; and sessions on metabolic syndrome, health policy, and vascular imaging. The perennial favorite of Vascular Jeopardy returns, and this year our Keynote Lecture will be provided by Dr. Martin Leon who will give his vision of "Strategies for the future of vascular care". After the information-rich sessions on Friday, relax with colleagues during the new feature "Cases with Cocktails", or enjoy wine and cheese during the poster sessions (please see our website [www.svmb.org](http://www.svmb.org) to review the program). Congratulations to Dr. Bacharach for a wonderful program, and thanks to Dr. Michael Jaff for successful leading the fundraising effort to support the Scientific Sessions.

Alternatively, you may want to register for the SVMB Board Review, organized again by Dr. Thom Rooke. If you haven't already taken the Vascular or Endovascular Certification examinations, this course will prepare you well. More than 30 nationally recognized experts will provide you with a rich fund of knowledge supplemented by the updated and comprehensive syllabus. Last year, the course was oversubscribed, and we had to turn people away. Those that attended were unanimous in their high praise for the content of the course. Register early for this superb course!

### Growing influence of the SVMB

The influence of our Fellows on education, research and clinical care in vascular disease continues to grow. The beneficial effect of their diligent work was quite apparent to me at the recent American College of Cardiology (ACC) meeting in March. The ACC is a large organization, and typically draws 25,000 attendees world-wide to their annual scientific sessions. Thousands of scientific abstracts are presented, and hundreds of oral presentations provide the latest information and clinical wisdom in cardiovascular medicine. In the past few years, there have been superb presentations on aspects of vascular disease, and about 20% of the poster sessions are devoted to VHP (Vascular, Hypertension and Preventive Medicine). However, this was not always the case. When I was a fellow in

cardiovascular medicine at the Mayo Clinic, there was no category for my abstracts in vascular biology. Now, there are a good number of categories and many sessions devoted to vascular research and vascular medicine. The change in content of the ACC meeting has much to do with the work of a small circle of leaders in vascular medicine. The early work of Drs. Mark Creager and Alan Hirsch, has been extended by the contributions of Christopher White, Jeffrey Olin, Ken Rosenfield, Joshua Beckman, Jeffrey Olin, and others. Our Fellows have influential positions in the ACC, and the ACC has benefited from their advocacy for vascular medicine. I thank them for their leadership and continued devotion to education and research in vascular medicine.

### **Emerging trends in the management of PAD**

At the ACC meeting, I spoke on Future Therapies for PAD. One resource that I used to prepare for the talk was the website [clinicaltrials.gov](http://clinicaltrials.gov). Organizers of clinical trials must now register on this website if they wish to publish in any major US medical journal. Accordingly, this website has now become an excellent resource for determining what clinical trials are ongoing. I was surprised by the number of ongoing trials in peripheral arterial disease; the search disclosed 61 registered studies. Most of these studies (17) were of pharmacological agents (serotonin antagonist, prostacyclin, clopidogrel, anti-lipid therapies, insulin sensitizers, converting enzyme inhibitors, angiotensin receptor blockers, thrombolytic therapy, heme-based oxygen therapy). There were lifestyle studies (6; diet or exercise); interventional (14; fibrin sealant, drug-eluting stent, modified bypass grafts); diagnostic or therapeutic devices (7; contrast agents, intermittent compression, diagnostic software); and observational studies (7; e.g. dealing with vascular compliance, or renal and peripheral physiology).

Most interesting were 10 ongoing trials that could be grouped under the heading of "Vascular regeneration". Of these, five are trials of angiogenic growth factors, or transcriptional factors that regulate growth factors. Each of these trials delivers the angiogenic cytokine or transcriptional factor using gene therapy approaches. The growth factors under consideration include hepatocyte growth factor (HGF) and fibroblast growth factor (FGF). The transcriptional factors under study include hypoxia inducible factor (HIF-1a), and the Zinc-finger transcription factor. The other five trials involve infusion of fractionated or unfractionated bone marrow. The bone marrow is known to contain endothelial progenitor cells as well as mononuclear cells that can participate in arterial remodeling, repair and regeneration.

The pre-clinical studies of vascular regeneration provide strong proof-of-concept for this approach to limb ischemia. Some small clinical trials have been encouraging. One of our SVMB trustees, Dr. Brian Annex at Duke, led the TRAFFIC investigators in their study of basic FGF in PAD, publishing their results in *Lancet* in 2002. This was the first publication showing that angiogenic therapy might work in humans. Intra-arterial infusion of FGF resulted in a modest improvement in peak walking time at 3 months. Unfortunately, the improvement over placebo was not maintained at later time points. Nevertheless, like the Wright brothers, these investigators have gotten us off the ground. I predict that before the end of the year, we will be hearing more positive news in the field of Vascular Regeneration. Furthermore, within this decade, Vascular Regeneration will be a reality.

I recently asked the SVMB leadership what other areas they deemed exciting. Dr. Brian Annex felt that the angiogenic cytokines were more promising than cell therapy for PAD. Another of our Trustees, Dr. Tony Comerota noted that "...subintimal angioplasty as an option for percutaneous revascularization" is an exciting development. Dr. Comerota was also enthusiastic about Alvimoprost as a potential rapid acting lytic agent. "Segmental pharmacomechanical thrombolysis with the Trellis-8 catheter and ultrasound accelerated thrombolysis (EKOS) are also very appealing new techniques... for rapidly restoring patency to acutely occluded vessels and grafts."

Dr. Christopher White is developing new biomarkers for PAD. His group has shown the utility of brain natriuretic peptide (BNP) in predicting blood pressure response to endovascular treatment of renal artery stenosis (*Circulation*. 2005;111:328-333.)

Dr. Alan Hirsch reminded me of the intensified efforts in patient and professional education regarding

PAD. Quoting Dr. Hirsch directly: "No 'novel' therapy has the slightest chance of working if patients can't get access to care. Thus, the PAD Guideline Implementation Task Force and PAD Coalition will be the vehicles to deploy this novel educational transfection of knowledge...The first national public PAD awareness survey is to be launched in April, 2006, with a 2000-3000 sample size covering both the USA and Canada...In the next five years, more vascular patient lives and limbs will be saved by 'education', by mere words, than by any angiogenic factor or novel biologic discovery."

It is very exciting for me to witness the accelerated activity in research and education in vascular medicine and biology in the past few years. I am proud of the major contributions that our SVMB fellows have made, and are continuing to make, in advancing knowledge and clinical care in vascular medicine.

### **Storm clouds on the horizon**

As you may know, the budget for the National Institutes of Health (NIH) will be cut this year, due to the shift in national priorities. Already suffering from the past fiscal year and no increment in funding, budgetary cuts this year have left the scientific community reeling. In this year's budget, the NIH budget was cut for the first time in more than 30 years, and the administration's budget proposal for next year would freeze the NIH budget at that level. The National Cancer Institute and the National Heart, Lung and Blood Institute, will be cut by \$40 million and \$21 million. Currently, the payline for the Institutes is now about 10%; this means that about 10% of grants submitted for consideration are being funded. This is a historic low. What does the budgetary slashing mean for the scientific community? Many investigators will have to scale back their research programs. Some laboratories will close their doors. In particular, we will lose a generation of young investigators. Ultimately, the United States will cede its pre-eminence in medical sciences and biotechnology. Loss of our leadership position in the medical sciences will translate into fewer American inventors, a reduction in new therapies and devices, a drop in the gross national product and loss of high-paying jobs. The draconian cuts inflicted on the NIH budget by the current administration are in stark contrast to the dramatic growth of the NIH budget during the Clinton years. As funding for science and education recedes, so too does our nation's welfare...

### **The effect on Vascular Medicine**

The direct effect of the NIH budgetary cuts on Vascular Medicine has been immediate and adverse. Most particularly, funding for the Vascular Medicine training has been slashed. It had been the publicly stated goal of the NHLBI to support a new initiative to train the next generation of academic leaders in Vascular Medicine. The intention was to create a cohort of young faculty trained in Vascular Medicine that would in turn train vascular internists. To this end, the NHLBI had committed \$3.1 million in FY 06 to fund seven awards using the NIH Mentored Clinical Scientist Development Program (K12) mechanism. The NHLBI intended to have a second competition to support four more new Programs in FY2007.

It is rumored that funding for this program may be dramatically reduced, with as few as two programs to be funded in FY 06, and perhaps only two programs in FY 07. Accordingly, rather than funding 11 programs as originally announced in the call for proposals, it appears that as few as four might be funded, a reduction in funding of over 60%. We understand the fiscal realities faced by NHLBI, and we understand that some reduction in funding for these programs might be anticipated. However, the reduction in funding for this program is disproportionate by comparison to other NHLBI programs.

The NHLBI has been extraordinarily successful in promoting the work of basic researchers in vascular biology. In the last decade there has been a remarkable acceleration of basic research insights regarding molecular mechanisms of vascular disease. Unfortunately, there is a dearth of physician-scientists trained in Vascular Medicine that can translate these basic research insights into clinical trials of new therapies. Furthermore, these academic vascular internists are desperately needed to train a new generation of vascular specialists, who can deal with the epidemic of vascular disease in this country.

The mission of our Society is to promote research, education and clinical care in Vascular Medicine. I am concerned with the dramatic withdrawal of support by NHLBI for training of physician-scientists in this field. On behalf of the Society, I have registered our concern with the NIH Director, Dr. Betsy Nabel. We hope that the funding for this program will be restored.

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## Profiles in Leadership

### *Dr. Michael Jaff*



Michael R. Jaff, D.O. is our Immediate Past President, and spearheads fundraising and investment activities for the Society. He is Assistant Professor of Medicine at the Harvard Medical School and the Director, Vascular Medicine and the Vascular Diagnostic Laboratory at the Massachusetts General Hospital in Boston, Massachusetts. Dr. Jaff completed a residency in Internal Medicine at the Cleveland Clinic Foundation, and was then selected as Chief Medical Resident. Following this, Dr. Jaff completed a fellowship in Vascular Medicine at the Cleveland Clinic Foundation.

Dr. Jaff's presidency was a time of great progress for the Society. Most notably, under his leadership, the American Board of Vascular Medicine was constituted. The ABVM has been an unqualified success, thanks to the diligent efforts of Drs. Jaff and Bruce Gray. Dr. Jaff has a seemingly endless reserve of energy, and has actively served a number of vascular entities, acting as a director for the Intersocietal Commission for the Accreditation of Vascular Laboratories; a member of the Exam Development Task Force for the American Registry of Diagnostic Medical Sonographers, and a board member of the Vascular Disease Foundation. Dr. Jaff represents the cardiovascular medical community on the American College of Radiology Expert Consensus Panel on Cardiovascular Imaging. He is a member of the editorial board of several journals including *Circulation*, *Vascular Medicine*, *Angiology*, *Catheterization and Cardiovascular Interventions*, the *Journal of Vascular Surgery*, *Annals of Internal Medicine*, and the *Journal of Endovascular Therapy*. Dr. Jaff is presently the director of the Vascular Ultrasound Core Laboratory, one of the largest clinical research vascular ultrasound laboratories globally. Our society is fortunate to have his continued attention and service.

### *Dr. James Froehlich*



Dr. Froehlich is SVMB Trustee and Chairman of our Communications Committee. This has been our most active committee, working with other societies, particularly the American College of Cardiology, to develop and/or endorse position papers on various aspects of clinical care or education in vascular medicine. Dr. Froehlich is assisted greatly in his work by the members of his committee, Drs. Beckman, Begelman, Kinlay and Mohler.

Dr. Froehlich is Associate Professor of Medicine, and Director of Vascular Medicine and of Anticoagulation Services at the University of Michigan. He received his undergraduate and medical degrees at Dartmouth, and his training in internal medicine at the New England Deaconess Hospital, Harvard

Medical School. Dr. Froehlich trained in cardiology and vascular medicine at the University of Michigan, under the auspices of a NIH Vascular Medicine Training Grant. Subsequently, Dr. Froehlich obtained a Masters in Public Health at Harvard, while Director of Vascular Medicine at Beth Israel Deaconess. Subsequently he established a Vascular Medicine program at the University of Massachusetts Medical Center.

Dr. Froehlich is interested in epidemiology of cardiovascular disease, and has published over 40 articles, book chapters and abstracts. He is on the editorial board of the *Journal of Thrombosis and Thrombolysis*, and reviews for JAMA, NEJM, *Vascular Medicine*, the *Journal of Vascular Surgery* and *Circulation*. He is a member of the AHA/ACC Preoperative Guidelines Committee. I am gratified that Dr. Froehlich chairs our Communications Committee, and I appreciate the thoughtfulness and efficiency that he brings to this important Society function.

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### **A parting thought**

In crafting the ongoing series "Profiles in Leadership", I am struck by how far we have come. So much has been achieved, so quickly, and by so few. Yet, for continued and future success, we must diversify and expand the leadership. If you aspire to involve yourself in the intellectual life and leadership of the Society, please join me at the annual meeting and apprise me of your interest.

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