HENRY FORD HEALTH®
Heart & Vascular

Cardiovascular Connection

Spring 2024

Shift in Structural Heart Disease leadership

Tiberio Frisoli, M.D.

William O'Neill, M.D.

On September 1, 2023, Tiberio Frisoli, M.D., became the medical director of the Henry Ford Center for Structural Heart Disease (HF-CSHD) having served as associate medical director of the Henry Ford CSHD since 2022. Dr. Frisoli started the structural heart program at Henry Ford Jackson Hospital and has served as its medical director since 2019. He has been with Henry Ford since 2012, first as a cardiovascular medicine fellow then he completed interventional fellowship training and a dedicated one-year fellowship in Structural Heart Disease (SHD) at Henry Ford before joining the faculty. Dr. Frisoli currently serves as the primary investigator for four active clinical trials, has over 80 publications, and is recognized as an outstanding clinician, educator, and leader.

William O'Neill, M.D., served as the inaugural medical director of HF-CSHD for over the past 10 years. Dr. O'Neill came to Henry Ford as a recognized icon

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HENRY FORD HEALTH®

A message from

Herbert D. Aronow, M.D., M.P.H.
Medical Director,
Heart and Vascular Services
Benson Ford Chair in Heart & Vascular

Nancy Zehnpfennig, R.N., B.S.N., M.H.A.
System Vice President, Heart & Vascular
and Orthopaedic service lines

We are pleased to announce the new name of this publication as *Cardiovascular Connection*. After a department wide re-naming contest, Melinda Rivera, one of our vascular technologists, had the winning submission. We agree with Melinda that the new name reflects the connection between the heart and the vascular services we provide.

The purpose of the publication remains the same, to bring new innovations and research results to the bedside and share our successes so our colleagues across the country can utilize this knowledge for their own patients. We always welcome your constructive feedback.

In this edition of Cardiovascular Connection is another first for Henry Ford as our team of interventional cardiologists who

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Inside

Pedal artery acceleration time technique for CLTI

Sarah Biluk, registered vascular technologist and supervisor of the vascular lab at Henry Ford Hospital introduced a new vascular imaging technique recently validated by researcher and vascular technologist, Jill Sommerset at the University of Washington.

Sarah Biluk

While acceleration time has long been used in renal and carotid arteries, its use in the foot is relatively new. Pedal artery acceleration time (PAT) is measured by the vascular ultrasound technologist during an arterial duplex. PAT is best used in patients with critical limb-threatening ischemia (CLTI). The technique measures the arterial waveforms of the pedal arch from onset of systole to the peak of systole. Because duplex ultrasound is used, analyzing not only the entire pedal arch but also the wound bed is possible. This information can then be used as a novel predictor of limb salvage and wound healing.

For decades ankle brachial index (ABI) and toe brachial index (TBI) have been the standard of testing for peripheral artery disease and is effective in patients who are not in renal failure or diabetic. However, for patients the results of ABI can provide erroneous results because the vessels can be filled with calcium. The TBI can also be effective, unless the patient has no digits or there is extensive tissue loss, limiting the ABI or TBI.

Understanding the limitations of ABI and TBI helped to identify the gap in testing for patients with CLTI. Biluk shares, "PAT correlates with clinical symptoms and is a novel predictor of limb salvage because the entire pedal arch and wound bed can be evaluated." The anatomy of the foot and the flow direction of the foot are now better understood because acceleration time is more accurate for these patients. "The goal is to prevent amputation," explains Biluk.

Kevin T. Onofrey, M.D.

Kevin T. Onofrey, M.D., vascular surgeon, explains that "the use of PAT provides vascular clinicians with a more accurate picture of how to treat the patient. It is a good diagnostic test to aide vascular surgeons in determining if a vascular intervention will be effective by predicting if wound healing in a CLTI patient is possible." PAT ultrasound can also be used during angio/stenting to provide real-time flow during a procedure while the vascular technologist reports PAT pre, during or post procedure.

Biluk's goal is to teach the entire team of vascular technologists at Henry Ford Hospital (all 19 of them) to perform this new test. "We have been using this on difficult patients to make sure enough blood flow is reaching the ulcer bed. The goal is to do what's right and not treat every lesion just because it is there," said Dr. Onofrey, who is keen to introduce new technology to our CLTI patients.

This new and proven technique is being offered at Henry Ford Hospital, but the plan is to offer the technique at all sites as the vascular technologist group gains expertise. A pedal artery duplex can range from 15-34 minutes. The use of PAT in Henry Ford Hospital Vascular Lab are:

- Any patient with monophasic Doppler signals and incompressible vessels
- Calcific vessels visualized on Duplex
- Diabetic Patients
- Any CLTI patient
- Any patient with non-healing arterial wounds
- Patients with prior digit/metatarsal amputations
- Follow up patients to monitor wound healing
- Amputation planning to determine if the patient will heal and at what level.

PAT Criteria

	No ischemia Category 1	**Mild ischemia** Category 2	**Moderate ischemia** Category 3	**Severe ischemia** Category 4
Clinical Symptoms	Asymptomatic	>2 block claudication	<2 block claudication	Chronic limb threatening ischemia (tissue loss, rest pain)
Pedal Acceleration Time	20-120 ms	121-180 ms	181-224 ms	Greater than 225 ms
ABI	1.3-0.90	0.89-0.69	0.68-0.50	0.49-0.00

**Limb salvage is associated with a pedal acceleration time of less than 180 milliseconds regardless of direct or indirect flow to the wound bed*

Physicians interested in more information about PAT may email Sarah Biluk, RVT, at sbiluk1@hfhs.org.

Honored For His Lifetime Achievements

Congratulations to Dr. William O'Neill, medical director emeritus of the Center for Structural Heart Disease at Henry Ford Health, on receiving the American Heart Association's The Coeur D'Or (Heart of Gold) Award for Excellence.

Dr. O'Neill was presented the lifetime achievement award during a presentation at the 2023 Heart of Detroit Heart Ball held at The Henry Ford Museum on November 11, 2023 in front of physicians from the Structural Heart Disease team he established.

The award is given to an individual, who through their extensive professional career and accomplishments, has made a significant impact in the world of cardiovascular disease and stroke. Recipients of this lifetime achievement award are exemplary healthcare professionals who are involved in the field of cardiovascular disease and have demonstrated decades of energetic support and guidance to the American Heart Association and its mission to be a relentless force for a world of longer, healthier lives. The award symbolizes how the recipient has affected change in individual lives and on a larger scale through innovation of new treatment approaches, implementation of new policy, system changes, advocacy, or other broader impacts.

Dr. O'Neill is an internationally recognized leader in Interventional Cardiology and Structural Heart Disease, and a pioneer in research and new techniques to diagnose and treat heart disease. He performed the first transcatheter aortic valve replacement (TAVR) in the U.S. in 2005, before launching the Structural Heart Disease program at Henry Ford Hospital in 2012.

CardioBeat becomes *Cardiovascular Connection*

For more than a decade you received this publication which has been filled with information about research, advanced procedures to treat patients along with their stories, and sharing our knowledge with colleagues across the country. That will not change; however this valuable information will arrive under a new name. In October a division-wide contest was held to rename this publication. We are pleased to announce that vascular technologist Melinda Rivera, BS, RVT, is the winner for her submission of *Cardiovascular Connection.*

Melinda and her family had a "BLAST at the game today!" We were sitting in the end zone right by the Lion's tunnel. It was a great day and a great win for the Lions! I am so thankful for the opportunity to attend the game with my family. What a wonderful prize!

An avid Detroit Lions fan, she won tickets to the October 8th game at Ford Field. She says, "I took my husband and two of my kids with me (oldest daughter is at MSU) to the game. None of us has ever attended a game at Ford Field, so were are all very excited for the experience. Go Lions!"

Melinda said, "Since the contest was to rename the newsletter encouraging referrals to Henry Ford Health Heart & Vascular, I wanted to choose a name that reflects the connection between the heart and vascular system. What better name then *Cardiovascular Connection?* It was the first idea that came to my mind."

Melinda shared, "I have received many congratulations from my co-workers at HFWB and at Main Campus. They have reached out to me via text, phone calls, email and in person. I believe that they are all happy that someone they know won the contest. I have a great team of people that I work with."

Congratulations to Melinda for her suggestion to rename this publication *Cardiovascular Connection.*

In the news

Congratulations to Henry Ford Macomb Hospital's Cardiovascular team

Congratulations to Henry Ford Macomb Hospital's Cardiovascular team on achieving Open Heart Surgery program accreditation from Corazon. Along with accreditation for Chest Pain Center and Cath/PCI, Henry Ford Macomb now ranks as a Cardiovascular Center of Excellence.

Beckers Top Hospitals

Henry Ford Hospital has been named one of Healthgrades recently named 55 hospitals in 13 states as having received the top ranking for cardiac care.

Healthgrades used Medicare patient outcome data from the CMS provider analysis and review for inpatient hospitals from 2020 through 2022 to determine the rankings.

To be considered for a cardiac care ranking, each state had to have more than seven hospitals that can be evaluated based on patient outcomes in coronary interventional procedures, heart attack, heart failure and either coronary artery bypass graft surgery or valve surgery. States with between seven and 10 eligible hospitals have three facilities ranked and states with 11 or more have five facilities ranked.

Breakthrough Device: CCM® therapy delivered by the Optimizer® System

Patients with heart failure who no longer respond to medications have a new treatment option. Cardiac Contractility Modulation™ or *CCM®* therapy uses an implantable device delivered by the Optimizer® system. Similar in size to a pacemaker, it is implanted in the upper chest, under the skin with leads placed in the right ventricle to the heart muscle during a minimally invasive transcatheter procedure.

Qaiser Shafiq, M.D.

Chaman L. Sohal, M.D.

Once activated, the device uses electrical pulses for five hours a day, in precise one-hour treatments, electrical pulses are sent to the heart muscle during the non-excitatory or absolute refractory period of the cardiac cycle. Instead of causing a contraction *CCM®* therapy is designed to cause subsequent beats of the heart to be stronger or more forceful, which can result in more oxygen rich blood to be delivered to the body with each beat.

Interventional Cardiologist Qaiser Shafiq, M.D. was the first to use the new device at Henry Ford Wyandotte Hospital in May 2022 and explained, "For a patient no longer responding to medications, *CCM®* therapy helps to manage symptoms and or slow the progression of heart failure." As of March 2019, the Optimizer® device was the first and only to receive breakthrough device designation by the FDA for the delivery of *CCM®* therapy.

Chaman L. Sohal, M.D., interventional cardiologist, performed the second procedure at Henry Ford Wyandotte Hospital and explains, "CCM® therapy may be an appropriate treatment option for the approximately 70 % of NYHA Class III heart failure patients who remain symptomatic despite guideline-directed medical therapy. Studies have demonstrated the device is safe and proven to improve a patient's quality of life, for some it may be one of their last options."

scan with phone scan with phone **Scan to learn more about interventional cardiologists Dr. Qaiser Shafiq or Dr. Chaman Sohal**

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successfully repaired a heart valve with severe tricuspid regurgitation in a patient using the investigational K-Clip™ Transvascular Tricuspid Repair System in a non-surgical procedure. The 85-year-old had no other viable treatment options and has done well.

Always advancing technology and treatment, Sarah Biluk, registered vascular technologist, introduced a new vascular imaging technique for pedal artery acceleration time for patients with critical limb-threatening ischemia. This new technique will help to determine which lesions are best treated to increase blood flow, and which do not need a surgical intervention.

You will also be introduced to a national study initiative published in the *Journal of Vascular Surgery* authored by Loay Kabbani, M.D. and Timothy Nypaver, M.D., on the impact of the LSA revascularization on reducing neurological complications in patients with acute type B aortic dissection.

We are so grateful for the depth and breadth of experience we have among our team to be able to confidently establish this organizational structure and know that our colleagues and physicians who refer to Henry Ford Health will have the same confidence in each of our leaders..

Heart Failure

A new hope for heart failure treatment: six keys to building a quaternary mitral and tricuspid center of excellence

Brian P. O'Neill, M.D.

Advancement of promising transcatheter mitral and tricuspid therapies requires the development and nurturing of the multidisciplinary heart team (MDHT): a crew of medical experts working collaboratively to deliver expert team-based care in the treatment of these complex high-risk patients. Unity and collaboration among multidisciplinary medical specialists form the building blocks for creating destination health systems with the infrastructure for a structural heart mitral and tricuspid center of excellence. These centers of excellence carry the unique medical, academic, and innovative infrastructure build required to formulate individualized patient-centric procedural and care management plans required for patients of high medical complexity.

Brian P. O'Neill, M.D., FACC presented six keys to build a quaternary mitral and tricuspid center of excellence in *Cardiac Interventions Today* in June 2023. The responses to the questions can be read by scanning the QR code below.

From his experience Dr. O'Neill notes it will not be easy, but it will be meaningful. Building a structural heart quaternary mitral and tricuspid center of excellence is about saving one life at a time; there will be patients who can't be saved who presented too late and were too sick. It will require a team effort every step of the way.

As an early adopter to transcatheter mitral and tricuspid therapies, Dr. O'Neill shares that advancement of a health system delivery of care requires up-front investment in patient- and medical team-based education on the availability of new therapies in the prevention of heart failure. The unmet clinical need is there. Team-based collaboration and institutional leadership support is critical for success of quaternary centers of excellence in health systems.

Defining purpose and best practices: standardizing delivery of care, identifying the unmet clinical need. They asked and addressed three questions:

1. What defines a structural heart quaternary mitral and tricuspid center of excellence?
2. What are some of the key barriers and challenges that early adopters of this center of excellence build face, and what are potential solutions to overcome these early adoption barriers?
3. What should medical teams consider when in the initial phase of building a team for a structural heart quaternary center of excellence?

Creating the business plan. Two key questions were addressed:

1. What kind of support is required to champion a structural heart quaternary center of excellence?
2. As a clinical team member, what administrative value proposition does one need to consider when proposing hospital investment and buy-in for the creation of a quaternary center of excellence?

Building the team: guidance and governance. The following questions were addressed:

1. What individual training and expertise is required to demonstrate the skill required to be designated as a quaternary center of excellence for transcatheter mitral and tricuspid interventions?
2. What are the imaging requirements for building a transcatheter mitral and tricuspid center of excellence?

Promoting communities of practice.

1. How can the Multi-Disciplinary-Heart-Team overcome the technology adoption curve?

Measuring performance.

1. How do you maintain growth and quality?

Establishing expertise.

1. Moving forward: How do you establish subject matter expertise?

scan with phone

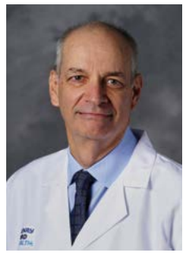
For answers to these questions, scan the code with your phone's camera.

Vascular surgery

National study: left subclavian artery revascularization association with less neurologic injury after endovascular repair of acute type B aortic dissection

In this study published in the *Journal of Vascular Surgery*, the impact of left subclavian artery (LSA) revascularization on reducing neurological complications in patients with acute type B aortic dissection (aTBAD) undergoing thoracic endovascular aortic repair (TEVAR) was explored. While TEVAR is known for its lower morbidity and mortality compared to open repair, LSA coverage is required in a significant portion of patients to ensure proper sealing. The LSA plays a critical role in perfusing various regions, including the upper extremities, spinal cord, and posterior cerebral circulation, making its management a subject of interest.

Loay Kabbani, M.D.



Timothy Nypaver, M.D.

The study, led by Loay Kabbani, M.D., a vascular surgeon at Henry Ford Hospital, utilized data from the national Vascular Quality Initiative (VQI) registry. The analysis included patients who underwent TEVAR for aTBAD within 30 days of diagnosis, with a particular focus on those who received LSA revascularization either before or during TEVAR.

The study suggested that LSA revascularization was associated with a significant reduction in neurological injuries, such as stroke or spinal cord ischemia, among aTBAD patients. This positive association persisted even after adjusting for potential confounding factors.

Patient with a TYPE B aortic dissection

During the study period there was an increase in the percent of LSA revascularization over the period of the study, but still only 35% of patients underwent LSCA revascularization at the end of the study period.

Timothy Nypaver, M.D., system vascular surgery specialty chief, and a co-author on this study said, "The study's findings suggest that LSA revascularization is a valuable and underutilized strategy for minimizing neurological complications in aTBAD patients undergoing TEVAR." This information is crucial for nurses and health care professionals involved in the care of aortic dissection patients, as it provides insights that can help improve patient outcomes and enhance the quality of care in this specific clinical context.

Natour, A.K., Shepard, A., Onofrey, K., Peshkepija, A., Nypaver, T., Weaver, M., Lee, A., and Kabbani, L. *Journal of Vascular Surgery*. July 22, 2023;

https://doi.org/10.1016/j.jvs.2023.07.051

Patient highlight

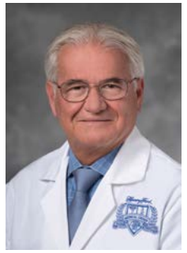
Henry Ford Health patient first in the U.S. to receive new heart failure technology

A team of interventional cardiologists from Henry Ford Health's Center for Structural Heart Disease recently became the first in the United States and the Western Hemisphere to repair a heart valve with severe tricuspid regurgitation in a patient using the investigational K-Clip™ Transvascular Tricuspid Repair System in a non-surgical procedure

Pedro Engel Gonzalez, M.D.

Pedro Engel Gonzalez, M.D., Brian O'Neill, M.D., and William O'Neill, M.D., performed the 60-minute, minimally invasive, nonsurgical procedure through a small incision in the patient's neck with a catheter to reach the failing heart and placed the K-Clip in a strategic target location around the dilated tricuspid valve. Under the guidance of real-time 3D imaging and 4D modeling, the K-Clip system shrinks the diseased area around the tricuspid valve to help the patient's valve to function better.

Brian O'Neill, M.D.



William O'Neill, M.D.

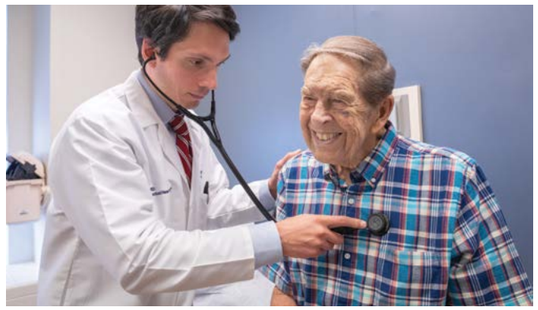
"The K-Clip system is an emerging technology and promising strategy for treating select patients with severe tricuspid regurgitation for whom traditional surgery poses too high of a risk," said Dr. Engel Gonzalez.

Frank Konjarevich, an 85-year-old retired shoe and handbag repair business owner from the Detroit area, is the first to receive the new technology. "He is one of many patients referred to Henry Ford Health who desperately needed intervention for severe tricuspid regurgitation, who had no other viable options through existing treatments available in the U.S.," said Dr. Engel Gonzalez.

Tricuspid regurgitation is a type of heart valve disease that occurs when the valve's flaps no longer close properly. The tricuspid valve controls the flow of blood from the heart's right atrium (top chamber of the heart) to the right ventricle (bottom chamber of the heart). If left untreated, the condition can lead to an enlarged heart, symptoms of fatigue, abdominal bloating, brain fog, lower extremity swelling, shortness of breath, and ultimately heart failure.

Structural Heart Imaging team at Henry Ford Health engineered a 3D printed model of Konjarevich's heart to provide a life-size roadmap to help guide the intraprocedural imaging and precise placement of the K-Clip. The printed model heart was at least three times bigger than a normal heart, a clear sign of the severity of Konjarevich's condition.

It is estimated that 1.6 million people in the U.S. and 3 million in Europe are living with tricuspid regurgitation which is caused by cardiomyopathies, left-sided heart failure, or lung disease. The five-year survival rate with severe tricuspid regurgitation and heart failure with reduced ejection fraction (HFrEF) is estimated at less than 40 percent.

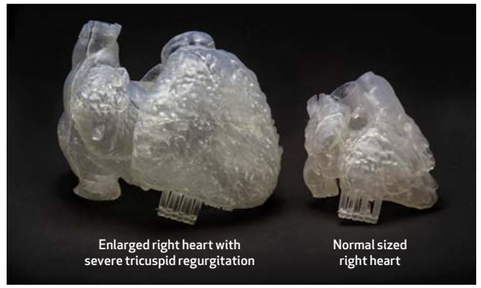


Patient post-procedure exam on Sept. 11 with Dr. Engel Gonzalez at Henry Ford Hospital

For a year, Konjarevich had been suffering from progressively worsening shortness of breath, fatigue and lower extremity swelling. Henry Ford Health physicians discovered Konjarevich had both leaky mitral and tricuspid heart valve issues, which needed to be corrected in sequence.

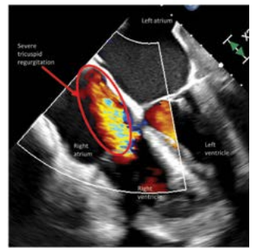
Normally, the mitral and tricuspid valve would be treated at the same time with open heart surgery, however Konjarevich's prior heart interventions, medical conditions and weakness made him too high risk for surgery. That is where Henry Ford's Structural Heart team, specializing in minimally invasive transcatheter heart procedures, stepped up.

"We were able to repair his leaky mitral valve and then searched worldwide for options to treat his leaky tricuspid valve," said Dr. Brian O'Neill.



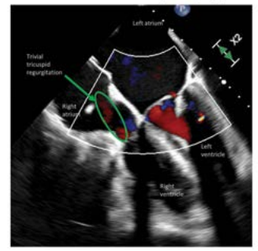
"It was a painless procedure, and I was up and around the next morning like nothing ever happened," said Konjarevich. "The Henry Ford team was remarkable in everything they did for me."

The K-Clip procedure is performed under general anesthesia and after a few hours from waking up, the patient can be walking around. In Konjarevich's case, he was able to go home the following day.



Baseline: severe tricuspid regurgitation

"I'm so proud of him to be so brave," said Diane Tapp, Konjarevich's daughter. "He is feeling so much better, and his improvement was almost immediately noticeable by family and friends."

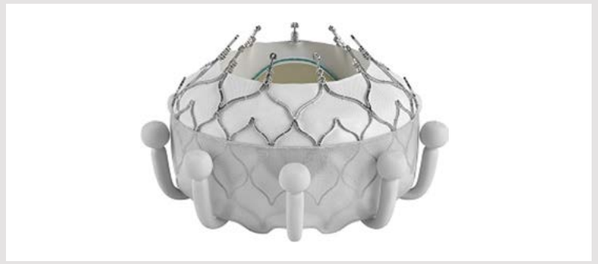


Post K-Clip: trivial tricuspid regurgitation

"Mr. Konjarevich's leaky valve has improved after the K-Clip procedure and the leakage amount has been significantly reduced," said Dr. William O'Neill. "At Henry Ford Health's Center for Structural Heart Disease, we do whatever we can to help find solutions for patients with complex heart conditions."

Tapp hopes her father's pioneering procedure will help spread the word to others to reach out to Henry Ford Health's Center for Structural Heart Disease to explore treatment options that may be available for their heart disease.

To connect with a Henry Ford Structural Heart physician, call: 1-877-434-7470



The Edwards EVOQUE Transcatheter Tricuspid Valve Replacement System (Courtesy: Edwards Lifesciences)

First patient in Michigan receives tricuspid valve replacement

An 80-year-old woman from Frankenmuth, Michigan is the first Henry Ford Health structural heart disease patient with severe tricuspid regurgitation—and the first ever in Michigan—to receive a new transcatheter heart valve device, the Edwards EVOQUE Tricuspid Valve Replacement System. She is only the third patient in the U.S. to receive the device. One day after receiving the new valve, the patient said, "it worked out wonderfully."

The patient was selected to receive the new technology after being part of a clinical trial that helped to bring about its commercial use approval from the Food & Drug Administration (FDA) on February 1 for the breakthrough transcatheter therapy that is delivered to the heart through a blood vessel in the leg.

"This is really the first valve that can be delivered via catheter where previously open-heart surgery was the only option for patients healthy enough to undergo the procedure," said Brian O'Neill, M.D., director of Interventional and Structural Heart Research at Henry Ford Hospital. He added that this was the impetus to develop new transcatheter technologies that would replace open heart surgery and allow more patients living with severe tricuspid regurgitation the opportunity to receive possibly life-changing therapies.

"Patients with this severe condition also have increased mortality and may experience more frequent heart failure hospitalizations," said Dr. O'Neill. People with severe tricuspid regurgitation, which is often caused by an enlarged heart or the patient's native damaged valve flaps, may feel unusually tired and experience shortness of breath especially during physical activity. Other symptoms include swelling in the abdomen, legs, or neck veins.

Henry Ford Hospital was one of the first hospitals in the country that participated in the early feasibility study in 2020 dubbed TRISCEND I and the subsequent pivotal trial TRISCEND II that led to the approval of the new device.

To learn more about the Henry Ford Center for Structural Disease, visit henryford.com/services/structural-heart.

Research studies

SPYRAL AFFIRM
Principal Investigator: Herbert Aronow, M.D.

Official Title: The SPYRAL AFFIRM Study of Renal Denervation with the Symplicity Spyral Renal Denervation System in Subjects With Uncontrolled Hypertension (SPYRAL AFFIRM)

Description: The purpose of this single-arm interventional study is to evaluate the long-term safety, efficacy, and durability of the Symplicity Spyral system in subjects with varying severity of hypertension and associated co-morbidities with renal denervation.


Herbert Aronow, M.D.

Additionally, long-term follow-up data will also be collected from eligible subjects previously treated in the SPYRAL PIVOTAL-SPYRAL HTN-OFF MED and SPYRAL HTN-ON MED studies.

Expected Completion: July 2027

Enrollment: Not currently enrolling

CREST-2
Principal Investigator: Mitchell Weaver, M.D.

Official Title: Carotid Revascularization and Medical Management for Asymptomatic Carotid Stenosis Trial

Description: Carotid revascularization for primary prevention of stroke (CREST-2)is two independent multicenter, randomized controlled trials of carotid revascularization and intensive medical management versus medical management alone in patients with asymptomatic high-grade carotid stenosis. The first trial, which randomized patients in a 1:1 ratio to endarterectomy versus no endarterectomy has completed enrollment; the second is randomizing patients in a 1:1 ratio to carotid stenting with embolic protection versus no stenting. Medical management will be uniform for all randomized treatment groups and will be centrally directed.


Mitchell Weaver, M.D.

Expected Completion: February 2026

Enrollment: Recruiting carotid stent patients only

Cardio TTransform – CARDIO-TTRansform: A Study to Evaluate the Efficacy and Safety of Eplontersen (Formerly Known as ION-682884, IONIS-TTR-LRx and AKCEA-TTR-LRx) in Participants With Transthyretin-Mediated Amyloid Cardiomyopathy (ATTR CM)

Principal Investigator: Karthikeyan Ananthasubramaniam, M.D.

Official Title: A Phase 3 Global, Double-Blind, Randomized, Placebo-Controlled Study to Evaluate the Efficacy and Safety of ION-682884 in Patients With Transthyretin-Mediated Amyloid Cardiomyopathy (ATTR CM)


Karthikeyan Ananthasubramaniam, M.D.

Description: This is a multicenter, double-blind study in approximately 1400 participants, who will be randomized to receive subcutaneous (SC) injections of either eplontersen or placebo once every 4 weeks. Participants will also receive daily supplemental doses of the recommended daily allowance of vitamin A.

Expected Completion: June 2025

Enrollment: Active, not recruiting

Shift in Structural Heart Disease leadership

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and visionary in cardiovascular medicine and built one of the pre-eminent programs in structural heart interventions in the world. Henry Kim, M.D., cardiovascular medicine division head notes, "His body of work in innovation and his track record of recruiting and mentoring generations of leaders in cardiovascular medicine will be a lasting legacy at Henry Ford, and in the practice of medicine."

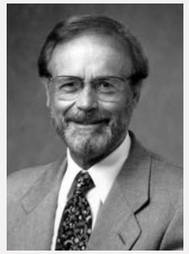
Dr. O'Neill will continue to serve as emeritus director of the HF-CSHD, mentoring members of our team, teaching, and driving innovation and research in the HF-CSHD, the Henry Ford Medical Group Cardiovascular Medicine Division, and the Henry Ford Health Heart and Vascular.

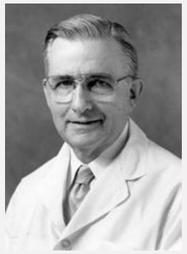
Congratulations to both Dr. Frisoli and Dr. O'Neill on their new roles.

In Memoriam

Farewell to two of our friends and colleagues

Oscar A. Carretero, M.D., passed away peacefully at the age of 87 on January 23, 2024. He had an extraordinary career of 50 years in the Division of Hypertension and Vascular Research at Henry Ford Health. Dr. Carretero was one of the three founding directors of the Heart and Vascular Institute in the 1980s. His accomplishments are many, most notably he enjoyed decades of uninterrupted NIH funding totaling in the millions. His work brought Dr. Carretero and Henry Ford Health national and international attention and reputation.


Oscar A. Carretero, M.D.


Joseph P. Elliott, M.D.

A public memorial will be held in the spring on May 17, 2024 from 3–7 p.m. at A.J. Desmond & Sons, 32515 Woodward Avenue, Royal Oak, MI. Donations may be made to the American Heart Association, https://ahatribute.funraise.org/team/team-carretero.

Joseph P. Elliott, M.D., passed away peacefully at home on January 3, 2024, at the age of 95 following a brief illness. Dr. Elliott enjoyed a 41-year surgical career at Henry Ford Hospital which included being one of the original members of the Henry Ford vascular surgery group, which helped create this surgical specialty. The expertise of this group led the surgery department to international prominence in the 1960s and 1970s. Their many publications and research presentations helped to establish the core knowledge base and practice patterns of this important surgical specialty.

Dr. Elliott was a skilled surgeon, strong academician, and knowledgeable teacher who helped train several generations of vascular surgeons and vascular surgery leaders. In addition, he was a true gentleman and master storyteller. Dr. Elliott was a true Henry Ford pioneer who left a lasting mark on the institution he loved so dearly. His legacy will not soon be forgotten.

A memorial service will be held at 11 a.m. on Saturday, May 11th at St. David's Episcopal Church, 16200 West 12 Mile Rd, Southfield MI 48076. Memorial tributes may be made to the Henry Ford Hospital Non-invasive Lab Surgery through the Vascular Surgery Education and Research Fund via the website www.henryford.com/development.

Staff update

Syed Sadiq Jafri, D.O.
Cardiovascular Medicine

Medical school education
Michigan State University College of Osteopathic Medicine, East Lansing, MI

Fellowship
Beaumont Hospital, Dearborn, MI
Cardiology

Residency
Beaumont Hospital, Dearborn, MI
Internal Medicine

Board Certifications
Echocardiography, Coronary CTA and Nuclear Medicine

Locations
Henry Ford Hospital
Henry Ford Wyandotte Hospital


Syed Sadiq Jafri, D.O.

Adam Daly, M.D.
Cardiothoracic Surgery

Medical school education
Royal College of Surgeons, Ireland University College Dublin

Fellowship
Cleveland Clinic, Cleveland, OH
Cardiothoracic Surgery, Surgery, Aortic

Residency
Royal College of Surgeons, Ireland Cardiothoracic Surgery
Mater Misericordiae Hospital, Ireland

Practice Interests
Dr. Daly's specific boutique expertise includes minimally invasive valve surgery, valve sparing aortic root surgery, bicuspid aortic valve repair, aneurysm repair, ascending/arch/descending thoracic aorta repair whether that be complex re-operative frozen arch repair or total endovascular solutions. He also has expertise in acute and chronic heart failure, temporary and durable mechanical circulatory support and heart transplantation.

Dr. Daly also speaks Irish.

Locations
Henry Ford Hospital
Henry Ford Macomb Hospital


Adam Daly, M.D.

To connect with a Henry Ford physician, call:

Henry Ford Health Heart & Vascular

1-877-434-7470

henryford.com

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Heart & Vascular

Heart & Vascular
Henry Ford Hospital
2799 West Grand Blvd.
Detroit, MI 48202

Staff Achievements

Babar Basir, M.D., was selected as 40 under 40 for Society for Coronary Angiography and Interventions (SCAI).

Pedro Engel Gonzalez, M.D., was recognized for his research on TAVR valve and dialysis patients was recognized in *MedPage Today*.

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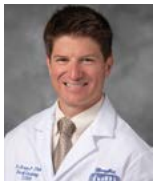
Pedro Villablanca, M.D., was selected as 40 under 40 for Coronary Angiography and Interventions (SCAI), and was also appointed SCAI Fellows Summit Program Chair.



Brian O'Neill, M.D., was featured prominently in JACC Cardiovascular Intervention for his recent scientific editorial on Pre procedural CT in building Henry Ford Health's Left Atrial Appendage program.

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