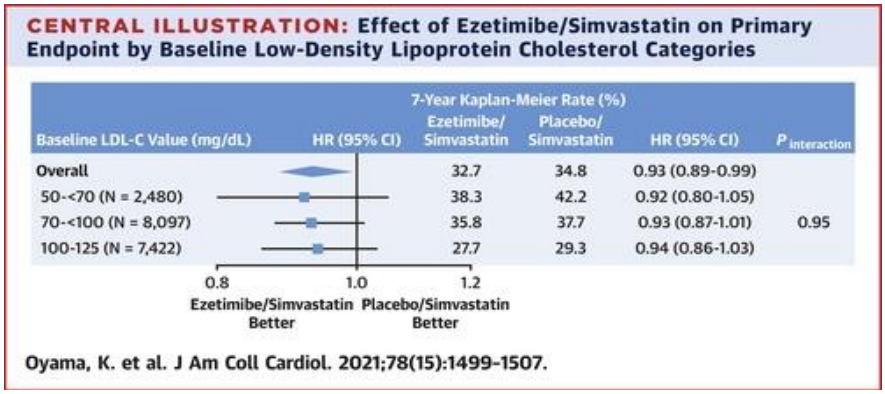
Michigan Outpatient Cardiovascular Association

October Edition

Baseline Low-Density Lipoprotein Cholesterol and Clinical Outcomes of Combining Ezetimibe with Statin Therapy in IMPROVE-IT



"The purpose of this study was to evaluate the relationship between baseline LDL-C above and below 70 mg/dL and the benefit of adding ezetimibe to statin in patients post–acute coronary syndrome (ACS).

Absolute differences in median LDL-C achieved at 4 months between treatment arms were similar (17-20 mg/dL). The effect of ezetimibe/simvastatin vs placebo/simvastatin on primary endpoint was consistent regardless of baseline LDL-C of 50-<70 mg/dL (HR: 0.92 [95% CI: 0.80-1.05]), 70-<100 mg/dL (HR: 0.93 [95% CI: 0.87-1.01]), or 100-125 mg/dL (HR: 0.94 [95% CI: 0.86-1.03]; P interaction = 0.95). Normalized relative risk reductions per 1-mmol/L difference in achieved LDL-C at 4 months between treatment arms were 21% in patients with baseline LDL-C of 50-<70 mg/dL, 16% in those with 70-<100 mg/dL, and 13% in those with 100-125 mg/dL (P interaction = 0.91). No significant treatment interactions by baseline LDL-C were present for safety endpoints. Adding ezetimibe to statin consistently reduced the risk for cardiovascular events in post-ACS patients irrespective of baseline LDL-C values, supporting the use of intensive lipid-lowering therapy with ezetimibe even in patients with baseline LDL-C <70 mg/dL."

https://www.jacc.org/doi/10.1016/j.jacc.2021.08.011?_ga=2.131874822.820183198.1633456873-1901915259.1633456873&

FYI:

- **FDA Clears First New CT Imaging Technology in a Decade**
- **Use of Flecainide in Stable Coronary Artery Disease**

Legislative Speaking Series

Beginning this month, M.O.C.A. will be introducing a new series! Individuals from various leadership positions will be speaking to the association on important healthcare topics and issues.

Starting with, ***State Senator Curt VanderWall*** on ***October 12***:

Senator VanderWall was elected in November 2018 to represent the residents of Michigan's 35th Senate District, prior to being elected VanderWall served two years in the Michigan House of Representatives. Senator VanderWall currently serves as Chair of the Health Policy and Human Services Committee.

Interventional Cardiology Devices Market Size, DROT, Porter's, PEST, Region & Country Revenue Analysis & Forecast Till 2027

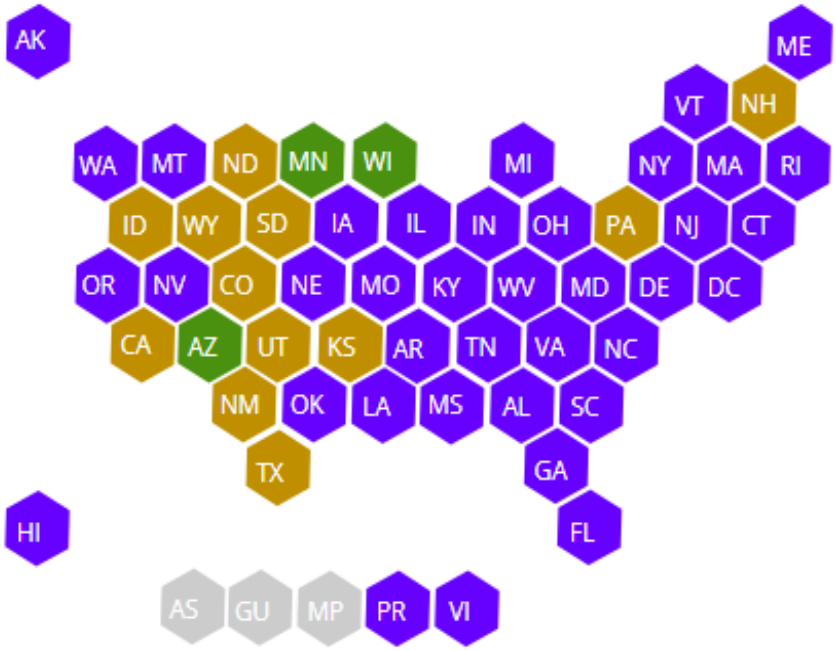
"Trends Market Research has introduced the addition of a new report entitled Global Interventional Cardiology Devices Market Growth 2021-2027 includes the regional and global market facts, which is estimated to acquire moneymaking valuation over the forecast length from 2021 to 2027. The file explains the market definition, classifications, applications, engagements, and global Radon Fans enterprise developments are.

The report provides an understanding of the industry competitors; the assessment consists of the market shares of the competitors, as well as the market developments, demands, drivers, opportunities, demanding situations, product analysis. The sales channel, growth potential, potentially disruptive trends, industry product innovations, and the value/volume of size, market segments. Current market developments and dynamics helps in mapping the track of the global Interventional Cardiology Devices Market.

The report then focuses on the countries and regions of the globe, which presents the regional popularity of the market, including extent and value, market size, and price structure. Leading players of the global Interventional Cardiology Devices Market are investigated, organizations, consolidations or acquisitions, and markets served"

http://kyn24.com/2021/10/05/interventional-cardiology-devices-market-size-drot-porters-pest-region-country-revenue-analysis-forecast-till-2027/

Below shows a map of state CON laws, currently, **35 states and Washington, D.C. operate a CON program with wide variation state-to-state:**



Legend

	CON program in place
	Variation on CON program* (click on map for details)
	No CON program
	No data

For more CON Info: check out these helpful links:

- Further CON Info & where to ask questions: MDHHS - Certificate of Need (michigan.gov)
- Commission overview & members: MDHHS - Commission Overview and Members (michigan.gov)

Update: Certificate of Need (MI)

On **September 22, 2021**, new Certificate of Need (CON) Cardiac Catheterization Review Standards took effect in Michigan. These standards are requirements for approval of the initiation, replacement, expansion, or acquisition of cardiac catheterization services, and the delivery of these services. To view the new standards, please visit: CC_Standards_204884_7.pdf (michigan.gov).

To begin the application process, the first step is the Letter of Intent (LOI), just please make sure you meet the requirements in the above Review Standards. LOI instructions can be found here: MDHHS - Submit a Letter of Intent (michigan.gov). The "agent" will go to the MiLogin system and submit the LOI electronically. If whomever is submitting the LOI does not have access to MiLogin, instructions on how to gain access can be found here: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_5106-165238--,00.html.

Once the LOI is submitted, the Department has 15 days to process it. Once it is processed, an email will be sent to the "agent" letting them know the assigned CON number and that an application can be submitted. The applicant/agent has one year to submit the application before the LOI expires and the process would have to begin again. No application, forms, or documents will be accepted until after the LOI is processed. As part of processing the LOI, all required forms and documents are assigned. These can be found under the CON Application link after the LOI processing, at MDHHS - Submit a CON Application (michigan.gov).

Please note, if you are applying for both an FSOF/ASC and CCL, they will have to be submitted separately.

For questions regarding the LOI and application, please contact (517) 241-3348 or visit the Certificate of Need website at www.michigan.gov/con.

MICHIGAN OUTPATIENT CARDIOVASCULAR ASSOCIATION

AF Ablation in Patients With HF

"Despite the CABANA (Cather Ablation vs Antiarrhythmic Drug Therapy for Atrial Fibrillation) trial trial results showing non-statistically significant decrease in mortality, stroke, bleeding, and cardiac arrest with catheter ablation versus antiarrhythmic therapy in the overall population, subgroup analysis of the study population showed benefit in the patients with clinical heart failure (HF).[1,2] To further delineate this benefit, the CABANA investigators published the findings in the subgroup of patients considered to have HF. Among the 2204 patient randomized in the CABANA trial, 778 (35%) patients had New York Heart Association (NYHA) class ≥II at baseline. Those patients were the target population of the article published by Packer et al. (the CABANA investigators).[3] Of the 778 patients, 378 patients were assigned to ablation and 400 to drug therapy. Baseline ejection fraction (EF) was available for 73% of those patients. A minority (9.3%) had an EF <40%, 11.7% had an EF between 40 and 50%, and the remaining (78.9%) had an EF >50%. Two validated assessment scores for AF symptoms were calculated: the AFEQT (Atrial Fibrillation Effect on Quality of Life) and the MAFSI (Mayo Atrial Fibrillation-Specific Symptom Inventory). In parallel, besides the NYHA classification, HF classification was also performed using the Duke Activity Status Index, and the 36-Item Short Form Survey physical functional scale. The results of the study in an intention-to-treat analysis revealed significant reduction in the primary outcome of death, disabling stroke, serious bleeding, or cardiac arrest (9% vs. 12.3% for the HF patients in catheter ablation group and HF patients in drug therapy group, respectively [HR 0.64, 95% CI 0.41-0.99)." https://www.acc.org/Latest-in-Cardiology/Articles/2021/10/04/11/33/AF-Ablation-in-Patients-With-HF

Association Between Heart Rate and Mortality in Acute Pulmonary Embolism

"In patients with acute pulmonary embolism (PE) who are nonhypotensive, researchers found a positive association between an elevated heart rate (HR) and increased risk for all-cause mortality, as well as PE-related mortality. Results of the analysis were published in the journal Chest.

The analysis used prospectively collected data from patients enrolled in the multicenter, multinational Registro Informatizado de la Enfermedad TromboEmbólica (RIETE), a registry of individuals with acute venous thromboembolism (VTE). The investigators sought to evaluate whether a link exists between baseline HR and PE outcomes across the continuum of HR values. The study included 44,331 consecutive nonhypotensive (ie, systolic blood pressure ≥90 mm Hg) participants from 344 hospitals. All enrollees were from the RIETE registry and had been diagnosed with acute symptomatic PE between January 1, 2001, and February 8, 2021. Study outcomes included 30-day all-cause and PE-specific mortality.

At hospital admission, participants in the high HR groups were more likely to be women than were those in the lower HR groups. Further, participants with high HRs were less likely to have a medical history of VTE, but were more likely to have cancer, recent surgery, immobilization, and chronic lung disease, compared with those with low HRs. The 30-day all-cause mortality was 5.1% (2252 of 44,331 participants); the 30-day PE-related mortality was 1.9% (859 of 44,331 participants)."
https://www.thecardiologyadvisor.com/home/topics/pulmonary-vasculature/association-between-heart-rate-and-mortality-in-acute-pulmonary-embolism/

M.O.C.A. Board Spotlight:

Terry R. Bowers, M.D., F.A.C.C., F.S.V.M.

Terry R. Bowers, M.D., F.A.C.C., F.S.V.M. is certified by the American Board of Internal Medicine and its subspecialty board of cardiovascular disease. A graduate of the University of Michigan Medical School, Dr. Bowers completed his internal medicine residency at the University of Minnesota Hospitals in Minneapolis. He completed his cardiovascular disease and interventional cardiology fellowship at William Beaumont Hospital- Royal Oak, where he served as Chief Cardiology Fellow in his last year. In addition, he completed a peripheral interventional and vascular medicine fellowship at the Cleveland Clinic Foundation in Ohio.

Dr. Bowers is a fellow of both the American College of Cardiology and the Society of Vascular Medicine and Biology. He is a member of the Oakland County Medical Society, Michigan State Medical Society, and the American Heart Association.

Active in cardiology research, Dr. Bowers has made national presentations and has been widely published in medical literature. He is the Director of Vascular Medicine, Beaumont Hospitals and holds the academic appointment of Assistant Professor at Oakland University William Beaumont School of Medicine. He is on staff at William Beaumont Hospital in Royal Oak and Troy. Dr. Bowers practices at Michigan Heart Group- Troy and Macomb.