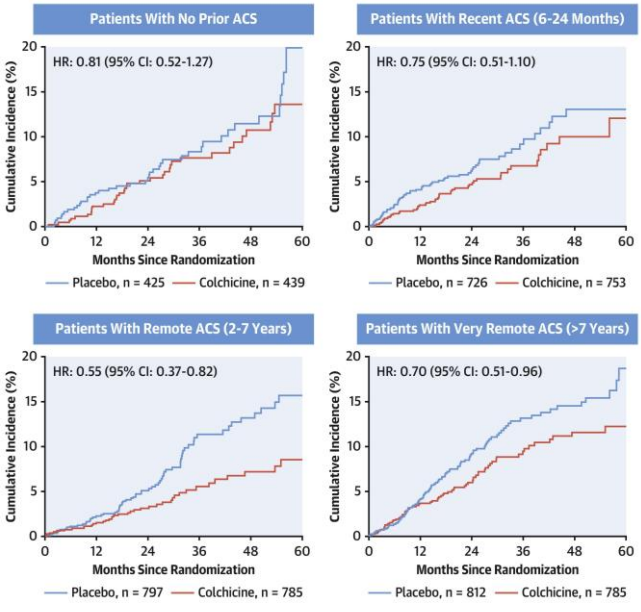
Michigan Outpatient Cardiovascular Association

September Edition

Colchicine in Patients With Chronic Coronary Disease in Relation to Prior Acute Coronary Syndrome



"In 5,522 randomized patients, risk of the primary endpoint was independent of prior ACS status. Colchicine consistently reduced the primary endpoint in patients with no prior ACS (incidence: 2.8 vs 3.4 events per 100 person-years; hazard ratio [HR]: 0.81; 95% confidence interval [CI]: 0.52-1.27), recent ACS (incidence: 2.4 vs 3.3 events per 100 person-years; HR: 0.75; 95% CI: 0.51-1.10), remote ACS (incidence: 1.8 vs 3.2 events per 100 person-years, HR: 0.55; 95% CI: 0.37-0.82), and very remote ACS (incidence: 3.0 vs 4.3 events per 100 person-years, HR: 0.70; 95% CI: 0.51-0.96) (P for interaction = 0.59)." https://www.jacc.org/doi/10.1016/j.jacc.2021.06.037?_ga=2.231433439.1143033741.1630596863-14784581.1630596863&

FYI:

- **Transthyretin Amyloid Cardiomyopathy in HFpEF**
- **EMPEROR Trials Look at Effects of Empagliflozin on Wide Range of HF Patients**

NEW Legislative Speaking Series

Beginning this fall, 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:*** 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.

Heart Failure Linked to Increased Risk of Long-Term VTE

"Heart failure (HF) is an independent risk factor for venous thromboembolism (VTE), according to a study published in Korean Circulation Journal.

HF often causes immobility and bedridden status, thus augmenting the short-term risk of venous thromboembolism (VTE), including deep vein thrombosis (DVT), pulmonary embolism (PE); and this may portend to worse prognoses.

"A previous meta-analysis showed that the in-hospitalized incidence of VTE in patients with HF was 2.66% and the risk of VTE in in-hospitalized HF patients (<60 days) was almost 70% higher compared with non-HF patients. "Clinical trials revealed that short-term thromboprophylaxis could be beneficial in HF patients," the researchers wrote. "However, the risk of VTE in out-patients with HF in a long-term period is still controversial, which leads to unclear recommendations for long-term treatment in HF patients. Given these inconsistencies, we synthesized available data to quantify the risk of VTE in HF in long-term follow-up time."

To conduct this study, researchers investigated the risk of VTE, PE, and DVT in patients with HF before April 15, 2020, in the following databases: PubMed, MEDLINE, and Embase. Inclusion criteria was defined as cohort studies and post hoc analysis of RCTs if they reported relative risk of VTE, DVT or PE in patients with HF in more than 3-month follow-up period.

In total, the analysis identified 31 studies comprised of over 530,641 HF patients." https://www.docwirenews.com/vte-knowledge-hub/heart-failure-linked-to-increased-risk-of-long-term-vte/

Legislative News

HB 4502

Certificate Of Need (Meerman) Modifies the requirement to obtain a certificate of need for catheterization. To amend 1978 PA 368 by amending section 22203 (MCL 333.22203), as amended by 2002 PA 619.

HB 4502 Official Sponsors:

- Representative Luke Meerman (R), 88th District
- Representative David LaGrand (D) 75th District
- Representative Andrew Beeler (R), 83rd District
- Representative Andrew Fink (R), 58th District
- Representative Kevin Coleman (D), 16th District
- Representative Steven Johnson (R), 72nd District

HB 4502 Updates:

- Mar. 11: Officially a (Cardiac Cath.) House Bill which is 4502. This is a bi-partisan bill with both Republican and Democrat co-sponsors
- Positive responses from most House Committee members. Looking to be a hearing later in the Spring
- Mar. 18: The Standard Advisory Committee unanimously approved the draft language of the report and sent the report to the public comment period
- After the public comment period, the final report/final rule package gets sent to the Joint Committee on Administrative Rules
- The Chair of this Committee is Representative Luke Meerman (R), who is the bill sponsor for HB 4502, which would remove cardiac cath. procedures from CON oversight if CMS has approved the procedures to be done in an outpatient facility

SB 12

Certificate of Need (Zorn): Modifies Public Health Code requirement to obtain a certificate of need for catheterization.

SB 12 Activity:

- 1/13/21: Introduced to Health Policy and Human Services Committee
- 3/11/21: Committee Hearing in Senate Health Policy and Human Services Committee
- 3/18/21: Voted out of committee, 6-3, and Reported to the full Senate

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Certificate of Need Commission Update, 9/7/21

There still needs to be three more Legislative session days. Based on the House of Representatives' and Senate's current schedules, the standards may become effective on 9/16/21. The Senate is scheduled for 9/9/, 9/14 and 9/15. The House is scheduled for 9/9 and 9/14. Both the House and the Senate do not need to be in session for a day to count. However, quorum needs to be met by either the House of Representatives' or the Senate for the day to count as a session day.

9/16/21 is the earliest that they could become effective. They may become effective later than 9/16/2021.

MICHIGAN OUTPATIENT CARDIOVASCULAR ASSOCIATION

5-FU-Associated Coronary Vasospasm: Who is Really at Risk?

"Over 4,000 patients received 5-FU therapy over a period of 10 years at a single center (Figure 1). Of those patients, 87 (2.16%) developed vasospasm as defined by study criteria. Out of the 3,932 patients who received 5-FU but did not develop vasospasm, 174 were randomly selected for comparison. Patients who developed vasospasm were younger (age 58 ± 13 years vs. 64 ± 13 years; p = 0.001). The 2 groups were also similar in terms of type and stage of cancer. Patients with vasospasm were less likely to have any cardiovascular risk factors (70.1% with at least 1 cardiovascular risk factor for patients with vasospasm vs. 84.5% for patients without vasospasm; p = 0.007). Patients with vasospasm were less likely to be on any cardiac medications, including aspirin (31.0% vs. 42.0%; p = 0.087), beta-blockers (25.3% vs. 43.1%; p = 0.005), and calcium channel blockers (5.8% vs. 17.2%; p = 0.01). The total median 5-FU dose adjusted for body surface area received by patients with vasospasm was lower than that for patients without vasospasm (5,388 [interquartile range: 2,800-10,310] mg/m2 vs. 11,241 [interquartile range: 7,710-24,288] mg/m2; p < 0.001). The median progression-free survival for patients with vasospasm was 553 days (95% confidence interval [CI]: 427-924) versus 608 days (95% CI: 456-833) for patients without vasospasm (p = 0.77). The median overall survival for patients with vasospasm was 1,277 days (95% CI: 780-2,039) versus 1,150 days (95% CI: 822-1,637) for patients without vasospasm (p = 0.57)."
https://www.acc.org/latest-in-cardiology/articles/2021/08/31/12/53/5-fu-associated-coronary-vasospasm

Angiography After Out-of-Hospital Cardiac Arrest Without ST-Segment Elevation

"The goal of the trial was to evaluate early coronary angiography compared with initial intensive care management with delayed/selective coronary angiography among patients who suffered an out-of-hospital cardiac arrest of possible coronary origin.

Participants with out-of-hospital cardiac arrest of possible coronary origin were randomized to early coronary angiography (n = 265) versus initial intensive care management with delayed/selective coronary angiography (n = 265).

Principal Findings: The primary outcome, all-cause mortality at 30 days, was 54.0% in the early coronary angiography group compared with 46.0% in the initial intensive care management group (p = 0.06).

Secondary outcomes: Death or severe neurologic deficit: 64.3% in the early coronary angiography group compared with 55.6% in the initial intensive care management group.

Interpretation: Among patients with out-of-hospital cardiac arrest of possible coronary origin, a strategy of early coronary angiography was not beneficial compared to initial intensive care management with delayed/selective coronary angiography. Early coronary angiography did not improve 30-day survival, or death or severe neurologic deficit."
https://www.acc.org/latest-in-cardiology/clinical-trials/2021/08/28/01/18/tomahawk

M.O.C.A. Board Spotlight:

Dr. George Nahhas

Dr. Nahhas has been a practicing Interventional Cardiologists, specializing in Cardiac and Vascular Disease, in the state of Michigan since 1998. He is a certified physician in Vascular interpretation and a diplomat in Venous and Lymphatic disease. Board certified by the American Board of Internal Medicine in Interventional Cardiology, Nuclear Cardiology, and Cardiovascular Disease, Dr. Nahhas is at the top of his field.

By completing his Medical School training at Damascus University School of Medicine in Syria, he is proud to have graduated in the top 10% of the 1988 graduating class. He went on to complete his Externship at the Medical College of Wisconsin in the Cardiology department and was an intern at Marshfield Clinic (St. Joseph hospital) department of Internal Medicine, in Marcheld, Wisconsin. Dr. Nahhas was also resident at William Beaumont hospital (Department of Internal Medicine) in Royal Oak, Michigan and completed his Cardiology fellowship at Brown University in Providence, Rhode Island an Ivy League school.

Actively involved in his community, Dr. Nahhas is a member of the Michigan State Medical Society, American College of Phlebology, American Medical Association, and Wayne County Medical Society. He holds hospital affiliations with Beaumont Hospital and Medical Center (Dearborn, Michigan), Henry Ford Hospital (Detroit, Michigan), Beaumont Southshore Hospital (Trenton, Michigan), and Beaumont Annapolis Hospital (Wayne, Michigan).

Today. Nahhas is a physician at the Michigan Outpatient Vascular Institute in Dearborn, Michigan. He is the Chief of Cardiology at William Beaumont Hospital, along with the Catheterization Lab Director for the Cardiology Fellowship at William Beaumont Hospital in Dearborn, Michigan.