ON THE BEAT

Obituary

Dr. David C. Sabiston Jr., a cardiac surgeon who performed one of the early coronary bypass operations in a human, died of a stroke at his home in Chapel Hill, N.C. He was 84.

In that 1962 procedure, Dr. Sabiston and his team at Johns Hopkins University in Baltimore used the leg veins of a patient to graft a conduit between the aorta and blocked coronary arteries. Two years later, Dr. Michael E. DeBakey and Dr. H. Edward Garrett performed what is considered to be the first successful coronary bypass surgery, this time aided by advances and refinements in the heart-lung machine (CARDIOLOGY NEWS, August 2008, p. 23).

In addition to his recognition as a pioneer surgeon and researcher, Dr. Sabiston was acknowledged nationally and internationally for his substantial contribution to surgical education. He edited two of the leading textbooks in surgery—Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice, now in its 16th edition; and Sabiston & Spencer Surgery of the Chest, now in its 7th edition.

After moving in 1964 from Hopkins to Duke University in Durham, N.C., as professor of surgery and chair of the department of surgery, Dr. Sabiston continued that department's philosophy of consolidating patient care, education, and research. Dr. Nancy Andrews, dean of medicine at Duke, recalled in a statement that Dr. Sabiston was a "hero in the eyes of the surgeons" who had taught her in medical school. In addition, against the political backdrop of the civil rights movement in the 1960s, Dr. Sabiston was instrumental in opening the Duke clinics to blacks, and he later advocated for greater representation of minorities on the faculty.

Dr. Sabiston completed his medical degree and a surgical residency at Johns Hopkins University School of Medicine. In 1953, he began a 2-year stint in the U.S. Army Medical Corps in the cardiovascular research department at Walter Reed Medical Center in Washington, after which he returned to Hopkins as an assistant professor of surgery and an investigator at the Howard Hughes Medical Institute in Chevy Chase, Md. He studied at the University of London and Oxford University on a Fulbright scholarship and again returned to Hopkins, where he became professor of surgery before leaving for Duke.

DUKE UNIVERSITY MEDICAL CENTER ARCHIVES

Dr. David C. Sabiston Jr., a pioneer in coronary bypass surgery, was perhaps better known as he is shown here, as a teacher at Duke University.

Cardiologists on the Move

Dr. Gordon Tomaselli, an expert on sudden cardiac death and heart rhythm disturbances, has been named director of the division of cardiology at the Johns Hopkins University School of Medicine and codirector of the school's Heart and Vascular Institute.

Dr. Tomaselli succeeds Dr. Eduardo Marbán, who had led the division since 2002 and moved to Los Angeles in 2007 as director of Cedars-Sinai Heart Institute (CARDIOLOGY NEWS, June 2007, p. 31). He will also succeed Dr. Marbán as the Michel Mirowski, M.D., Professor of Cardiology.

DR. GORDON TOMASELLI

Most of Dr. Tomaselli's research has focused on arrhythmias, and especially new therapies for prevention of the condition. In addition, as codirector of the Donald W. Reynolds Cardiovascular Clinical Research Center, he has been studying the causes of sudden cardiac death. His future research is expected to explore the use of imaging and genetic screening in the early detection of arrhythmias and the use of stem cells to treat tissue damaged by heart attack or cardiac arrest.

Dr. Tomaselli, who has a degree in biochemistry and chemistry from the State University of New York at Buffalo, earned his medical degree from the Albert Einstein College of Medicine in New York, and completed his training and a residency in San Francisco at the University of California. He was a research fellow at the UCSF Cardiovascular Research Institute before moving to a fellowship program at Hopkins. He joined the faculty 3 years later.

—Renée Matthews

POLICY & PRACTICE

More Data Sought on Vytorin

It's the controversy that won't die. The House Energy and Commerce Committee and its Oversight and Investigations subcommittee are seeking more information on why the Data Safety Monitoring Board asked two other DSMBs to unblind data for their major Vytorin trials before their conclusion. In a letter to the chief executives of Merck and Schering-Plough, Committee Chairman Henry Waxman (D-Calif.) and Subcommittee Chairman Bart Stupak (D-Mich.) requested "all minutes, records, communications, and other documents" related to the DSMBs for the SEAS (Simvastatin and Ezetimibe in Aortic Stenosis), SHARP (Study of Heart and Renal Protection), and IMPROVE-IT (Examining Outcomes in Subjects with Acute Coronary Syndrome: Vytorin vs. Simvastatin) trials. A Schering-Plough spokesman says that the company is "aware of the current letter from the Energy and Commerce Committee, and will cooperate with the request for information."

MRI Blood Flow Coverage Sought

The American College of Radiology, American College of Cardiology, North American Society for Cardiovascular Imaging, and the Society for Cardiovascular Magnetic Resonance have asked the Centers for Medicare and Medicaid Services to cover the measurement of blood flow by magnetic resonance imaging. The current CMS policy—established in 1985—states that blood flow measurement, imaging of cortical bone and calcifications, and procedures involving spatial resolution of bone and calcifications are not reasonable or necessary. The groups asked the CMS to specifically consider national coverage of the blood flow indication. The comment period closed on Feb. 19. The CMS expects to issue a proposed decision in late July and take final action by mid-October.

EMS Delays for Women?

Women may be getting the short end of the stick when it comes to rapid response for cardiac conditions. A study in the January issue of Circulation: Cardiovascular Quality and Outcomes finds that women complaining of cardiac symptoms to 911 dispatchers were 52% more likely than were men to experience delays in care from emergency medical services. Researchers reviewed data on 5,887 calls made in 2004 for suspected cardiac symptoms to 911 for Dallas County, Tex. Half of the patients were women and half were white. The median time in EMS care—which included at the scene and transport to the hospital—was 34 minutes; times of 49 minutes or longer were considered to be a delay. The researchers found no serious delays in getting to the scene, but women had 52% higher odds of being delayed. They could not speculate on the reasons for the delays, but in an accompanying editorial, Dr. Joseph Ornato of Virginia Commonwealth University, Richmond, said possible explanations included a need for extra time to place 12-lead ECGs in an effort to preserve a woman's modesty. But, he said, the study provides insufficient data to assess whether a gender bias exists. "Nevertheless, it is a critical issue and deserves follow-up study," said Dr. Ornato.

FDA Device Enforcement Lax

A nonprofit watchdog group says that the Food and Drug Administration is not properly enforcing its own rules on monitoring manufacturers' testing of medical devices. The Project on Government Oversight reviewed FDA enforcement of quality assurance standards for medical devices such as implantable cardiac defibrillators, pacemakers, aortic valves, and stents. Device makers have to satisfy requirements for good laboratory practices before a product can be tested in humans. The Project, known as POGO, said that agency inspections have been dropping—from 33 labs in 2005 to just 1 in 2008—and that there is a laissez-faire culture at the FDA's Center for Devices and Radiological Health. The group said that internal FDA documents show that many CDRH scientists have challenged management on its lack of enforcement, but that they have been rebuffed. POGO called on Congress to investigate what it alleges is a deliberate decision not to enforce FDA rules by CDRH senior management.

FDA on High-Risk List

The FDA faces significant challenges that compromise its ability to protect Americans from unsafe and ineffective products, the Government Accountability Office said, adding the agency to its biennial "high-risk" list. The GAO gives that label to government programs or agencies that need to address internal mismanagement. In its 2009 report, the GAO said the FDA needs to beef up its foreign-drug inspection program, better manage its reviews of companies' promotional materials, and ensure that drug makers properly present clinical data.

—Alicia Ault

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