ON THE BEAT

Obituary

Dr. Paul Allen Ebert, former president of the American College of Cardiology, died on April 21 in Sacramento, Calif., of an acute myocardial infarction. He was 76.

The Columbus, Ohio, native, who chose medical school over Major League Baseball, went on to establish his reputation as a pediatric heart surgeon.

PAUL ALLEN EBERT, M.D.

By the time he started medical school at Ohio State University in 1954, Dr. Ebert had become an All America athlete in basketball and baseball, had been drafted by the Milwaukee Hawks basketball team, and had received offers from baseball's New York Giants and Pittsburgh Pirates.

Their loss was medicine's gain.

After he completed his internship and residency at Johns Hopkins Hospital, Baltimore, under Dr. Alfred Blalock, a heart surgeon, Dr. Ebert spent 2 years as a senior assistant surgeon at the National Heart Institute, National Institutes of Health, Bethesda, Md., under the direction of Dr. Eugene Braunwald, where he specialized in thoracic and cardiovascular surgery.

Dr. Ebert went on to serve for 4 years as professor of surgery at Duke University Medical Center, Durham, N.C. From 1971 to 1975, he chaired the department of surgery at Cornell University, New York. He honed his skills as a pediatric cardiac surgeon at New York Hospital until he accepted an offer in 1975 to chair the surgery department at the University of California, San Francisco, taking over for Dr. J. Englebert Dunphy, who was retiring. During his tenure at UCSF until 1986, Dr. Ebert worked with other pediatric cardiologists, including Dr. Abe Rudolph, to shape the field of infant cardiac surgery, and recruit residents from around the country.

Dr. Ebert took the helm as director of the American College of Surgeons in Chicago in 1986. Under his leadership, the ACS launched a program in managed care and maintained a lobby in Congress for patient choice.

Dr. Ebert also served as president of the American Association for Thoracic Surgery, the Society of University Surgeons, and the Western Thoracic Surgical Association. In 1989, he received the National Collegiate Athletic Association's Theodore Roosevelt Award, presented annually to a "distinguished citizen of national reputation based on outstanding life accomplishment."

Those who knew Dr. Ebert well remember him as kind and sympathetic to patients, and highly skilled in guiding his trainees.

He is survived by his wife, three children, and five grandchildren.

Cardiologists on the Move

Dr. Jagat Narula, renowned researcher and cardiologist, has been named medical director of the Memorial Heart and Vascular Institute at Long Beach (Calif.) Memorial Medical Center.

Dr. Narula will facilitate a partnership between MHVI and the University of California, Irvine, School of Medicine, where he will retain his role as chief of cardiology.

JAGAT NARULA, M.D.

Before joining the faculty at Irvine in 2003, Dr. Narula served as chief of cardiology and director of the heart failure and transplant program at Hahnemann University School of Medicine in Philadelphia.

His research in heart failure and atherosclerosis, with a focus on development of noninvasive imaging techniques, has been funded in part by the National Institutes of Health.

The founding editor of Heart Failure Clinics of North America, Dr. Narula has published several hundred research papers and edited more than 20 books or journal supplements. In addition to his medical degree, he holds a PhD in cardiovascular immunology.

—Jane Locastro

CMS Adds Readmission Data to Its Hospital Compare Web Site

Nearly 20% of Medicare patients admitted to a hospital after an acute myocardial infarction will be readmitted within 30 days, according to historical data released by the Centers for Medicare and Medicaid Services.

The all-cause, 30-day readmission rate for acute MI (19.9%) is similar to those for patients originally admitted for heart failure (24.5%) and pneumonia (18.2%).

The figures, based on 3 years of data, were posted to Medicare's Hospital Compare Web site. The readmission rates were produced with statistical models that rely on Medicare claims and enrollment information, according to the CMS.

The Web site (www.hospitalcompare.hhs.gov) provides consumers with quality information on local hospitals. The analysis of readmission rates is part of the Obama administration's larger health reform efforts, including his proposal to bundle payments for inpatient services and postacute care within 30 days of discharge. "The President and Congress have both identified the reduction of readmissions as a target area for health reform," Health and Human Services Secretary Kathleen Sebelius said in a statement.

The Hospital Compare readmissions data include hospital by hospital information, as well as national figures.They exclude planned hospital treatments such as readmission for a scheduled heart bypass or coronary angioplasty.

—Mary Ellen Schneider

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PLAVIX
(clopidogrel bisulfate) tablet, film coated

clinical trials are listed below regardless of relationship to PLAVIX. In general, the incidence of these events was similar to that in patients receiving aspirin (in CAPRIE) or placebo + aspirin (in the other clinical trials).
Body as a whole: Allergic reaction, necrosis ischemic. *Cardiovascular disorders:* Edema generalized. *Gastrointestinal system disorders:* Peptic, gastric or duodenal ulcer, gastritis, gastric ulcer perforated, gastritis hemorrhagic, upper GI ulcer hemorrhagic. *Liver and Biliary system disorders:* Bilirubinemia, hepatitis infectious, liver fatty. *Platelet, bleeding and clotting disorders:* hemarthrosis, hematuria, hemoptysis, hemorrhage intracranial, hemorrhage retroperitoneal, hemorrhage of operative wound, ocular hemorrhage, pulmonary hemorrhage, purpura allergic, thrombocytopenia. *Red blood cell disorders:* Anemia aplastic, anemia hypochromic. *Reproductive disorders, female:* Menorrhagia. *Respiratory system disorders:* Hemothorax. *Skin and appendage disorders:* Bullous eruption, rash erythematous, rash maculopapular, urticaria. *Urinary system disorders*: Abnormal renal function, acute renal failure. *White cell and reticuloendothelial system disorders:* Agranulocytosis, granulocytopenia, leukemia, leukopenia, neutropenia.

Postmarketing Experience
The following events have been reported spontaneously from worldwide postmarketing experience:

- *Body as a whole:*
  - hypersensitivity reactions, anaphylactoid reactions, serum sickness
- *Central and Peripheral Nervous System disorders:*
  - confusion, hallucinations, taste disorders
- *Hepato-biliary disorders:*
  - abnormal liver function test, hepatitis (non-infectious), acute liver failure
- *Platelet, Bleeding and Clotting disorders:*
  - cases of bleeding with fatal outcome (especially intracranial, gastrointestinal and retroperitoneal hemorrhage)
  - thrombotic thrombocytopenic purpura (TTP) – some cases with fatal outcome – (see **WARNINGS**)
  - agranulocytosis, aplastic anemia/pancytopenia
  - conjunctival, ocular and retinal bleeding
- *Respiratory, thoracic and mediastinal disorders:*
  - bronchospasm, interstitial pneumonitis
- *Skin and subcutaneous tissue disorders:*
  - angioedema, erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis, lichen planus
- *Renal and urinary disorders:*
  - glomerulopathy, increased creatinine levels
- *Vascular disorders:*
  - vasculitis, hypotension
- *Gastrointestinal disorders:*
  - colitis (including ulcerative or lymphocytic colitis), pancreatitis, stomatitis
- *Musculoskeletal, connective tissue and bone disorders:*
  - myalgia

OVERDOSAGE
Overdose following clopidogrel administration may lead to prolonged bleeding time and subsequent bleeding complications. A single oral dose of clopidogrel at 1500 or 2000 mg/kg was lethal to mice and to rats and at 3000 mg/kg to baboons. Symptoms of acute toxicity were vomiting (in baboons), prostration, difficult breathing, and gastrointestinal hemorrhage in all species.
Recommendations About Specific Treatment
Based on biological plausibility, platelet transfusion may be appropriate to reverse the pharmacological effects of PLAVIX if quick reversal is required.
DOSAGE AND ADMINISTRATION
Recent MI, Recent Stroke, or Established Peripheral Arterial Disease
The recommended daily dose of PLAVIX is 75 mg once daily.
Acute Coronary Syndrome
For patients with non-ST-segment elevation acute coronary syndrome (unstable angina/non-Q-wave MI), PLAVIX should be initiated with a single 300-mg loading dose and then continued at 75 mg once daily. Aspirin (75 mg–325 mg once daily) should be initiated and continued in combination with PLAVIX. In CURE, most patients with Acute Coronary Syndrome also received heparin acutely (see **CLINICAL STUDIES** in the full prescribing information).
For patients with ST-segment elevation acute myocardial infarction, the recommended dose of PLAVIX is 75 mg once daily, administered in combination with aspirin, with or without thrombolytics. PLAVIX may be initiated with or without a loading dose (300 mg was used in CLARITY; see **CLINICAL STUDIES** in the full prescribing information).
Pharmacogenetics
CYP2C19 poor metabolizer status is associated with diminished response to clopidogrel. The optimal dose regimen for poor metabolizers has yet to be determined. (See **CLINICAL PHARMACOLOGY: Pharmacogenetics** in the full prescribing information.)
No dosage adjustment is necessary for elderly patients or patients with renal disease. (See **CLINICAL PHARMACOLOGY: Special Populations** in the full prescribing information.)

Distributed by:
Bristol-Myers Squibb/Sanofi Pharmaceuticals Partnership
Bridgewater, NJ 08807
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Revised May 2009

CLO-BSPL-PK-MAY09 Revised: May 2009