ON THE BEAT

Obituary

Dr. Helmut Drexler, an expert in chronic heart failure and clinical stem cell research, died suddenly on Sept. 13 of cardiac arrest. He was 58.

DR. HELMUT DREXLER

Dr. Drexler, who was director of the department of cardiology and angiology at Hannover (Germany) Medical School (MHH), had collapsed while riding his bicycle.

"We [have lost] a role model as a physician, researcher, university professor, and human being," MHH President Dieter Bitter-Suermann said in a statement.

A member of the European Society of Cardiology and the Heart Failure Association, Dr. Drexler was principal investigator in the BOOST study, a randomized trial of bone marrow–derived cell therapy post MI, and CADS, a comparison of captopril and digoxin in patients with post-MI left ventricular dysfunction.

His colleagues at the ESC remembered him not only as a scientist who pioneered translational research in cardiovascular medicine, but also as a friend with a sense of humor and a passion for skiing.

Born in 1951 in Karlsruhe, Germany, Dr. Drexler received his medical degree in 1976 from the University of Freiburg. He was a fellow at the university's Institute of Pathology (1978-1979), a research fellow at Pennsylvania State University, Hershey (1982-1983), and a visiting professor of cardiology at Stanford (Calif.) University (1991-1992).

He became associate professor at the University of Freiburg in 1993 before joining MHH in 1996. MHH's cardiology and angiology department specializes in the treatment of heart failure, atherosclerosis, cardiac arrhythmias, and congenital heart defects, as well as regenerative therapies. Its cardiac catheterization laboratory opened in 2008, and a new intensive care unit was added this year.

Dr. Drexler's research interests included the pathophysiology of heart failure, endothelial function, the renin-angiotensin system, and vascular inflammation. At the time of his death, Dr. Drexler

One-Fifth of Presenters Mum On Disclosures

Despite explicit requirements, a number of speakers at medical meetings do not disclose financial conflicts of interest, a study has found.

"Currently, disclosures by physicians are largely self-reported, but there is reason to suspect that this may change in the near future" pending legislation, wrote Dr. Kanu Okike of Brigham and Women's Hospital and Massachusetts General Hospital Boston, and colleagues.

The authors analyzed payments made to physicians in 2007 by five makers of total hip and knee prostheses that together account for nearly 95% of the market (N. Engl. J. Med. 2009;361:1466-74). They compared payments with conflict-of-interest disclosures by physicians who presented or served as board/ committee members at the 2008 annual meeting of the American Academy of Orthopaedic Surgeons.

In all, 1,347 payments were made to 1,162 physicians. Overall, 166 physicians received payments from multiple companies, and 282 payments exceeded $100,000. Nearly one-fourth of the payments (344) were made to presenters or board/committee members at the AAOS meeting. Payment was directly related to the presentation topic in 70% of cases.

The overall disclosure rate for the payments was 71%, including 79% for directly related, 50% for indirectly related, and 49% for unrelated payments. Thirty-six respondents who did not disclose payments cited unrelated topics among their reasons.

The authors cited the high nondisclosure rate as most notable "despite instructions directing each participant to make a disclosure 'if he or she has received something of value from a commercial company or institution, which relates directly or indirectly to the subject of their presentation.' " The 43 nondisclosed payments relating directly to the presentations totaled $4.3 million.

As for their own disclosures, coauthors Dr. Mininder Kocher, Dr. Charles Mehlman, and Dr. Mohit Bhandari have received grants from or consulted for a number of medical device firms, including several of those mentioned in the study. No other conflicts were reported.

—Joyce Frieden