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Nebraska ACC

SUPPORTING PHYSICIANS, TRAINEES, AND CARDIOVASCULAR
TEAM MEMBERS WITH EDUCATION, ADVOCACY, &
NETWORKING OPPORTUNITIES

Chapter News

It is a tremendous pleasure to share the first quarterly Nebraska ACC Newsletter. A thousand thanks to Editor-in-Chief Anu Tunuguntla, MD!

-The Newsletter will feature four brief articles quarterly: Chapter News, Cardiology Update (by a cardiologist), FIT Corner (by a fellow in training), and CVT Corner (by a CV team member). Please contact Dr. Tunuguntla (atunuguntla@gmail.com) if you would like to write for the Newsletter.

-Our new [Nebraska ACC website](#), [Facebook page](#), and [Twitter feed](#) are live. Please follow us on Facebook and Twitter!

-The annual Midwest Women in Cardiology Symposium comes to Omaha, date TBD. Register now on the [Events](#) page at nebraskacardiology.org.

-The annual Spring Advocacy Event is scheduled for June 8, 2020, COVID-19 permitting. We will meet in Omaha with Nebraska State Senator Machaela Cavanaugh, who has championed raising the smoking age and increasing the tobacco tax. Watch your e-mail for details soon.

-Save the date! The Nebraska ACC 2020 Annual Meeting will occur on October 28 from 4:30 to 8:30 pm at the Regency Marriott (10220 Regency Circle, Omaha, NE 68144), featuring keynote speaker Dr. John Spertus, a pioneer of the National Cardiovascular Data Registry (NCDR), plus dinner and drinks. Look out for an e-mail invitation and registration at nebraskacardiology.org.

-The Annual Meeting will also feature the annual FIT Poster Competition. Research and case abstracts will be due on September 15. Details coming by e-mail and at nebraskacardiology.org.

-Nebraska ACC CVT Liaison, Jessica Livingston, MSN, RN-BC, AAAC, has begun planning a statewide CVT event. [Email Jessica](#) to join the planning committee, and keep an eye out for details!



Andrew M. Goldsweig, MD, FACC, FSCAI, RPVI
Governor, Nebraska ACC



Nebraska
CHAPTER



CARDIOLOGY UPDATE

IMPACT OF COVID-19 ON HEALTH CARE WORKERS AND CARDIOVASCULAR DISEASE

Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2) cases will continue to rise the next few weeks in Nebraska. In China, an estimated 3,000 health care workers (HCW) have been infected¹. For HCW at the front lines of COVID-19, work has suddenly become a fearsome place, and we have been recognized as one of the highest risk groups for contracting the SARS-CoV-2 virus. There is real and justified fear about personal safety. The shortage of full PPE is taking a toll on the emotional well-being of healthcare workers, admitting to fear, insomnia, and concern of exposing loved ones².

As we embrace social distancing to combat the COVID-19 pandemic, telehealth has been a breakthrough in connecting with our patients. It is important for us to keep clinic schedules to ensure our patients are doing well. We will have to make tough calls in the upcoming weeks and weigh the risks of deferring procedures versus patients getting exposed to COVID-19.

Recommendations from the joint statement by the American College of Cardiology Interventional Council and The Society for Cardiovascular Angiography and Interventions (SCAI) suggest thrombolytics can be considered for stable STEMI patients with COVID-19 if no contraindications and present within 12 hours of symptom onset. If primary PCI is performed, appropriate PPE must be used by all team members³.

SCAI and the Canadian Association of Interventional Cardiology (CAIC) recently announced the formation of the North American COVID-19 ST segment elevation Myocardial Infarction Registry (NACMI). This registry will provide time sensitive data to help guide treatment for COVID-19 patients.

Last but not least, I would like to thank all HCW's on the frontlines battling COVID-19 for their dedication and courage.

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FIT CORNER

CARDIOLOGY BOARDS- TIPS AND RESOURCES



It is that time of the year again when over 900 Cardiovascular fellows graduating from their dream specialty will embark on a journey towards an exciting and fulfilling career. Some of us will go on to subspecialize further and an equal number will graduate to become attendings in academic institutions and private practices. The next big thing in our careers as graduating fellows is "the boards". We have taken such high-profile exams several times in the past but how are the Cardiology boards different from them? My opinion is that it is a "tough exam to prepare for but easy to pass". According to ABIM, 92% of the 976 first time test-takers passed the test last year, which I believe is very reassuring.

With only 6 months to go for the Cardiology boards, most of us are anxious about how to prepare for the exam, as subspecialty fellowships and new jobs will come with their own demands in the months following graduation. While it is going to be a challenge it is easily doable if we pick the right resources and plan well.



The Cardiology boards span over two days, Remember Step 3? Somewhat similar except that on Day 2, we have ECGs, cath and echo interpretations in addition to multiple choice questions. Many people have told me that Day 2 is more about being cautious. The EKG sessions, in particular, can be tricky and over-coding is discouraged. The ECG Source and Okeefe EKG (4th edition) contain practice EKGs that will prepare us well. Again, sticking to the most obvious findings will be the key.

Coming to MCQs, the ACCSAP content and questions are resourceful. Having access to ACCSAP also gives access to ACC Cardiology board review videos. If you are one who enjoys live sessions, the Mayo Cardiology board review course is also recommended, which will be held from August 22nd to 27th this year. You can alternatively buy the course online if you think attending the course for 6 days is not feasible for other reasons. Alternatively, ACC also holds an annual board review course and this year it is being held in Washington DC from September 8th to 12th.

Give yourself ample time based on your studying style. Prioritize areas that are highly tested in the boards and areas that you think needs a revisit. Good luck to all of us. Stay safe and stay healthy.

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CVT CORNER

PSYCHOLOGICAL STRESS AND CARDIOVASCULAR DISEASE

Traditional risk factors for cardiovascular disease have been researched for centuries. Psychological stress has also been linked to cardiovascular disease; however, it has not been studied with the same amount of intensity. Sudden changes in practice coupled with a new illness that increases the threat of mortality, around the world, can lead to increased psychological stress. These stressors can take a toll on our mind and body thus contributing to early development of atherosclerosis. Links between psychological stress and atherosclerosis may be caused by damage of the endothelium and aggravation of modifiable risk factors such as smoking, hypertension, and lipid metabolism (Tofler, Silver, & Solomon 2019; Kim, et al. 2019).

A brief period of mental stress can cause temporary dysfunction of the endothelium. This endothelial dysfunction can last up to four hours even in healthy individuals without evidence of known cardiovascular disease or risk factors. Damage to the endothelium promotes lipid movement from the circulation to the artery walls, aggregation of platelets, and the distribution of growth factors that further stimulate plaque formation. Research has shown that other factors may contribute to the endothelial injury associated with stress. These factors are vasoconstriction, increased sympathetic activity, increased exposure to epinephrine, modification of macrophage activity and the inflammatory response, and nitric oxide-dependent vasodilation (Tofler, Silver, & Solomon 2019; Kim, et al. 2019).

As providers, it is imperative that we take time for self-care – physical and psychological. Likewise, we need to teach our patients about lowering their psychological stress along with decreasing their traditional risk factors for atherosclerosis. Changing one or two daily habits to include activities that reduce psychological stress can help lower our risk of cardiovascular disease.

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