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Nebraska

ACC

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

Chapter News

Empowering Hearts, Igniting Minds, and Shaping Futures – Nebraska ACC takes the lead in promoting Education, Networking and Advocacy!

Keep up with the latest science!

Attend the American College of Cardiology, Annual Scientific Sessions April 6-8, 2024 in Atlanta, GA. Register at <https://accscientificsession.acc.org/>

Cheer the Nebraska FIT Jeopardy Team on Saturday, April 6 from 9:15-9:45 am in Atlanta. Let's show our support and make some noise for our team. This year's contestants are Dr. Sai Alampoondi from UNMC and Drs. Hussein Daoud and Ahmed Elawad from Creighton University. If you're attending ACC.24 make sure to attend the Nebraska ACC Coffee social right after Jeopardy at 9:45 am.

RSVP here: www.nebraskacardiology.org/events

Special thanks to **Drs. Ahmed Aboeata and Nidhish Tiwari** for their dedication in organizing and facilitating practice sessions for the fellows, preparing them for success at the National ACC Jeopardy competition.

Join us for the inaugural joint **Women in Cardiology/CV Team Annual Meeting on May 22, 2024 at the La Vista Conference Center**, featuring the indomitable **Dr. Annabelle Volgman** as our keynote speaker sharing her expertise on initiating a women's heart center.

ACC Advocacy – As you're aware, the NFL and ACC, alongside other coalition partners have been advocating for schools to develop emergency action plans, increase CPR/AED training and improve access to AED's. In alignment with these efforts, we submitted a grant proposal to the American College of Cardiology. We're thrilled to announce that our 2024 Chapter Section grant application for "Preventing Sudden Cardiac Death in Nebraska" was approved. We are excited to begin working on this project and invite FIT/Early Career or any Cardiologist interested to join us in advocacy efforts for this important legislation. Make a difference by getting involved in grassroots efforts!

Newsletter Contribution: We want to hear from YOU! Please reach out to new editor-in-chief Dr. Nidhish Tiwari or our executive director **Carmen Chinchilla** if you would like to write for the NE ACC Newsletter. The Newsletter features 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). Contact CVT Representative, **Nicole J Lopez-Schaecher, APRN** to get involved in CVT events. Let us collaborate and create a vibrant and informative newsletter that showcases the expertise and achievements of our members.

As we continue to grow and thrive as a chapter, I want to express my gratitude for your ongoing support and engagement. Let's further strengthen the bonds within our Nebraska ACC Community.

Please follow us on [Twitter](#) and [Facebook](#)!



Anuradha Tunuguntla
MD, FACC, FSCAI
Governor, Nebraska ACC



Nebraska
CHAPTER

CARDIOLOGY UPDATE

EMERGING TRANSCATHETER THERAPEUTIC INTERVENTIONS IN TRICUSPID REGURGITATION



**Nidhish Tiwari, MD, FACC,
FASE, FACP
Interventional
Echocardiographer
Director of Heart &
Vascular Clinics, UMMC**

The tricuspid valve may no longer be the forgotten valve, but there's a lot left in this right-sided valve!

Transcatheter tricuspid valve interventions have traversed a remarkable journey, transcending their registry-based studies to reach significant milestones. Notably, the recent approval from the FDA for EVOQUE on February 1, 2024, marked a groundbreaking achievement as the first transcatheter valve intervention to receive approval for severe tricuspid regurgitation (TR). In the last five years, we have seen unprecedented progress and development in the expanding universe of tricuspid valve interventions, the most studied being T-TEER (tricuspid transcatheter edge-to-edge repair) and TTVR (transcatheter tricuspid valve replacement). Concurrently, there has been a notable improvement in tricuspid imaging modalities, incorporating both echocardiographic and multimodality techniques. These advancements have significantly enhanced our diagnostic precision and therapeutic strategies, underscored by updated insights into tricuspid valve anatomy, expanded severity grading, novel underlying mechanisms, and refined classifications².

The emergence of encouraging data from follow-up studies of T-TEER and TTVR trials^{3,4} holds promise for patients with isolated symptomatic severe TR - a demographic traditionally considered high-risk for surgical intervention. However, amidst these

strides, complexities abound, inviting critical inquiries into tricuspid regurgitation as an intricate syndrome, and challenging established norms in patient selection criteria especially to address lack of mortality benefit in all the contemporary trials. Moreover, despite instituting new benchmarks through clinical trials, uncertainties linger regarding defining the factors predictive of favorable outcomes, such as the role of pulmonary artery systolic pressure. Simultaneously, ongoing efforts to decipher the complexities of irreversible RV damage, after which removing the volume overload state by eliminating even the torrential regurgitation, would not translate into any clinical benefit. Novel imaging techniques such as combined RV/RA strain (STRIE) index, CMR contraction patterns, RV-PA coupling ratio, afterload reserve, and their clinical ramifications are being studied, emphasizing the dynamic nature of this evolving field.

After the trials have established the safety and feasibility of the transcatheter devices, it is also imperative to unravel the role of reverse RV remodeling in the post-intervention period and its enduring clinical benefits and long-term durability of the valves themselves, demanding continued research endeavors. Lastly, despite modest success in highly controlled clinical trial settings, translating these findings into real-world practice remains a formidable challenge, with screening failure rates ranging from 45% for T-TEER to 74% for TTVR⁵, necessitating robust efforts to ensure the generalizability of these pivotal trials.

Ongoing global research endeavors have shaped this transformative period, steering this field toward rapid evolution and innovation in minimally invasive transcatheter interventions with more than half dozen new devices currently being tested or in development. While recent FDA approval of EVOQUE as first transcatheter tricuspid valve intervention have finally put the spotlight on the often-overlooked tricuspid valve, a vast terrain of unanswered questions are still left within this domain of right-sided valve pathology.

References

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FIT CORNER

HOW TO “HAVE A LIFE” DURING FELLOWSHIP



Mina Bhatnagar, MD, MPH
Cardiology Fellow, UNMC

As fellows we have dedicated 7+ years to medicine and it can easily consume almost all of who we are. Yet the goal is to eventually achieve ‘work-life balance’, but the phrase itself seems to separate the two. Here are some simple but impactful tips on how to ‘live’ while you work.

Self-care: In the same way we plan our study schedules, rotations, research projects; sometimes the only way we can ensure we get some ‘me time’ is by physically penciling it in. In the book “The 12 Week Year,” authors recommend having a ‘Breakout Block’ written into our schedules weekly. The breakout block is a 3-hour block of time, once a week, that is devoid of any work-related activities and thoughts¹. Come home, don’t work on projects, presentations, do not study and most importantly don’t just sit in front of the TV. Having a warm bath, reading a book, self-care, cuddling your furry friend or curling up with a book or puzzle instead really reconnects you to the small joys in life.

Boundaries with technology: We are all guilty of using technology to mentally detach after a long day. Often, the worse our day is, the more we will watch/scroll. But how often do we finish our Netflix season binge feeling refreshed? With most of our days

being spent in front of the computer at work, coming home only to be stimulated by more devices often leaves us drained. Limit yourself to only one episode a night or having designated “scroll” times, even putting your phone away or in another room while you do an activity that doesn’t involve technology. You’ll be surprised at how much more rejuvenated you’ll feel at the end of the day.

Get out: Getting outside is one of nature's best mood boosters. Even the American Heart Association recommends getting in nature to help relieve symptoms of stress, anxiety². Researchers at the Frontiers of Psychology performed a meta-analysis investigating the relationship between nature connectedness and happiness and found that those who are more connected to nature tended to experience more vitality, and life satisfaction compared to those less connected to nature³.

The field of medicine draws in high functioning motivated individuals, but these qualities can be the cause of our detriment. Scheduling out time to actually live the life in the ways described above is the one of simple yet pragmatic way to incorporate balance back into my life with the busy fellowship schedule. The best predictor of what your quality of life will be is the quality of the day that you had today.

References:

1. Moran, B., & Lenington, M. (2013). The 12 Week Year. John Wiley & Sons.
2. Spend time in nature to reduce stress and anxiety. [www.heart.org](https://www.heart.org/en/healthy-living/healthy-lifestyle/stress-management/spend-time-in-nature-to-reduce-stress-and-anxiety). (2024, February 8).
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 **NEBRASKA**
CHAPTER

AMERICAN COLLEGE of CARDIOLOGY®

SAVE THE DATE!

FIT ABSTRACT COMPETITION

Happy Hollow Club, 1701 S. 105th Street, Omaha

OCTOBER | 2nd | 2024

CVT CORNER

IMPLEMENTATION OF CLINICAL PHARMACY SERVICES IN THE CARDIAC CATH LAB



**Marnie Max, MBA, BCCP,
BCPS**
**Pharmacist Specialist,
Nebraska Medicine**
**Adjunct Assistant
Professor, UNMC College
of Pharmacy**

Pharmacists play an integral role in the management of complex cardiac patients, contributing significantly to patient care, medication management, and procedural safety. Research suggests that multi-disciplinary teams benefit from the addition of a pharmacist¹⁻³. However, pharmacy representation in the cardiac cath lab (CCL) is not well-established. In November 2020, Nebraska Medicine implemented clinical pharmacy services in the CCL intending to improve patient care, expand available medication resources, and serving as a clinical resource for all staff. The responsibilities of the pharmacist range from typical duties such as order verification and medication reconciliation to emergency response, patient education, and protocol development. The addition of pharmacy services in the CCL has allowed for the collaboration and implementation of numerous process improvement initiatives. Some highlights include:

- Expansion of discharge medication review to include all patients.
- Implementation of a discharge flag for any patient with new stents who does not have DAPT appropriately prescribed.
- Creation and execution of “Protect Your Stent” education materials for all patients with new cardiac stents.
- Collaboration and implementation of a heparin nomogram for use during PCI.
- Creation of a new algorithm to guide dosing of intra-venous antiplatelet agent Cangrelor for use in periprocedural bridging.
- Establishment of a novel workflow for using intra-coronary acetylcholine to induce vasospasm.
- Development of an intra-coronary dosing guidance document for use during PCI.

There continue to be growth opportunities and many areas in which pharmacy services can provide value. Potential future directions include exploring options for expanding transitions of care and working with our outpatient partners to ensure all patients are optimized on guideline-directed medical therapy. Other ideas include developing a pharmacist-managed lipid optimization service upon discharge from the Cath lab and implementing an Acute Coronary Syndrome (ACS) stewardship program.

Pharmacist specialized expertise ensures optimal medication selection, dosing, and reconciliation, collaborating closely with the multidisciplinary team, and patient education enhances patient outcomes and the quality of care delivered in the Cath lab, underscoring the vital role pharmacists play in this unique practice location.

References:

1. Chesholm-Burns MA, Kim Lee J, Spivey CA, et al. US pharmacists' effect as team members on patient care: systematic review and meta-analysis. *Med Care.* 2010;48(10):923-933.
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ACC CV TEAM NEWSLETTER

Did you know? The ACC has a monthly newsletter for CV Team Members.

Click on the link below to learn more about what is happening on the national stage!

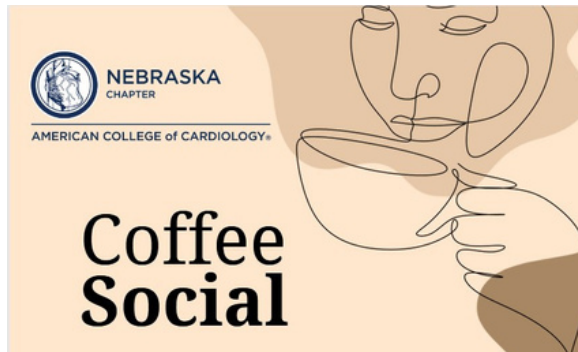
Read the ACC CV Team Newsletter [here!](#)

KEEP UP WITH THE LATEST SCIENCE! ATTEND ACC.24- ATLANTA



Register at accscientificsession.acc.org

JOIN US! NEBRASKA ACC COFFEE SOCIAL AT ACC.24



If you'll be attending ACC.24, make sure to join your Nebraska colleagues and Nebraska FIT Jeopardy team!

FIT Jeopardy will host the Nebraska team from 9:15-9:45am EST at the Expo Hall Engage Stage. We'll meet up for coffee after our team's first round of FIT Jeopardy at 9:45am EST at "ACC Café" in the Expo Hall.

We look forward to seeing you there!

[RSVP here!](#)

SAVE THE DATE! JOINT WIC & CV TEAM SYMPOSIUM



Join us for an evening of networking, learning, and empowerment at the Women in Cardiology and CV Team Symposium!

The event will take place at the Embassy Suites La Vista Conference Center located at 12520 Westport Parkway, in La Vista on Wednesday, May 22, 2024 from 5:30-8:30pm.

Visit our event page for more information:
www.nebraskacardiology.org/events

NEBRASKA ACC NEWSLETTER STAFF

**ANURADHA
TUNUGUNTLA, MD**



Governor,
Nebraska ACC

**NIDHISH
TIWARI, MD**



Editor-in-Chief
Nebraska ACC

**CARMEN
CHINCHILLA, MA**



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