



Transcript of Dr. Naghavi's welcome and opening presentation at the 2nd Vulnerable Patient Symposium held by AEHA on March 6th in conjunction with the Annual Conference of American College of Cardiology 2004 New Orleans, LA

Welcome to the 2nd Vulnerable Patient Satellite Symposium. The focus of this symposium is cardiovascular screening. Throughout the entire sessions, Session I and Session II, you will hear from our leading investigators in the field of cardiovascular disease talking about various aspects, potential aspects, of screening and I'd like to start with my three slides. That's all I have. I'd like to conclude with what I hope everybody will agree. This is a schematic mission statement of our society and I don't doubt a second that everybody's dream is like that. This is our dream. This is where we would like to go. Where we are today is here. We are in the midst of a chaos with about a million cardiovascular, unpredicted cardiovascular events every year in the United States, overall, worldwide according to WHO, about 19 million. We really don't know what the number is. This is where today is, perhaps the starting point of tomorrow, where we would like to be, where we'll be able to properly screen. And I've named VP screening and VP stands for "vulnerable patient," vulnerable plaque -- this is something everybody sees, this is going to be a very costly for all of us who know how expensive these diagnostic techniques are.

The next arrow that we anticipate and we wish, again, to see is the Era that we would have preventive prophylactic measures in place for wide use without having to do all those advance intravascular invasive techniques. Perhaps with one or two biomarkers, we would be able to put patients -- apparently healthy subjects -- vulnerable or at risk on

what I call “poly fill” -- I borrowed this from the publication that I’m sure you all have seen. And there are about 140 patents from pharmaceutical companies on poly fill and that tells me that this is perhaps the future that we will be leading to. And the Era after that this is again the next level of dreams for all of us, that we would like to have a much cheaper therapy for prevention of cardiovascular disease. This is works by Dr. Hansson, Dr. Shah, Dr. Nelson and about 20 more investigators currently actively being pursued after the revolution of atherosclerosis being known as an inflammatory disease. When we will have a vaccine against atherosclerosis? I don’t know, but I know the answer is when we all put our best into it. This will be a collaborative project just like development of the human Genome project as well as the vaccine against HIV project. We will have more on this later.

Now, this is where we are, Era of VP screening and I want to go to the next slide. My colleagues at the AEHA, Public Relations helped me create this name -- the National Screening for Heart Attack Prevention and Education Program and we call it “SHAPE” and we would like to call America to get in shape. This is not just a fancy word. You all have seen us particularly myself under the auspices of Dr. Willerson, Dr. Casscells and others from the University of Texas, Texas Heart Institute that six vulnerable plaque and vulnerable patient symposium. Today, this is my belief that we have sufficient diagnostic tools that can help us to go through that path. Now, what is this path -- what is this pyramid going to tell us? We have been taught by NCEP-- a national guideline - how to treat risk factors. The message here is while we respect risk factors therapy, we believe that the way to go after identification of vulnerable patient is not focusing on risk factors, but rather focusing on risk markers. Risk markers show accumulative effects of risk -- known risk factors -- and unknown risk factors that we learn in the future. This is where the bottom of the term it should focus on. The next level, with the pioneering work of Dr. Rumberger, Dr. Fuster and others, now we have imaging that is opening our way for seeing inside the plaque and seems to the whole body as a subject not only a coronary artery or one single plaque. That is where our next step will be and we are

opening the way to the third level which is intravascular and we will hear about that in Ultimate IVUS meeting tomorrow here in this hotel.

I would like to summarize my presentation that **America Get in SHAPE** is about a proposal that we would like for our faculties to start brainstorming. This is not a definite guideline. This is something that we concluded after six conferences and meetings that we have led this group of interested scientists for identification of vulnerable plaque in vulnerable patient. I also have a small announcement to make and that is our new way of communicating with all people in the field. I cannot overemphasize on the value of getting -- having easy access to information with the fact that knowing last year, 2003, we had 4,393 papers published in the field of atherosclerosis. We had 1500 some patents published in the field of atherosclerosis. And more than 20,000 abstracts. How can we get to have access to what we want in a timely manner? That was the Atheroline project. The last but not least, is we honored our pioneering investigators in the field of vulnerable plaque and vulnerable patient, Dr. Muller, who brought this name of "vulnerable" to us and Dr. Willerson who led the field of vulnerable plaque and vulnerable patient for three decades. We have three winners that will be winning this award \$2,000 cash based on the votes from our faculties today.

I would like to conclude that AHA is a virtual organization that belongs to everybody. We have the smallest office next to the largest medical center in the world, that is Texas Medical Center, and we are there to help whoever can help us. The group who built this is not one person or a few who are in here. We have been very gifted -- that's the word I can say -- with Dr. Casscells' leadership and his grant that gave rise to this work and a large group of people that you're seeing here and some more at Texas Heart Institute and University of Texas. And I'm going back to our dream and I would like to invite our first speaker, Dr. Willerson, who's honoring us with his remarks. Dr. Willerson.