



DUCCS Happy Hour

The monthly bulletin of the Duke University Cooperative Cardiovascular Society

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Congratulations, Graduating Fellows!

Congratulations to our graduating cardiology fellows!

Of the fourteen who are graduating, three plan to stay at Duke, and several others will move on to join DUCCS members at active DUCCS sites.

Lauren Cooper will go to Northern Virginia's

Inova Heart & Vascular Institute, and **Matthew Sherwood** will go to Inova Health. DUCCS Board member **Christopher O'Connor** was named CEO of Inova Heart & Vascular Institute last year.

C. Michael Minder will join DUCCS President **Brent Muhlestein** at Intermountain Healthcare in Salt Lake City, Utah.

Jacob Doll is headed to the Puget Sound VA and the University of Washington, where DUCCS member **Gust Bardy** practices. **Tiffany Randolph** will go to Moses Cone, in Greensboro, North Carolina, with DUCCS member **Daniel Bensimhon**. **Meena Rao** will join **Bill Smith** at Wilmington, North Carolina's Cape Fear Heart Associates.

We wish our graduates the brightest of futures and look forward to working together in the years to come.

Job Placements for Graduating Duke Cardiology Fellows

| | |
|---------------------|---|
| Lauren Cooper | Inova Heart & Vascular Institute |
| Jacob Doll | Puget Sound VA and University of Washington |
| Christopher Fordyce | University of British Columbia - Vancouver |
| Larry Jackson | To be announced |
| Robert McGarrah | Duke University |
| C. Michael Minder | Intermountain Healthcare |
| Motaz Moussa | Marietta Memorial Hospital |
| Ann Marie Navar | Duke University |
| Tiffany Randolph | Moses Cone Hospital |
| Meena Rao | Cape Fear Heart Associates |
| Matthew Sherwood | Inova Health |
| Joseph Sivak | Cardiac Associates, Rockville MD |
| Benjamin Steinberg | University of Utah - Salt Lake City |
| James Wisler | Duke University |



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Spotlight On... DUCCS Member Mary Dohrmann

We're using our Spotlight On... feature to get acquainted with current fellows, longtime DUCCS members, and more.

This month, meet DUCCS member Mary Dohrmann of the University of Missouri.



Dr. Mary Dohrmann

Clinical interests:

Preventive cardiology, Cardiac rehabilitation, Geriatric cardiology

Research interests:

Assessment of chest pain in the ED; prevention of readmissions; anything related to electrocardiography!

Something nobody knows about you:

I gave piano lessons to children of Duke cardiology faculty while I was a fellow there!

A question you hate being asked:

“I know you don’t work on Fridays, but do you think you could do (fill in the blank)?”

The story behind the photo:

I love to fish! Very contemplative and relaxing! My husband and I have our own lake and 100-acre woods in mid-Missouri. Lots of crappie, blue gill and bass. All are welcome to visit!

May 2016



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TACT2: A Chance to Be a Part of History

Is chelation therapy a big hoax or does it have a place in our therapeutic toolbox?

Join DUCCS and get into the flock of the DUCCS network in TACT2.

Hypothesis: Chelation therapy (with EDTA) will prevent recurrent events in patients with diabetes who have sustained an acute MI.

Experimental Design: Randomized double blind placebo controlled.

Protocol (preliminary, based on TACT protocol):

Treatment groups: chelation plus oral multivitamins versus double placebo. Chelation will be a usually 3 hour infusion once weekly for 30 weeks and 10 additional infusion sessions at 2-8 week intervals.

Follow-up: by telephone from DCRI to assess for death or MACE.

Major inclusions: history of diabetes, Post MI, age over 50 years old, creatinine of 2 or less.



Based on the surprising and highly positive results from TACT (41% reduction in primary endpoint (death or MACE), $p = 0.0002$) for diabetics with a history of acute MI treated with chelation therapy, the NIH is providing preliminary funding for the planning phase of TACT2.

This is a challenging BUT VERY DOABLE study.

If the hypothesis is supported, the practice of medicine will be remarkably altered.

We need a BIG DUCCS network to set the leadership pace for TACT2.



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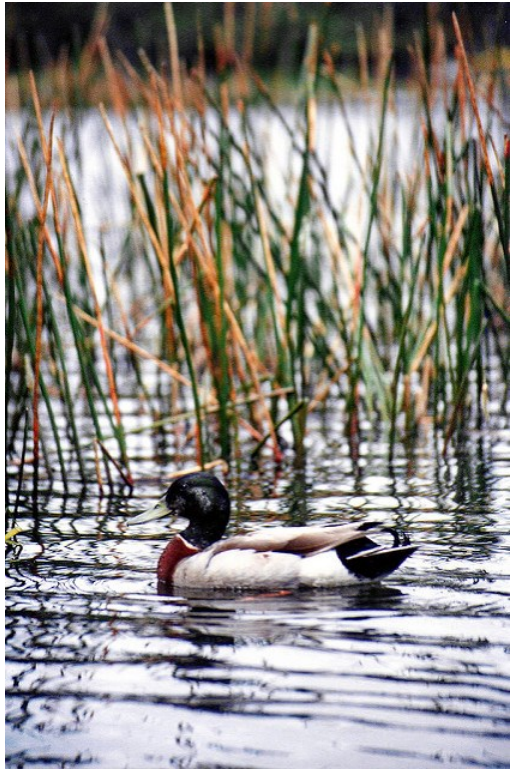
TACT2 FAQs

Budget?

\$8000 per patient.

How do I conduct the infusions?

Many options: patient exam rooms, waiting rooms, infusion centers, chemo clinics, ED obs areas. All you need is an easy chair or recliner and a place for a companion to sit. Nearby T.V. or Wi-Fi access would be helpful.

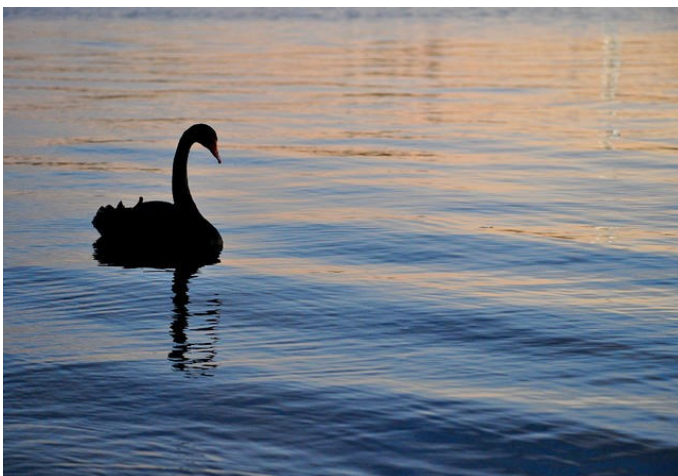


Possible complications?

Extremely rare. Possible volume overload in patients with marginally compensated HF.

Monitoring?

Usual vitals and no continuous variables. Several subjects can be followed simultaneously by one CMA.



Tony Lamas, MD, national PI, will be hosting several webinars for site recruitment. Please plan to attend one of these offerings.

You CAN do this!!

The “secret sauce” is to recruit several patients and run the protocol with 2-3 patients at the same time. You will do better than break-even at that pace.

If you are interested in participating in TACT2 or in learning more about the study, please contact Megan Honig at megan.honig@dm.duke.edu.