

# Columbia Surgery

# Cardiovascular and **Thoracic Newsletter**





Craig R. Smith, MD, FACS

# Message from the Chief

Spring 2018

Dear Colleague,

In this issue we report on the latest data from the MOMENTUM3 Trial featured in the New England Journal of Medicine. HeartMate3, a fully magnetically levitated pump, has proven to have superior outcomes for patients, compared to its predecessor, Heart Mate II, and we predict the success of this trial will lead to even wider use of LVADS for destination therapy for advance heart failure (HF) patients.

Dr. Yoshifumi Naka, Director of the Cardiac Transplantation and Mechanical Circulatory Support Program at NYP/Columbia was the lead enroller in this trial.

We also discuss new criteria for assessing advanced heart failure patients for transplant or LVAD as destination therapy, when these options can be most effective. A recent poll shows that many physicians are unaware of the outcomes post-transplant, and post-LVAD, the need for earlier consultation on these options, and the fact that LVADs have advanced to the point where they are now the domain surgical treatment for advanced HF that no longer

responds to medical therapy.

In addition, we introduce our new clinic for the treatment of adult Marfan patients in midtown Manhattan.

Finally, our thoracic surgeons now offer single-incision resection, the most advanced minimally-invasive procedure for lung cancer and lung-preserving lobectomy and sub-lobectomy.

I hope you will join us for our upcoming CME courses. Please visit us at <u>columbiasurgeryCME.org</u>. View our newsletter site <u>here</u>.

Best Regards,
Craig R. Smith, MD, FACS
Chair, Department of Surgery

## **Early Referral Critical for Heart Failure Patients**

About 5.7 million adults in the United States suffer from Heart Failure (HF), and advanced cases account for one in nine of every deaths each year. Yet very few of these individuals get a heart transplant or left ventricular assist device (LVAD) soon enough to make these treatments most effective.

While heart transplantation can extend survival and improve symptoms for selected HF patients, there is a limited supply of donor hearts. Durable LVADs offer an alternative therapeutic option as a bridge to transplantation or as destination therapy. "This approach has grown dramatically in the past decade and now exceeds transplantation as the dominant surgical treatment for advanced HF that does not respond to medical therapy," according to <a href="Yoshifumi Naka">Yoshifumi Naka</a>, MD, PhD, Director of the Cardiac Transplantation and Mechanical Circulatory Support programs at NYP/Columbia, the leading enroller in the MOMENTUM3 Clinical Trial.

In a study of the latest ventricular assist device, Heartmate 3, published in the Match 11, 2018 issue of *The New England Journal of Medicine* Dr. Naka and his colleagues conclude: "In patients with advanced heart failure, a fully

magnetically levitated centrifugal-flow pump was superior to a mechanical-bearing axial-flow pump with regard to survival free of disabling stroke or reoperation to replace or remove a malfunctioning device."

### Read more

To refer a patient, please call 212-305-9268.

# **Revised Criteria for Assessing Advanced HF Patients**

"It is urgent to enlighten physicians about the benefits of both heart transplant and LVAD use," says Melana Yuzefpolskaya, MD, a cardiologist who specializes in treating patients with heart failure at Columbia's Center for Advanced Cardiac Care. Nationally, cardiothoracic surgeons perform about 2,800 heart transplants and implant about 3,000 LVADs each year—helping only a very small percentage of those with advanced HF.

In 2017, a group of general cardiologists and interventional cardiologists were quizzed about the one-year survival rates nationwide, after LVAD implantation or heart transplant. Only 16% of physicians knew the right answers post-LVAD and only 54% knew correct answer post-transplant. The Columbia Advanced Cardiac Care team is urging physicians to start the referral process for HF patients before the disease progresses, listing factors to consider, when assessing the progression of disease.

### Read more

To refer a patient, please call 212-305-9268.

# Leaders in the Treatment of Marfan Syndrome

The Marfan Clinic at NYP/Columbia is a premier site in the metropolitan area for the comprehensive evaluation and treatment of adults with Marfan syndrome and related connective tissue disorders. The primary care clinic, located in midtown Manhattan at 51 West 51st Street, offers a full-spectrum of

cardiac and vascular diagnostic imaging plus complete radiologic and laboratory services along with the latest surgical and endovascular techniques and access to other medical specialists. It also provides the most advanced medical and surgical options.

### Read more

To refer a patient, please call 212-326-8949.

# Uniportal Incision: A New Standard for Minimally-Invasive Lung Surgery

NYP/Columbia's Division of Thoracic Surgery now offers uniportal or single-incision resection, the most advanced minimally-invasive procedure for lung cancer and lung-preserving lobectomy and sub-lobectomy.

"Using specially designed instruments and thermal dissecting tools, we can now perform intricate procedures in a meticulous manner with only one small incision, including the insertion of drains," says <u>Joshua Sonett, MD</u>, Chief of General Thoracic Surgery and Director, The Price Family Center for Comprehensive Chest Care, Lung and Esophageal Center.

### Read more

To refer a patient, call 212-305-3408.

# **Progress Treating Critical Limb Ischemia (CLI)**

For more than fifty years, Columbia has been a leader in revascularization surgery. Today its surgeons treating a high volume of patients with critical limb ischemia (CLI), nearly 600 cases a year—with over a 70% success rate, avoiding amputation in most instances. Columbia vascular surgeon Nicholas Morrissey, MD, stresses the importance of setting up a consultation right away when patients are suffering from foot ulcers and peripheral artery disease—before the situation becomes critical: "Often a patient will get sent to

podiatrist to manage food wounds. We feel podiatrists and vascular surgeons should be working together—not just to manage the wounds but to monitor the blood flow."

#### Read more

To refer a patient, please call 212-342-2929.

## **Respiratory Compromise**

Preventing Respiratory Compromise After Surgery Columbia faculty have launched an initiative to reduce Respiratory Compromise (RC), a common inhospital complication after surgery and other procedures. Monica Goldklang, MD, a pulmonologist, tells clinicians what patients are at risk for RC, how to monitor them, and why it is cost-effective to address this condition early on.

Watch our webinar on this topic.

### Read more

We now have multiple locations in Manhattan, Westchester and Rockland County, New York and Bergan County, New Jersey.

#### Research

Cardiac presentations and publications

GI presentations and publications

Immunology presentations and publications

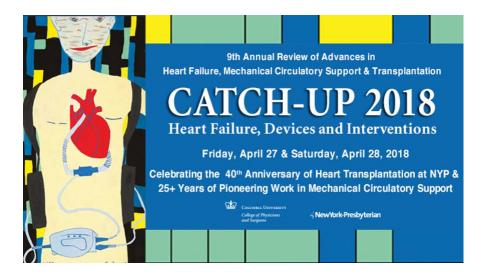
Thoracic presentations and publications

Vascular presentations and publications

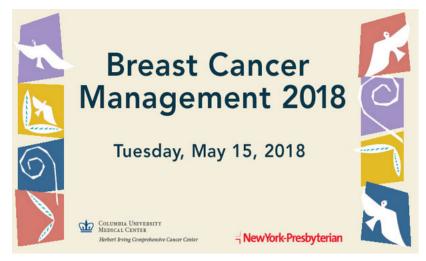
### **CME Education**



The Seventh Annual Peter D. Stevens Course on Innovations in Digestive Care



CATCH-UP 2018: 9th Annual Cardiac Assist Device Therapy Course



**Breast Cancer Management 2018** 



# Congenital Heart Valve Symposium at Columbia: From Bench to Bedside



The Fifth Annual Cardiovascular Summit 2018

### Webinars

Our vast library of videos and webinars is available 24/7 for your convenience.

Cardiovascular Webinars for physicians are available here.



### **Patient Referral**

To refer elective patients, call 212.305.7013 or 212.304.7810.

Email, info@columbiasurgery.org.

Urgent and emergency transfers: 1.800.NYP.STAT.

# Physician Referral Form.







