

# Ahmanson / UCLA Adult Congenital Heart Disease Center

FOR THOSE TOUCHED BY CONGENITAL HEART DISEASE

Year End Summary 2013



Wishing you a healthy and happy new year from the  
Ahmanson/UCLA Adult Congenital Heart Disease Center

## Center Updates

### Growth of the interventional catheterization program thanks to a generous grant from the Ahmanson Foundation

This grant supported the development of the congenital Transcatheter and Interventional Technology and Imaging Program over a 3 year period. Now, as we enter our 3rd year, our interventional catheterization laboratory has routinely utilized the 3-dimensional imaging equipment to perform congenital cardiac interventions. The Ahmanson foundation grant is responsible for putting the Ahmanson/UCLA Adult Congenital Heart Disease Center at the forefront of the 3-D imaging revolution, with our innovative interventional catheterization capabilities. We continue to grow as a referral center for other large ACHD centers given our willingness to perform interventions on the sickest patients with the most complex conditions. We have also utilized the grant funding to participate in the IMPACT registry, a national database for congenital catheterization procedures. We have enrolled over 500 patients in this registry thus far and have received data comparing our volume and outcomes to the national median; our volume is higher, our outcomes are significantly better and our complication rates are significantly lower than the national average.

## Perloff Visiting Fellowship Lecture

### Dr. Joseph K. Perloff Visiting Fellowship Lecture

In honor of our founding Director, Dr. Joseph K. Perloff, the Center invites distinguished colleagues in the international field of ACHD to come to UCLA for an honorary named lectureship. This year, Dr. Koichiro Niwa was invited to fill this prestigious appointment. Dr. Niwa has been instrumental in developing the field of ACHD in Asia, and directs the biggest ACHD program in Japan at St. Luke's International Hospital in Tokyo. Dr. Niwa has a longstanding connection to UCLA, as he did advanced fellowship training and research in ACHD at UCLA from 1995-1998, under the mentorship of Dr. Perloff.



*Dr. Joseph Perloff and Mrs. Perloff, with  
Dr. Koichiro Niwa and his wife Dr. Atsuko Niwa*

Dr. Niwa gave the "Joseph K. Perloff Visiting Fellowship Lecture" at the UCLA Ronald Reagan Medical Center on November 22nd, 2013. His lecture was titled: Aortopathy in Congenital Heart Disease. Dr. Perloff was in attendance, along with approximately 60 other colleagues, faculty, and staff.

## Faculty and Contact Information

### Faculty

#### Ahmanson/UCLA ACHDC Faculty

**Jamil Aboulhosn, MD** Director

**Leigh Reardon, MD** Congenital Cardiology

**Jeannette Lin, MD**, Congenital Cardiology

**John Child, MD** Emeritus Director

**Joseph K. Perloff, MD** Emeritus Director

**Daniel Levi, MD** Interventional Cardiology

**Kevin Shannon, MD** Electrophysiology

**Jeremy Moore, MD** Electrophysiology

**Kalyanam Shivkumar, MD** Electrophysiology

**Ravi Mandapati, MD** Electrophysiology

**Hillel Laks, MD** Cardiothoracic Surgery

**Brian Reemtsen, MD** Cardiothoracic Surgery

**Pamela Miner, NP** Nurse Practitioner

**Linda Houser, NP** Nurse Practitioner

**Daniel Sanchez, MD** Fellow

#### ACHDC Staff

**Jennifer Doliner, RN** Nurse Coordinator

**Yvonne Jose** Administrative Manager

**Veronica Olmedo** Clinical Coordinator

**Evelyn Garcia** Patient Administrative Support

### Contact Us

#### How to Contact the Center

Patient Calls (310) 794-9629 or (310) 825-9011

Nurse Coordinator (310) 794-5636

Fax Numbers (310) 825-6346 or (310) 825-9012

Email: [achdc@mednet.ucla.edu](mailto:achdc@mednet.ucla.edu)

Website: [www.uclahealth.org/ACHDC](http://www.uclahealth.org/ACHDC)

#### Information & Resources

Adult Congenital Heart Association (ACHA)

Website: [www.achaheart.org](http://www.achaheart.org)

Call (888) 921-ACHA

Email: [info@achaheart.org](mailto:info@achaheart.org)

#### International Society for Adult Congenital Heart Disease (ISACHD)

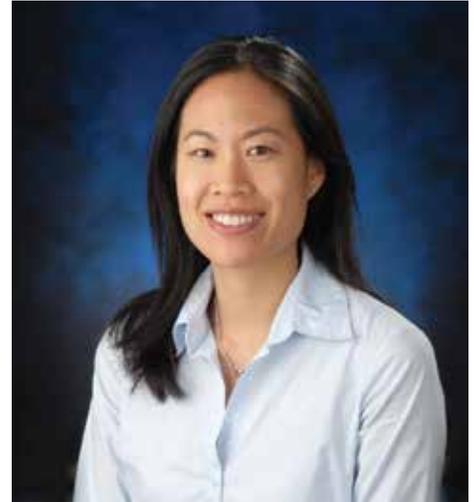
Website: [www.isachd.org](http://www.isachd.org)

### Faculty Profile

## Jeannette Lin, MD

Dr. Jeannette Lin joined our faculty of the Ahmanson/UCLA Adult Congenital Heart Disease Center in July of 2012, after completing a year of advanced fellowship training under the mentorship of both Dr. John Child and Dr. Jamil Aboulhosn. She has a joint appointment with UC Irvine Medical Center and leads their ACHD practice, spending 75% of her time at the UCI campus and 25% of her time here at UCLA.

Dr. Lin' educational background includes attending Pomona College, and then completing her masters degree at the University of Cambridge. She attended medical school and completed her internship and residency at the University of California, San Diego School of Medicine. She then completed a fellowship in adult cardiovascular disease at University of California Irvine, followed by a subspecialty fellowship in Adult Congenital Heart Disease at the Ahmanson/UCLA ACHD Center.



*Dr. Jeannette Lin*

Her professional interests include echocardiography and heart disease in women. When not working, she enjoys spending time with her dog Gustav and her cat Phoebe, cooking, watching football, and listening to classical music. Dr. Lin lives in Orange County with her significant other, Bob.

### Administrative Staff Introductions



**Evelyn Garcia** has been the Administrative Specialist Supervisor at the Ahmanson/UCLA Adult Congenital Heart Disease Center since 2010, and she has been with UCLA since 2009. Evelyn

plays a key role is coordinating our patient care, appointments, and insurance issues, among many other duties. Evelyn enjoys supporting the UCLA ACHD program and feels that it is has been the most satisfying and interesting job that she has ever had.



**Veronica Olmedo** has been the Clinical Coordinator at the Ahmanson/UCLA Adult Congenital Heart Disease Center since 2001, and she has been with UCLA Cardiology since

1996. She coordinates all aspects of patient appointments, records, the patient database, among many other duties. Veronica provides invaluable support to the doctors and nurses of the ACHDC.

### Aboulhosn Awarded Endowed Chair

The Division of Cardiology at the David Geffen School of Medicine at UCLA has awarded **Dr. Jamil Aboulhosn** the **Streisand/American Heart Association Endowed Chair in Cardiology**. This prestigious endowed chair is intended for the support of a distinguished master clinician-teacher in the field of cardiology and was awarded to Dr. Aboulhosn following a national search and advertisement in the New England Journal of Medicine and other leading medical journals.

In order to be considered, the candidates should be board-certified in Internal Medicine and Cardiovascular Diseases and have a national/international reputation as an innovative leader in cardiology. Dr. Aboulhosn was selected from a pool of highly competitive applicants and follows in the footsteps of Drs. Perloff and Child who received a similar honor during their tenure as Directors of the Ahmanson/UCLA Adult Congenital Heart Disease Center.

## Faculty Introductions

### Jeremy Moore, MD and Daniel Sanchez, MD

The Ahmanson/UCLA Adult Congenital Heart Disease Center is pleased to announce that Dr. Jeremy Moore and Dr. Daniel Sanchez have joined our team as ACHD inpatient attending physicians, providing care for our hospitalized patients and assisting with off-hour patient calls and issues during the year.

**Dr. Moore** is a native of Southern California, and completed his undergraduate training at the University of California, San Diego and received his medical degree in 2003 from the



*Jeremy Moore, MD*

Medical College of Virginia. He returned to Southern California and UCLA for both residency training in pediatrics and fellowship training in pediatric cardiology from 2003 to 2009. From 2009 to 2010 he completed specialty fellowship training in congenital electrophysiology at Vanderbilt University. He has been a UCLA attending congenital electrophysiologist since 2010. In his spare time, Dr. Moore enjoys surfing and is an avid LA Lakers fan. We look forward to working with Dr. Moore in his expanded role with the Center.



*Daniel Sanchez, MD*

**Dr. Sanchez** is also a native of California, and completed his undergraduate work at Yale University in New Haven, Connecticut and received his medical degree in 2007 from Stanford University in Palo Alto, California. His internship, residency and cardiology fellowship were all at UCLA, and upon completing his general cardiology fellowship in June 2013, he embarked on an additional advanced fellowship year with our program to specialize in ACHD. He also spent most of last year focusing on ACHD as his specialty. He now shares an appointment with UCLA/Olive View Medical Center in Sylmar and spends 50% of his clinical time there and 50% with our ACHD Center. He is fluent in Spanish, and likes to golf in his rare spare time. He is also enjoying his first year of being a father.

## Contributions

### End of Year Giving

The Ahmanson/UCLA Adult Congenital Heart Disease Center (ACHDC) relies in large part upon donations to pursue its goals. This support is vital to the ACHDC's ability to continue providing high-quality care for adult patients with CHD. Your tax-deductible contributions directly support:



- Patient programs focused on enhancing quality of life, such as newsletters, informational websites, support groups, and psychological counseling
- Research programs aimed at improving life expectancy
- Training programs integral to preparing future providers to carry on the highest level of care

You can learn more about how to support the ACHDC by visiting [www.uclahealth.org/achd](http://www.uclahealth.org/achd) and clicking on "ways to give".

If you would like to discuss specific gift options, or to get more information, please call (310) 267-1213 or (310) 825-2019.



*John Child, MD, with Dusty and Vito*

## Retirement Update

### John Child, MD

Since Dr. John Child's retirement from UCLA in July 2012, he has certainly been missed by faculty, fellows, staff and by countless patients who's lives were touched by him over the span of his 3 decades with the ACHD Center. We get many inquires about Dr. Child and what he is doing with his time, so this update will fill you in.

As you can see by the photo to the left, Dr. Child is enjoying his nearby hiking trails with his best friends, and prefers this morning ritual to sitting on the 405 Freeway. Who can blame him! Thankfully, he makes that grueling commute to UCLA several

days a month to attend our patient case discussion conferences, where his years of expertise are invaluable. Our housestaff also benefit from regular lectures by Dr. Child focusing on congenital heart disease and echocardiography.

On the home front, Dr. Child is completing a remodeling project in his home, and finding time for all those projects that were on the backburner for many years. He enjoys his hobbies, most recently focusing on becoming an accomplished "Sharpshooter" in his rifle competition, soon to reach "Expert" NRA certification level. His wife Carol retired from her job as a school psychologist in June of 2013, which opens the door for the Childs' to travel in 2014. They plan to take a European river "Tulip Cruise" in the Spring for starters!

# Two UCLA Heart Patients Share Their Stories



## David, Age 45

### Finding his career path, and feeling lucky

For the most part, I had been pretty lucky for someone born with the variety of CHD that I have. This luck helped me to live a long and mostly “normal” life well into adulthood. My first stroke of luck made itself evident after I was initially diagnosed at 4 months old when my parents were told that I had tricuspid atresia, pulmonary stenosis, atrial septal defect, ventricular septal defect, and transposition of the great vessels (now called the great arteries). The doctors followed this overwhelmingly stunning statement by saying that I was actually very lucky because if any one of these defects were not present, I would have died at birth. Luck struck the second time when at age 8 months, the doctors, who initially told my parents that I would need surgery to open the valve from heart to my lungs due to my lungs not receiving adequate blood flow, discovered just a few weeks later following repeat heart catheterization, that my pulmonary valve had actually widened on its own. My third stroke of luck came following a horrific auto accident at age 17 in which I nearly died after falling asleep at the wheel while driving home one night. I was pinned in the car, broke multiple bones from head to toe and had to be removed from the car by the Jaws of Life. While in the ER, the doctors there had never seen anyone with the cardiac configuration I had and actually became agitated with my mother demanding to know why I had not had corrective surgery to fix my “murmur”. With a great deal of restraint, my mother was

able to inform them that there was in fact no corrective surgery for my heart at that time and directed them to contact my pediatric cardiologist, the late Dr. Saul Robinson at UCSF. My records were faxed as I lay unconscious in the ER and with them, I was able to undergo the 19 hours of emergency surgery required to fix the broken bones, repair my spleen and stop the bleeding. Luck was with me through this 6 month long rehabilitation as I recovered fully and was able to return to my senior year of high school and graduate with my class.

Throughout this lengthy recovery, it became evident to me that there should be someone in the hospital who could act as a liaison between the doctors who, for all their knowledge and expertise, do not sadly, always have the best bedside manner or general comforting disposition when speaking with their patients or families. Combining this idea with my already blossoming interest in psychology, led me to the career of medical/clinical social worker. Of course, the words medical “social worker” initially repulsed me as like many people, I associated social workers with angry people who deny your government benefits or take your kids away and disappear. My luck appeared again when a very good friend of mine, then a university graduate advisor, informed me that pursuing a Master’s Degree in Social Welfare (MSW) would allow me to focus on providing direct counseling services to patients and families both in the hospital and beyond. This fit my ideal counseling pursuit even better than my original goal of seeking a PhD in clinical Psychology, not only for this ability to provide direct bedside counseling but also because the MSW degree took 3 years less than the PhD! Little did I know, it would take an additional 3 years anyway to become a Licensed Clinical Social Worker, which I am happy to say, is the career I still enjoy.

Of course, my graduate work would likely not have unfolded the way it did had I not had the tremendous fortune of being advised by Dr. Roberta Williams, then the Chief of Pediatric Cardiology at UCLA, to strongly consider the Fontan operation. I received a second opinion and elected to undergo the procedure. I was most fortunate to have received the Modified Fontan Repair by Dr. Hillel Laks at UCLA in 1991 and to be subsequently followed by Doctors Joseph Perloff, John Child (both retired) and most recently, Jamil Aboulhosn at the Ahmanson UCLA ACHD Center.

Luck has been with me throughout my life with CHD as I feel I have had the unique experience of providing counseling for CHD and other patients and family members dealing with a variety of chronic and terminal diagnoses while being able to manage the changing medications and symptoms of my own diagnosis and integrating these experiences into my personal and professional relationships.

My most recent stroke of luck came just last year when I unfortunately succumbed to symptoms of heart failure and collapsed in my living room. Obviously, that event was not lucky but the lucky part came when my wife was able to keep an amazingly level head, perform CPR and call the paramedics. I battled a lengthy hospitalization with a few unexpected complications but was able to receive a heart transplant and am happy to say that I just celebrated my one year transplant anniversary. I have been back to work since February 2013 and have returned to working with patients both in a clinic setting and in a therapeutic context. My luck is that I am able to return to this kind of work and have even greater experience with which to draw from and utilize with my patients and clients. I continue to be a CHD patient and now have the opportunity to say that I am also a transplant recipient. I continue to look forward to a life filled with new experiences and am very happy that I get to pursue these and have my amazing wife, family and friends along for the ride.



## Jerry, Age 70

### A Los Angeles Marathon Legacy runner continues his journey

In 1977, at the age of 34 years I was diagnosed with a congenital valve abnormality known as a bicuspid aortic valve. At the time, I was feeling well but was told that sometime down the road I would definitely need the valve replaced. I had been exercising pretty regularly since 1973, but after the diagnosis and on the recommendation of my trainer, I began to switch from weight lifting to incorporate more aerobic activities, including running, into my regimen. I became

hooked on running. By 1984 I had completed several 10K's and 2 Half Marathons and was feeling great.

In 1986 the City of Los Angeles presented the first running of the LA Marathon. I got caught up in the hype and decided to run the race. I was not trained, and ended up hitting the wall at mile 20, but still finished in a time of 3 hours, 59 minutes, 5 seconds, though radically dehydrated and needing medical attention! After I recovered, I continued to advance and improve my training, running the LA Marathon every year and also participating in other marathons including New York, San Francisco, Palos Verdes and Long Beach.

In 1996, while on a training run I suddenly experienced the first overt symptoms of my aortic valve problem. I was severely short of breath, lightheaded and sweating. I tried to rest, but every time I started to run again, the symptoms came back. I thought that I might not make it home. I visited several cardiologists and obtained many "second opinions", all of which pointed to the fact that my valve was leaking badly and needed to be replaced. However, I was scared to death about going through surgery at that time. I finally underwent an angiogram by a great cardiologist, Dr. Nakano, and he referred me to Dr. John Child at UCLA. Dr. Child sensed that I was not ready to undergo valve replacement surgery, and continued to manage me with medicines, keeping me on a training program that was not overly aggressive yet still allowed me to run the LA Marathon in March 1997, taking things very easy. A few months after the 1997 race, Dr. Hillel Laks replaced my valve with a homograft tissue valve. Once I recovered, I continued my marathon training and was able to maintain my Legacy status (a total of 28 consecutive Los Angeles Marathons) through March 2013.

In July of 2013, I began to experience symptoms that caused me to suspect my homograft aortic valve was failing. Keep in mind that tissue type valves only last for an average of 10-15 years. Mine had lasted 16, so I considered that a one year bonus! Tests confirmed the need for valve replacement, and on August 14th I had my second valve surgery. Repeat surgeries are much more difficult, and mine was no exception, but once again Dr. Laks did a great job, placing a Bovine tissue valve. I started my marathon training the next day, getting out of bed and walking for several laps around the unit! I went home 3 days later and returned to work on August 26th, my 70th birthday. At my first follow up visit with Dr. Laks and Dr. Aboulhosn, my valve was working great and I was given the go ahead to increase my exercise. I resumed training with the LA Leggers Running Club, preparing for the 29th running of the Marathon on 3/9/14.

Because of knee problems I'll be speed walking rather than running, but I'll be there!

## ACHD Specialty Credentialing coming soon

In 2013, the American Board of Medical Specialties approved a board certification for ACHD cardiologists, confirming that the need for this advanced training has been nationally recognized. This entails a 2 year fellowship with a board examination that has been approved by the American Board of Internal Medicine and the American Board of Pediatrics. Dr. Aboulhosn, the current Director of the Center is one of 6 specialists who are currently writing the board examination for ACHD. UCLA has traditionally trained specialists via a one year ACHD fellowship but going forward will be moving to a two year ACHD fellowship. ACHD subspecialty training typically follows 6 years

of prior training after completion of medical school. The prerequisite training prior to ACHD fellowship generally consists of 3 years of internal medicine or pediatric residency and an additional 3 year general adult or pediatric cardiology fellowship. In some instances physicians may have done a 4 year combined medicine and pediatric residency before general cardiology training. The establishment of certified training in ACHD is a major step forward and represents a significant mile-stone for ACHD as a field. We at the Ahmanson / UCLA ACHD Center are supportive of these efforts and have embraced and lobbied for their implementation.



## Affordable Care Act: What should you know?

The Covered California Affordable Care Act health insurance plans will take effect January 1st, 2014. You may enroll by visiting the Covered California website at <https://www.coveredca.com> or calling 800-300-1506. The only two plans that will include UCLA physicians and facilities under Covered California are the Anthem Blue Cross EPO individual plans (Bronze EPO, Silver EPO, Gold EPO and Platinum EPO) and the Health Net PPO individual plans (Bronze PPO and Catastrophic PPO Plan).

For further information regarding Covered California, you can visit: [uclahealth.org/coveredca](http://uclahealth.org/coveredca). Or call the UCLA Physician Referral Service at (877) 825-2212.

### Jamil Aboulhosn appointed President of AARCC



The Alliance for Adult Research in Congenital Cardiology (AARCC) was formed in 2006 as a research group to foster collaborative relationships between ACHD programs and investigators, to further and sustain research efforts, and to include the goals of innovative investigations, advancing knowledge, and improving outcomes for adults with congenital heart disease. Dr. Aboulhosn was a founding member of AARCC, participating in many multi-center research projects, and was appointed President of this alliance in 2013.

### Dr. Reardon selected for ACHA Actelion Fellowship Committee

In partnership with Actelion pharmaceuticals, the Adult Congenital Heart Disease Association has embarked on supporting emerging adult congenital heart disease fellowship programs across the country. A committee of physicians from the most developed adult congenital heart disease programs, including Dr. Leigh Reardon from UCLA, will evaluate applications for this \$100,000 grant. Training competent cardiologists with the expertise to compassionately care for the growing population of adults with congenital heart disease is a costly endeavor but can have profound impact for generations to come.

With new nationwide requirements for two-years of training for board certification it will cost academic centers close to \$200,000 to train one future physician. "Participating in this committee is a privilege to see the enthusiasm of new and developing programs, but it also highlights the enormous challenges in meeting the costs of training individuals in adult congenital heart disease even for programs like UCLA that have a long history of training fellows," said Dr. Reardon of his involvement in the committee.



## Team Ahmanson/UCLA takes top honors at the second annual Greater Los Angeles Congenital Heart Walk

This year's second annual Greater Los Angeles Congenital Heart Walk took place in beautiful Griffith Park on June 9th. The event, once again organized under the fabulous leadership of Ms. Barbara Demaria, raised over \$64,000 dollars and was attended by 543 people and 52 teams – a 300% increase in participation compared to last year. The walk also received a visit from a very special guest, California congressman Adam Schiff, who mingled with the crowd and addressed participants with a supportive speech just before the start. Many of the participating institutions, including UCLA, Children's Hospital of Los Angeles, Children's Hospital of Orange County and Keck Medical Center of USC featured informational booths, providing both patients and practitioners the opportunity to learn more about congenital heart disease resources before embarking on their choice of either a 5K or 1.5K distance. Following the walk, participants were treated to post race entertainment, including a deejay, arts and crafts, face painting for the kids, and a delicious barbecue lunch. Team Ahmanson/UCLA, led by team captain Linda Houser, took first place in the fundraising category with over \$7,000 dollars and received a beautiful artisan crafted glass heart, now proudly displayed in the patient waiting area in our clinic.



Photo courtesy Benjamin Brooks Photography ©2013

*Jamil Aboulhosn, Linda Houser, and Leigh Reardon celebrating fund raising honors at the 2013 Congenital Heart Walk.*

Photos of the event can be found on the Los Angeles Congenital Heart Walk Facebook page, and on our own website ([www.uclahealth.org/achdc](http://www.uclahealth.org/achdc)).

Now entering its third year, The Congenital Heart Walk is an ongoing national effort between the Adult Congenital Heart Association (ACHA) and The Children's

Heart Foundation (CHF). Funds are raised to support the missions of both these national nonprofit organizations who are uniting to fight CHD.

Stay tuned for details on the 2014 Greater Los Angeles Heart Walk. We hope to make each year better than the last!

### Linda Houser keeps on running

Linda Houser has been an integral member of our ACHD team since 2003, celebrating a decade with our Center. Besides her expertise as a world class nurse practitioner, many of you may not know that Linda also has a talent for running. She has completed 15 marathons and over 50 half marathons, and most were after the age of 40. In 2013 alone,

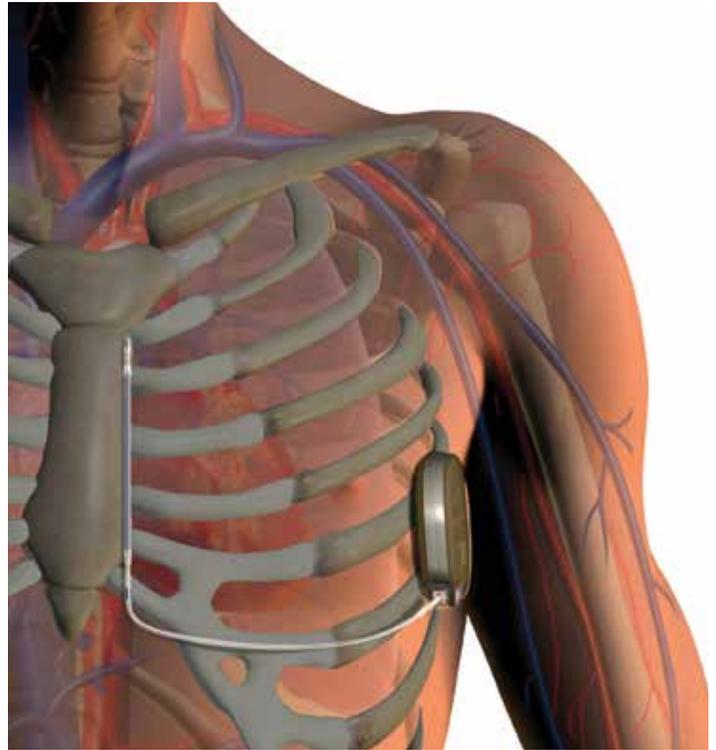
she ran the L.A. Marathon, the Boston Marathon and the St. George Marathon. Unfortunately the bombing at the Boston marathon necessitated that she stop less than a half mile short of the finish line, but her passion for running and her compassion for those harmed in the bombing will bring her back to Boston for their 118th marathon in April 2014.



## Subcutaneous Implantable Defibrillator: FDA approved in September 2012

Boston Scientific has received FDA approval for a subcutaneous implantable cardioverter defibrillator (ICD). ICDs are designed to prevent sudden cardiac death in patients at high risk for dangerous arrhythmias. Traditionally, ICDs have been implanted via the veins leading to the right side of the heart. This “transvenous” implantation method carries higher risks for lead fractures and failures, as well as other vein trauma, occlusion or infection.

Of importance to patients with complex congenital heart disease, it is sometimes anatomically impossible to pass leads through the veins to the right side of the heart based on structural and surgical connections. Therefore, to have an option for this life saving therapy to be implanted outside the service of the heart with leads in the subcutaneous tissue of the chest wall rather than the vein, is an important step forward for patients with congenital heart disease. Unfortunately, this subcutaneous ICD cannot provide pacemaker support, which the transvenous system can. Therefore, the main utility of this new option, would be to protect high risk patients from dangerous arrhythmias if their cardiac anatomy would normally have restricted access for such a device or would have previously entailed a much more complicated surgical approach. This procedure is relatively low risk and results have been favorable in the 2000 patients who have undergone this device implant worldwide.

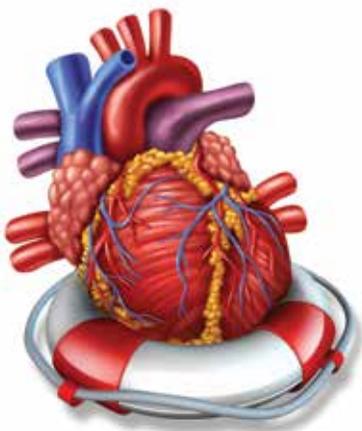


## When heart transplant is needed by patients with the Fontan Repair

We have come a long way in congenital heart disease surgeries and therapies but there are times when a heart transplant is the only available option. In patients with a Fontan

surgery during their lifetime the prospect of a heart transplant is scary because the published results have been poorer than patients who don't have a Fontan.

In an abstract submitted to the American College of Cardiology by Dr. Reardon and Dr. Aboulhosn (in addition to many of our transplant and surgical colleagues) UCLA reports a 100% survival at one year, 83% survival at 3 years and 80% survival at 5 years from 2002-2013. Though the number of transplanted patients with a Fontan was relatively small these results are similar to national results after transplant of non-congenital adult patients. These results are encouraging for the future of transplantation in patients with a Fontan but more generally to those with congenital heart disease.



## New pulmonary hypertension medication FDA approved in October 2013

A new oral endothelin receptor antagonist Opsumit (macitentan) was approved by the FDA for treatment of pulmonary arterial hypertension to delay disease progression. Opsumit is a once a day drug, dosed 10mg daily. Based on a two year study, Opsumit is the first clinically proven oral treatment option indicated to delay disease progression of pulmonary hypertension and reduce the need for hospitalization. UCLA is currently enrolling patients in a multi-center trial evaluating effectiveness and outcomes for patients using Opsumit who have congenital heart disease and pulmonary hypertension. However, the drug is also available by prescription should patients with Eisenmenger syndrome prefer not to be part of a research trial.