



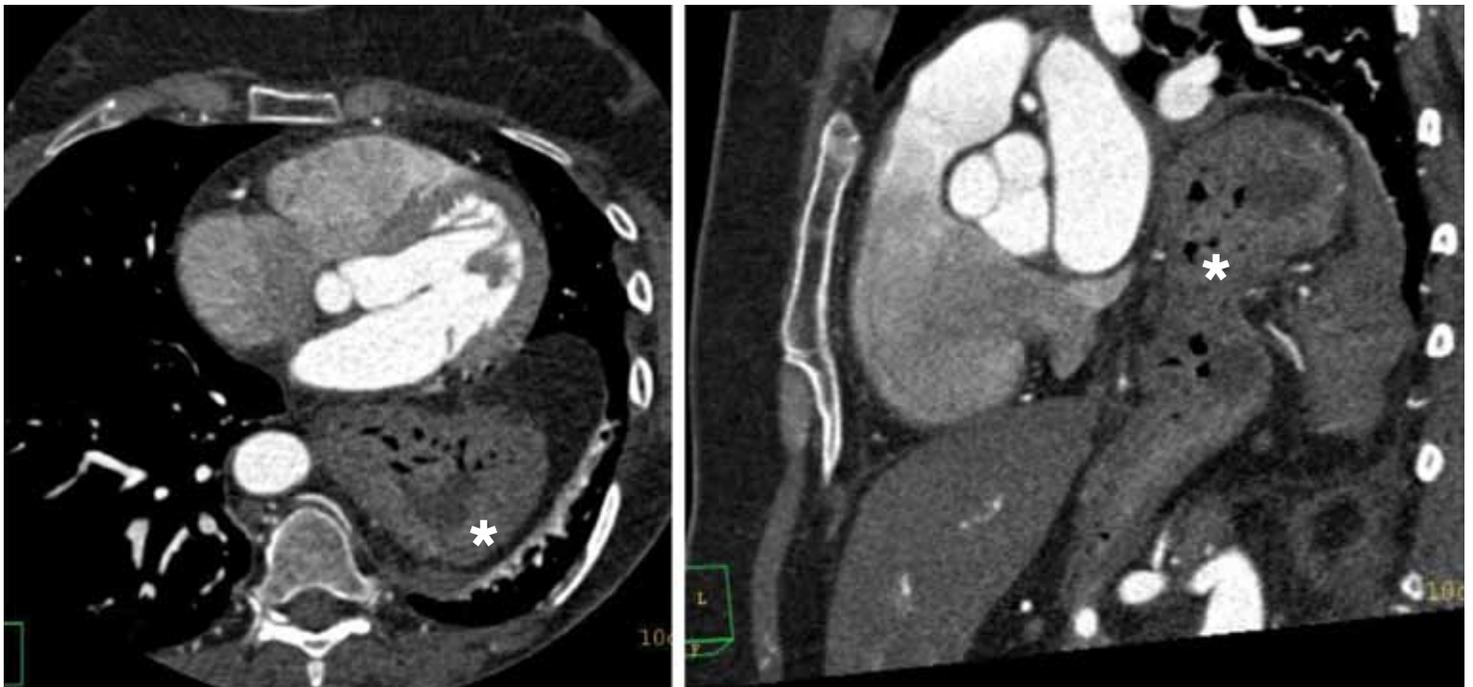
S.M. Chang, M.D.

## NONCARDIAC CAUSE OF CHEST PAIN DIAGNOSED BY CARDIAC CT

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A 59-year-old female with hypertension, hyperlipidemia, and a family history of coronary artery disease presented to The Methodist Hospital emergency room with nonexertional left-side chest pressure. There was only mild coronary plaques on Coronary CTA. A very large retrocardiac hiatal hernia (\*) was discovered.



### Methodist VP honored with *Courage to Lead* award



Judy L. Paukert, Ph.D., vice president for The Methodist Hospital Education Institute, was honored with the Parker J. Palmer Courage to Lead Award at the annual meeting of the Accreditation Council for Graduate Medical Education (ACGME) in March 2012 in Orlando. Paukert is Methodist's designated institutional official for the ACGME and for the hospital's Graduate Medical Education Committee-sponsored programs.

In just 7 years, Dr. Paukert has achieved successful accreditation of 25 ACGME programs and transitioned five others from an institution that no longer sponsors ACGME programs. During the same time span, she organized and supported dozens of GMEC-sponsored fellowship programs that operate under the same rules and guidelines as the accredited GME programs.

The Parker J. Palmer Courage to Lead Award honors designated institutional officials who have demonstrated excellence in overseeing residency programs at their sponsoring institutions.

### Mahmarian takes the helm of nuclear cardiology society



John Mahmarian, M.D., chief of Methodist DeBakey Heart & Vascular Center's Division of Nuclear Cardiology and CT Services is currently serving as The American Society of Nuclear Cardiology's (ASNC) president. Mahmarian's one-year term ends in January 2013.

Mahmarian has been a member of the ASNC for 18 years, has served on numerous committees, and was program chair for ASNC's annual meeting in 2010. He is also a member of the *Journal of Nuclear Cardiology* editorial board, a journal produced by the society.

Mahmarian is considered an expert on the use of different imaging tools to guide therapy and assess risk in stable patients who have coronary heart disease and for patients with acute chest pain syndromes. Mahmarian is also respected for his general expertise in nuclear cardiology, a subspecialty of nuclear medicine that focuses on the usefulness of radioisotopes in imaging and treating heart and vascular diseases. He recently led a multicenter study of stable patients following a myocardial infarction event, called the adenosine sestamibi SPECT post-infarction evaluation trial, or INSPIRE.

### Additions and Corrections

Please note the following clarifications for Volume 8, Number 1, in the article titled "Programmable Bio-Nano-Chip Technology for the Diagnosis of Cardiovascular Disease at the Point of Care" by Drs. Christodoulides et al.:

The bead-based image measurement of various cardiac biomarkers were made using both functionally equivalent laboratory instrumentation, as described previously in references 18, 20 and 22, as well as within commercial prototype instrumentation analogous to that shown in Figure 2A. Similarly, various versions of programmable bio-nano-chips (p-BNC; i.e., the disposable test cartridge) have been created, tested and validated in the context of cardiac biomarker quantitation studies. Prior laboratory prototype p-BNCs are described in detail in these same citations.

Figure 2B shows the integrated p-BNC disposable test structure that functions within the instrumentation shown in Figure 2A. While the integrated disposable chip structure was developed through our efforts, the integrated analyzer instrumentation was developed through commercial partnerships. This instrumentation and the associated chip disposables are not yet available in commercial settings. Data shown in Figures 3-5 was gathered on the functionally equivalent laboratory instrumentation, while similar data not shown here, was acquired on the commercial prototype instrumentation thereby establishing the functional equivalency of the two options.

As another a point of further clarification, Rachna Khare served as the Clinical Coordinator for the ongoing clinical study targeting cardiac biomarker validation efforts and was not directly involved in the data gathering. Further, Aaron Patton contributed to establishing the foundation for completing chip-based cardiac measurements, but did not participate directly in gathering the data sets used for this publication

Please note the following corrections for Volume 8, Number 2, in the article titled "Traumatic Coronary Artery Fistula Closure with Stent Graft" by Drs. Safi et al.:

Manuchehr Hekmat, M.D., is affiliated with the Southern Arizona VA Health Care System, the University of Arizona Server Heart Center, and CareMore, all located in Tucson, AZ; on page 59, first paragraph, line 6 reads "He was referred for further evaluation 5 months after his trauma due to persistent symptom." The last word should read "symptoms." Same page, line 7 reads "His physical exam was remarkable for a loud grade III/IV continuous murmur that was heard at left sternal border." It should read "...loud grade III/VI continuous murmur..."; second paragraph, line 1 reads "The left main coronary artery was engaged using a JL3.5 guiding catheter." The term "JL3.5" should read "JL3.5".