Although we have made a lot of progress in reducing the morbidity and mortality associated with coronary artery disease there is still a good deal of debate about when, who and how to treat. The most recent guidelines, published by NHLBI over 5 years ago, recommend treating an LDL level only when it goes above 160 mg/dl and only in patients with risk factors. Treatment means getting the LDL below 100.

That seemed crazy 5 years ago and even crazier now. I realize that everyone has a story of their grandfather who smoked cigars and ate schmaltz all day and lived to a ripe old age of whatever. Usually when you look back they weren’t that old, they just looked that old. I recently came across the obituary of my grandfather who died of either a stroke or MI. I vaguely remember him as an octogenarian, at least, so I was surprised when the obit reported his age as 70.

At the same time, many have stories of young individuals who ate a proper diet, exercised, etc. and died suddenly from an MI in their 40’s. Although the younger you are usually the better chance you have of surviving an MI, but there is no guarantee.

It continues to be common to see individuals have an MI with an LDL level around or below 100. In other words, Normal. Much of 40% of individuals with an LDL level just under 100 had evidence of atherosclerosis. So much for guidelines.

The evidence consisted of Coronary Calcium Scans which we (I) have been promoting for nearly 20 years to identify those with subclinical disease who should be aggressively treated. A small group of cardiologists who have always been non-believers in this technology have given insurance companies cover to deny payment for this easy and relatively inexpensive test leading to under treatment of thousands. It is obvious from this recent study that we cannot solely rely on risk factors to identify those at RISK. Some of these influential experts are finally realizing that they have been wrong for years. This is not much different from the expert group who firmly believed that streptokinase was superior to tPa in treating an Acute MI allowing many to die for their unfounded belief mostly due to their hatred for Genentech.

It is time to be treating patients appropriately; 1, If they have risk factors or known CAD treat the LDL to levels below 60 where regression or at least lack of progression has been verified; 2, if there are no risk factors you can identify those that need treatment with a scan and then treat the LDL to similar low levels. This allows proper identification of patient to treat and to not treat. LDL levels as low as 20mg/dl have not been shown to be detrimental.

I believe Statins have been responsible for the decreased mortality from CAD, yet they are far from perfect. Side effects are common and efficacy is not close to 100%. So now we have a new class of drugs, PCSK9 Inhibitors which are highly effective with fewer side effects but it is difficult to get insurance companies to foot the large bill. Here we go again. Exactly how much is one life worth?

Alan G. Wasserman, M.D.
Department of Medicine
April 2018 Grand Rounds

APR 5 Hirsch Lecture– Panel Discussion
"Social Determinants of Health/ Medical Legal Partnerships"
Joel Teitelbaum, JD, LLM, Associate Professor of Health Policy and of Law in the Milken Institute School of Public Health
Ellen Lawton, JD, Co-Director, National Center for Medical Legal Partnership
Jani Tillery, JD, Supervising Attorney, Children’s Law Center
Nia Bodrick, MD, Community Pediatrician

APR 12 Clinical Pathology Conference
“A medical dilemma becomes an ethical dilemma”
Drs. Seemal Awan and Michael Simon and others
Internal Medicine Residents
GW Medical Faculty Associates

APR 19 “How Innovation in Medical Education Can Translate into Improved Patient Care ”
Nitin Seam, MD
Director of Training and Simulation,
Critical Care Medicine Department
NIH
Clinical Associate Professor of Medicine– GWU

APR 26 “Precision Medicine: Predicting risk in patients with cardiovascular disease”
Arshed A. Quyyumi, MD
Professor of Medicine
Emory University School of Medicine
Co-Director, Emory Clinical Cardiovascular Research Institute (ECCRI)

The George Washington University Medical Center (GWUMC) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. GWUMC designates this continuing medical education activity on an hour-hour basis for the Physician’s Recognition Award of the American Medical Association (AMA).
Residents on the Run

Please join our new “Residents on the Run” running club every Monday evening at 6:30pm! Meet in front of the hospital main entrance, rain, snow or shine. We will plan for 1, 3 and 5 mile loops and runners/walkers of all levels and paces are invited. The group was started by Drs. Sara Wikstrom, Shant Ayanian and Jill Catalanotti last month and is open to all residents, fellows, faculty and staff!

Sad News

It is with deep sadness that we pass along the news that Dr. Fred Gordin, Professor of Medicine and Director of Infectious Diseases at the VA Medical Center, passed away after a long illness. He died peacefully at home, surrounded by his family. The University of Minnesota Foundation is setting up a website where donations can be made in Fred’s name to support ongoing HIV research advocacy work of the INSIGHT Community Advisory Board.

Chairman’s Rounds
GWU Hospital Auditorium, 12:00 Noon
All Faculty Invited to Attend

APR 6:  Drs. Talia Bernal and Kusha Davar
APR 20:  Drs. Hind Rafei and Pooja Satya
**Rheumatology Academic Conference Schedule**  
**April 2018**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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<tbody>
<tr>
<td>APR 4</td>
<td>5:00-6:00 PM</td>
<td>Renal Biopsy Conference: SLE, GNPA, Light Change Deposition</td>
<td>Cardiology Conference Room, ACC</td>
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<tr>
<td>APR 5</td>
<td>8:00-9:00 AM</td>
<td>Rheumatology-Dermatology Conf.</td>
<td>2300 M Street</td>
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<td>APR 5</td>
<td>9:00-9:30 AM</td>
<td>Patient Safety Monitoring</td>
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<tr>
<td>APR 5</td>
<td>9:30-11:30 AM</td>
<td>Knowledge Bowl and Rheumatology Boards training / preparation</td>
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<tr>
<td>APR 12</td>
<td>8:00-9:00 AM</td>
<td>Radiology Conference– Dr. K. Brindle</td>
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<tr>
<td>APR 12</td>
<td>9:00-9:30 AM</td>
<td>Patient Safety Monitoring</td>
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<tr>
<td>APR 12</td>
<td>9:30-11:30 AM</td>
<td>Knowledge Bowl and Rheumatology Boards training / preparation</td>
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<tr>
<td>APR 19</td>
<td>7:30-9:00 AM</td>
<td>Intra-city Grand Rounds Location: NIH Campus (building 10)</td>
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<tr>
<td>APR 19</td>
<td>10:00-11:00 AM</td>
<td>Patient Safety Monitoring</td>
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<tr>
<td>APR 26</td>
<td>8:00-9:00 AM</td>
<td>Journal Club Drs. McBride and Phillpotts</td>
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<tr>
<td>APR 26</td>
<td>9:00-9:30 AM</td>
<td>Patient Safety Monitoring</td>
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<tr>
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<td>9:30-11:30 AM</td>
<td>Knowledge Bowl and Rheumatology Boards training / preparation</td>
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**Kudos, Congratulations, and Condolences**

Kudos... to Dr. Tania Alchalabi, Geriatric division, on a patient compliment, "You have an amazing ability to relate and connect with people, thank you for your care."

Kudos... to Dr. Christian Nagy and the rest of the Cardiology team, on a letter of praise from a patient, "I was deeply impressed with everyone’s professionalism and how the entire process ran so smoothly. But most of all, the generosity of spirit was what touch me the most.”

Kudos... to Dr. Courtney Paul, Hospital Medicine, on a patient compliment submission, “I am grateful for his skill and his professional concern for me.”

Kudos... to Dr. Marijane Hynes, General Internal Medicine, on her manuscript, "What You Eat Could Affect Your Sleep: Dietary Findings in Patients with Newly Diagnosed Obstructive Sleep Apnea" which was accepted in its current form for publication in American Journal of Lifestyle Medicine.

Congratulations... to Dr. Ehsan Nobhakt, medical director, and the rest of the Renal division, on their first patient at the Virginia Somatus Dialysis Unit.

Condolences... to Dr. Zohray Talib, General Internal Medicine, and her family on the passing of her mother.

See you next month! The Editor