

CorNotes

Patrick J. Scanlon, M.D.

The members of the Cardiovascular Institute Research Division were deeply saddened by the recent passing of **Patrick J. Scanlon, M.D.**, Professor of Medicine. As Co-director of the reorganized CVI, Dr. Scanlon was instrumental in establishing our Division and providing its initial financial support. A long-time advocate of cardiovascular research at Loyola, he helped establish a number of research endowments, including the Beck/Scanlon Cardiovascular Research Development Award, The James and Carolyn Beck Endowment for Cardiovascular Research, and the Eugene J. and Elsie E. Weyler Endowment for Cardiology Research. His friendship and wise counsel will be sorely missed.

*Allen M. Samarel, M.D.
Director of Research*

(Obituary Reprinted from the *Chicago Tribune*, July 17, 2005)

The heart physician who helped establish Loyola University Health System as a leader in cardiology lived first as a family man and husband.

Family albums are filled with photos of Dr. Patrick J. Scanlon singing to or dancing with his wife, Marianne.

Dr. Scanlon, 67, died of a brain tumor Thursday, July 14, in his Glen Ellyn home.

Earlier this year, he retired from Loyola University Medical Center in Maywood, ending a 35-year career at the hospital, where he had served as a clinician, professor of medicine in the cardiology division and former chief of cardiology from 1982 to 1993. He had co-written national guidelines for coronary angiography procedures and last year co-authored a collection of current findings on acute coronary syndrome.

He received his medical degree from the Loyola University Stritch School of Medicine in 1962. After completing further medical training, he began work at Loyola in 1970.

In those years, Dr. Scanlon was among the leading doctors in the new field of cardiac catheterization--putting a plastic tube into a blood vessel to help patients with heart conditions, said Dr. Tom McKiernan, a longtime colleague.

Dr. Scanlon also was among the first cardiologists to perform an angiogram while someone was having a heart attack, allowing doctors to identify the best course of treatment.

Hundreds of younger doctors learned heart care from Dr. Scanlon, who also published more than 300 peer-reviewed papers. But patient care was his top professional priority,

McKiernan said, and those in his care trusted him completely because he listened to their concerns and explained the best course of action.

It was a valuable lesson that Dr. Susan Scanlon Meredith, a Chicago-area OB-GYN, learned from her father.

"He would always say, 'Susan, you can diagnose 90 percent of the problems by listening to patients. Sit down and look them in the eye. Hold their hand. Touch them,'" she said. "I incorporate that ... and it makes a world of difference."

But nothing was more important to her father--a golfer, painter and avid Cleveland Indians and Cleveland Browns fan--than being a family man.

He had walked his three eldest daughters down the aisle, and after he was diagnosed in March with glioblastoma, a malignant brain tumor, the family rushed to put together a wedding in two weeks.

His youngest daughter's planned wedding date shifted from September to April so Dr. Scanlon could accompany his daughter, now Margaret Rebman, that day.

Dr. Scanlon and his wife, who enjoyed dancing throughout their time together, shared their last dance at a family party June 9, their 43rd wedding anniversary. "You could see the way our father looked at our mother, he would just sit and watch her and have this glimmer," Rebman said.

Other survivors include a son, John; daughters Kate Scanlon Schraeder and Elizabeth Scanlon Bils; a brother, Dr. Jack Scanlon; and 11 grandchildren.

CVI SEMINAR SERIES

There will be no CVI seminars during the months of July and August. If you are interested in sponsoring a seminar speaker for the next academic year, please contact Dr. Leanne Cribbs at x72817.

CVI JOURNAL CLUB

August 11.....Dr. Patel
August 25.....Dr. Heidkamp

For further information, contact Dr. Ken Byron at x72819.

RECENT PUBLICATIONS FROM THE CVI

Ferraris, V.A., Ferraris, S.P., Moliterno, D.J., Camp, P., Walenga, J.M., Messmore, H.L., Jeske, W.P., Edwards, F.H., Royston, D., Shahian, D.M., Peterson, E., Bridges, C.R., Despotis, G. The Society of Thoracic Surgeons Practice Guideline Series: Aspirin and other antiplatelet agents during operative coronary revascularization (Executive summary). *Ann.Thorac.Surg.* 79(4):1454-1461, 2005.

Bers, D.M. Beyond beta blockers. *Nat. Med.* 11(4):379-380, 2005.

Bare, D.J., Kettlun, C.S., Liang, M. Bers, D.M., Mignery, G.A. Cardiac Type 2 inositol 1,4,5-trisphosphate receptor. Interaction and modulation by calcium/calmodulin-dependent protein kinase II. *J. Biol. Chem.* 280(4):15912-15920, 2005.

Li, X., Zima, A.V., Sheikh, F., Blatter, L.A., Chen J. Endothelin-1-induced arrhythmogenic Ca^{2+} signaling is abolished in atrial myocytes of inositol-1,4,5-trisphosphate (IP_3)-receptor Type 2-deficient mice. *Circ. Res.* 96: 1274 – 1281, 2005.

Wang, Y.G., Dedkova, E.N., Ji, X., Blatter, L.A., Lipsius, S.L. Phenylephrine acts via IP_3 -dependent intracellular NO release to stimulate L-type Ca^{2+} current in cat atrial myocytes. *J. Physiol.* 567.1:143-157, 2005.

Cardenas, C., Liberona, J.L., Molgo, J., Colasante, C., Mignery, G.A., and Jaimovich, E. Nuclear inositol 1,4,5-trisphosphate receptors regulate local Ca^{2+} transients and modulate cAMP response element binding protein phosphorylation. *J. Cell Sci.* 118(14):3131-3140, 2005.

Heidkamp, M.C., Scully, B.T., Vijayan, K., Engman, S.J., Szotek, E.L., Samarel, A. M. PYK2 regulates SERCA2 gene expression in neonatal rat ventricular myocytes. *Am J Physiol. Cell Physiol.* 289(2): C471-482, 2005.

ARVD CLINICAL TRIAL

Dr. David Wilber, Chief of Cardiology and the section of Electrophysiology, is the principal investigator conducting a multidisciplinary study of right ventricular dysplasia (ARVD) on behalf of the National Institutes of Health in collaboration with the University of Arizona, the University of Rochester, and Baylor College of Medicine.

This study offers a prime opportunity to collect and analyze data that could improve diagnostic techniques and lead to therapies for treating ARVD instead of its symptoms. The primary goal is to identify 100 patients with definite ARVD (probands). Each patient will be evaluated with standard non-invasive and invasive tests to confirm the diagnosis of ARVD. In addition, all of their first-degree relatives will be enrolled for standardization cardiac testing. Genetic studies will be carried out in an effort to find the causative genes. Clinical and genetic characterization of these individuals and their family members should improve diagnostic techniques, leading to more accurate risk stratification and, ultimately, therapies to treat the disease rather than its symptoms.

The diagnosis of ARVD is established by the presence of 2 major or 1 major and 2 minor or 4 minor criteria from these categories:

	Major Criteria	Minor Criteria
Structural or Functional Abnormalities	<ol style="list-style-type: none"> Severe dilation and reduction of RVEF with mild or no LV involvement Localized RV aneurysm (akinetic or dyskinetic areas with diastolic bulging) Severe segmental dilation of the RV 	<ol style="list-style-type: none"> Mild global RV dilation and/or EF reduction with normal LV Mild segmental dilation of the RV Regional RV hypokinesis
Tissue Characterization	Infiltration of RV by fat with presence of surviving strands of cardiomyocytes	
ECG Depolarization/Conduction Abnormalities	<ol style="list-style-type: none"> Localized ORS complex duration >110 msec in V_1, V_2, or V_3 Epsilon wave in V_1, V_2, or V_3 	Late potentials on signal-averaged ECG
ECG Repolarization Abnormalities		Inverted T-waves in right precordial leads (in V_1 through V_3 above age 12 in the absence of RBBB)
Arrhythmias		LBBB VT (sustained or non-sustained) on ECG, Holter, or ETT Frequent PVCs (>1,000/24 hours on Holter)
Family History	ARVD confirmed by biopsy or autopsy	<ol style="list-style-type: none"> Premature sudden death (< age 35) due to suspected ARVD Clinical diagnosis based on present criteria

ETT = exercise stress test; PVCs = premature ventricular contractions; RVEF = right ventricular ejection fraction

For more information or to alert the Electrophysiology team of potential participants, please contact the project's coordinator, Cindy Finn, at 708.216.2646.

NEW FALK FELLOWSHIP AWARDED

The CVI Training Committee has awarded a Falk Cardiovascular Research Fellowship to **Kyle J. Henderson, Ph.D.** Dr. Henderson received the Ph.D. degree in Physiology from Kansas University Medical Center in 2001. He then served as a postdoctoral fellow at the University of Missouri-Columbia before joining Loyola's Department of Pharmacology in September, 2004 as a postdoctoral research fellow in the laboratory of Dr. Ken Byron. His project deals with the regulation of vasomotor tone by vasopressin in arterial smooth muscle cells. Dr. Henderson is the 15th postdoctoral fellow funded by the Falk Foundation Grant since its inception in 1996.

