Victoria Heart Institute FOUNDATION

CV Research Victoria

December 2006

Featured Trials:

APPRAISE 1
EQUINOX
VIA
MEND CABG II
PLATO

Contents:

Research Director Message

Dr. W. Peter Klinke
Research Director VHIF

"The great tragedy of science - the slaying of a beautiful hypothesis by an ugly fact."
Thomas Huxley

Reports of two recent trials (APEX and ILLUMINATE) clearly demonstrate the value of well-designed and executed clinical trials. In both cases, the treatment being tested either failed to improve outcomes (APEX) or showed a hazard effect (ILLUMINATE). Both trials were undertaken after strong evidence supporting benefit was found in much smaller Phase I and II trials. However, only a large randomized Phase III trial can show both good and harmful effects of various treatments.

We always hope to have a successful outcome with each trial we do, but we must remember that each clinical trial is based on an equipoise that any of the treatment arms is likely best. In this way, even a failure to prove superiority of the new treatment is a success in that the trial has clearly shown which course of therapy is the most effective and safe for our patients. Both these trials are reviewed in this issue.

APEX Study
This study enrolled patients with acute myocardial infarction of less than 6 hours duration (anterior or high risk inferior MI) with a plan to perform primary PCI. Patients were randomized in a double-blind fashion to placebo versus pexelizumab infusion for 24 hours. The primary endpoint was all cause mortality through Day 90.

Pexelizumab is an anti-inflammatory drug which prevents inflammation, direct cellular damage, and apoptosis of myocardial cells secondary to ischemia/ reperfusion during the time of acute myocardial infarction. Pexelizumab is a powerful inhibition of compliment activation. Five previous smaller trials using this therapy had shown an average 24% reduction in 30-day mortality.

The APEX trial enrolled 2800 patients in each arm of the study (placebo vs. pexelizumab). The results of the study showed that, at 30-days, mortality was essentially equal in both arms (3.92% placebo and 4.06% pex). The composite endpoint at 30-days of death, shock and congestive heart failure again showed no significant difference between the two groups. Sub-group analysis confirmed that there were no differences between the two treatment arms. The event rate was significantly less than what was expected at the initiation of this trial. In part, this may have been due to the very effective concomitant medical therapy these patients underwent. Ninety-nine percent were on aspirin, 95% on a statin drug, 94% on beta-blockers, 83% on ACE-inhibitors, and 70% received GP IIb IIIa inhibitors.

ILLUMINATE Study
The ILLUMINATE Study was a randomized double-blind evaluation of the effect of torcetrapib/atorvastatin versus atorvastatin alone on the occurrence of major cardiovascular events in 15,000 patients with coronary heart disease. Torcetrapib is a novel cholesteryl ester-transfer protein (CETP) inhibitor, which was shown in healthy normal patients to increase HDL. Low HDL is a known risk factor for developing coronary disease, but has proven resistant to various measures aimed at increasing this "good cholesterol". Besides the ILLUMINATE trial, the ILLUSTRATE trial was a smaller mechanistic trial of torcetrapib in 1200 patients undergoing intravascular ultrasound of coronary arteries.

Research Director Message (continued)

The ILLUMINATE Study was terminated by the sponsor recently. The Data Safety Monitoring Board (DSMB) recommended that the trial be halted due to an imbalance of mortality and cardiovascular events. Overall, 82 patients taking the combination of torcetrapib and atorvastatin died, compared with 51 deaths in the atorvastatin alone arm. The reason for this is not clear at this time, and it will be important to determine whether or not the reported excess mortality was a direct consequence of the inhibition of CETP. There are different sub-groups of HDL-cholesterol, some of which may not be as protective against cardiovascular disease as others. Further analysis of the ILLUMINATE trial and also forthcoming data from the ILLUSTRATE trial may help to clarify why a beautiful theory was slain by an ugly fact.

Featured Trials

The APPRAISE-1 Trial

Study Snapshot	APPRAISE-I
Patient Condition:	**Acute Coronary Syndrome (ACS)**
Official Title:	A Placebo-Controlled, Randomized, Double Blind, Parallel Arm, Dose Ranging Study to Evaluate Safety and Efficacy of Apixaban in Patients With a Recent Acute Coronary Syndrome.
Intervention:	Drug: Apixaban
Study Phase:	Phase II
Study Design:	Prevention, Randomized, Double-Blind, Placebo Control, Parallel Assignment, Safety Study
Expected Enrollment:	1800 study patients
Victoria Enrollment:	10 study patients
Principal Investigator:	W. Peter Klinke M.D.
Co-Investigator:	Anthony Della Siega, M.D.
Co-Investigator:	J. David Hilton, M.D.
Co-Investigator:	R. David Kinloch, M.D.
Sub-Investigator:	Reginald Smith, Pharm D.
VHIF Coordinator	Sheryll Sorensen, RN
Sponsor:	Bristol-Myers Squibb Pharmaceutical Company
Study Progress:	Start: April 2006 — End: 2008

Purpose
The purpose of the APPRAISE-1 trial is to determine the safety and effectiveness of the research medication apixaban when it is given in addition to aspirin with or without clopidogrel to patients who have had a recent cardiovascular event.

Study Status
The APPRAISE-1 trial is a world-wide trial involving about 180 hospitals and research sites of which eighteen sites are within Canada including B.C., Alberta, Ontario, Quebec, Newfoundland and Labrador.

How It Happens In Victoria
- Potential study patients for the APPRAISE-1 trial will have been admitted to the hospital with an acute coronary syndrome (ACS) event and have stabilized following a percutaneous cardiac intervention.
- Study patients must demonstrate additional risk factors such as diabetes, a previous myocardial infarction, cerebral vascular events, peripheral vascular disease, left ventricular dysfunction, or renal insufficiency.
- Consented patients are seen at the VHIF where they are randomized to the study medication, apixaban (either of two doses), or placebo.
- Study patients will visit the VHIF monthly for physical exams and laboratory assessments periodically over a seven month period.

Knowledge Gained
Since intravascular thrombus formation plays a critical role in initiating acute coronary syndromes, antithrombotic therapy is an essential component of the management of these patients. Apixaban is a potent inhibitor of the human coagulation factor Xa, with a high degree of selectivity over other coagulation proteases and structurally related enzymes.

The EQUINOX Trial

Purpose
There are three aspects to the Equinox Trial. The first is to compare the safety and effectiveness of the study drug biotinylated idraparinux with that of idraparinux during six months of treatment, taking into account new events of deep vein thrombosis and pulmonary embolism and bleeding risks. The second is to compare the pharmacokinetics of biotinylated idraparinux and idraparinux directly in blood during and after a 6 month treatment. And the third is to check the ability of avidin to reverse the blood thinning activity of biotinylated idraparinux at the end of a 6 month treatment period for those patients not requiring further anticoagulation.

Study Status
The EQUINOX trial is underway in fifteen countries. The anticipated enrollment world-wide is 700 study patients. There are seven Canadian sites expected to enroll approximately sixty patients.

How It Happens In Victoria
- Potential study patients for the EQUINOX trail have been diagnosed with acute symptomatic deep vein thrombosis of the lower limbs.
- After consultation and consent, study patients are

randomized to receive either biotinylated idraparinux (3.0 mg subcutaneously once per week), or idraparinux (2.5 mg subcutaneously once per week). Study patients receive the study drug for a six month period. Study patients are seen in follow up at the VHIF clinic at specific time intervals (15, 36, 57, 92, 183, 185 and 188 days) where blood samples are drawn and physical assessments are completed.

- At the end of the six month period, study patients may continue treatment and be randomized for a second time to one of two study groups ([1] biotinylated idraparinux or idraparinux, or [2] avidin or placebo for biotinylated idraparinux study patients).
- Study patients will be followed for a nine month period.

Knowledge Gained
Biotinylated idraparinux and idraparinux are both selective inhibitors of activated factor Xa. This activity is mediated by antithrombin III, the main endogenous inhibitor of the coagulation cascade. Avidin is potentially a neutralizing agent for biotinylated idraparinux. The long half-lives of biotinylated idraparinux and idraparinux allow for a simplified once-a-week administration. There is no need for regular monitoring of the coagulation status.

Study Snapshot	EQUINOX
Patient Condition:	**Deep Venous Thrombosis**
Official Title:	A Bioequipotency Study of Biotinylated Idraparinux and Idraparinux in Patients With Deep Venous Thrombosis of the Lower Limbs and Study of the Neutralizing Effect of Adivin on the Biotinylated Idraparinux-Induced Anti-Xa Activity
Intervention:	Drug: biotinylated idraparinux, idraparinux, adivin
Study Phase:	Phase III
Study Design:	Treatment, Randomized, Double-Blind, Active Control, Parallel Assignment, Pharmacokinetics/Dynamics Study
Expected Enrollment:	700 study patients
Victoria Enrollment:	7 study patients
Principal Investigator:	Anthony Della Siega, M.D.
Co-Investigator:	W. Peter Klinke M.D.
Co-Investigator:	Reginald Smith, Pharm D.
VHIF Coordinator	Lynn Mitchell, RN
Sponsor:	sanofi-aventis Canada Inc.
Study Progress:	Start: March 2006 — End: 2008

The MEND-CABG II Trial

Purpose
The purpose of the MEND-CABG II trial is to determine if the investigational drug product, MC-1, is effective, safe, well tolerated, and gives protection against cardiac ischemia that may occur following coronary artery bypass grafting (CABG) surgery.

Pyridoxal 5'-phosphate is the active ingredient of MC-1, a naturally occurring metabolite of pyridoxine (vitamin B6). It is hypothesized that P5'-phosphate might prevent or reduce tissue damage during ischemia and reperfusion by blocking ATP-induced calcium influx.

Study Status
The MEND-CABG II trial is planned to have 3000 study patients enrolled from approximately 150 hospitals and research centres located in the United States, Europe, and Canada. About twenty Canadian sites will be participating, including Victoria.

How it Will Happen in Victoria
- Potential study patients for the MEND CABG II trial are those who have been scheduled for coronary artery bypass grafting (CABG) surgery using cardiopulmonary bypass, and are considered high-risk for subsequent myocardial complications such as smoking, diabetes, left ventricular dysfunction, cerebral vascular events, or renal impairment.
- Patients are randomized to receive the study medication, MC-1, or placebo prior to the surgery and then daily for thirty days post procedure.
- During hospitalization, study patients will have blood samples drawn, receive physical examinations, and ECGs.
- After hospital discharge, study patients will be seen at the VHIF clinic on three occasions over a three month period for follow-up assessments.

Study Snapshot	MEND-CABG II
Patient Condition:	**Coronary Artery Bypass Graft (CABG) Surgery**
Official Title:	A randomized, double-blind, placebo-controlled, multi-centre study to evaluate the cardioprotective effects of MC-1 in patients undergoing high-risk coronary artery bypass graft (CABG) surgery
Intervention:	Drug: (MC-1) Pyridoxal-5'-phosphate
Study Phase:	Phase III
Study Design:	Double-blind, placebo controlled, randomized, multi-centre
Expected Enrollment:	3000 study patients
Victoria Enrollment:	0 study patients
Principal Investigator:	W. Peter Klinke, M.D.
Co-Investigator:	James W. Dutton, M.D.
Co-Investigator:	J. David Hilton, M.D.
Co-Investigator:	Anthony Della Siega, M.D.
Co-Investigator:	R. David Kinloch, M.D.
Co-Investigator:	Elizabeth Swiggum, M.D.
Co-Investigator:	Michael J. Perchinsky, M.D.
Co-Investigator:	John Ofiesh, M.D.
Co-Investigator:	Michael Kinahan, M.D.
Sub-Investigator:	Reginald Smith, Pharm D.
VHIF Coordinator	Sheryll Sorensen, RN
Sponsor:	Medicure International Inc.
Study Progress:	Start: 2006 — End: 2009

Knowledge Gained
Although CABG is effective and widely used throughout the world, a small percentage of patients develop serious adverse events and complications following surgery that include angina, heart attack, stroke, and/or death. Past research studies have shown that MC-1 may reduce ischemic damage and/or ischemia reperfusion injury.

Featured Trials (continued)

The VIA Trial

Study Snapshot	VIA
Patient Condition:	**Coronary artery disease (CAD)**
Official Title:	A Dose-Ranging Study of the Effect of VIA-2291 on Vascular Inflammation in Patients After an Acute Coronary Syndrome Event
Study Type:	Interventional
Intervention:	Drug: VIA-2291
Study Phase:	Phase II
Study Design:	Treatment, Randomized, Double-Blind, Placebo Control, Parallel Assignment, Safety/Efficacy Study
Expected Enrollment:	200 patients
Victoria Enrollment:	0 patients (study not yet underway in Victoria)
Principal Investigator:	Peter Klinke, M.D.
Co-Investigator:	Anthony Della Siega, M.D.
Co-Investigator:	J. David Hilton, M.D.
Co-Investigator:	David Kinloch, M.D.
Co-Investigator:	Eric Fretz, M.D.
Sub-Investigator	Reginald Smith, Pharm D.
VHIF Coordinator	Noreen Lounsbury, BN, CCRN, Lynn Mitchell, RN
Sponsor:	VIA Pharmaceuticals Inc.
Study Progress:	Start: July 2006 — End: 2008

Purpose

The purpose of the VIA trial is to evaluate the safety of the investigational drug, VIA-2291, and assess its effectiveness in the treatment of patients following an admission for ACS.

VIA-2291 is an anti-inflammatory 5-lipoxygenase inhibitor. Leukotrienes are a class of eicosanoids that are known to exert various pro-inflammatory effects, 5-lipoxygenase is the key enzyme in the biosynthesis of leukotrienes.

Study Status

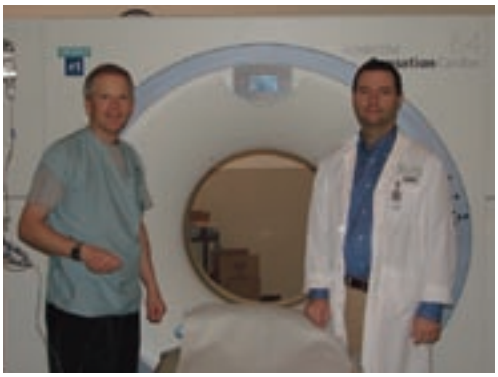
The VIA trial will be conducted in about fifteen locations in the U.S. and Canada. The planned enrollment for all locations combined is 200 patients.

How It Will Happen In Victoria

- Potential study patients are first identified based upon their results following a coronary angiogram.
- After consultation and consent, study patients undergo a diagnostic multi-detector computed tomography scan (MDCT).

Interesting to note, this is the first research study of its kind using the new MDCT technology in Victoria. This non-invasive medical imaging procedure allows for the visualization of the coronary arteries and the assessment of the presence, distribution, density, and volume of coronary atherosclerotic lesions.

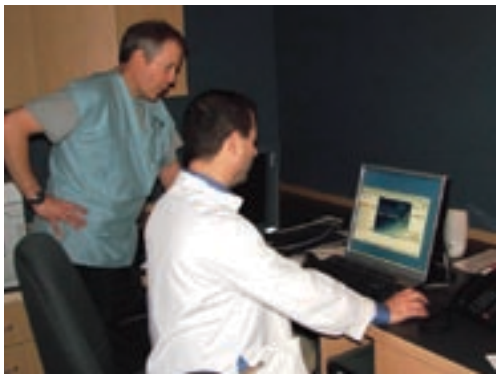
- Study patients are randomized to receive either 25, 50, or 100 mg of the investigational drug VIA-2291, or placebo.
- Study medication can be administered either for a three month period, or for a specific subset of study patients (those who meet specific coronary artery disease characteristics on their MDCT scan), a six month period. A repeat MDCT will be required for this subset of patients.
- Study patients are seen in the VHIF clinic every two weeks for a physical exam, ECG, and blood samples.



Dr. Brian Goodacre, *CT Section Head (left), and* ***Allen Lavoie,*** *CT Cardiac Technologist, VIHA, with new 64-Slice MDCT scanner*

Knowledge Gained

Atherosclerosis is the primary cause of CAD, stroke, and peripheral vascular disease and is the most common cause of morbidity and mortality world-wide (National Heart, Lung, and Blood Institute, U.S, 2002). The current understanding of the atherosclerosis process is that it is a chronic inflammatory disorder of the arterial vessel. The study medication, VIA-2291, may have an impact on the inflammatory environment in which atherosclerosis occurs and worsens.



Dr. Brian Goodacre *and* ***Allen Lavoie*** *view hi-resolution MDCT image*

The PLATO Study

Purpose

AZD6140 is a new, reversible, anti-platelet investigational drug under development as a treatment for patients with ACS The purpose of the PLATO study is to determine if AZD6140 is more effective than clopidogrel at stopping the formation of new blood clots and thereby reducing the risk of heart attack or stroke in patients who have had an ACS.

Study Status

The PLATO study is very large with an anticipated enrollment of 18,000 study patients in thirty-two countries.

How It Will Happen In Victoria

- Potential study patients for the PLATO study have been admitted to the hospital with ACS.
- After informed consent, study patients are randomized to either AZD6140 or clopidogrel.
- Study patients who proceed to have a percutaneous coronary intervention (PCI) will receive either of the two study medications at that time, and a loading dose of their treatment allocation. For the remainder of their hospital stay, patients undergo physical exams, blood tests, and ECGs.
- The first 2,500 study patients enrolled will also undergo Holter monitoring at baseline and at one month post procedure.
- After discharge from the hospital, patients will receive study medication for a period of twelve months. Study patients will be seen at VHIF one month post procedure, and then every three months until study completion. Patients will undergo repeat physical exams, blood samples, and an ECG.

Study Snapshot	PLATO
Patient Condition:	**Acute Coronary Syndrome (ACS)**
Official Title:	A Randomized, Double-Blind, Parallel Group, Phase 3, Efficacy and Safety Study of AZD6140 Compared With Clopidogrel for Prevention of Vascular Events in Patients With Non-ST or ST Elevation Acute Coronary Syndromes (ACS)
Intervention:	Drug: AZD6140, Clopidogrel
Study Phase:	Phase III
Study Design:	Treatment, Randomized, Double-Blind, Active Control, Parallel Assignment, Safety/Efficacy Study
Expected Enrollment:	18,000 study patients
Victoria Enrollment:	0 patients
Principal Investigator:	W. Peter Klinke, M.D.
Co-Investigator:	Anthony Della Siega, M.D.
Co-Investigator:	J. David Hilton, M.D.
Co-Investigator:	R. David Kinloch, M.D.
Co-Investigator:	Eric Fretz, M.D.
Co-Investigator:	Richard Mildenberger, M.D.
Co-Investigator:	Malcolm Williams, M.D.
Sub-Investigator:	Reginald Smith, Pharm D.
VHIF Coordinators	Sheryll Sorensen, RN
Sponsor:	AstraZeneca
Study Progress:	Start 2006 — End 2009

Knowledge Gained

AZD6140 is a reversible, oral ADP receptor antagonist acting via the P2Y12 receptor, which can effectively block ADP – mediated platelet activation and aggregation. AZD6140 will be compared with clopidogrel to determine which drug, when either is used in conjunction with aspirin, is better at reducing deaths from vascular causes, future heart attacks and/or strokes in patients with ACS.

Clinical Trials In-Process at the VHIF

Cardiovascular clinical trials conducted through the VHIF focus on treatments for cardiovascular patients. All clinical trials have been approved by the Research Review and Ethical Approval Committee (RREAC) of the Vancouver Island Health Authority (VIHA).

Twenty six research trials are underway through VHIF as of December 2006.

	Enrolling Study	Patient Diagnosis
1	APPRAISE-1	Acute Cornoary Syndrome (ACS)
2	BEAUTIFUL & Echo Substudy	Coronary Artery Disease (CAD) and Congestive Heart Failure (CHF)
3	CENTAURUS	ACS
4	CURRENT/OASIS 7	CAD, Unstable Angina
5	EarlyACS	ACS
6	EQUINOX	Deep Vein Thrombosis
7	EVEREST-II	Valvular Heart Disease (VHD)
8	FREEDOM	Diabetes, CAD
9	IMPROVE-IT	ACS
10	MEND CABG II	Coronary Artery Bypass Grafting (CABG)
11	OPTIMAL CARE	Anticoagulation Therapy
12	PROTECT	CHF
13	SNAPIST-III	CAD
14	SOX	Peripheral Vascular Disease (PVD)
15	VIA	CAD
16	ZESCA	ACS

	No Longer Enrolling, Study Patients in Follow-Up:	
17	AGENT4	Inoperable-CAD
18	ASTRONOMER	VHD
19	C-CIRUS	CAD
20	ERASE	ACS
21	FRONTIER-II	CAD
22	IPRESERVE	CHF
23	MERLIN TIMI36	ACS
24	NORTHERN	Inoperable-CAD
25	OAT	CAD
26	STRADIVARIUS	CAD

Clinical Vignette:

Drug-Eluting Stents; Safety Concerns

Dr. Jonathan Byrne
Cardiovascular Fellow

Coronary artery stents, typically a metal framework, can be placed inside the artery to help keep it open. However, the stent is a foreign object (not native to the body), and it incites an immune response. This may cause scar tissue (cell proliferation) to rapidly grow over the stent. In addition, there is a strong tendency for clots to

form at the site where the stent damages the arterial wall. Since platelets are involved in the clotting process, patients must take antiplatelet therapy afterwards, usually clopidogrel for six months and aspirin indefinitely. Drug-eluting stents were designed to lessen this problem; sometimes referred to as a "coated" or "medicated" stent, a drug-eluting stent is a normal metal stent that has been coated with a pharmacologic agent (drug) that is known to interfere with the process of restenosis (reblocking). Restenosis has a number of causes; it is a very complex process and the solution to its prevention is equally complex. However, in the data gathered so far, the drug-eluting stent has been extremely successful in reducing restenosis from the 20-30% range to single digits. Drug-eluting stents are not used in everyone, although in Canada approximately 30-50% of all stents implanted are 'drug-eluting'.

There is some evidence that drug-

Clinical Vignette (continued)

eluting stents may be susceptible to an event known as "late stent thrombosis", where blood-clotting inside the stent can occur one or more years post-stent. This is because drug-eluting stent struts remain 'uncovered' for longer than their bare-metal equivalents.

In view of this, the patient must take an anti-clotting or antiplatelet drug, such as clopidogrel or ticlopidine (brand names Plavix and Ticlid) for six or more months after placement of the stent, to prevent the blood from reacting to the new device by thickening and clogging up the newly expanded artery (thrombosis). Ideally a smooth, thin layer of endothelial cells (the inner lining of the blood vessel) grows over the stent during this period and the device is incorporated into the artery, reducing the tendency for clotting.

Recently, at the World Congress of Cardiology in Barcelona in September of this year, an analysis was presented of all the major trials involving drug-eluting stents. This did suggest that the risk of late thrombosis with drug-eluting stents was significantly higher than bare-metal stents. In October, at the Transcatheter Cardiovascular Therapeutics meeting, the two largest companies which produce drug-eluting stents presented similar data showing an increase in thrombosis risk. It is important to put these pieces of information in perspective; the numbers involved are small, stent thrombosis is relatively rare, and the increase in number of events seen is approximately 0.2% per year (1 in 500 cases).

What Does This Mean For Your Patients?

Adverse events are very rare. Over six million drug-eluting stents have been implanted and it is only over very widespread use that these rare complications emerge. The chance of developing late stent thrombosis is well below 1%.

It is very important that patients continue taking prescribed anti-clotting (antiplatelet) medications. Late stent thrombosis is seen more commonly in those patients who stop their anti-clotting agents early. Most cardiologists have been recommending clopidogrel (Plavix) at least six months after a drug-eluting stent has been implanted, and aspirin for life. These blood-thinning medications are critical in preventing blood-clots, a known risk that accompanies stent implantation.

If patients require any medical or surgical procedures that mean discontinuing aspirin, Plavix or both, it is very important that this is discussed with their cardiologist first.

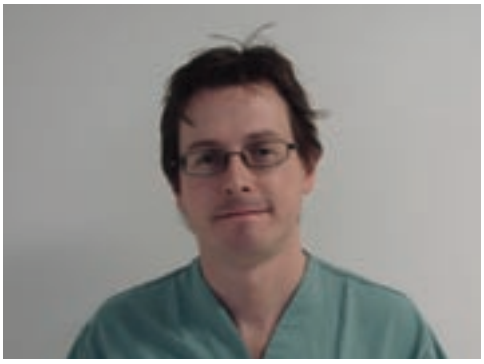
If patients are unsure which type of stents was implanted, or have questions about the length of time which they need to continue anti-clotting agents, patients should also discuss this with their cardiologist or general practitioner.

Cardiovascular Clinical Fellowships

Dr. Mark Spence

Welcome to **Dr. Mark Spence** (Ireland), and **Dr. Jonathan Byrne** (England), and their families on their recent arrival in Victoria. Dr. Spence and Dr. Byrne began their Fellowship training in advanced interventional cardiology techniques at the Royal Jubilee Hospital in September 2006 and October 2006 respectively.

Dr. J. David Hilton, FRCP(C), FACC, is the Director of Fellowship Training.



Dr. Jonathan Byrne

Recent Publications / Abstracts

1. Systemic Nanoparticle Albumin-Bound Paclitaxel (nab-Paclitaxel) for the Prevention of In-Stent Restenosis (SNAPIST-II): A Randomized Comparison of Single Dose and Single Dose Plus Repeat Dose at 2 Months, *Am J Cardiol, Oct 22-27, 2006, 224M*

2. Systemic Nanoparticle Albumin-Bound Paclitaxel (nab-Paclitaxel) for the Prevention of In-Stent Restenosis (SNAPIST III: Phase 1): Safety Trial of Intracoronary Administrationof Systemic Nanoparticle Paclitaxel for the Prevention of In-Stent Restenosis, *Can J Cardiol Vol 22 Suppl D, October 2006, 127D*

3. Bicarbonate for Coronary Angiographic Renal Protection (BICAR) Trial, *Can J Cardiol Vol 22 Suppl D, October 2006, 134D*

(Contact vhif@vhif.org for reprints)

ACC Lake Louise

Knowledge increases continuously in all aspects of cardiovascular medicine challenging clinicians to keep informed and current.

The 23rd Annual Cardiovascular Conference at Lake Louise, March 11 – 15, 2007, will present a topical scientific program that spans from diagnostic methods in coronary disease to risk evaluation and clinical guidelines, to novel non-surgical treatments.

The scientific program consists of didactic lectures and discussion panels and is intended for cardiovascular specialists, internists, emergency room physicians, general practice physicians, family practice physicians, nurses, residents, and trainees. Interactive workshops are offered on two afternoons.

For Agenda Highlights, Registration, and to view on-line web-casts and slide presentations from the past conference, connect to: **www.acclakelouise.com**

VHIF Board of Directors Profile - Part 1

Professor John J. Jackson, President, VHIF Board of Directors

Professor John J. Jackson (M.Sc., Ottawa; Ph.D., Alberta) joined the University of Victoria in 1976 and was a full-time member of the School of Public Administration from 1993-2001 [now Professor Emeritus]. Immediately prior to 1993 he served as the University's Associate Vice-President Research for 5.5 years and Dean of Education for 5 years. Other administrative positions were Director of the Business and Industry Development Centre (5 years) and Director of the School of Physical Education (2 years).

He held visiting appointments at the East-West Center (Honolulu), Corpus Christi College (Cambridge), The ANU (Canberra), Linacre College (Oxford), and Brunel University (UK). Prior to UVic, he worked for the City of Edmonton, the English Sports Council, Aberdeen University, as a teacher in the UK and USA, and served in the Royal Navy. He is the author, co-author, or editor of 12 books and more than 250 articles. In 2002 he was awarded the Queen's Golden Jubilee Medal.

He's been married to Enid since 1959 and has two children and five grandchildren. Since 1988 he's been a board member of VHIF and President since 1994. Apart from VHIF, golf is now his "work in progress"!

VHIF Personnel

Director of Research:	Dr. W. Peter Klinke, MD, FRCP(C), FACC, FACP
Director, Interventional Cardiology Fellowship Training Program:	Dr. J. David Hilton, M.D., FRCP(C), FACC
Cardiovascular Fellows:	Dr. Jon Byrne
	Dr. Andrew Small
	Dr. Mark Spence
Thrombosis/Anticoagulation Research Fellow:	Amy Mailhot, RN, BSc
Manager, Nursing:	Noreen Lounsbury, BN, CCRN
Clinical Research Nurses:	Jody Joval, RN
	Liza MacRae, RN
	Lynn Mitchell, RN
	Liz Reimer, RN
	Sheryll Sorensen, RN
	Winnie Yuan, RN
Clinical Support:	Catherine Graves
Research Assistant:	Maggie Eddy
Business Manager:	Shawn Robinson, MBA
Accounting:	John Cantelon, BA
Regulatory Specialists / Administrative Support:	Kim Allen
	Sandi Allen

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Mission Statement

The Victoria Heart Institute Foundation is a non- profit, charitable organization dedicated to conducting and supporting cardiovascular research in Victoria.

With the knowledge we acquire in the etiology and management of cardiovascular disease from the results of clinical trials, we seek to improve the health status of cardiovascular patients in British Columbia.

Donations to VHIF are welcomed and will be acknowledged with a receipt for tax deduction purposes.