

MEMORANDUM

April 14, 1986

TO: Senator Dole

FR: Judy

RE: SPEECH/Midwest Heart and Vascular Institute

On Saturday, April 19, you will speak at the kick-off breakfast of the Midwest Heart and Vascular Institute, St. Francis Regional Medical Center, Wichita (participants arrive at 9 a.m., you speak at 9:45 a.m. and the event is over at 10:30 a.m.). Arrival should be at the south (main) entrance of St. Francis Medical Center; representatives of MHVI and the hospital will meet you at the entrance. There have been 190 invitations mailed to the event; numbers present is as yet unknown.

You serve as a board member of the new MHVI; your comments (attached) should be based on your support for cardiovascular research and the need for such a facility in Kansas and the region.

MIDWEST HEART AND VASCULAR INSTITUTE

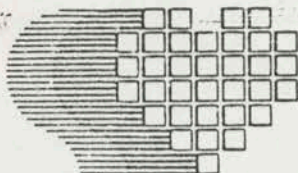
*Wichita, Ks.
Saturday, April 19, 1986*

- O CARDIOVASCULAR DISEASE IS ONE OF THE NATION'S GREATEST THREATS TO HEALTH. HEART DISEASE, STROKE AND RELATED DISORDERS KILL AS MANY AMERICANS AS ALL OTHER CAUSES OF DEATH COMBINED. ALMOST ONE MILLION AMERICANS WILL LOSE THEIR LIVES TO CARDIOVASCULAR DISEASE THIS YEAR. THAT'S ALMOST AS MANY DEATHS AS WILL BE CAUSED BY CANCER, ACCIDENTS, PNEUMONIA, AND SO ON--ALL COMBINED.
 - O IN KANSAS IN 1982 THERE WERE A TOTAL OF 21,700 DEATHS. OF THESE, 10,746 OR 49.5%, WERE HEART-RELATED DEATHS.
 - O IN FY 86, HEART DISEASE WILL CAUSE AN ESTIMATED ECONOMIC COST OF \$72.1 BILLION IN LOST WAGES, LOST PRODUCTIVITY AND MEDICAL EXPENSES.
 - O MEDICAL SCIENCE HAS MADE IMPORTANT ADVANCES IN THE PREVENTION AND TREATMENT OF HEART DISEASE AND HAS, THEREBY, FOUND WAYS TO REDUCE EARLY DEATH AND DISABILITY. BUT THERE IS STILL SO MUCH MORE THAT NEEDS TO BE DONE. AND THAT IS WHERE THE MIDWEST HEART AND VASCULAR INSTITUTE CAN PLAY AN IMPORTANT ROLE--AND ASSIST IN THE DEVELOPMENT OF RESEARCH WHICH WILL HELP, NOT ONLY THE PEOPLE OF KANSAS, BUT CITIZENS THROUGHOUT THIS NATION AS WELL.
 - O KANSAS HAS A WEALTH OF EXPERTISE, ESPECIALLY THAT SEEN IN WICHITA VIA ITS PHYSICIANS. THE RESEARCH AND EDUCATIONAL ACTIVITIES SPONSORED BY THE MIDWEST HEART INSTITUTE WILL ASSIST IN ACHIEVING GREATER PROMINENCE FOR WICHITA AND THE STATE OF KANSAS IN THE CARDIOVASCULAR FIELD.
 - O MHVI WILL SERVE AS AN IMPORTANT VEHICLE FOR MAINTAINING "CUTTING-EDGE" TECHNOLOGY. HOSPITALS, SUCH AS ST. FRANCIS, WHICH STAY PROGRESSIVE AND INNOVATIVE WILL BE ABLE TO RETAIN AND ENHANCE THEIR PROMINENCE IN THE FUTURE.
- RESEARCH CAPABILITY, LEADING TO DEVELOPMENT OF NEW TECHNIQUES OR MORE RAPID IMPLEMENTATION OF TECHNIQUES DEVELOPED ELSEWHERE, IS OF MAJOR IMPORTANCE. SUCH CAPABILITY AT ST. FRANCIS WILL ASSIST IT IN RETAINING ITS LEADERSHIP WITHIN KANSAS AND THE REGION.

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- O AS A BOARD MEMBER, I AM BOTH SUPPORTIVE OF MHVI AND ENTHUSIASTIC ABOUT ITS PLANS FOR FUTURE DEVELOPMENT AND RESEARCH. WHILE KANSAS IN GENERAL HAS HISTORICALLY NOT PURSUED OR RECEIVED FEDERAL RESEARCH DOLLARS FOR CARDIOVASULAR RESEARCH, YOU CAN BE ASSURED THAT I WILL WORK CLOSELY WITH MHVI BOARD AND STAFF IN EXPLORING POTENTIAL RESOURCES TO HELP SUPPORT NEEDED RESEARCH.

- O BUT, AS WE ALL ARE AWARE, FEDERAL DOLLARS ALONE WILL NOT BE SUFFICIENT TO UNDERWRITE THE FORMIDABLE GOALS OF MHVI. ALL OF US ASSEMBLED HERE, AS WELL AS OTHERS NOT IN THIS ROOM, WILL HAVE TO GET INVOLVED. WITH THE PUBLIC AND PRIVATE SECTORS WORKING TOGETHER, HOWEVER, I AM CONFIDENT THAT WE CAN ASSIST TO MAKE MHVI AND ST. FRANCIS A LEADER IN CLINICAL HEART RESEARCH AND, MORE IMPORTANTLY, MEANINGFULLY CONTRIBUTE TO THE PREVENTION, DIAGNOSIS, AND TREATMENT OF THIS KILLER DISEASE.



MIDWEST HEART INSTITUTE

MIDWEST HEART INSTITUTE

FACT SHEET

QUESTIONS AND ANSWERS

1. What is the Midwest Heart Institute?

The Midwest Heart Institute is a non-profit organization of community leaders, cardiovascular physicians, medical researchers and support personnel that is committed to improving the length and quality of life through clinical heart research and education.

2. Why is the Midwest Heart Institute a "good thing"?

Heart disease continues to claim or disable more lives than any other disease, even though significant advances in diagnosing and treating the disease have been made in recent years. In Kansas alone, cardiovascular diseases caused more than 38% of all deaths in 1983, nearly twice the number of deaths due to cancer, which is the second leading cause of death in the state.

3. What is "clinical research"?

"Clinical research" could also be described as practical research. In contrast to "basic research", clinical research is the evaluation of a technique that has already been tested in the laboratory and has been shown to be safe and to have potential benefit. It is the task of a clinical research facility to provide the strictly controlled conditions in which new life-saving techniques can be evaluated for use on a more widespread basis and then to educate those physicians and patients who would benefit from these techniques.

4. What kinds of "clinical research" projects will be undertaken by the Heart Institute?

New techniques for the prevention, diagnosis, treatment and rehabilitation of individuals with heart disease are being proposed almost daily. MHI will encourage research in all of these areas.

Since the Institute will receive requests for grants from both local and regional physicians, it is difficult to predict what kinds of projects will be proposed, but they could include projects that evaluate new drugs to control heart rhythm irregularities; projects that study drugs and

diets to control cholesterol; studies to evaluate and improve the effectiveness of rehabilitation programs; and projects to study new catheters and techniques to locate and eliminate coronary and peripheral arterial blockages.

For example, the drug streptokinase has already proven its ability to dissolve arterial blockages that cause heart attacks. As it is currently used in the hospital catheterization lab, a cardiologist locates the coronary arterial blockage and, using a catheter, he injects the drug at the site of the blockage and dissolves it.

But for the patient outside the metropolitan area, a cath lab and cardiologist will not be available immediately. The patient could suffer extensive damage to his heart while being stabilized and transported to a facility that can do catheterizations.

Under a new protocol that will be evaluated by the Institute, physicians in remote communities will be able to administer the drug intravenously in far larger amounts than would be used if the drug were injected through a catheter directly into the arteries of the heart. The drug then circulates to the site of the blockage and begins dissolving the clot to restore blood flow to the heart muscle.

It is believed that this technique, intravenous injection of streptokinase, can not only reduce the damage caused by a heart attack, but it can also save lives. MHI would evaluate this technique on a large number of patients. After carefully reporting and analyzing its effectiveness, the Institute could then promote the use of this technique on a state-wide basis.

5. Why a heart institute in Wichita?

Wichita is home to the largest and most sophisticated medical centers in the state. Each year these medical centers diagnose and treat more than 13,000 Kansans for cardiovascular related illnesses. With the exception of artificial heart implants, the health industry in Wichita has the patient base, the skills and the technology to provide the most current level of care and treatment available anywhere.

6. Why is the Heart Institute based at St. Francis Regional Medical Center?

Working in close harmony with St. Francis Regional Medical Center, the Midwest Heart Institute is able to draw upon an extensive base of cardiovascular patient information and research in areas such as diagnostic techniques, surgical procedures, drug therapy and non-surgical therapeutic interventions; a base that represents the cardiovascular care provided to more than 5,000 Kansans in 1984 alone.

Clinical heart research is not new to St. Francis. Over the past few years more than a dozen research projects in cardiovascular-related areas have been completed or initiated.

Physicians affiliated with the Medical Center and the Institute were among the first in the nation to perform percutaneous transluminal coronary angioplasty, the balloon dilatation procedure that saves lives and frequently prevents patients from having to undergo the additional expense and trauma of open heart surgery. More than 1,000 of these procedures have been performed at St. Francis since 1981. The extensive services provided by the cardiovascular care facilities at St. Francis and the Medical Staff of more than 40 cardiovascular physicians are among the finest in the midwest.

7. What's so unique about this compared to other "heart institutes around the country"?

The uniqueness of the Institute, which will become more apparent over time, is that it will involve and encourage the participation of a diverse group of cardiovascular physicians, other physicians and health care practitioners, medical researchers and others from Wichita and throughout the state. Many research programs around the country differ in that their approach focuses on a rather small and select group of physicians and medical researchers. Our philosophy is to take the benefits gained from clinical research and experience to health practitioners throughout the midwest.

PRINCIPAL FACULTY:

Medical Director - Joseph Galichia, M.D., the first cardiologist to perform angioplasty (balloon dilatation) in Wichita. He introduced the procedure to this community.

Research Director - Ernst Schneider, M.D., world renowned researcher on the Swiss team which pioneered the angioplasty procedure. He is anxious to pursue work with laser treatments and other methods on the forefront of cardiology.

Senior Research Associate - Lawrence R. Poliner, M.D., has achieved national recognition for his research in nuclear cardiology and has worked as a consultant for NASA.