Editor's Memo

Bridging the Gap Between Specialists With Insights From an Expert Panel

Often unsuspected and underappreciated, pulmonary arterial hypertension in some forms of scleroderma is much like primary pulmonary hypertension; the cause of the dyspnea and associated symptoms frequently eludes diagnosis until very late in the disease.

Unfortunately, by that time, pulmonary hypertension may have reached an advanced stage less amenable to treatment. Although many patients with collagen vascular disease are considered at high risk for inflammatory pulmonary involvement, the disease process is often insidious and appropriate evaluation, including pulmonary function tests, echocardiography, and right-heart catheterization, may not be ordered when the benefit of treatment might be more substantial. One of the key issues concerns separating the potential causes of pulmonary hypertension that may occur in these patients and recognizing why they may require more aggressive follow-up to identify an evolving inflammatory component and potential progressive vasculopathy.

For these reasons, the Pulmonary Hypertension Roundtable discussion in this issue will have broad appeal to our readership, which includes cardiologists, pulmonologists, and rheumatologists. Clearly, this is a disease that is likely to present to each of these groups, and by transcending the boundaries of these specialties, our discussion offers insights about its incidence, evolution, and appropriate evaluation. From the diverse backgrounds of our experts, you will find clinical pearls relevant to your practice regardless of your specialty. One of the goals of *Advances in Pulmonary Hypertension* is to bring you this kind of distilled knowledge, based on contributions from the Scientific Leadership Council of the Pulmonary Hypertension Association (PHA). These physicians are listed on page 2 and provide a tremendous breadth of experience gathered at leading institutions throughout the world. Their continued involvement with the journal gives us one of the clearest perspectives on the latest information in diagnosis and treatment.

We appreciate the warm welcome *Advances in Pulmonary Hypertension* has received in the medical community and look forward to fulfilling the commitment PHA has made toward expanding your awareness of managing this disease. We also welcome your comments and suggestions regarding articles that appear in this issue by contacting PHA.

Vic Tapson, MD
Editor-in-Chief

Driven to Find Cure for PH, Brundage Leads New Quest for Breakthrough in Therapy

Bruce Brundage, MD, has seen it all, from the first anecdotal cases when no treatment for pulmonary hypertension was available, to the landmark National Institutes of Health (NIH) registry, to the large scale clinical trials of today involving hundreds of patients. For anyone seeking to chart progress in the field, his career serves as a bridge, spanning milestones in the treatment of the disease. He has been associated with virtually every key development in the progress toward a cure, beginning in the 1970s when he served as the director of the cardiac catheterization laboratory at the University of California, San Francisco.

It was during his study of those early cases, when he inserted catheters into the pulmonary artery to measure the effects of various vasodilating drugs, that he began focusing on pulmonary hypertension. During the last 25 years, research has been his passion—leading him to serve on the steering committee of the national registry and to play a key role in the growth of the 5,000-member Pulmonary Hypertension Association (PHA), of which he is now president. "It was in the late 1970s that I discovered the NIH was starting its patient registry in pulmonary hypertension so I applied to have our center enrolled as part of the registry," he said. "Soon afterward, I was invited to be on the steering committee for the patient registry at a time when we began collecting data in an organized manner." Joining the faculty at the University of Illinois at Chicago, Dr Brundage teamed with Stuart Rich, MD, and Paul Levy, PhD, two leading investigators, as they explored the effects of high-dose calcium channel blockers in treating pulmonary hypertension. "This was the first breakthrough in the treatment because we found there was a percentage of patients who were helped."

In 1990 Dr Brundage was named chief of the Department of Cardiology at Harbor-UCLA Medical Center and became involved in the early studies of intravenous prostacyclin therapy. Enrolling 300 patients to receive what was a new infusion therapy at the time, he was a coauthor of a major paper published in the *Journal of the American College of Cardiology* demonstrating the long-term survival benefits of prostacyclin. At that point

(continued on page 20)