



Profiles in Pulmonary Hypertension

Never Wavering From a Long Commitment to a Cure for PH, Stuart Rich, MD, Aims to Stop the Disease in Its Tracks



Stuart Rich, MD

When the next breakthrough in treatment for pulmonary hypertension emerges it will probably come from the research centers where teams of investigators have pursued it with a single-mindedness of purpose that for 27 years has characterized the work of Stuart Rich, MD. Beginning early in his career Dr Rich has focused on the disease with a special intensity and

commitment; proof of that commitment could be seen in the outpouring of appreciation, numerous expressions of gratitude from patients at last year's meeting of the Pulmonary Hypertension Association, and praise accorded him by his colleagues.

Throughout his involvement with pulmonary hypertension research, his "goal has been to cure this disease, and I have not lost sight of the goal line." During that time he has benefited from an extraordinary vantage point—as principal investigator on numerous pivotal trials, staunch and vocal patient advocate in the litigation over the fen-phen liability cases, and recently, as Chief Medical Advisor for United Therapeutics. On the academic side he is Professor of Medicine at the University of Chicago, an appointment that he says absorbs 60% of his time.

He characterizes his work now as one of moving into a new era, a departure from "the conventional approach of treating the disease, which traditionally has been one vasodilator after another. On the academic side, we are starting to pursue the approach of therapies that stop the disease process and reverse it. We are trying to better characterize who gets pulmonary hypertension, how sick they are, and how to better manage them. On the industry side, I am helping United Therapeutics to develop prostacyclin analogs to treat pulmonary hypertension. This is my single focus within the company."

After graduating from Loyola University, Stritch School of Medicine, Chicago, Dr Rich completed his internship and residency at the Jewish Hospital at Washington University, St. Louis, before accepting his fellowship in cardiology at the University of Chicago

Hospitals and Clinics. Later in his career he became Chief of the Cardiology Section at the University of Illinois at Chicago Medical Center and from 1996 to 2004 served as Director of the Rush Heart Institute, Center for Pulmonary Heart Disease. In a distinguished career, Dr Rich is the author or coauthor of 134 manuscripts published in the medical literature and of work appearing in 15 books, book chapters, or monographs.

A Time to Refocus the Field of Treating Pulmonary Hypertension

Assessing the progress toward finding the elusive cure of pulmonary hypertension, Dr Rich sums it up: "We've developed drugs that make people walk farther on a 6-minute walk test, but that's all we've done. We have not developed the drugs that reverse the disease, normalize pulmonary pressure, or prolong survival. Just coming up with another vasodilator that allows people to walk 20 more meters is missing the whole point. It's time to refocus the entire field of treating pulmonary hypertension and to start attacking the disease process. It's very much like research in cancer."

At United Therapeutics his team is working on the development of newer forms of prostacyclin, including an oral form of Remodulin that he says will be a breakthrough. Studies have been completed in normal volunteers to determine optimal dosing and a formal clinical trial is planned for 2006.

Looking Toward the Next Decade

Angered by the tragedy of seeing many of his patients die of the use of fen-phen, a diet medication quickly withdrawn from the market, Dr Rich was a key figure in helping the families of patients recover damages from the misuse of this drug. "It may seem ironic that even though I have been one of the most vocal critics of the pharmaceutical industry, I still work for one. Within the company I try to stress the ethics of drug development and this company has been very responsive to it. I'm constantly reminding them of a certain commitment they must hold themselves to—and they're doing it."

He is hopeful that in the next 5 to 10 years there will be a major breakthrough in the treatment of the disease. "It's an exciting time to be involved with pulmonary hypertension. There are great discoveries being made at the molecular biologic level. A lot will be done in the next decade to really turn this disease around and I'm hopeful that physicians and pharmaceutical companies have a clear vision of what is required to accomplish this. My guess is that in about 5 years we will see the initiation of clinical trials that are designed based on some molecular biologic discoveries. We need to look at survival in a multiyear trial and characterize patients differently based on their biologic criteria, and start to tailor their treatment in much the same way that oncologists do for cancer." ■