



Profiles in Pulmonary Hypertension

Greg Elliott, MD, Exemplary Physician on a Mission to Promote Research Collaboration Between Patients and Investigators



Greg Elliott, MD

When a physician receives two standing ovations from a crowd of 1100 admirers, many of whom are his professional peers, he surely deserves the Outstanding Physician Award presented at Pulmonary Hypertension Association's 7th International PH Conference this year. As the Chair for the Scientific Sessions Committee, Greg Elliott, MD, earned this year's

award for making a significant contribution in PH medicine through a combination of the following: service to PHA, conducting research, providing outstanding and compassionate care to PH patients, and increasing advocacy and awareness in the PH community.

The collaboration between the patient and caregiver community and the research community at the biennial PHA Conference has its roots in the first conference and the foresight demonstrated by Dr Elliott. From the start, he recognized the unique opportunity to perform clinical research as part of the mission of each of the conferences to contribute toward important advances in the understanding of PAH. At that first meeting, he collected information and DNA from 40 subjects. "In one weekend, I was able to collect what would have otherwise taken 5 years," says Dr Elliott. After meeting with patients and their families and recruiting these patients to help with his research program, Dr Elliott "felt that I had to give something back to the PH community, to continue to work together to solve the puzzle of PH." He continued to participate actively in PHA conferences, both as a teacher and researcher. He made the "research room" available to others. At this past year's conference, more than 150 persons participated in several research protocols designed to add insight into the pathogenesis and therapy of this illness.

Dr Elliott earned his MD from the University of Maryland. After residency at Maryland and a Fellowship in Pulmonary Diseases at the University of Utah, he has spent most of his career in Salt Lake City where he is Professor of Medicine at the University of Utah and Chief of the Pulmonary and Critical Care Medicine Division at the LDS Hospital. His interest in the pul-

monary circulation began as a fellow at Utah where he studied vascular changes associated with acute respiratory distress syndrome by administering vasodilators to patients. "While the treatment did not help these patients, this study encouraged my interest in the pulmonary circulation." After a brief return to his home state of Maryland, Dr Elliott returned to the University of Utah.

At that time a program for the diagnosis and management of patients with pulmonary hypertension did not exist and Dr Elliott successfully negotiated time and resources to launch one. At about this time, the NIH registry was forming and his center in Utah became one of the enrolling sites. At this time, he also initiated research in diagnosing, preventing, and treating venous thromboembolism—research he is still conducting.

A broad spectrum of service characterizes his career, including a long history of service to the NIH, the American Thoracic Society, the American College of Physicians, the American Heart Association, and PHA. At PHA, Dr Elliott served as the second chair of what is now the Scientific Leadership Council, where he continues to serve the association, and chaired the Scientific Sessions at the 2006 Conference. In addition to his award as Outstanding Physician at the 2006 conference, he has won numerous teaching awards for his work with medical and graduate students, residents, and fellows. In the publishing arena, he has over 90 peer-reviewed publications and numerous book chapters and presentations.

The success of the recent Scientific Sessions was largely due to the organizational efforts led by Dr Elliott. "The sessions are an opportunity to get folks with a real interest in PH in one room. This includes basic scientists, clinical scientists, and clinicians and we have had the opportunity to bring investigators of the highest level from outside the pulmonary hypertension community to the meeting to stimulate us with new ideas and methods for addressing unanswered questions in pulmonary hypertension." He also believes that the sessions offer a unique opportunity to basic scientists to interact with patients and families at the larger Conference, "and put a face to this disease. I am always inspired and I think that this interaction inspires all of us to go back to the clinic and the lab and work as hard as we can."

Esteemed colleagues in the PH medical community testify to the energy and enthusiasm of Dr Elliott. They talk about his tremendous integrity, approachability, how balanced he is in his deliberation and calming in his discussion with patients about a dreaded illness. "I think we all rely on Greg to have the final word that brings balanced reason to any controversial issue," says Michael McGoon, MD. Nicholas Hill, MD, adds: "I've long been an admirer of Greg. He embodies many of

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Author Guidelines 2006

Scope of Manuscripts

Advances in Pulmonary Hypertension considers the following types of manuscripts for publication:

- Reviews that summarize and synthesize peer-reviewed literature to date on relevant topics in a scholarly fashion and format.
- Letters to the Editor
- Clinical Case Studies

Manuscript Submission

Authors are required to submit their manuscripts in an electronic format, preferably by email to the Editor-in-Chief, Vallerie V. McLaughlin, MD, at vmclaugh@med.umich.edu. Please provide manuscripts in a word processing program. Images should be submitted electronically as well.

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Contact information: List all authors, including mailing address, titles and affiliations, phone, fax, and email. Please note corresponding author.

Peer Review and Editing: Manuscripts will be peer reviewed. Accepted manuscripts will be edited for clarity, spelling, punctuation, grammar, and consistency with American Medical Association (AMA) style.

Manuscript Preparation

Length: Full-length manuscripts should not exceed 4,000 words, including references. Please limit the reference list to 50 citations. Manuscripts should be accompanied by figures and/or tables. Generally, 4 to 5 figures and 2 to 3 tables are preferred for each manuscript. Please include a brief description to accompany these items, as well as a key for all abbreviated words.

Spacing: One space after commas and periods. Manuscripts should be double spaced. Manuscripts should not contain an abstract but an introduction is recommended.

References: All submissions should include numbered references that are referred to in the text by superscripts and that conform to AMA style. Example: Lewczuk J, Piszko P, Jagas J, et al. Prognostic factors in medically treated patients with chronic pulmonary embolism. *Chest*. 2001;119:818-823.

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the traits that we all should aspire to." And colleague David Badesch, MD, said: "I have always considered Greg to be a close friend, mentor, and advisor and never hesitate to call him with the toughest questions that I face." Robyn Barst, MD, calls him "a true mensch."

PHA staff also echo these expressions of gratitude.

"PHA has always been an organization of patients, family members, and medical professionals. In that it is unusual and, like anything unusual, often hard for many to understand. As the second chair of PHA's Scientific Leadership Council, Greg Elliott not only understood the possibilities in such a unique partnership but helped to move them from the abstract to a concrete tool for changing the history of this illness," said Rino Aldrighetti, President of PHA.