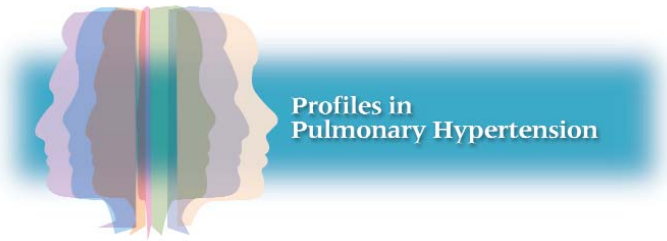

Victor Tapson, MD: Clinical Trialist, Role Model, and Mentor to the Next Generation of PH Specialists


Victor F. Tapson, MD

If they ever award a patent for passion in pulmonary hypertension research, Victor Tapson, MD, is favored to receive it. But with his characteristic generosity of spirit and keen sense of collegiality he will share it with every physician he meets. Ask any researcher who knows him and he or she will offer similar personal impressions regarding his boundless enthusiasm and excitement for his work in pulmonary hypertension and thromboembolic disease, work that established him at a relatively early age as a preeminent investigator in each of these fields. A brief chronicle of this physician's career demonstrates how a researcher cultivates an interest in his chosen field of concentration, contributes to the growing knowledge in his field under the mentorship of other specialists, and later assumes the role of mentor for the next generation of researchers.

"Vic's undying passion for pulmonary hypertension is evident in everything he does," said Vallerie V. McLaughlin, Director of the Pulmonary Hypertension Program at the University of Michigan Health System, Ann Arbor, Michigan. "Whether it's patient care, a research trial, a symposium, or the creation of a journal such as *Advances in Pulmonary Hypertension*, Vic's contributions to the field are unsurpassed. He has served as a role model for the next generation of pulmonary hypertension specialists. I am honored to be his colleague and friend."

Dr Tapson is an award-winning Professor of Medicine, Division of Pulmonary and Critical Care Medicine, and Director, Duke Pulmonary Vascular Disease Center, at the Duke University Medical Center, Durham, North Carolina. Beginning with his internship at Duke, the university medical center has largely been the base for his postgraduate training and research activity, with the exception being a fellowship at Boston University before returning to Duke in 1989.

"We didn't have much to offer patients with pulmonary hypertension when I was an intern," he recalls, tracing his interest in pulmonary hypertension to a time when he was "rounding on the pulmonary service and I saw a patient, a minister from South Carolina with pulmonary hypertension. The patient went up to Hopkins for a lung transplant—one of the first in the world—and that got me interested in PH. When I returned to Duke after my fellowship in Boston, I tried to contact Gary, but he had died of chronic rejection after living a number of years following this pioneering procedure." Fascinated with pulmonary hypertension, Dr Tapson spoke about it during his senior lecture as a third-year resident at Duke; he subsequently played a major role in organizing the lung transplant program at Duke in 1990 where more patients with pulmonary hypertension were among those with end-stage lung disease arriving at the medical center.

The pivotal time in his career, however, was soon to follow when he became associated with Robyn Barst, MD, and Lewis Rubin, MD, in the landmark epoprostenol trial, results of which were published in the *New England Journal of Medicine* in 1996. This trial helped launch a new era in treatment for pulmonary hypertension patients and Dr Tapson considers Dr Rubin as his mentor and professional role model even though he has never worked directly with him. At the same time, Dr Tapson was pursuing his other research interest in thromboembolic disease and treatment of pulmonary embolism, and this has been a focus he remains interested in as he pursues two distinct but parallel paths of investigation. Following in the steps of Dr Rubin, he considers himself an "early second generation clinical trialist," continuing the pivotal work begun by the first group of epoprostenol researchers that included Dr Rubin, Dr Barst, and Stuart Rich, MD.

In the early 1990s while doing lab research on thromboembolism and getting the transplant program under way, he also served as Director of the Duke Pulmonary Outpatient Clinic. Appointed Director of the Duke University Pulmonary Hypertension Center in 1992, he was joined by Abby Krichman, RRT, who "not only helped get the program off the ground, but continues to be a vital force in our center." We started getting tons of referrals, from all over the southeastern United States." Building on this reputation, the Duke center is now widely recognized throughout the country as one of the premier locations for pulmonary hypertension care.

Looking ahead to new horizons, Dr Tapson plans to be part of the next generation of clinical trials during the coming decade and "I would like to continue doing the thromboembolic work. I don't consider myself a true expert in thromboembolic pulmonary hypertension because the San Diego group is light years ahead of most of us." *(continued on page 5)*

Advances in Pulmonary Hypertension 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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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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One of the areas he says is particularly deserving of more focus concerns patients with pulmonary hypertension who have some degree of pulmonary fibrosis, COPD, or other diseases "but who do not fit into the current clinical trials." Nevertheless, he adds, some of these patients may benefit from drugs used in these trials. "Some may have a genetic predisposition to PH. They do not have severe enough parenchymal disease to develop PH but they get it anyway. This group may have a predisposition and their underlying disease or hypoxemia acts as a trigger. We need more data; they outnumber the patients with idiopathic PAH."

Whatever shape or form his research will take, he will bring to it the same passion that has helped produce hundreds of peer-reviewed articles and abstracts in the medical literature, a passion that has also fueled his deep interest in medical publishing and in promoting consensus statements guiding the quality of care in pulmonary hypertension and thromboembolic disease.■