



Gérald Simonneau, MD: Pioneer, Mentor, and a Driving Force in Pulmonary Hypertension Research for His Colleagues



Gérald
Simonneau, MD

When a physician's curriculum vitae totals 232 articles that he has either authored or coauthored, there is little doubt that he ranks high in the pantheon of pulmonary hypertension researchers. This is just the beginning of Dr Gérald Simonneau's credentials as a world-class physician and investigator, one of the most widely published authors in the fields of

pulmonary hypertension, pulmonary vascular diseases, and pneumology.

Dr Simonneau is Professor of Pneumology and Head, Department of Pulmonary Disease and Intensive Care, Hospital Antoine Beclere-Clamart-University Paris XI. With a deep interest in serving on professional groups responsible for the development of clinical practice guidelines, Dr Simonneau served in 2000 as President of the working group on pulmonary circulation of the European Society of Cardiology. In 2005 he extended his influence in the field when he became head of the Reference National Center for Pulmonary Hypertension.

The diversity and depth of his research interests are reflected in the list of his publications, including 16 in the *New England Journal of Medicine* and *Lancet* in the fields of pulmonary hypertension, pulmonary embolism, and pulmonary intensive care medicine. The first one in the *New England Journal* appeared more than 25 years ago (G Simonneau, et al. Inhibition of hypoxic pulmonary vasoconstriction by nifedipine. *N Engl J Med* 1981;304:1582-5) and 20 articles have been published within the last year in international journals. These include the report of the French Registry for Pulmonary Hypertension in the *American Journal of Respiratory and Critical Care Medicine* on 700 patients with pulmonary artery hypertension referred to the French national network over a 1-year period.

Dr Simonneau earned his medical doctorate in

respiratory medicine from the University Paris XII and served as a resident in respiratory and critical care medicine before assuming his academic positions. In 1998 he became Director of Unite Propre de Recherche de l'Enseignement Supérieur (UPRES) on pulmonary vascular diseases.

His stature among colleagues in both Europe and the United States has earned him high praise from investigators who have worked closely with him and can attest not only to his superlative professional skills but to personal attributes that have helped to facilitate the development of many young physicians in the pulmonary hypertension research community. "Gérald is a uniquely French chef d'oeuvre: made up of equal parts of intellectual creativity and rigor, objectivity, wit, charm, and compassion—best served warm, and avoid overheating at all costs!" said Lewis Rubin, MD, Professor of Medicine and Director, Pulmonary Hypertension Program, University of California School of Medicine, San Diego. For more than 20 years he has been a pioneer and leader in the field, having contributed to our understanding of epidemiology, pathogenesis, and treatment of pulmonary hypertension. It is a privilege for me to call him a friend and colleague."

Working closely with him, Marc Humbert, MD, PhD, Professor of Respiratory Medicine at South Paris University and Chairman of the French Network on Pulmonary Hypertension, summed up his experience this way: "I first met Gérald when I was a third-year medical student at South Paris University in the mid 1980s. At that time Gérald was extremely involved in intensive respiratory and pulmonary vascular medicine. At once, I was impressed by several of his qualities. Gérald is a real driving force in the department, extremely committed to his patients, and always present to support colleagues involved in clinical and more basic research. Any novel aspect of intensive and pulmonary vascular medicine has to be tested in the department in order to improve our patients' understanding and management."

"He is extremely open to his most junior colleagues, and we all had the feeling that if our proposals were of interest there would be no difficulty to be supported," added Dr Humbert. "Third, his relationship with his patients and their relatives as well as with his colleagues is outstanding and extremely frank. He has always been very dedicated and fair and provides all his support to his patients. Last but not least, Gérald loves sport and competition. He was a great football player and has wide interest in all sports. This is very

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Author Guidelines 2006

Scope of Manuscripts

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- Letters to the Editor
- Clinical Case Studies

Manuscript Submission

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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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well reflected in the atmosphere he has created in the department, where we really feel like teammates, playing for the well-being of our patients and colleagues, and trying to push every aspect of our clinical and basic research, thanks to fruitful collaborations

throughout the world. On a more personal note, Gérald is a great friend and has very strong personal links with his colleagues. He was extremely affected when our friend and colleague François Brenot suddenly died 10 years ago and since then always celebrates his memory, as we did last fall with the French patient association and François' family in Paris." ■