



David Badesch, MD, Outstanding Researcher, but First to Credit Team of Clinicians and Caregivers



David Badesch, MD

If collaboration is the cornerstone of clinical research, and mutual respect and admiration among colleagues is critical to achieving investigative results, then David Badesch, MD, has learned the lesson well. He feels fortunate to have been part of a team of caregivers who have earned a worldwide reputation for excellence. In chronicling some of the highlights of his career, Dr Badesch prefers to credit his

mentors and colleagues first, emphasizing how he has teamed with many of the leading clinicians in pulmonary hypertension research to achieve advances in therapy and how he hopes to remain an integral part of this network of physicians, research coordinators, and nurses to develop new guidelines for management in moving toward a cure for the disease.

When Dr Badesch entered his fellowship at the University of Colorado, Drs Kurt Stenmark and Norbert Voelkel conveyed the excitement of scientific research in the field of pulmonary hypertension. Bert Groves, MD, was leading the pulmonary hypertension clinic and played a key role in mentoring Dr Badesch, enabling him to make the transition from basic science-oriented work to clinically oriented research. "Bert introduced me to people who were doing clinical research in the field—Lew Rubin, Robyn Barst, Michael McGoon, Greg Elliott, and others. They were excellent role models and welcomed me into the clinical trial arena."

Dr Badesch played a role in one of the earlier trials in which epoprostenol was used in scleroderma-associated pulmonary hypertension, and his interest in this area has continued throughout his career. Currently Professor of Medicine in the Divisions of Pulmonary Sciences and Critical Care Medicine and Cardiology, and Clinical Director of the Pulmonary Hypertension Center at the University of Colorado at Denver, he recalls how fortunate he has been to work with outstanding colleagues, including those who rose through the ranks of the fellowship program at Colorado: Karen Fagan, MD, James Maloney, MD, and Todd Bull, MD, each of whom discussed their mentoring by Dr Badesch.

"As a first year Pulmonary Fellow, I had the pleasure to work with David," recalled Dr Fagan, now head of the Pulmonary Division at the University of South Alabama in Mobile. "On the very first day of working with him, he asked if I wanted to go see one of his PH patients with him. Having

been trained to never say no to a professor, I went along, knowing that I had much more other work to do that day. However, as I met this patient with David and he began to teach me about PH, I found myself very intrigued and excited.

"As the weeks passed, seeing the PH patients was the best part of my day and I realized that I wanted to spend my career understanding PH and treating PH patients. Since then, at every step of my career, David has been a generous, kind, and patient mentor. The lessons I learned from him are with me every day. The PH community and I have benefited from his efforts to enhance care of PH patients and his leadership in the PHA to promote awareness and the search for a cure. Just as importantly, I am very lucky to have him as a friend."

Dr Maloney was no less complimentary in his recollection: "David is a great example of someone who has a surprisingly balanced family life and ability to keep physically fit despite his huge clinical and academic load; he is a role model for us all. I don't know any other PH center directors who write their pager and home phone number on the back of the business cards they give to patients. His dedication to his PH patients has been exemplary. If David hit the lottery and paid the big bucks to be a guest Russian cosmonaut, he probably would be taking calls about PH patients on the launch pad and while in space. Early in my career as a budding PH doctor in Colorado, David was instrumental in teaching me a systematic approach to PH evaluation and care that stays with me to this day. He imparted his knowledge and experience while allowing me appropriate autonomy, and he has been graciously available ever since for questions on difficult cases in person, by phone, e-mail, or pager—even when he was traveling on PH-related trips."

In his tribute, Dr Bull noted that Dr Badesch "has dedicated his career to improving the treatment of patients afflicted with PAH. He is a tireless advocate toward this goal. He strives to apply an evidence-based approach toward therapy and holds both his research and his direct patient care to this high standard. The PAH community has benefited greatly from his commitment and will continue to benefit long into the future. Also, as a person, Dave is a true gentleman. Always helpful and cheerful, he has been a great mentor in the world of PH. To know him is to see what dedication to medicine is all about."

Dr Badesch is also proud of having assisted in the career development of other future leaders in the field, such as Fernando Torres, Murali Chakinala, and Jean Elwing, who direct the pulmonary hypertension programs at University of Texas Southwestern, Washington University, and the University of Cincinnati.

Dr Badesch specifically acknowledges the critical role that outstanding nurses and research nurse coordinators have played in his career and in the development of the Pulmonary Hypertension Center at the University of Colorado. "Everything we've done has been the direct result of the hard work,

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dedication, and compassion of our nurses and research coordinators. Kris Wynne played an important role in starting the program. The terrific leadership, energy, and creativity provided by Deb McCollister have been absolutely central to our success. Current team members Susan Cartwright, Cathy Sunday, Robin Hohsfield, Jeffrey Kwong, Cheryl Abbott, Alexis Bourfard, and Wendy DeSilva all provide outstanding care on a daily basis. We're extremely fortunate to have the best nurses in the world."

Looking ahead to building on the research to which he is committed, Dr Badesch anticipates exploring three key areas he identified as targets for growth by the PH community:

- Further investigation of combination therapies
- Study of antiproliferative and immunomodulatory approaches to the disease

- Further study of expanded patient populations—those who have developed PH in association with other diseases, such as interstitial lung disease, left-sided diastolic dysfunction, and chronic obstructive pulmonary disease

During the last year Dr Badesch enjoyed being a member of the writing group revising the Medical Therapy Guidelines published by the Consensus Panel of the American College of Chest Physicians. As he pursues these directions, he praised the Pulmonary Hypertension Association for being "an incredibly important part of my career." He said he was honored to work with Rino Aldrighetti, PHA's president, to help plan two PHA conferences, to serve on its Scientific Leadership Council, and to contribute to its patient-driven approach. "I'd like to thank everybody for the opportunity to have such an exciting career. I fell into the right area of medicine at the right time, and have been fortunate to work with terrific people over these 20 years." ■