

SHOCK

WAVES

Power and passion, saving lives

From the Chairman



Jeffrey Micklos, SCAA Chair

2012: A CALL TO ACTION

As we enter our second month of 2012, I hereby call all of the SCAA community to action to help save lives. Action can take many forms. To learn and teach CPR. To educate community leaders about the important need for AEDs in public and private

places. To conduct awareness campaigns about SCA and how it can be prevented or treated. To raise funds to help place AEDs in communities. To build or bolster relationships with local first responders. To provide a helping hand to survivors or loved ones of non-survivors who are coping with the impact of SCA. To be creative and energetic in how the SCAA and its chapters deliver the message of saving lives through awareness and education that helps eliminate preventable sudden cardiac arrest.

Many of you have been very generous with the time and talents you have devoted to SCAA and its mission. I deeply appreciate your contributions; they have made SCAA what it is today. But we need broader engagement and continued passion to achieve our goals. We must plan how to use our time and talents going forward to continue to foster the growth of the SCAA and have its important mission reach even more people in different ways.

The SCAA has and will always depend on the difference a devoted group of people can make... people who have been fortunate to survive SCA and are now paying it forward; people who honor the memories of friends or loved ones lost to SCA through their passionate volunteer efforts so that others may avoid the loss they experienced; and medical professionals who understand the importance of making the public aware that loss due to SCA can be reduced and eliminated through education and awareness.

HPV Vaccine and Sudden Death – is There a Connection?

By Eric Grubman, MD

Edward Jenner developed the first human vaccine over 200 years ago to provide protection against smallpox – one of the most contagious and deadly diseases of all time. Since then, the work begun by Jenner has led to vaccines against other deadly diseases, including measles, mumps, rubella and polio. No one would argue the vaccines' positive results for the continuation of mankind.

Fast forward a few decades, and one of the newer vaccines receiving a lot of attention – particularly in the heart world - has been developed against several strains of the human papilloma virus (HPV). HPV is a very common virus, infecting almost 80% of women by age 50 (1). Certain strains of HPV are very dangerous, and cause cancer later in life. In fact, it's estimated that 70% of the cases of cervical cancer (and a large number of the cases of penile, vaginal, and some head and neck cancers) are caused by HPV. Cervical cancer alone kills 4,000 women in the United States each year (2).

So, why should our readers, predominantly cardiovascular device patients and heart-healthy advocates be concerned with the HPV vaccine? In April 2011, a 14 year old California girl died after receiving the HPV vaccine on March 28. A Child Death

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Survivor Story

Survivor: Jamie LaLonde | Bloomington, Minnesota | Age of SCA: 18 | Date of SCA: April 2, 2010



Jamie LaLonde

Being the largest shopping mall in the United States, people travel to the Mall of America from all over the world to experience the combination of shopping, entertainment and amusement park atmosphere. But on April 2nd, 2010, the retail mecca was home to a lifesaving experience for Jamie LaLonde. An employee at Forever 21, Jamie asked to take a break early – something unusual for her. On the way to the break room,

she fainted, and appeared to be having a seizure.

Mall security arrived on the scene very quickly and performed CPR when they realized she had no pulse. Fortunately, her Forever 21 store was located very close to one of the Bloominton, Minnesota, Police offices in the mall, and a police officer who just happened to be medically trained and used an AED within 5 minutes to shock her, twice. Once she had a pulse, the EMT's transported her to Fairview Southdale Hospital, where she was placed in a medically induced coma for three days. She was later transferred to the University of Minnesota hospital where the cardiology department ran tests and decided the best course of action was to insert an ICD.

After hearing what happened to her, Jamie "googled" the term sudden cardiac arrest, admittedly not knowing the difference between a heart attack and a cardiac arrest. Her biggest health problem before this was occasional fainting. "I didn't know SCA could happen to anyone, and after I saw the survival rate, I was shocked that I'd never learned much about it before, or that the only time I'd ever seen an AED was on Grey's Anatomy." Her friends didn't understand what happened to her, and kept calling it a heart attack.

"More people NEED to be taught what to do and how to tell what's going on, especially young teens. The people I was working with could have started CPR instead of holding me, because they thought I was having a seizure."

Feeling lucky to be in such a public place with medically trained people so close by, Jamie realizes that if everyone was as lucky as she, the survival rate could be much higher and that knowledge is power. "We had a drunk driving or drugs talk at my high school every quarter. Why not add something new that kids don't learn or hear about every day?"

Jamie keeps in contact with her heroes as she has returned to work at the Mall of America, and is thankful for being alive today.

From the **President:**



Lisa A. Levine, CAE SCAA President

By the Numbers... Cultural Events Show Divide in Understanding, Value of Health Issues

Just weeks into 2012 and we've come upon two events that are steeped with tradition in our culture.

The Super Bowl is expected to draw in a viewing audience of 111 million people. Whether they watch for the pregame festivi-

ties and main event, halftime entertainment or much anticipated commercials, collectively these viewers are considered one of the most lucrative groups by advertisers and the television industry. Their attention is so sought after that companies will fork over millions of dollars for just 15 seconds of air time to get their product seen on that special day.

This number got me thinking... one hundred million people presumably know the names of the two quarterbacks playing against each other. How great it would be if one hundred million people knew how to recognize and respond to SCA?

Then comes Valentine's Day when cupid delivers more chocolates and roses than any other day of the year. According to the Society of American Florists, 198 million roses were produced for this Hallmark holiday in 2010. If only 198 million AEDs were located throughout the country.

These events hold dear places in the hearts of Americans, and logically are special times in which we look forward to celebrating with others. Yet, the numbers that matter most to our hearts – blood pressure, blood sugar and cholesterol - don't seem to occupy the same level of importance within our minds. Realistically, focusing on these numbers generally isn't as much fun as watching the Giants or Patriots score a touchdown or digesting tasty football party food.

On Super Bowl Sunday, Valentine's Day and throughout the month of February, our advocates and chapter leaders will be

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Review Team found that the death was consistent with a diagnosis of sudden cardiac death (SCD), and the patient had no other life-threatening illnesses.

This young girl was sadly one of four young women (others aged 13, 16 and 19) in California who died after receiving the HPV vaccine, according to data gathered from the California Vaccine Adverse Event Reporting System (VAERS). The Food and Drug Administration (FDA) approved the vaccine for young females between the ages of 11 and 26. Media reports of these fatalities have left many parents, teens and doctors to question the vaccine's use.

So, are there risks of death with the use of the HPV vaccine? Since the vaccine has been released, 40 million doses have been dispensed and there have been a total of 34 deaths (4). Amid the controversy and devastating numbers though, the medical community, along with government agencies, addressed possible connections to sudden death, assuring the public of the HPV vaccine's safety record. They reminded us that no excess risk of death had been found during clinical trials which involved thousands of patients. Specifically, the CDC reports that there were "no patterns to suggest the HPV vaccine itself was responsible for these sudden deaths."

Today, medical groups and government regulators still support use of the HPV vaccine because it offers the possibility of dramatically reducing the incidence of various cancers. Scientists from several organizations, both inside and outside the government, continue to review any adverse events in vaccine recipients, and are always on the lookout for any risks with the vaccine. The HPV vaccine is widely revered as the next step in a several hundred year war against viral disease. It will save at least 3,000 lives in the U.S. each year, and there is nothing to suggest an increased risk of sudden death with the use of the vaccine.

Eric Grubman, MD, an electrophysiologist in New Haven, Connecticut, and member of the SCAA Medical Advisory Board.

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Mission:

To prevent loss of life from Sudden Cardiac Arrest.

Vision:

By 2020 preventable deaths from Sudden Cardiac Arrest will be eliminated.

Expanded Medicare Coverage of Heart Disease Screening John Rogers, MD, Scripps Clinic, La Jolla, CA

O: How is heart disease linked to risk of SCA?

A: For the last century cardiovascular disease has been the leading cause of mortality in the United States. Sudden Cardiac Arrest (SCA) is responsible for most of these heart disease related deaths. Approximately 80% of those who suffer from SCA have underlying coronary artery disease (blockages in the hearts arteries that can lead to heart attack). Although some people know they have coronary artery disease, others don't know they have this problem. Unfortunately the first sign or symptom of a blocked artery can be SCA in some instances. Those with high blood pressure, diabetes, obesity, high cholesterol and a family history of heart attack or other heart disease may be at risk for heart attack, peripheral vascular disease, stroke and SCA. By screening for these cardiovascular disease risks, people may be identified as being at risk earlier. Addressing these risks can prevent the development of the problems that lead to heart disease.

Q: What are the specific new services that will be provided to patients?

- A: 1. Encouraging aspirin use for the primary prevention of cardiovascular disease when the benefits outweigh the risks for men age 45-79 years and women 55-79 years;
 - 2. Screening for high blood pressure in adults age 18 years and older
 - Intensive behavioral counseling to promote a healthy diet for adults with high cholesterol, hypertension, advancing age and other known risk factors for cardiovascular (smoking, family history of heart disease) and diet-related chronic disease (diabetes, obesity).

Q: When does this new coverage kick in?

A: November 8, 2011

Q: How frequently will Medicare pay for these services – once a year, twice a year?

A: One face-to-face visit each year to allow patients and their care providers to determine the best way to help prevent cardiovascular disease will be provided free of charge.

Q: How exactly wills this work? Will patients need to schedule a separate doctor visit to receive these services, or could these services be provided during any normal office visit?

A: Typically, patients will schedule a separate visit for this purpose. The appointment is known as "An Intensive Behavioral

Therapy for Cardiovascular Disease visit". This appointment will likely last about 15 minutes.

Q: Checking blood pressure, blood sugar and cholesterol levels are a pretty common occurrence when visiting a doctor. So, in a way, isn't some type of heart disease screening already being conducted by doctors?

A: Yes, however the purpose of this annual visit is to take a much closer look at all risk factors for developing cardiovascular disease. In doing so, these risks if present can be addressed earlier, hopefully before cardiovascular disease develops.

Q: According to the advisory published by CMS, general practitioners, internists and nurse practitioners will provide these new services. Is there a reason that cardiologists were not included?

A: The primary care setting was chosen to provide these services as this type of practice is designed to address a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Should significant risk factors or the presence of cardiovascular disease be identified during the screening, patients will likely be referred for more specialized care. This may include being evaluated by a cardiologist or other specialists.

Q: Since Medicare is such a big player in the health insurance field, is it likely that other private health insurance plans will follow in Medicare's steps and expand their own coverage of heart disease screening/prevention?

A: We would hope so. Typically this does happen but at times it can take a while for this to occur. The success of this program will likely drive others to accept it and expand their own coverage. Success being defined as healthier patients who develop less heart disease over time.

From The Chairman

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I ask each and every one of you to take a few minutes right away to establish your 2012 priorities for furthering SCAA's mission. Set a timeline for achieving those priorities. And then set out with a smile on your face and a bounce in your step to spread the word about how we can save lives and prevent SCA. The nobleness and importance of our mission will continue to make this path a gratifying journey!

From the Medical Director:

Time for new resolve!

Happy New Year to all! With the new year, many of us make resolutions setting certain goals and transcribing our hopes and ideals for the year ahead. I am sure, and certainly encourage, that you have made some directed at your own personal health and wellness, and in particular to reduce your cardiovascular disease risk. Exercise, dietary discretion and weight loss are constant battles for many of us.

But I would like to propose that we now also resolve to reenergize our efforts related to SCAA. Recently three important initiatives have progressed to the action phase, in perfect timing for our new year's resolutions. Hopefully you have heard of these through other communications but I write about them here to further highlight them.

The first new program is the *First on the Scene ToolKit*. This was developed to help local EMS and First Responder agencies to improve survival from sudden cardiac arrest (SCA) in their communities through a broad scope of activities. The tool kit provides various ideas and supportive materials to address each of the links of the chain of survival. Individual agencies can choose the activities they think will be most beneficial in their communities. We encourage local chapters to get the word out to their local EMS and FR agencies and work with them to implement programs using the Toolkit, which is available on our website (http://associationdatabase.com/aws/SCAA/pt/sp/firstresponders).

The second program is *Keep it Beating*, the CPR education and training program targeted at high school students. This program was initially developed by founding board member Bob Schriever, who has trained thousands of students, and then formalized by current board members Sue Rusche and Linda Campbell. The course materials include schedule options, PowerPoint presentations and instructor notes. The program covers all the basics on CPR, cardiac arrest and bystander emergency care and can be easily integrated into most school curricula. This is another great opportunity for local chapters to implement programs in the community, in this case working with your local schools. More information is available on the SCAA website (http://associationdatabase.com/aws/SCAA/pt/sp/keepitbeating).

The third initiative has been named *COPE: Cardiovascular Outcomes and Psychosocial Education*. This effort has been undertaken in direct response to suggestions from our members. COPE is an effort to improve the understanding of and the therapies and resources for the neurological, psychological and social sequelae experienced by survivors of SCA. To address these unmet needs, SCAA has convened experts in the field and will systematically work to promote research and provide education for professional therapists. More information about this program

By Vince Mosesso, MD, FACEP, SCAA Medical Director

Vincent N. Mosesso, Jr., MD, is an associate professor in the Department of Emergency Medicine at the University of Pittsburgh School of Medicine and medical director of pre-hospital care services for the University of Pittsburgh Medical Center. He is a co-founder of SCAA and serves on the national Basic Life Support subcommittee and Advanced Cardiac Life Support regional faculty for the American Heart Association"



and many resources are available through the SCAA website (http://associationdatabase.com/aws/SCAA/pt/sp/cope).

Like with our battles to improve our own personal health, many of us have been giving our time and effort to volunteer with SCAA to decrease deaths from SCA on a broader scope for a number of years. This year we have new tools and programs to help us in that fight. So I encourage each of you to make one of your New Year resolutions to be renewing your own efforts related to SCAA. There has been no better time for a new resolve.

Chapter Spotlight

In November, the MN SCA Survivors Network reached out to the Ronald McDonald House in Rochester, promoting the need for an AED at the facility. Waiting to hear back from the facility and wondering if their presentation made an impact, the phone rang out of the blue for Gene Johnson, director of MN SCA Survivors Network, and it was Paula Haraldson of the Ronald McDonald House, indicating the facility was prepared to install an AED. The MN SCA Survivors Network began raising money in earnest and donated \$1,000 for the device on December 17, during the grand opening of a new McDonald's restaurant. Pictured (left to right) are Ken Albin, SCA survivor; Steve Johnston, co-chair; Ron Scheid, treasurer; Charlie Butruff, SCA survivor, Linda Bonow, Ronald McDonald House Executive Director; Jerry Griffin, SCA survivor and Erik Ickler, McDonald's store manager.



SCAA Online Community

Inspire Provides Valuable Support to SCA

Survivors and Their Families Overcoming Tragedy

By Stephanie Lynn Lewis

Editors Note: The following article appeared in KevinMD.com. Founded by Kevin Pho, MD, KevinMD.com is the web's leading destination for provocative physician commentary on breaking medical news. It is cited regularly by major media, including the Wall Street Journal, New York Times, Washington Post, Los Angeles Times, USA Today, FoxNews.com, British Medical Journal, SmartMoney Magazine, Detroit Free Press, Forbes.com, NPR, CNN.com, Newsweek, TIME.com, Chicago Sun-Times, Boston Globe, IndianapolisStar, AOL News, and American Medical News. Forbes hailed KevinMD.com as a "must-read blog," and CNN named @KevinMD as one of its five recommended health care Twitter feeds.

When tragedy strikes, one looks for comfort in many places. When traditional resources—relatives, physicians, clergy members—do not completely satisfy, one may reach out for comfort from unexpected places. Increasingly, people turn to online health and wellness support communities.

My family's tragedy occurred when my father suffered a Sudden Cardiac Arrest, or SCA, in 2010. As I watched him lay lifelessly on life-support in that hospital bed, the man who was undoubtedly the greatest mentor in my life and my hero, I frantically searched for the answer to the question, "How can we save his life?" As I had just begun my first year of medical school, I of course first turned to the medical staff. Although they were very knowledgeable, I felt a growing sense of despair that was attached to the negativity and poor outcomes of SCAs. Even with the advent of Arctic Sun, a hypothermic therapy treatment sometimes used on SCA victims, the medical staff painted a bleak prognosis. We were encouraged to remove the life support, allow them to make my father comfortable, and say our goodbyes.

It was within this moment that I refused to stop before we explored all resources. I searched online and found the Sudden Cardiac Arrest Association (SCAA) Support Community on Inspire. I hastily blogged my story, praying someone had a similar experience and could offer guidance. Within minutes I had multiple responses from others who had suffered similarly and had positive outcomes. It was within this community that others shared my so far tragic experience, but offered me light when I was consumed with darkness.

This online community did not replace my relationship with God, the medical staff, or my family, but it provided an additional outlet for answers. Unquestionably, the best advice I received from group members was to stop being a medical student, and start being a daughter.

With this newfound motivation, my family decided to not remove the life support. The medical staff was truly amazing and respected our decision to give him a couple of weeks. They recognized the lack of knowledge surrounding Arctic Sun and anoxic-hypoxic brain injuries outcomes, but still acknowl-

edged the severity of the injury. They agreed to begin physical therapy before he was even conscious, and allowed us to re-create an environment he was used to by playing favorite tunes or leaving the news on while we could not be there. As my father continued to fight to recover, we all stuck by his side, through physical therapy, speech therapy, and my mother and I had even volunteered to be the first in the car with him when he got behind the wheel again for the first time in April. My father is our miracle.

As I continue my journey in medical school, I reflect on the positive influence the Inspire/SCAA community had on my family and myself.

In my heart, I know that I will never be able to do my job alone, and although I can offer my experience and perspective, I will encourage my patients to be proactive in their own care. Although some physicians may find my perspective naive, I find it important to empower patients to work alongside medical staff in their care. Social networks can be "prescribed" cautiously, if one educates a patient of potential risks that may come along with social networks. As physicians, we should encourage patients to reach out to these networks, while advising them to discuss and share their care regimens with their healthcare providers.

Through my experience, it is clear that these sites offer encouragement between others who share similar experiences and health concerns, and create a sense of solidarity among them. Many times, even physicians can learn from patients who have become experts on their own health disparity, acquiring tips on how patients have changed their daily routines to accommodate their ailments.

It is important to me as a future physician to acknowledge that I may not be able to provide all of these aspects to my patients in a 10-minute office visit. Through my experience, it is evident to me that overcoming tragedy requires a team, and not just one aspect of one.

Stephanie Lyn Lewis is a medical student and a participant on the Sudden Cardiac Arrest Association Support Community on Inspire.

From The President

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spending American Heart Month educating their neighbors on the risk of SCA. Instead of handing out roses, they'll be giving a hand and training students to act as bystanders during cardiac emergencies. They'll be working with local emergency responder agencies to spread the word about the public health crisis of SCA. And while you may find yourself one of the 111 million people watching the nation's biggest football game, take a moment to consider another number: 300,000 – the number of those who lose their lives to SCA each year – and how you can make a difference.



New Materials for Increasing Awareness and Improving Response to Sudden Cardiac Arrest

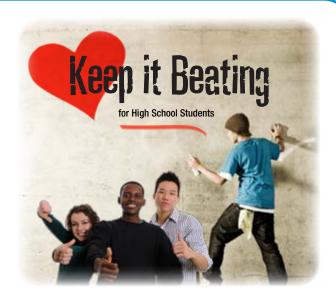
First responders play a vital role in the chain of survival of Sudden Cardiac Arrest (SCA).

The First on the Scene Toolkit, was developed to help you bring education and information into your local community. Some of the topics included in the Toolkit are:

- SCA educational materials and statistics
- How to conduct CPR/AED training programs for students
- How to create an Emergency Action Plan for schools, businesses and community organizations
- · Cardiovascular testing and screening efforts
- Tips to set up Public access defibrillation (PAD) programs
- Patient rehabilitation and recovery support programs and recourses
- Fundraising and grant opportunities from government, nonprofit and private organizations

First On the Scene Tooklit is a **free** resource provided by the Sudden Cardiac Arrest Association to assist first responders with their community outreach efforts.

For more information visit: www.suddencardiacarrest.org or call 703-534-1875



New Secondary School CPR/AED Training Program

Having an AED on campus and an emergency action plan in place can mean the difference between life and death. But without bystander assistance in the form of CPR and AED use, 95 percent of victims do not survive.

One way to reverse this trend is to develop a citizenry trained to intervene as bystanders. Sudden Cardiac Arrest Association (SCAA) offers a nationally recognized secondary CPR/AED training program called "Keep it Beating." The program provides students a comprehensive learning experience, while offering administrators the flexibility to select an educational structure that best fits the school's needs.

The program:

- Follows the latest American Heart Association guidelines and is taught by professional trainers from the SCAA community.
- Consists of two 45 minute sessions. Part 1 focuses on how the heart functions, performance of CPR and administration of shocks from an AED; Part 2 provides hands-on practice sessions to perfect their lifesaving skills.
- Provides all training material, manikins and equipment.
 (School should provide an LCD projector and screen.)
- Provides the school with access to promotional material to share with students and parents.
- Includes a Final Report issued to the school detailing how many students were trained, what they learned, and how they felt about the course. Students also receive cards indicating they have completed training in CPR/AED use.
- Offers students a way to fulfill part of their community service requirement.
- Is provided at no charge.

Find out how to "Keep It Beating" in your school.

To schedule a session or for more information, visit www.suddencardiacarrest.org or call (202) 534-1875.



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Calendar of Events

EMS Today

February 28-March 3, 2012

American College of Cardiology

March 24-27, 2012

Heart Rhythm Society Annual Conference

May 9-12, 2012

Emergency Cardiovascular Care Update

September 11-15, 2012

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