Over the past two decades, this internationally recognized cardiologist has conducted several landmark clinical trials—the results of which have challenged prevailing assumptions. In the process, her work has dramatically changed the treatment of acute myocardial infarction and rewritten the guidelines for aggressive cardiac intervention.

Changing Hearts and Minds

Judith S. Hochman, M.D.
Harold Snyder Family Professor of Cardiology; Director, Cardiovascular Clinical Research Center; Co-Director, Clinical and Translational Science Institute

The story broke on the front page of *The New York Times* on November 15, 2006. Headlined "Study Questions Angioplasty Use In Some Patients," the article reported that an important clinical trial had shown that use of stents to unblock clogged arteries—though lifesaving in the hours immediately following a heart attack—often does no good if the heart attack occurred several days earlier.

The study, called Occluded Artery Trial, or OAT, involved 2,166 patients in 217 sites on five continents, and was led by NYU Langone's Dr. Judith Hochman. The results of the National Heart, Lung and Blood Institute (NHLBI)-funded study surprised her as much as it did other cardiologists. "We had expected to find that angioplasty would reduce the risks of heart failure, subsequent heart attacks and death—but the theory failed the test," she said. "That's why we have clinical trials, and that's why we need clinical trials that test current practices as well as new drugs and treatments."

Other trials led by Dr. Hochman have been equally impactful. She was Study Chair of the NHLBI-funded SHOCK trial which also yielded surprising results. According to Dr. Hochman, many current procedures and drugs warrant careful clinical study. "We have an overwhelming challenge, " she said. "Doctors and patients have to understand that participation in clinical trials is necessary if you want to keep making advances." Dr. Hochman is accustomed to such challenges as a physician, scientist, and author. Says Dr. Hochman: "Persistence is my hallmark."

In addition to the OAT trial, the results of which made headlines in *The New York Times*, Dr. Hochman was Study Chair of the SHOCK trial, which focused on treatment of patients who develop cardiogenic shock—the leading cause of death in heart attack patients once they reach the hospital. The findings of the study, published in 1999, showed that aggressive, invasive treatment such as bypass surgery or angioplasty could save the lives of cardiogenic shock patients. As a result of this study, the American Heart Association and the American College of Cardiology re-wrote their guidelines and now recommend aggressively treating heart attack shock patients

"All the News That's Fit to Print"

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STUDY QUESTIONS ANGIOPLASTY USE IN SOME PATIENTS

EXPERTS URGING CHANGES

Implanting Stents Days After Heart Attack May Not Be a Benefit

By DENISE GRADY

Opening a blocked artery with balloons and stents can be lifesaving in the early hours after a heart attack, but a new study concludes that it often does no good if the heart attack occurred three or more days before.

The findings should change medical practice, researchers say, and could affect as many as 50,000 patients a year in the United States. They say doctors should stop trying to open arteries in people who had heart attacks days or weeks before and who are stable and free of chest pain.

Currently, the balloon procedure, called angioplasty, is used in many of those patients, along with stents, devices implanted to prop open an artery. When patients receive treatment late, it is often because they did not realize that they had had a heart attack and delayed going to the doctor or hospital. In some cases, too, doctors may not make the correct diagnosis right away.

The new study "should change practice, and I believe it will," said Dr. Judith S. Hochman, director of the cardiovascular clinical research center at New York University medical school, and leader of the study.

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