

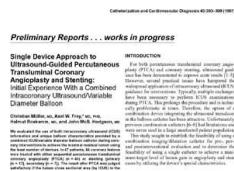
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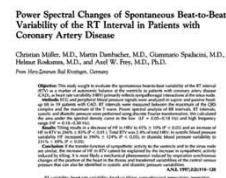
### A) Peer reviewed: 544 Original Contributions

303 as first or last author

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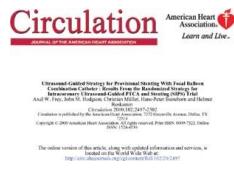
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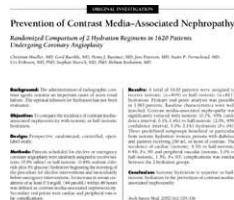
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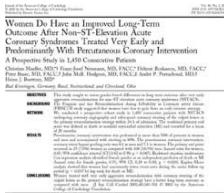
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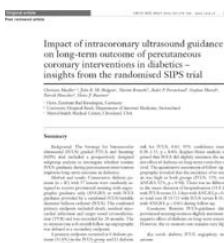


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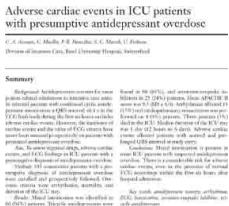
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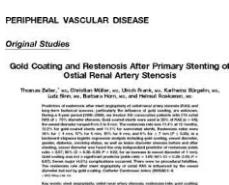
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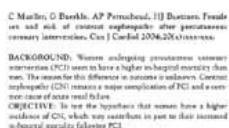
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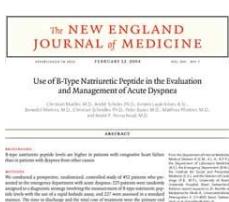
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CLINICAL STUDIES

- ## Prognostic Value of the Admission Electrocardiogram in Patients with Unstable Angina or Non-ST-Segment Elevation Myocardial Infarction Treated with Very Early Revascularization

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- Impact Factor 0.491 Peripheral vascular disease Rank 45

The use of B-type natriuretic peptide in the management of elderly patients with acute dyspnea

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Abstract. **Objectives:** The aim of this study was to determine the role of B-type natriuretic peptide (BNP) in the differential diagnosis of acute dyspnea in elderly patients. **Design:** We performed a prospective observational study in a geriatric emergency department.

**Setting:** The study took place in a geriatric emergency department at a university hospital.

**Patients:** All patients aged 65 years or more who presented with acute dyspnea were included.

**Measurements and main results:** BNP was measured in all patients with acute dyspnea. The mean age of the 111 study patients was 77.5 years. The mean BNP level was 100 pg l<sup>-1</sup>. The BNP levels were significantly higher in patients with acute dyspnea than in those without (mean difference 107 pg l<sup>-1</sup>; 95% confidence interval [CI] 95–119). The BNP levels were significantly higher in patients with acute dyspnea than in those with other diseases (mean difference 107 pg l<sup>-1</sup>; 95% CI 95–119). The BNP levels were significantly higher in patients with acute dyspnea than in those with other diseases (mean difference 107 pg l<sup>-1</sup>; 95% CI 95–119).

**Conclusion:** BNP is a useful tool in the differential diagnosis of acute dyspnea in elderly patients.

**Keywords:** B-type natriuretic peptide, acute dyspnea, elderly patients

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Incidence of contrast nephropathy in patients receiving comprehensive intravenous and oral volume supplementation

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**The impact of platelet count on mortality in unstable angina/non-ST-segment elevation myocardial infarction**

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**Background** Experiencing the knowledge of pathophysiology of thromboembolic events as a central element of cardiovascular disease, we hypothesized that platelet counts may be available prognostic parameters in patients with unstable angina/non-ST-segment elevation myocardial infarction (UANSTEMI).

**Methods** We analyzed data from the Swiss Registry of Unstable Angina and Non-ST Segment Elevation Myocardial Infarction (SARUM) and compared the prognostic value of different platelet count thresholds for mortality.

**Results** A total of 17,747 patients with UANSTEMI were included. Of all deaths, 80 deaths (4.5%) occurred in patients with higher platelet counts at entry, whereas only 74 deaths (4.2%) occurred in patients with lower platelet counts. The hazard ratio for death was 1.04 (1.01–1.07) as compared with the other specific blood count (HR 1.01; 95% CI 0.98–1.04). The hazard ratio for death was 1.04 (1.01–1.07) as compared with the other specific blood count (HR 1.01; 95% CI 0.98–1.04).

**Conclusion** In patients with UANSTEMI, higher platelet counts at entry were associated with a higher risk of death. This finding may support the hypothesis that platelets play a role in the pathophysiology of UANSTEMI.

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**Impact Factor 5.502, Cardiac & Cardiovascular Systems, Rank 8.**

**Procalcitonin-Guidance of Antibiotic Therapy in Community-acquired Pneumonia: A Randomized Trial**

Michael Christ<sup>1</sup>, Stephan Stalder<sup>1</sup>, Christian Harbarth<sup>1</sup>, Daniel W. Tamm<sup>1</sup>, Perruchoud AP<sup>1</sup>, H. Jürgen Buettner<sup>1</sup>, Michael Müller<sup>1</sup>, Ursula Stalder<sup>1</sup>, Daniel W. Tamm<sup>1</sup>, Stephan Harbarth<sup>1</sup>, and André P. Perruchoud<sup>1</sup>

**Abstract** In patients with community-acquired pneumonia (CAP), antibiotic therapy is often empirical. We hypothesized that procalcitonin (PCT) levels could predict the need for antibiotic therapy.

**Methods** We conducted a randomized trial comparing antibiotic therapy guided by PCT levels with standard antibiotic therapy in patients with CAP. Patients with CAP were randomly assigned to receive antibiotic therapy guided by PCT levels or to receive antibiotic therapy according to the standard of care. The primary outcome was the rate of antibiotic treatment failure, defined as the rate of hospital admission or death within 30 days of randomization.

**Results** A total of 1,000 patients were included. The rate of antibiotic treatment failure was 11.0% in the PCT-guided group and 14.0% in the standard-care group (hazard ratio, 0.77; 95% confidence interval, 0.58–0.96;  $P = .01$ ). The rate of hospital admission was 4.0% in the PCT-guided group and 5.0% in the standard-care group (hazard ratio, 0.79; 95% confidence interval, 0.58–1.00;  $P = .01$ ). The rate of death was 1.0% in the PCT-guided group and 1.5% in the standard-care group (hazard ratio, 0.67; 95% confidence interval, 0.46–0.88;  $P = .01$ ).

**Conclusion** In patients with CAP, antibiotic therapy guided by PCT levels was associated with a lower rate of antibiotic treatment failure than standard antibiotic therapy.

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**Impact Factor 9.091, Critical Care Medicine, Rank 1.**

**Long-Term Results After Directional Atherectomy of Femoro-Popliteal Lesions**

Thomas Lüscher<sup>1</sup>, Stephan Stalder<sup>1</sup>, Stephan Harbarth<sup>1</sup>, Michael Müller<sup>1</sup>, Stephan Harbarth<sup>1</sup>, Stephan Stalder<sup>1</sup>, Michael Müller<sup>1</sup>, Ursula Stalder<sup>1</sup>, Daniel W. Tamm<sup>1</sup>, Perruchoud AP<sup>1</sup>, H. Jürgen Buettner<sup>1</sup>, Michael Christ<sup>1</sup>, Stephan Harbarth<sup>1</sup>, Daniel W. Tamm<sup>1</sup>, Perruchoud AP<sup>1</sup>, H. Jürgen Buettner<sup>1</sup>, Michael Müller<sup>1</sup>, Ursula Stalder<sup>1</sup>, Daniel W. Tamm<sup>1</sup>, Stephan Harbarth<sup>1</sup>, and André P. Perruchoud<sup>1</sup>

**Abstract** In the present study, we evaluated the long-term results of directional atherectomy of femoro-popliteal lesions.

**Methods** Between 1993 and 1998, 100 consecutive patients with symptomatic femoro-popliteal lesions were treated with directional atherectomy. All lesions were located in the distal femoral and proximal popliteal arteries. The mean age of the patients was 61 years (range, 30–82 years). The mean lesion length was 11.5 cm (range, 3–25 cm). The mean number of lesions per patient was 1.2 (range, 1–3). The mean lesion diameter was 6.5 mm (range, 4–10 mm). The mean lesion area was 40.5 mm<sup>2</sup> (range, 10–100 mm<sup>2</sup>). The mean lesion length was 11.5 cm (range, 3–25 cm). The mean lesion diameter was 6.5 mm (range, 4–10 mm). The mean lesion area was 40.5 mm<sup>2</sup> (range, 10–100 mm<sup>2</sup>).

**Results** At 1-year follow-up, 93% of the patients had a good or excellent result. At 5-year follow-up, 80% of the patients had a good or excellent result. At 10-year follow-up, 60% of the patients had a good or excellent result. At 15-year follow-up, 40% of the patients had a good or excellent result. At 20-year follow-up, 20% of the patients had a good or excellent result. At 25-year follow-up, 10% of the patients had a good or excellent result. At 30-year follow-up, 5% of the patients had a good or excellent result. At 35-year follow-up, 2% of the patients had a good or excellent result. At 40-year follow-up, 1% of the patients had a good or excellent result. At 45-year follow-up, 0.5% of the patients had a good or excellent result. At 50-year follow-up, 0.2% of the patients had a good or excellent result. At 55-year follow-up, 0.1% of the patients had a good or excellent result. At 60-year follow-up, 0.05% of the patients had a good or excellent result. At 65-year follow-up, 0.02% of the patients had a good or excellent result. At 70-year follow-up, 0.01% of the patients had a good or excellent result. At 75-year follow-up, 0.005% of the patients had a good or excellent result. At 80-year follow-up, 0.002% of the patients had a good or excellent result. At 85-year follow-up, 0.001% of the patients had a good or excellent result. At 90-year follow-up, 0.0005% of the patients had a good or excellent result. At 95-year follow-up, 0.0002% of the patients had a good or excellent result. At 100-year follow-up, 0.0001% of the patients had a good or excellent result.

**Conclusion** Directional atherectomy of femoro-popliteal lesions is a safe and effective procedure. The long-term results are acceptable.

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**Impact Factor 14.086, Cardiac & Cardiovascular Systems, Rank 2.**

**B-type natriuretic peptide levels predict event-free survival in patients with implantable cardioverter defibrillators**

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**Abstract** Implantable cardioverter defibrillators (ICDs) are often used in patients with atrial fibrillation. We hypothesized that B-type natriuretic peptide (BNP) levels predict event-free survival in patients with ICDs.

**Methods** We analyzed data from the Swiss Registry of Unstable Angina and Non-ST Segment Elevation Myocardial Infarction (SARUM) and compared the prognostic value of different BNP levels for mortality.

**Results** A total of 1,000 patients with ICDs were included. The hazard ratio for death was 1.04 (1.01–1.07) as compared with the other specific blood count (HR 1.01; 95% CI 0.98–1.04). The hazard ratio for death was 1.04 (1.01–1.07) as compared with the other specific blood count (HR 1.01; 95% CI 0.98–1.04).

**Conclusion** In patients with ICDs, higher BNP levels at entry were associated with a higher risk of death. This finding may support the hypothesis that BNP plays a role in the pathophysiology of ICDs.

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**Impact Factor 4.512, Cardiac & Cardiovascular Systems, Rank 13.**

**Research Article**  
**Pro-adrenomedullin to predict severity and outcome in community-acquired pneumonia [SRCTN#0173297]**

Michael Christ<sup>1,2</sup>, Stephan Stalder<sup>1</sup>, Stephan Harbarth<sup>1</sup>, Daniel W. Tamm<sup>1</sup>, Perruchoud AP<sup>1</sup>, H. Jürgen Buettner<sup>1</sup>, Michael Müller<sup>1</sup>, Ursula Stalder<sup>1</sup>, Daniel W. Tamm<sup>1</sup>, Stephan Harbarth<sup>1</sup>, and André P. Perruchoud<sup>1</sup>

**Abstract** We compared whether Pro-adrenomedullin (PAM) levels predict outcome in patients with community-acquired pneumonia (CAP). We hypothesized that PAM levels are associated with the severity and outcome of CAP.

**Methods** We analyzed data from the Swiss Registry of Unstable Angina and Non-ST Segment Elevation Myocardial Infarction (SARUM) and compared the prognostic value of different PAM levels for mortality.

**Results** A total of 1,000 patients with CAP were included. The hazard ratio for death was 1.04 (1.01–1.07) as compared with the other specific blood count (HR 1.01; 95% CI 0.98–1.04). The hazard ratio for death was 1.04 (1.01–1.07) as compared with the other specific blood count (HR 1.01; 95% CI 0.98–1.04).

**Conclusion** In patients with CAP, higher PAM levels at entry were associated with a higher risk of death. This finding may support the hypothesis that PAM plays a role in the pathophysiology of CAP.

- Christ-Crain M, Morgenthaler NG, Stolz D, Müller C, Bingisser R, Harbarth S, Tamm M, Struck J, Bergmann A, Müller B. Pro-adrenomedullin to predict severity and outcome in community-acquired pneumonia. Critical Care 2006;10:R96 Epub 2006 Jun 28.**  
**Impact Factor 4.553, Critical Care Medicine, Rank 3.**

**Research Article**  
**Incidence, risk factors, and outcome of aspiration pneumonitis in ICU overdose patients**

Christ A, Arranto C, Schindler C, Klima T, Hunziker P, Siegemund M, Marsch S, Eriksson U, Müller C. Incidence, risk factors, and outcome of aspiration pneumonitis in ICU overdose patients. Intensive Care Med 2006;32:1423-7.

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**Gender-Specific Risk Stratification With B-Type Natriuretic Peptide Levels in Patients With Acute Dyspnea**

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**Impact Factor 14.086, Cardiac & Cardiovascular Systems, Rank 2.**

**The use of B-type natriuretic peptides in the detection of myocardial ischemia in settings with rapid access to coronary angiography**

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**Right bundle branch block and long-term mortality in patients with acute congestive heart failure**

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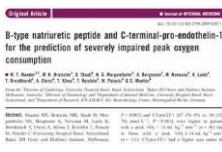
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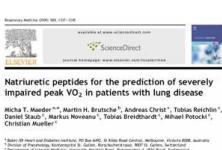
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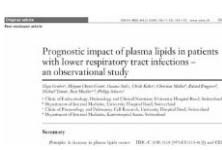
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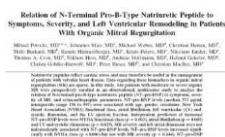
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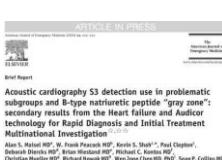
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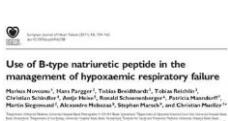
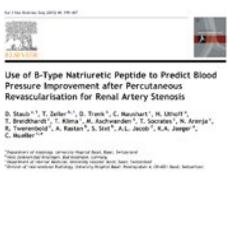
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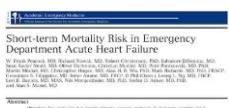
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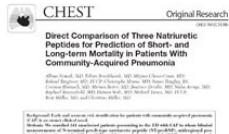
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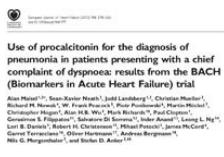
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## C) Other Publications (Editorials, Letter to Editor, Case Reports)

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### Oral contributions to international conferences last 5 years:

Regular speaker at international conferences with 15-20 oral presentation per year, including in the last 5 years:

Annual meeting of the European Society of Cardiology 2017-2022

Annual meeting of the Heart Failure Association 2017-2022

Annual meeting of the Acute Cardiovascular Care Association 2017-2022,

Annual meeting of the Global Research on Acute Conditions Team 2017-2022

Integrated Management of Cardiovascular Disease 2017-2022

Annual meeting of the Swiss Society of Cardiology 2017-2022

Annual meeting of the International Federation of Clinical Chemists

Annual meeting of the American College of Cardiology

Annual meeting of the American Heart Association

Annual meeting of the European Society of Emergency Medicine

### Outreach activities last 5 years:

#### **Aimed at clinicians and medical personnel**

Organisational committee MedArt Congress Basel 2017-2022

Organiser of the Cardio Update Basel, University Hospital Basel 2017-2022

Organisational committee Monthly Heart Failure lectures 2012-2017

Featured in webinars of "ESC TV", ESC-ACCA webinars

Educational and Implementation efforts related to Clinical Practice Guidelines of the European Society of Cardiology, including first authorship and co-authorships of specific educationa Q&A documents accompanying the 2015 ESC NSTE-ACS guidelines, as well as co-author and reviewer activities of several other Clinical Practiec Guidelines of the European Society of Cardiology

Leading interdisciplinary educational and implementation efforts of the Swiss Society of Cardiology, the Swiss Society of Laboratory Medicine, and the diagnostic industry in Switzerland related to standardization and harmonization of the reporting of cardiac troponin concentrations to avoid medical harm to patients by erroneous interpretation of results

Editorials in medical newspapers targeting primary care physicians with topics related to major scientific advances and their possible clinical implications

#### **Aimed at the general public**

Online presence with website [www.dyspnea.ch](http://www.dyspnea.ch) and [www.crib-usb.ch](http://www.crib-usb.ch)

Social media presence on Twitter @CRIBasel

Creation and publication of "CRIB today" explaining major scientific publications in video, uploaded to website and social media

Tag der offenen Tür Herzzentrum Universitätsspital Basel (2011 und 2017)