

WALL CENTER UPDATE

Fall 2005

VERA MOULTON WALL CENTER FOR PULMONARY VASCULAR DISEASE AT STANFORD

5th Annual Dunlevie Family Lecture Translating Research Progress into Clinical Realities

The Wall Center was honored to welcome renowned researcher and clinician Sheila G. Haworth, M.D., F.R.C.P. as the speaker at the 5th Annual Dunlevie Family Lecture in Pediatric Cardiopulmonary Medicine where she presented her initiatives to bring research progress on PH into the clinical realm.

Haworth is the British Heart Foundation Professor of Developmental Cardiology, Head of Cardiorespiratory Sciences, and Head of the Unit of Vascular Biology and Pharmacology at the Institute for Child Health, University College London. Early in her career, she held a fellowship in fetal and perinatal physiology at Columbia University. Dr. Haworth then completed her training in pediatric cardiology at London's Brompton Hospital where she also became a staff member. Since that time, she has become a leading researcher and clinician responsible for standardizing the care of children with PH across the United Kingdom. In addition, she is a prolific contributor to major journals

and symposia in the field of pulmonary vascular disease.

She began her presentation by noting that only within the past few years has the prognosis for children with PH improved, largely due to the advent of epoprostenol



Dr. Haworth (front row, 2nd from right) and her team.

(Flolan) and heart/lung transplantation as treatments for the disease. But, because these methods encumber the lives of patients, they are far from ideal solutions—which has lead Haworth to conduct deeper investigations into the root causes of the disease itself.

Dr. Haworth's research has helped reveal that PH does not develop due to a single cause but is "a disease of multiple etiologies and different pathological end-points." Thus, treatments must be tailored to the individual patient, which represents a significant challenge to PH scientists going forward. Haworth noted that she and her team have already made important discoveries which have influenced the development of new therapies like bosentan (a medication which reduces the occurrence of vessel-constricting endothelin) as a potentially effective medication for children with PH. At the conclusion of her lecture, Dr. Haworth called for continued exploration of strategies to reverse the damage done by PH. She also displayed video footage of a young boy with PH, enjoying himself at a swim park while wearing a Flolan pump underneath a wet suit, demonstrating that Flolan and other therapies can vastly improve quality-of-life for patients with PH—especially active young children.