

Tiki Brown
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Clerk of State Court
Clayton County, Georgia
Rachel Jeffers

IN THE STATE COURT OF CLAYTON COUNTY
STATE OF GEORGIA

TINA MASHBURN, Individually, and TINA)
MASHBURN, as Administrator of the Estate of)
BILLY R. MASHBURN, deceased,)

Plaintiff,)

v.)

ATLANTA HEART ASSOCIATES, LLC, AND)
CHITURU ADELE, M.D.)

Defendants.)

CIVIL ACTION FILE
NO. 2020CV02176

JURY TRIAL DEMANDED

COMPLAINT

COMES NOW, Tina Mashburn, Individually and as Administrator of the Estate of Billy R. Mashburn, deceased, and hereby files this Complaint, showing the Court and Jury as follows:

INTRODUCTION

On July 30, 2019, 61-year old Billy R. Mashburn experienced chest pains at home and was brought by ambulance via the Clayton County Emergency Medical Services (“EMS”) to the Emergency Department at Southern Regional Medical Center (“SRMC”). During transport to Southern Regional, the results of an electrocardiogram (“EKG”), which monitors the mechanical activity of the heart, were transmitted to cardiologist Chituru Adele, M.D. and a code ST-Elevation Myocardial Infarction (“STEMI”) was called. In laymen’s terms, Mr. Mashburn was having a heart attack which needed appropriate emergency treatment.

Dr. Adele, in attempting to treat the STEMI (and a blocked artery that was consequently discovered), performed a cardiac catheterization of Billy Mashburn’s right coronary artery that was complicated by a perforation of the artery. Dr. Adele recognized the perforation and attempted

to mend the perforation, but the patient suffered profound hypotension (severely low blood pressure) during the procedure. This hypotension was caused by the perforation and led to a pericardial effusion (excess fluid between the heart and the pericardium, the sac around the heart). This untreated effusion ultimately resulted in cardiac tamponade, a serious medical condition in which blood or fluid fills the pericardium. Mr. Mashburn's pericardial effusion constituted an emergency necessitating relief of the effusion via performance of pericardiocentesis. Pericardiocentesis is a procedure done to remove fluid that has built up in the pericardium. It is done using a needle and small catheter to drain this excess fluid. Despite this life-threatening condition, Dr. Adele failed to perform a pericardiocentesis and instead, attempted to transfer Mr. Mashburn elsewhere, despite the likelihood that a transfer could not safely take place in a timely manner and would be life-threatening for Mr. Mashburn. Dr. Adele's decision to transfer Mr. Mashburn, rather than perform the needed emergency pericardiocentesis, caused the development of cardiac tamponade and Mr. Mashburn's consequent death.

The acts and omissions/deviations of the standard of care of Dr. Adele are detailed herein and in the contemporaneously filed affidavit of Dr. James Goldstein. These acts and omissions caused Mr. Mashburn's wrongful death. Plaintiff Tina Mashburn, individually and on behalf of her late husband's estate, is entitled to damages, including those for pain and suffering, medical and funeral expenses, and all damages allowed under Georgia law for the wrongful death of Billy R. Mashburn.

PARTIES, JURISDICTION AND VENUE

1.

Tina Mashburn is in the process of being appointed the Administrator of the Estate of Billy R. Mashburn, deceased, and is therefore entitled to bring this action to recover for the physical and

emotional pain and suffering of Billy R. Mashburn, for funeral and burial expenses, for all medical and hospital expenses, and for all other damages recoverable by the Estate pursuant to Georgia law.

2.

Tina Mashburn is Billy R. Mashburn's surviving wife and is entitled to bring this claim for the wrongful death of her deceased husband.

3.

Defendant Atlanta Heart Associates, P.C. is a Georgia for-profit corporation with its principal place of business located at 350 Country Club Drive, Suite A, Stockbridge, Georgia, 30281 within Henry County.

4.

Defendant Atlanta Heart Associates, P.C. maintains an office from which it conducts business at 483 Upper Riverdale Road, 30274 within Clayton, County.

5.

Defendant Atlanta Heart Associates, P.C. may be served through its registered agent for service of process, Gopal Rao, at the registered office address, 350 Country Club Drive, Suite A, Stockbridge, Georgia, 30281 within Henry County.

6.

Defendant Atlanta Heart Associates, P.C. is subject to the jurisdiction of this court.

7.

At all times material hereto, Dr. Chituru Adele was an agent and/or employee of Atlanta Heart Associates, P.C.

8.

At all times material hereto, Dr. Chituru Adele was acting within the course and scope of his employment and/or agency relationship with Atlanta Heart Associates, P.C.

9.

Atlanta Heart Associates, P.C. is liable for the negligent acts and omissions of Dr. Adele.

10.

Dr. Chituru Adele is a physician licensed in the State of Georgia, and he is subject to the jurisdiction of this court.

11.

Dr. Chituru Adele may be served at his residence, 540 Trimble Lake Court, Atlanta, Georgia, 30342-2484, within Fulton County.

12.

Defendants are joint tortfeasors. All defendants are subject to the jurisdiction of this Court.

13.

Venue is proper in this Court because the cause of action originated in Clayton County and Defendant Atlanta Heart Associates, P.C. has an office and transacts business in Clayton County. O.C.G.A. § 14-2-510(b)(3).

FACTS

14.

On July 30, 2019, 61-year old Billy R. Mashburn experienced chest pains at home and was brought by ambulance via the Clayton County EMS to the Emergency Department at Southern Regional Medical Center.

15.

During transport to Southern Regional, the results of an EKG were transmitted to cardiologist Chituru Adele, M.D and a code STEMI (ST-Elevation Myocardial Infarction) was called.

16.

A STEMI code was called during transport via EMS and the EKG was transmitted to Dr. Adele prior to Mr. Mashburn's arrival at the emergency department.

17.

Billy Mashburn arrived at the Emergency Department at Southern Regional around 16:40 (4:40 p.m.). He was immediately triaged and seen by emergency department physician Jumoke Alim, M.D.

18.

Mr. Mashburn presented with a chief complaint of chest pain described as burning in nature with shortness of breath, nausea/vomiting, and diaphoresis.

19.

Mr. Mashburn reported chest pain with a score of 8/10.

20.

Upon arrival at the emergency department on July 30, 2019, Mr. Mashburn was noted to be a well-developed and well-nourished male who was lying on the stretcher.

21.

Mr. Mashburn was noted to be awake, alert, oriented, and cooperative with normal speech. He was not tachycardic and there was no gallop, rub, or murmur.

22.

Mr. Mashburn was admitted to Southern Regional Medical Center, in Clayton County, Georgia.

23.

Mr. Mashburn was taken to the Cardiac Catheterization Laboratory ("Cath Lab") at approximately 16:56 on July 30, 2019 for a cardiac catheterization to treat his STEMI, to be performed by Dr. Chituru Adele.

24.

Once in the Cath Lab on July 30, 2019, Mr. Mashburn was placed on defibrillator pads, cardiac monitor, blood pressure cuff, oxygen at 2 liters per minute via nasal cannula. He was alert and appropriate.

25.

Dr. Adele arrived for the procedure on July 30, 2019 at approximately 17:19.

26.

Dr. Adele undertook to perform a cardiac catheterization and immediate coronary angioplasty because he diagnosed an acute inferior wall ST elevation myocardial infarction.

27.

Dr. Adele performed the catheterization procedure by entering the right femoral artery using the Seldinger technique followed by placement of a 6-French sheath, occurring at approximately 17:30. Selective left and right angiography were performed by approximately 17:33 and the angiograms were reviewed.

28.

Dr. Adele determined that the left main artery and the circumflex artery were free of significant disease.

29.

Dr. Adele determined that the right coronary artery was a dominant vessel and was to be occluded in its mid-segment. This was the infarct-related lesion.

30.

Dr. Adele determined that there was complete occlusion of a large-caliber right coronary artery in its mid-segment.

31.

Dr. Adele performed a primary angioplasty and a pre-dilatation angioplasty, followed by the deployment of 3.5 mm drug-eluting stents.

32.

Dr. Adele performed an immediate angioplasty, which re-established distal flow. Dr. Adele deployed 3.5 mm stents covering the entire lesional segment.

33.

Following the stenting, Dr. Adele determined there was residual deficit due to intravascular calcium. Dr. Adele's team then proceeded with post-dilatation angioplasty.

34.

Post-stenting, Dr. Adele determined that there was a residual stenosis due to calcification within the vessel wall.

35.

Following the post-dilatation, Dr. Adele identified evidence of contrast extravasation outside the coronary vasculature, suggesting perforation.

36.

Dr. Adele then deployed covered stents, specifically, a Graftmaster covered stent, and found no further evidence of contrast extravasation, according to Dr. Adele's July 30, 2019 note. He also noted the implantation of the stent "successfully treated the perforation."

37.

Dr. Adele then placed Mr. Mashburn on intravenous dopamine and fluids due to "persistent blood pressure, hypotension" and a balloon pump was recommended.

38.

Dr. Adele noted that "[p]ost-procedure, due to persistent hypotension," Mr. Mashburn was placed on an intra-aortic balloon pump "for supportive management . . ."

39.

Dr. Adele treated Mr. Mashburn with a balloon pump by approximately 18:04 and 1:1 counterpulsation was established.

40.

At the conclusion of the procedure, (noted by Tiffany Peterson, CVT, RCIS to be complete at 18:10), Dr. Adele determined there was re-established flow down the right coronary artery, the patient was awake and alert, chest pain free, but continued to be hypotensive.

41.

At 18:12, a Code Blue was called, and Mr. Mashburn was noted to have vomited. He was otherwise awake, alert, and oriented.

42.

At 18:12, Dr. Adele requested that Mr. Mashburn be intubated.

43.

At 18:14, Mr. Mashburn was noted to have heart rate of 53, blood pressure of 71/49, O2 saturation of 97%, respirations of 10, and sinus bradycardia.

44.

At 18:52, Mr. Mashburn was noted to have heart rate of 60, blood pressure of 62/22, O2 saturation of 90%, respirations of 13, and sinus bradycardia.

45.

Following the catheterization procedure, it was Dr. Adele's opinion that Mr. Mashburn needed a STAT echocardiogram to assess for pericardial effusion.

46.

By no later than 18:52 had Dr. Adele decided that Mr. Mashburn needed a STAT echocardiogram to assess for pericardial effusion.

47.

Acute pericardial effusion caused by perforation in the coronary vasculature can lead to cardiac tamponade if it is not promptly diagnosed and treated.

48.

Southern Regional Medical Center ("SRMC") operates an accredited cardiac catheterization lab.

49.

SRMC's accredited cardiac catheterization lab is required to have the equipment to perform an echocardiogram.

50.

Nevertheless, an echocardiogram was not performed on Mr. Mashburn at SRMC, despite the fact that Dr. Adele determined he needed one by 18:52 to assess for pericardial effusion STAT.

51.

Rather than performing an echocardiogram himself, Dr. Adele began making arrangements to transfer Mr. Mashburn to Emory University Hospital Midtown (“EUHM”) for urgent echocardiography, assess for pericardial effusion, and placement on an Impella hemodynamic support.

52.

In the note dictated October 17, 2019, Dr. Adele noted that following the procedure, he then “spoke to [his] colleague Dr. Liberman at EUHM, who accepted the patient immediately, and following some extended difficulty in securing an ambulance, patient was eventually transferred to Emory for further management.”

53.

In Dr. Adele’s note dictated July 30, 2019, there is no mention of any difficulty in securing an ambulance or any other notation indicating delay in transfer to EUHM.

54.

When Dr. Adele suspected pericardial effusion, the standard of care required him to perform a STAT echocardiogram, fluoroscopy, or some type of imaging to confirm the suspicion of pericardial effusion.

55.

When Dr. Adele suspected pericardial effusion, following the cardiac catheterization of the right coronary artery complicated by perforation of the artery, the standard of care required him to attempt to treat the effusion, once presence was confirmed, by pericardiocentesis.

56.

When Dr. Adele suspected pericardial effusion, following the cardiac catheterization of the right coronary artery complicated by perforation of the artery, the standard of care required him to perform pericardiocentesis.

57.

When Dr. Adele provided cardiac catheterization services to Mr. Mashburn in the Southern Regional Medical Center on June 30, 2019, the standard of care required him to be proficient in pericardiocentesis so that he could address the complication of effusion appropriately.

58.

Once Dr. Adele's suspicions of pericardial effusion were confirmed by echo following the cardiac catheterization of the right coronary artery complicated by perforation of the artery, the standard of care required him to perform pericardiocentesis rather than to initiate an inappropriate transfer of an unstable patient.

59.

At 19:04, Mr. Mashburn's O2 saturation was noted to be 80%.

60.

At 19:09, a temporary pacemaker catheter was inserted and sutured in place by 19:12.

61.

At 19:31, Mr. Mashburn's blood pressure continued to be dangerously low, and was noted to be 63/22.

62.

At 19:46, Mr. Mashburn's blood pressure was noted to be 55/32.

63.

The Clayton County EMS records indicate that a unit was dispatched at 19:37 and was present at the patient's bedside at 19:42 on July 30, 2019.

64.

The narrative of the Clayton County EMS record states that the EMS crew was presented a report "by the Cath lab doctor" who "advised the patient presented in the ED (emergency department) with an acute myocardial infarction."

65.

The Clayton County EMS records then noted the doctor advised the patient had a[n] inferior infarct and was being transferred with a balloon pump, on a portable vent, with a cardiac monitor and medication pumps. He was noted to be "extremely hypotensive" (54/27) and was being administered significant dosages of vasopressors.

66.

The Clayton County EMS records show that EMS departed with the patient for EUHM at 20:37 and arrived at the destination at 20:54.

67.

Mr. Mashburn arrived at EUHM unconscious, cyanotic, on intra-aortic balloon pump, with a transvenous pacer present at rate of 70, unresponsive, and in critical condition.

68.

Upon arrival at EUHM, Mr. Mashburn's admitting diagnoses included cardiac tamponade, pericardial effusion, STEMI, acute respiratory failure, coronary artery dissection, acute ischemic heart disease, accidental puncture and laceration of a circulatory system organ or structure during a circulatory system procedure, "other intraoperative complications of the circulatory system, not elsewhere classified," and "other surgical procedures as the cause of the abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure."

69.

The medical records from EUHM also reflect that "[p]atient was unstable on multiple high dose pressors with large effusion post PCI (percutaneous coronary intervention) at OSH (outside hospital) and severe shock, hypotension. [Blood pressure] was in 40-50s despite being on high dose 3 pressors and IABP. He was not stable to go to cath lab."

70.

At EUHM, Mr. Mashburn's Glasgow Coma Score was assessed as a 3, the lowest possible score, indicating deep coma or death.

71.

At EUHM, Mr. Mashburn's motor responses were flaccid, he was verbally unresponsive, he was unarousable, and he had no eye-opening response.

72.

Upon arrival to the bedside, Dr. Adam Greenbaum noted, "upon my arrival to the patient's bedside there was no discernable blood pressure despite the [intra-aortic balloon pump] triggering off of a v-paced rhythm. Quick limited bedside echocardiographic imaging revealed a large pericardial effusion with a thickened RV free wall (suggesting thrombus with some additional

fibrin standing in the pericardial space as well) . . . While CPR and ACLS protocol was initiated, emergent bedside pericardiocentesis was performed . . . with removal of approximately 300 mL of bloody, nonclotting fluid with resolution of the effusion of echo. Despite the above and multiple rounds of CPR/ACLS protocol . . . no rhythm or blood pressure could be restored . . .”

73.

Despite the Emory providers relieving Mr. Mashburn’s effusion on July 30, 2019 via drainage of the pericardial cavity, Mr. Mashburn’s condition continued to deteriorate, and he went into pulseless electrical activity arrest.

74.

Mr. Mashburn died on July 30, 2019.

75.

Dr. Gabriela M. Bedolla, pathologist, performed an autopsy of the chest on Mr. Mashburn on August 1, 2019.

76.

Upon autopsy, anatomical diagnoses included “right coronary artery perforation; per medical record, complication of balloon angioplasty at OSH,” “hemopericardium . . . status post pericardiocentesis,” and “cardiac tamponade (clinical).”

77.

Upon autopsy, clinical diagnoses included “myocardial infarction (STEMI) ruled in at OSH (balloon angioplasty to RCA (right coronary artery) with perforation and subsequent stenting); arrived on ventilator[;] [c]ardiac tamponade with large circumferential pericardial effusion (urgent pericardiocentesis)[;] [c]ardiogenic shock – hypotension (epinephrine and balloon pump assist)[;] PEA arrest (CPR/ACLS protocol, multiple rounds).”

78.

Upon autopsy, the microscopic description authored by Dr. Bedolla notes that “[t]he pericardium in the area of pericardiocentesis defect shows acute hemorrhage consistent with post-procedural changes . . .”

79.

Dr. Bedolla also commented: “[t]he decedent was a 61 year old male . . . who presented to an outside hospital on 7/30/2019 with chest pain, where myocardial infarction (STEMI) was ruled in . . . subsequent balloon angioplasty of the right coronary artery was complicated by perforation. On the same day, he was transferred to EUHM (Emory University Hospital Midtown) with intra-aortic balloon pump in place (7/30/2019 at 21:17). He remained hypotensive despite vasopressors and was found to have large circumferential pericardial effusion with tamponade. He underwent emergency bedside pericardiocentesis with removal of 200 mL of bloody fluid. During the procedure, he developed asystole and pulseless electrical activity. Cardiopulmonary resuscitation was instituted; he expired about 30 minutes later . . .”

80.

Dr. Bedolla also comments, “. . . immediate cause of death is attributed to cardiac tamponade secondary to right coronary artery rupture . . .”

COUNT I

MEDICAL MALPRACTICE OF CHITURU ADELE, M.D.

81.

Under Georgia law, Dr. Chituru Adele, in his care and treatment of Billy R. Mashburn, had a duty to comply with the applicable standard of care.

82.

The standard of care, as applies here, is simply what a reasonable physician would do. In other words, the applicable standard of care is the standard of care and skill exercised by physicians generally under similar conditions and like surrounding circumstances.

83.

Dr. Chituru Adele deviated from the standard of care and skill exercised by physicians generally under similar conditions and like surrounding circumstances when he provided medical care and treatment to Billy R. Mashburn on July 30, 2019.

84.

The deviations from the standard of care committed by Dr. Adele include, but are not limited to:

1. Failing to perform an echocardiogram to confirm the diagnosis of pericardial effusion;
2. Failing to perform pericardiocentesis to alleviate Mr. Mashburn's pericardial effusion and resulting cardiac tamponade;
3. Attempting to transfer Mr. Mashburn to a tertiary care center despite his hemodynamic instability;
4. Attempting to transfer Mr. Mashburn despite his need for an emergent pericardiocentesis.

85.

Within a reasonable degree of medical probability, the acts and omissions/deviations from the standard of care as committed by Dr. Adele are the direct and proximate cause of the pain, suffering, and death of Billy R. Mashburn.

86.

Plaintiffs have complied with O.C.G.A. § 9-11-9.1 by attaching the Affidavit of James Goldstein, M.D. as Exhibit "A" to this Complaint. This affidavit contains the opinions of a duly qualified physician competent to render medical opinions under Georgia law against Dr. Adele.

87.

Defendants are jointly and severally liable to Plaintiff for general and special damages.

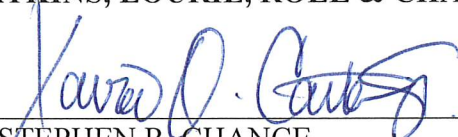
WHEREFORE, Plaintiff prays for the following:

- (a) That process be issued as to all of the Defendants;
- (b) That Tina Mashburn, individually, recover a judgment against the Defendants for the full value of the life of her late husband, Billy R. Mashburn, in excess of Ten Thousand and no/100 (\$10,000.00);
- (c) That Plaintiff Tina Mashburn, as Administrator of the Estate of Billy R. Mashburn, deceased, recover a judgment against Defendants in excess of Ten Thousand and no/100 (\$10,000.00) as shown by the evidence at the trial of this case, for pain and suffering, medical bills and funeral and burial expenses;
- (d) That the Court and Jury grant such other and further relief as it may deem just and proper; and
- (e) That Plaintiff be granted a trial by jury.

This 14th day of October, 2020.

WATKINS, LOURIE, ROLL & CHANCE, PC

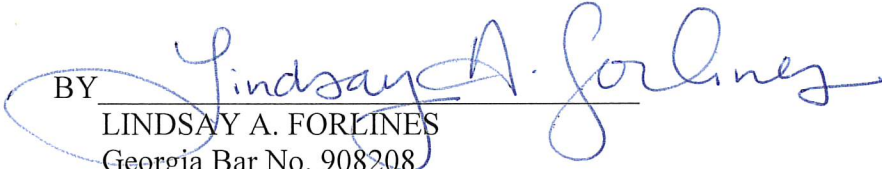
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STATE OF Michigan
COUNTY OF Washtenaw

AFFIDAVIT OF JAMES A. GOLDSTEIN, M.D.

NOW COMES James A. Goldstein, M.D. and, after being duly sworn, deposes and states under oath the following:

1.

My name is James A. Goldstein, M.D. I am over the age of 18. I am of sound mind and suffer no legal impediment from giving this affidavit. I am fully competent and qualified to testify to the matters discussed in this affidavit. I give this affidavit based upon my own personal knowledge.

2.

I am a physician licensed to practice medicine in the state of Michigan. Presently, and for the past 40 years, I have practiced medicine within the specialty of cardiology. I practiced cardiology for all of the five years preceding July 30, 2019. I am a Fellow of the American College of Cardiology. I serve on the Editorial Board of The Journal Catherization and Cardiovascuar Interventions, the Publication of ME Society of Cardiac Angiography, of which I am a Fellow. I am presently Director of Research and Education with the Division of Cardiology, William Beaumont Hospital in Royal Oak, Michigan, where I have an active clinical practice in cardiology. A true and correct copy of my curriculum vitae is attached hereto as Exhibit "A."

EXHIBIT A

3.

Based on my education, training and experience, I am familiar with the degree of care and skill that is exercised by cardiologists in those conditions and circumstances surrounding Mr. Billy Mashburn's presentation to the Southern Regional Medical Center on July 30, 2019, and the care provided to him there, including by Chituru Adele, M.D. I have approximately 40 years of experience in diagnosing and treating patients with a history of myocardial infarction, pericardial effusion, cardiac tamponade, and other cardiac diseases and have experience in performing all manner of interventional cardiology procedures, including cardiac catheterization, and addressing complications of said procedures. For more than three of the five years preceding July 30, 2019 (when the negligent acts and omissions giving rise to this case occurred), I have been actively engaged in the practice of interventional cardiology, including regularly encountering patients, such as Mr. Mashburn, who have undergone a cardiac catheterization and stent procedure and who have developed the complications of perforation and bleeding with pericardial effusion and cardiac tamponade. I have regular and active experience in the diagnosing and treatment of these complications and conditions in my practice, including but not limited to all five years of the five year period preceding July 30, 2019. The experience I have with regard to cardiac patients and interventional cardiology includes all of the five-year time period previous to Mr. Mashburn's presentation to Dr. Adele in July of 2019.

4.

This affidavit is based upon my personal knowledge gained through my education, training and experience. This affidavit is also based upon the facts shown within the following medical records pertaining to Billy R. Mashburn:

- (a) Medical records from the Southern Regional Medical Center relating to the care of Billy R. Mashburn on July 30, 2019;
- (b) Medical records from Emory Healthcare/Emory Crawford Long Hospital relating to the care of Billy R. Mashburn on July 30, 2019;
- (c) Records from the Clayton County EMS relating to the care of Billy R. Mashburn on July 30, 2019; and
- (d) The death certificate for Billy R. Mashburn.

5.

In reviewing the records described above, I have ascertained the following facts and assume them to be true in stating my opinions below:

- a. On July 30, 2019, 61-year old Billy R. Mashburn experienced chest pains at home and was brought by ambulance via the Clayton County EMS to the emergency department at Southern Regional Medical Center. During transport to Southern Regional, an EKG was transmitted to cardiologist Chituru Adele, M.D and a code STEMI (ST Elevation Myocardial Infarction) was called.
- b. Billy Mashburn arrived the emergency department at Southern Regional around 16:40 (4:40 p.m.). He was almost immediately triaged and seen by emergency department physician Jumoke Alim, M.D. Dr. Alim noted that he presented with a chief complaint of chest pain and that just prior to arrival [at the emergency department] he had been engaged in sexual intercourse when he developed substernal chest pain described as burning in nature with shortness of breath, nausea/vomiting, and diaphoresis. Dr. Alim noted that the STEMI code was called during transport via EMS and that the EKG had been transmitted to the interventionalist prior to Mr.

Mashburn's arrival at the emergency department. Mr. Mashburn reported chest pain with a score of 8/10.

- c. Upon arrival at the emergency department, Mr. Mashburn was noted to be a well-developed and well-nourished male who was lying on the stretcher appearing to be in moderate discomfort. He was noted to be awake, alert, oriented, and cooperative with normal speech. He was not tachycardic and there was no gallop rub or murmur.
- d. Mr. Mashburn was admitted to Southern Regional Medical Center. At approximately 16:51, the Cath Lab was noted to be ready for the patient. Mr. Mashburn was taken to the Cath Lab at approximately 16:56 for an emergency cardiac catheterization.
- e. Once in the Cath Lab, he was placed on defibrillator pads, cardiac monitor, B/P cuff, oxygen at 2 liters per minute via nasal cannula. He was alert and appropriated. The physician, Dr. Adele, arrived for the procedure at approximately 17:19. A pre-procedure evaluation was performed, and no changes were noted.
- f. At approximately 17:29 a French size 6 diagnostic catheter was inserted via Mr. Mashburn's femoral artery and a left coronary artery angiogram was performed. The diagnostic catheter was removed at approximately 17:30.
- g. At approximately 17:30, a French size 6 interventional coronary guide catheter was inserted. An angiogram was performed at approximately 17:31.
- h. At 17:37, a 3.0 mm diameter, 15 mm length coronary balloon catheter with 145 cm shaft length was inserted into the right coronary artery and inflated. It was then re-positioned and re-inflated.
- i. At 17:39, a coronary drug eluting stent delivery system was inserted into the right coronary artery. It was deployed at 17:40 and removed at 17:41.

- j. At 17:43, a second drug eluding stent delivery system was inserted into the right coronary artery. It was deployed at 17:44 before being removed.
- k. At 17:47, a second coronary balloon catheter was inserted into the right coronary artery and inflated. It was removed at 17:48.
- l. At 17:48, Najeeb I. Siddique, M.D., an anesthesiologist, was called to the catheterization (or cath) lab due to Mr. Mashburn becoming hemodynamically unstable prior to the insertion of an intra-aortic balloon pump (IABP). He changed Mr. Mashburn from nasal cannula to a 100% non-rebreather mask and reported ventilation and oxygenation were stable.
- m. Between approximately 17:50-17:53, a coronary bare metal stent delivery system was inserted into the right coronary artery and removed.
- n. At 17:52, Mr. Mashburn's vital signs included a heart rate of 54, blood pressure of 64 over 39, oxygen saturation of 96%, respirations at 17, and sinus bradycardia.
- o. At 17:55, a third drug eluding stent delivery system was inserted into the right coronary artery and deployed before being removed at 17:56.
- p. At 18:02, an IABP sheath was inserted.
- q. At 18:05, Mr. Mashburn's vital signs included a heart rate of 55, blood pressure of 66/42, oxygen saturation of 97%, respirations at 9, and sinus bradycardia. At 18:09, his vital signs included a heart rate of 44, blood pressure of 82 over 42, oxygen saturation of 99%, respirations at 10, with sinus bradycardia.
- r. At 18:10, nurse Tiffany Peterson noted that the IABP catheter insertion procedure was deemed complete. At 18:12, the family was notified. The patient was awake, alert, and oriented.

- s. The preliminary cardiac catheterization report notes sedation began at 17:26 and ended at 18:11. Estimated ejection fraction was noted to be 25-30%. The left coronary artery anatomy was noted to be diffuse, with moderate atherosclerosis. The right coronary artery was noted to go from 100% to 0%. However, Dr. Adele noted that the right coronary artery procedure was “complicated by contrast extravasation.”
- t. At 18:12, Dr. Najeeb I. Siddique was again called to the catheter lab where a CODE BLUE was called. Mr. Mashburn was noted to have vomited with possible aspiration on the IABP. Dr. Siddique notes that the cardiologist requested that the patient be intubated. The patient was placed on a ventilator.
- u. Between approximately 19:09 and 19:12, a temporary pacemaker catheter was inserted, and a temporary pacemaker catheter was sutured in place.
- v. At 18:52, Dr. Adele dictated a note documenting the following:
 - i. Mr. Mashburn presented as a 61-year-old male with chest pain and inferior ST elevation myocardial infarction on the ECG. Emergency cardiac catheterization was activated;
 - ii. Dr. Adele undertook to perform a cardiac catheterization and coronary angioplasty because he diagnosed an acute inferior wall ST elevation myocardial infarction;
 - iii. The procedure was performed by entering the right femoral artery using the Seldinger technique followed by placement of a 6-French sheath. Selective left and right angiography were performed and the angiograms were reviewed.
 - iv. It was determined that the left main artery and the circumflex artery were free of significant disease. The right coronary artery was determined to be a dominant vessel that was occluded in its mid-segment and was the infarct-related lesion.
 - v. A primary angioplasty and a pre-dilatation angioplasty were performed, followed by the deployment of 3.5 mm drug-eluting stents.

- vi. Following the stenting, there was residual deficit due to intravascular calcium. Dr. Adele's team proceeded with post-dilatation angioplasty.
 - vii. Following the post-dilatation, they identified evidence of extravasation of contrast outside the coronary vasculature, suggesting perforation. They then deployed covered stents and following deployment, there was no further evidence of contrast extravasation.
 - viii. The patient was then placed on intravenous dopamine and fluids due to "persistent blood pressure, hypotension" and a balloon pump was recommended.
 - ix. Mr. Mashburn was treated with a balloon pump and 1:1 counterpulsation was established. At the conclusion of the procedure, there was re-established flow down the right coronary artery, the patient was awake and alert, chest pain free, but continued to be hypotensive.
 - x. Mr. Mashburn was "planned for emergency transfer to a tertiary care center" with a recommendation for "a stat echocardiogram to assess for pericardial effusion."
- w. The Clayton County EMS records indicate that a unit was dispatched at 19:37 and was present at the patient's bedside at 19:42. [CC EMS 005]. The narrative of the Clayton County EMS record states that the EMS crew was presented a report "by the Cath lab doctor" who "advised the patient presented in the ED with an acute myocardial infarction. The doctor advised the patient had a[n] inferior infarct and was being transferred with a balloon pump, on a portable vent, with a cardiac monitor and medication pumps. He was noted to be "extremely hypotensive" and was being administered significant dosages of vasopressors.
- x. The Clayton County EMS records show that EMS departed with the patient for Emory Crawford Long Hospital at 20:37 and arrived at the destination at 20:54.
- y. The medical records from Emory Crawford Long Hospital record that "[p]atient was unstable on multiple high dose pressors with large effusion post PCI at OSH and severe shock, hypotension. BP was in 40-50s despite being on high dose 3 pressors

and IABP. He was not stable to go to cath lab.” The medical providers at ECLH performed a bedside echocardiogram and performed a pericardial puncture, removing about 200 cc of bloody fluid from Mr. Mashburn’s pericardium. The echo showed no more effusion following that drainage, but fibrinous material remained, “probably represented a clotted blood.” Despite relieving Mr. Mashburn’s effusion, his condition continued to deteriorate and he went into PEA arrest and died.

6.

My review of the records from the care of Mr. Mashburn at Southern Regional Medical Center leads me to conclude that Chituru Adele, M.D., performed a cardiac catheterization of Billy Mashburn’s right coronary artery that was complicated by a perforation of the artery. Dr. Adele recognized the perforation and attempted to mend the perforation, but the patient suffered profound hypotension during the procedure, more likely than not caused by the perforation leading to a pericardial effusion resulting in cardiac tamponade. This constitutes an emergency necessitating immediate relief of the effusion via performance of immediate emergency pericardiocentesis in the catheterization laboratory, preferably with echocardiographic guidance but at minimum under fluoroscopic guidance. Dr. Adele failed to perform those procedures and attempted to transfer Mr. Mashburn despite the likelihood that said transfer could not safely take place in a timely manner to prevent the development of cardiac tamponade and consequent death.

In my opinion, Chituru Adele, M.D. and Atlanta Heart Associates, P.C. breached the standard of care by cardiologists generally under like surrounding circumstances and similar conditions in the following ways:

1. Failing to perform an echocardiogram to confirm the diagnosis of pericardial effusion;
2. Failing to perform pericardiocentesis to alleviate Mr. Mashburn's pericardial effusion and resulting cardiac tamponade;
3. Attempting to transfer Mr. Mashburn to a tertiary care center despite his hemodynamic instability;
4. Attempting to transfer Mr. Mashburn despite his need for an emergent pericardiocentesis.

7.

It is further my opinion, to a reasonable degree of medical probability, that the above-described breaches of the standard of care on the part of Dr. Adele and Atlanta Heart Associates, P.C. caused or contributed to Mr. Billy Mashburn's developing pericardial effusion leading to cardiac tamponade, and ultimately resulting in his death on July 30, 2019.

8.

This affidavit is being given to comply with the requirements of O.C.G.A. § 9-11-9.1. This affidavit is not intended to include all of my opinions that I have formed following my review of the records enumerated herein. In fact, I have additional opinions that are not expressed herein. All of my opinions stated herein are expressed based upon my education, training and experience as well as upon my review of the records enumerated above. I reserve the right to alter and supplement my opinions upon being provided further information.

FURTHER AFFIANT SAYETH NOT.

This 11th day of September, 2020.



JAMES A. GOLDSTEIN, M.D.

Sworn to and subscribed before me

this 11th day of September, 2020.



Notary Public

My Commission expires: 02/28/2026

TONI M. HAGGERTY
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Feb 28, 2026
ACTING IN COUNTY OF Oakland

CURRICULUM VITAE

**James A. Goldstein, M.D., F.A.C.C.
Director of Research and Education
Mike and Shirley Kojaian Endowed Chair in Cardiovascular Research & Education
Department of Cardiovascular Medicine
Beaumont Health System
Royal Oak, Michigan
July 1, 2020**

Date of Birth: January 17, 1950

Marital Status: Married

Children: Jacob, age 36
Rachel, age 34
Sidney, age 32

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Place of Birth: Highland Park, Illinois

Citizenship: United States

Areas of Interest: Congestive Heart Failure
Acute Myocardial Infarction
RV Infarction and RV Shock
Hemodynamics
Atherosclerotic Plaque characterization
Diseases of the Pericardium
Non-invasive and Invasive Imaging
Bedside Cardiovascular Physical Examination

EDUCATION:

1972 B.S. University of Illinois, Urbana, Illinois

1976 M.D. University of Chicago School of Medicine
Chicago, Illinois

TRAINING:

1976-77 Intern
University of Oregon Hospitals
Portland, Oregon

1977-78 Resident in Medicine
University of Oregon Hospitals
Portland, Oregon

1978-80 Research Fellow in Cardiology
Cardiovascular Research Institute
University of California
San Francisco, California

1980-82 Clinical Cardiology Fellow
Cardiovascular Research Institute
University of California
San Francisco, California

CHRONOLOGY OF PROFESSIONAL EXPERIENCE:

1982-86 Associate Chief, Cardiology
Director, Coronary Care Unit
Santa Clara Valley Medical Center
Assistant Clinical Professor of Medicine
Stanford University Medical Center, California

1986-94 Interventional Cardiologist
Cardiac Transplantation Service
Assistant Professor of Medicine
Washington University School of Medicine
St. Louis, Missouri

1994-Present Director of Research and Education
Director of Cardiomyopathy and Heart Failure Center
Department of Cardiovascular Medicine, Beaumont Health System
Professor of Medicine
Oakland University-William Beaumont School of Medicine

HONORS:

Curriculum Vitae

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- 1968-72 Edmund J. James Scholar and Willard Scholar
University of Illinois, Urbana, Illinois
Graduated With Highest Honors and Highest Distinction
- 1971-72 First Undergraduate Appointed as Graduate Teaching
Fellow, Department of Physiology and Biophysics, University of Illinois
- 1988-89 Teacher of the Year, Department of Medicine
Washington University School of Medicine
St. Louis, Missouri
- 1995 The Best Doctors in America: Midwest Region (1996-1997)
- 1996 - 2002 Top Doctors: Detroit Monthly
- 1998-2007 Best Doctors in Michigan, Detroit News & Free Press
- 2005 *Essential Science Indicators* reported that the article on: "Multiple complex
Coronary Plaques in Patients with Acute Myocardial Infarction" (New
England Journal of Medicine 2000;343:915-922) in the top 1% of
citations within the field.
- 2001 – 2005 Guide to American's Top Physicians"
Consumers' Research Council of America
- 1999-2013 Best Doctors in America
- 2011 Best Doctors Metro Detroit
- 2012 US News and World Report's 'Top Doctors'
- 2014 Simon Dack Award for Outstanding Scholarship
American College of Cardiology
- 2014 Teacher Award for 2013
Oakland University-William Beaumont School of Medicine
- 2015 Attending Physician of the Year
Department of Cardiovascular Medicine
- 2016 Hildner Elite Reviewer Award
Catheterization and Cardiovascular Interventions

Curriculum Vitae

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SCAI Annual Meeting

2016 European Atherosclerosis Society Best Poster Award

2016 Attending Physician of the Year
Department of Cardiovascular Medicine

2017 Attending Physician of the Year
Department of Cardiovascular Medicine

2020 Attending Physician of the Year
Department of Cardiovascular Medicine

Special Award: Attending Physician of the Year 2014-2020
Department of Cardiovascular Medicine

2018-Present
Mike and Shirley Kojaian Endowed Chair in Cardiovascular Research & Education

MEMBERSHIPS

Fellow, American College of Cardiology
American Heart Association
Fellow, Society of Cardiac Angiography and Interventions

ADVISORY BOARDS:

Chair, Alumni Annual Funds, Medical & Biological Sciences, Alumni Association,
University of Chicago 2006
Member of Alumni Council, Medical & Biological Sciences Alumni Association,
University of Chicago 2006 – 2009

Board of Trustees: Society of Cardiac Angiography and Interventions: 2010-13

Scientific Advisory Board of the 22nd World Congress on Heart Disease

EDITORIAL RESPONSIBILITIES:

Editorial Board: Catheterization and Cardiovascular Interventions 2006-present

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

Editorial Board: Journal of American College of Cardiology 2002-2006, 2010-2013

Editorial Board: Coronary Artery Disease 2013-present

Manuscript Reviewer: American Heart Journal, American Journal of Cardiology, Catheterization and Cardiovascular Diagnosis, Circulation, Coronary Artery Disease, Journal of the American College of Cardiology, New England Journal of Medicine, Journal of Interventional Cardiology, JAMA, European Heart Journal

Other: Abstract Grader: American College of Cardiology
American Heart Association
Society for Cardiac Angiography: 1998-present
Transcatheter Cardiovascular Therapeutics, 2002-present
CRT 2012-present

HOSPITAL COMMITTEES

Human Investigation Committee: 2001-2006
Cardiovascular Medicine Executive Committee 2006-2011
Cardiovascular Medicine Advisory Committee 2007-2011
Founding Director of Cardiovascular Curriculum OUWBH Medical School Curriculum
OUWBH Medical School Curriculum Committee 2013-2014

Curriculum Vitae

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PROFESSIONAL SOCIETY COMMITTEE MEMBERSHIPS:

Society of Cardiac Angiography: Interventional Committee: 2002-present

Society of Cardiac Angiography: Board of Trustees: 2009-present

Chair: Multi-specialty Occupational Health Group: Representing SCAI: 2004-present

Chair: SCAI Task Force on Interventional CHF

Chairman: American College of Cardiology: Michigan Chapter Annual Meeting 2006

GRANTS:

"An Open-label Pilot Study to Examine the Effects of Nifedipine GITS on Total Ischemic Activity, Metabolic and Mechanical Function of the Left Ventricle in Patients With Stunned and Hibernating Myocardium" (07/89 - 07/92): Pfizer Pharmaceuticals, Inc.: \$150,000

"Mechanisms Underlying Right Ventricular Dysfunction" (07/01/88 - 06/31/89): Missouri Heart Association Grant-in-Aid: \$50,000

"Responses of the Right Heart to Ischemia and Reperfusion" (07/01/91 - 06/31/93): Missouri Heart Association Grant-in-Aid: \$50,000

"Deleterious Effects of the Lytic State on Reperfused Myocardium: A Pilot Study Comparing the Effects on Reperfused Myocardium of a Fibrin-Selective Versus a Nonfibrin-Selective Thrombolytic Agent" (12/15/92 - 02/28/93): Genentech: \$50,000

"The Effects of a Superoxide Dismutase Mimic on Recovery of Myocardium Subjected to Thrombotic Occlusion and Prolonged Thrombolytic Reperfusion" (10/01/93 - 10/01/94): Monsanto/Searle Grant: \$200,000

Randomized, Double-Blind, Placebo-Controlled Study of the Acute Hemodynamic Effects and Safety of the Endothelin Receptor Antagonist in Subjects with Heart Failure. Bristol-Myers Squibb Pharmaceutical Research Institute. (12/96 - 12/97): \$40,000

A Clinical Phase 1 / 2 Study of Transarrest as adjunct therapy for cardiac rate and rhythm

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management during coronary artery bypass graft (CABG) Surgery. Corvascular Surgical Systems: \$200,000 1998-9

Coronary Angiography using the angiographic contrast injection system study –ACIST Medical Systems: \$30,000 1998-9

An acute, double-blind, placebo-controlled, parallel group study of coronary vascular responsiveness during administration of the 5HT_{1B/1D}-receptor agonists, eletriptan (IV) or sumatriptan (SC), as determined using quantitative coronary angiography (protocol A1601072) – Pfizer Pharmaceuticals: \$750,000 2001-2002

Inot-43: The effects of nitric oxide for inhalation on survival or the need for dialysis or a right ventricular assistance device (RVAD) in right ventricular infarction patients (protocol #Inot43) \$25,000 2002

Coronary artery plaque characterization by near-infrared spectroscopy in patients undergoing elective percutaneous coronary intervention. InfraReDx, Inc. \$50,000 2009-2010

Chemical Composition of Plaques by CT Angiography: Correlation by Coronary artery plaque characterization by near-infrared spectroscopy. Siemens, Inc. \$20,000 2009-2010

Co-Investigator: PITCH Heart Failure Study: PDE5 Inhibition with Tadalafil Changes Outcomes in Heart Failure. Massachusetts General Hospital (MGH) and New England Research Institutes, Inc (NERI) \$26.1 million cooperative grant award from the National Heart, Lung and Blood Institute (NHLBI) of the National Institutes of Health (NIH) to conduct a trial testing the safety and efficacy of tadalafil, a pulmonary vasodilator and phosphodiesterase Type 5 (PDE5) inhibitor, in patients with heart failure.

BIOMEDICAL PATENTS:

Angiographic Fluid Control System: Patent issued: # 5,515,851

Catheterization Procedure Platform System: Patent issued: # 5,586,163

Endomyocardial Biopsy Sheath: Patent issued: # 5,810,746

Radiation Protection System: Patent issued: # 6,448,571

Angiographic Fluid Control System: Patent issued: # 5,515,851

Catheterization Procedure Platform System: Patent issued: # 5,586,163

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Endomyocardial Biopsy Sheath: Patent issued: # 5,810,746

Radiation Protection System: Patent issued: # 6,448,571

Radiation Protection System: Patent issued #6,653,648

Radiation Barrier: Patent issued #7,057,194

Radiation Protection System: Patent issued #7,091,508

Radiation Protection System: Patent issued #60018300-0029

Method and Apparatus for Shielding Medical Personnel from Radiation #60018300-0035

Radiation Protection System: Patent issued #7,638,784

Lower Shield For Radiation Protection System: Patent issued #7,829,873

Method and Apparatus for Shielding Medical Personnel from Radiation: Issued #8,716,687

PUBLICATIONS:

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5. **Goldstein JA**, Vlahakes GJ, Verrier ED, Schiller NB, Botvinick E, Tyberg JV, Parmely

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- WW, Chatterjee K. Volume loading improves low cardiac output in experimental right ventricular infarction. *Journal of the American College of Cardiology* 1983; 2(2):270-278.
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 8. **Goldstein JA**, Schiller NB, Lipton MJ, Ports TA, Brundage BH. Evaluation of left ventricular thrombi by contrast-enhanced computed tomography and two dimensional echocardiography. *The American Journal of Cardiology* 1986;57:757-764.
 9. **Goldstein JA**, Zucker RP, Lee BY. Echocardiographic demonstration of outlet strut fracture of a Bjork-Shiley mitral prosthesis. *Journal of the American College of Cardiology* 1986;7:945-950.
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 13. **Goldstein JA**. Pathophysiology of hemodynamically severe right ventricular infarction. *Coronary Artery Disease* 1990;1:314-327.
 14. **Goldstein JA**. Treatment of congestive heart failure by afterload reduction. *Drug therapy* 1991;21(2):47-58.
 15. **Goldstein JA**, Tweddell JS, Barzilai B, Yagi Y, Cox JL. Right atrial ischemia exacerbates hemodynamic compromise associated with experimental right ventricular dysfunction. *Journal of the American College of Cardiology* 1991;18:1564-1572.
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- fatigue syndrome as documented with holter and biopsy data in Birmingham, Michigan, 1991-1993. *Infectious Diseases in Clinical Practice* 1997;6:327-333.
39. **Goldstein JA.** Right Heart Ischemia: Pathophysiology, Natural History and Clinical Management. *Progress in Cardiovascular Diseases*;January/February 1998;40:4:325-341.
 40. **Goldstein JA.** Novel long-neck sheath for endomyocardial biopsy. *Catheterization and Cardiovascular Diagnosis* 1998;43:352-356.
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 43. McCullough PA, Ayad O, O'Neill WW, **Goldstein JA.** Costs and outcomes of patients admitted with chest pain and essentially normal electrocardiograms. *Clinical Cardiology* 1998;21:22-26.
 44. **Goldstein JA.** Differentiation of constrictive pericarditis versus restrictive cardiomyopathy. *American College of Cardiology Educational Highlights*, Fall 1998:14-22.
 45. **Goldstein JA.** Pathophysiology and clinical management of right heart ischemia. *Current Opinion in Cardiology* 1999;14:329-339.
 46. **Goldstein JA,** Demetriou D, Grines CL, Pica M, Shoukfeh M, O'Neill WW. Multiple unstable plaques in patients with acute myocardial infarction. *New England Journal of Medicine* 2000;343:915-922.
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51. **Goldstein JA.** The unstable plaque: Part II. Editor. *Progress in Cardiovascular Disease* 2002 May/June;44(6).
52. **Goldstein JA.** Multifocal coronary plaque instability. *Progress in Cardiovascular Disease* 2002 May/June;44(6):449-454.
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54. **Goldstein JA.** State of the art review: Pathophysiology and management of right heart ischemia. *Journal of the American College of Cardiology* 2002;40:841-853.
55. Bowers TR, O'Neill WW, Pica M, **Goldstein JA.** Patterns of coronary compromise resulting in acute right ventricular ischemic dysfunction. *Circulation* 2002;106(9):1104-1109
56. Skelding KA, **Goldstein JA,** Mehta L, Pica MC, O'Neill WW. Resolution of refractory no-reflow with intracoronary epinephrine. *Catheterization and Cardiovascular Interventions* 2002;57(3):305-309.
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62. **Goldstein JA**, Massey KD, Kirby S, Gibson M, Hettiarachchi J, Rankin AJ, Jackson NC. Effect of high-dose intravenous eletriptan on coronary artery diameter. *Cephalalgia* 2004;24:515-521.
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M Lim (Editor) 2011 29: 173-190

22. **Goldstein JA**, Madden SP, Sum S, Dixon SR, Madder RD, Muller JE Intravascular Spectroscopy Current Cardiovascular Imaging Reports Kern MJ (Editor) Curr Cardiovasc Imaging Reports 2011
23. **Goldstein JA** Acute Right Ventricular Infarction in Cardiology: An Illustrated Text K Chatterjee (Editor) Jaype Brothers publishers 2012
24. **Goldstein JA**, Madden SP, Sum S, Dixon SR, Madder RD, Muller JE Intravascular Spectroscopy In: Percutaneous Interventional Cardiovascular Medicine: The PCR-EACPI Textbook Eeckhout et al (Editors) Europa Organization Volume I: pages 665-680, 2012
25. **Goldstein JA**. Faces of Right Ventricular Failure. Cardiology Clinics. May 2012 Ed: Goldstein J and Rich J Saunders/Elsevier 2012
26. **Goldstein JA**. Acute Right Ventricular Infarction. Cardiology Clinics. May 2012 pages 219-232 Editors: Goldstein J and Rich J Saunders/Elsevier 2012.
27. **Goldstein JA and Kern MJ**. Percutaneous RV Support Devices. Cardiology Clinics. May 2012 pages 303-310 Editors: Goldstein J and Rich J Elsevier/Saunders 2012
28. Goldstein JA, Intravascular Characterization of Vulnerable Plaque SCAI Interventional Cardiology Board Review Kern M (Editor) Wolters Kluwer/Lippincott Williams 2013
29. Goldstein JA, Restrictive Cardiomyopathy
In Current Diagnosis and Treatment: Cardiology 4th Edition Crawford M (Editor) Lange/McGraw Hill Press 2013
30. Zacharias SK, Goldstein JA Clinical Assessment of the Severity of Aortic Stenosis In Aortic Stenosis: Case-Based Diagnosis and Therapy Abbas A Ed Springer 2015
31. Bilolikar, AN, Abbas AE, Goldstein JA Non-Invasive Correlation of Invasive Imaging: An Essential Guide Editor: Abbas Springer 2015
32. In Interventional Cardiology Imaging: An Essential Guide Abbas A Ed Springer
Goldstein JA Acute Right Ventricular Infarction in Cardiology: An Illustrated Text K Chatterjee (Editor) Jaype Brothers Publishers 2016
33. Goldstein JA, Restrictive Cardiomyopathy In Current Diagnosis and Treatment: Cardiology 5th Edition Crawford M (Editor) Lange/McGraw Hill pages 315-323 2017

Curriculum Vitae**James A. Goldstein, M.D., F.A.C.C.**

34. Goldstein JA. Acute Right Ventricular Infarction
In Kern MJ, Lim M, Goldstein JA (eds): Hemodynamic Rounds Wiley-Liss, Inc. New York, NY 2018
35. Goldstein JA. Hemodynamic Evaluation of Dyspnea
In Kern MJ, Lim M, Goldstein JA (eds): Hemodynamic Rounds Wiley-Liss, Inc. New York, NY 2018
36. Goldstein JA. Bedside evaluation of low output hypotension
In Kern MJ, Lim M, Goldstein JA (eds): Hemodynamic Rounds Wiley-Liss, Inc. New York, NY 2018
37. Hanson ID, **Goldstein JA** Invasive Hemodynamic Assessment of Shock and Use of Mechanical Support for Acute Left and Right Ventricular Failure In Kern MJ, Lim M, **Goldstein JA** (eds): Hemodynamic Rounds Wiley-Liss, Inc. New York, NY 2018
38. **Goldstein JA**. Hemodynamic evaluation of right heart failure.
In Kern MJ, Lim M, **Goldstein JA** (eds): Hemodynamic Rounds Wiley-Blackwell, Inc. New York, NY 2018
39. **Goldstein JA**. Cardiac Tamponade
In Kern MJ, Lim M, **Goldstein JA** (eds): Hemodynamic Rounds Wiley-Blackwell. New York, NY 2018
40. **Goldstein JA**. Constrictive Pericarditis
In Kern MJ, Lim M, **Goldstein JA** (eds): Hemodynamic Rounds Wiley-Blackwell, Inc. New York, NY 2018
41. **Goldstein JA**. Restrictive Cardiomyopathy
In Kern MJ, Lim M, **Goldstein JA** (eds): Hemodynamic Rounds Wiley-Blackwell, Inc. New York, NY 2018
42. Madder RD, **Goldstein JA**, Madden SP, Stone G, Muller JE Intravascular Spectroscopy
In: Percutaneous Interventional Cardiovascular Medicine: The PCR-EACPI Textbook
Eeckhout et al (Editors) Europa Organization 2018
43. Madder RD, **Goldstein JA**, Madden SP, Stone G, Muller JE Intravascular Spectroscopy
In: Percutaneous Interventional Cardiovascular Medicine: The PCR-EACPI Textbook
Eeckhout et al (Editors) Europa Organization 2020

Curriculum Vitae
James A. Goldstein, M.D., F.A.C.C.

BOOK REVIEWS

Goldstein JA. Handbook of the Vulnerable Plaque. New England Journal of Medicine
June 2, 2005;352:22:2360-2361

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

MAJOR INVITED LECTURESHIPS (SELECTED LIST)

Invited Lecture: RV Failure in Chronic Pulmonary Hypertension. American College of Chest Physicians Annual Meeting - October, 1990.

Invited Lecture: RV Infarction and Cardiogenic Shock. American College of Cardiology Annual Meeting - March, 1992.

Invited Lecture: Right Ventricular Infarction. American Heart Association Annual Meeting - November, 1992.

Invited Lecture: Right Ventricular Infarction. American College of Cardiology Meeting - March, 1993.

Invited Lecture: Right Ventricular Infarction. American College of Cardiology, University of California, San Francisco Critical Care Symposium - August, 1993.

Invited Lecture: Pathophysiology of Right Ventricular Dysfunction. American Heart Association - November, 1993.

Moderator of Scientific Session: Neurohormonal Controls in Congestive Heart Failure. American Heart Association - November, 1993.

Invited Lecture: Management of Cardiogenic Shock. American College of Cardiology - March, 1994.

Moderator of Scientific Session: Vasoactive Substances. American College of Cardiology March, 1994.

Invited Lecture: Pathophysiology and Management of RV Infarction. American Heart Association, Symposium on Cardiogenic Shock - November, 1994.

Invited Lecture: Primary Coronary Angioplasty in Acute Myocardial Infarction: The Results of the PAMI Trial. Como, Italy - December 1994.

Moderator of Symposium: Diseases of the Pericardium. American College of Cardiology - March 1995.

Moderator of Scientific Session: Calcium and Cardiac Muscle Regulation. American College of Cardiology - March 1995.

Chairman of Symposium: Pathophysiology and Therapy of Pericardial Disease. American College of Cardiology - March 1996

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

Invited lecture: Right Ventricular Failure. Michigan Thoracic Society- 1996 Annual Scientific Sessions-April 1996

Invited Lecture: Role of Early Coronary Angiography in Evaluation of Chest Pain. Michigan Chapter American College of Cardiology - October 1996

Invited Lecture: Right Ventricular Infarction. American College of Cardiology - Albuquerque, New Mexico. October 1996
Moderator of Scientific Session on Coronary Blood Flow: American Heart Association - November 1996

Invited lecture: The Spectrum of Pericardial Disease: Clinical Presentation, Evaluation and Treatment. American College of Cardiology - March 1997

Keynote address: Biomedical Developments in Cardiovascular Disease. Dillon-Reed Health Care and Technology Conference. New York. June 1997.

Invited presentation: Intraoperative Angiography: Transcatheter Cardiovascular Therapeutics, Washington DC. September 1997.

Moderator of Scientific Session on Mitral Regurgitation: American Heart Association- November 1997

Moderator: Cardiac Seminar: Stenting in the Real World – American Heart Association- November 1997

Invited Lecture: Unstable Coronary Plaques and Triggers of Acute Myocardial Infarction. The Eino Nelson Conference, Aventura, Florida. January 1998.

Grand Rounds speaker: RV Infarction. Henry Ford Hospital, Detroit, Michigan. June, 1998

Transcatheter Cardiovascular Therapeutics (TCT), October 1998

Moderator: Coronary Interventions: Patient Outcomes.

Event Moderator: Cath Lab of the Future I: Design Innovations and “Cine-less” Alternatives.

Event Moderator: Cath Lab of the Future II: Strategies for Information Systems Management.

Lecturer: Cath Lab Innovations and Enhancements: The Practical Utility of a “Portable” Cardiac Catheterization Laboratory-Intraoperative, Emergency Room, and other applications.

Lecturer: Interventional Complications: General Medical Complications: Renal

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

Insufficiency (etiology, prevention and management).

Buenos Aires, Argentina, October, 1998

Panel Discussion: "Minimally Invasive Surgery". Speaker: "State of Art: Hemodynamic Consequences and Management of Acute Myocardial Infarction."

Panel Discussion: "Hemodynamic Consequences and Management of Acute Myocardial Infarction."

Moderator: Heart Failure and Shock in Myocardial Infarction. American Heart Association - November, 1998.

Invited lecture at American College of Cardiology – Cardiovascular Board Review: Certification and Recertification: Diseases of the Pericardium and Restrictive Cardiomyopathy, September, 1999.

Transcatheter Cardiovascular Therapeutics, September, 1999

Pharmacologically Induced Electrical Arrest with Intermittent Pacing to Simplify "Beating Heart" Surgery.

Assisted Injected Systems (ACIST): Reducing Contrast use and making Angiography Easier

Use of Mobile (Portable) Cath Lab: In the OR, ER, and Elsewhere – Technical issues and Clinical Applications

Invited lecture at American College of Cardiology - Spain – National Congress of the Spanish Society of Cardiology: RV infarction. October, 1999.

Invited lecture- American College of Cardiology- Symposia: Management of the Patient with Chest Pain. "Immediate Coronary Angiography in the Emergency Department" March 2000.

Grand Rounds speaker at: Indiana University, Kannert Institute of Cardiology. June, 2000.

Invited lecture – American College of Cardiology -Cardiovascular Board Review: Certification and Recertification. Cardiac tamponade, constrictive pericarditis and restrictive cardiomyopathy. September, 2000.

Transcatheter Cardiovascular Therapeutics, October, 2000.

Invited lecture: Multiple simultaneous unstable coronary plaques: Frequency, mechanisms and clinical ramifications.

Event Moderator: Acute Ischemic Coronary syndromes I; New approaches to unstable angina and non Q-wave MI.

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

American Heart Association, November, 2000.

Invited lecture: Hemodynamics in Right Ventricular Infarction.

Co-moderator: Hypertrophy and Hypertrophic Myopathy.

American College of Cardiology, March, 2001.

Invited lecture: Difficult Hemodynamic Situations: Assessment and Management.

2nd International Congress in Heart Disease, July, 2001 – Invited Lecture

American College of Cardiology Board Review, September, 2001.

Invited Lecture: Cardiac Tamponade, Constrictive Pericarditis and Restrictive Cardiomyopathy.

Transcatheter Cardiovascular Therapeutics 2001, September, 2001.

Invited lecture: Cardiac Cooling and supersaturated oxygen delivery: Novel mechanical approaches to reduce infarct size.

American College of Cardiology: Board Review Course. September 2002

Invited lecture: Cardiac Tamponade, Constrictive Pericarditis and Restrictive Cardiomyopathy and Hemodynamics

Invited lecture: Hemodynamic evaluations

Transcatheter Cardiovascular Therapeutics: September 2002.

Invited lecture: (1) Multifocal plaque instability – incidence, mechanism and clinical implications. (2) Hybrid revascularization in the OR – current status (3) A critical appraisal of reperfusion injury: Of course reperfusion injury exists, and its prevention will save lives (4) Multifocal plaque instability – incidence, mechanisms and clinical ramifications

American Heart Association: November 2002

Invited lecture: Right Ventricular Myocardial Infarction

Symposium moderator: Ventricular function

American College of Cardiology: March 2003

Invited lecture: Right Ventricular Myocardial Infarction

Society for Cardiac Angiography and Interventions: Boston, MA, May 2003

Invited lecture: Hemodynamic Dilemmas for the Interventionalist

Massachusetts General Hospital, Boston, MA. September 2003

Cardiac Journal Club and Cardiac Research Seminar

Invited lecture: Multifocal Plaque Instability

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

American College of Cardiology, Cardiovascular Board Review, September 2003

Invited lecture: Pericardial Disease

Transcatheter Cardiovascular Therapeutics, September 2003

Invited lecture: Multifocal plaque instability in ACS and AMI: detection and management

American Heart Association, November, 2003

Case presentation – Interventional Cardiology 2003 – Bench to Bedside and Beyond- Catheter-based Therapy of Hypertrophic Myopathy: Percutaneous septal ablation

American College of Cardiology, March 2004.

Invited participant: Mechanical Complications of Myocardial Infarction Intervention in Patients with Diabetes

Transcatheter Cardiovascular Therapeutics, September 2004

Invited lecture: The Multisite Nature of Vulnerable Plaque
(Session: Vulnerable Plaque: Pathophysiology, Detection and Therapeutic

Discussant: Moderate Roundtable Discussion and Audience Q&A. (Session: Vulnerable plaque: Pathophysiology, Detection and Therapeutic Intervention

Live case discussant: Plenary Sessions

Moderator: Oral abstract session. Session title: Novel approaches to limit reperfusion injury and LV remodeling.

American College of Cardiology, March 2005

Invited lecture: Intracardiac Echocardiography Road Maps for best patent foramen ovale and atrial septal defect closures

Co-Chair: Interventional Approach for Structural Heart Disease

3rd International Vulnerable Plaque Meeting, June 2005

Invited lecture: Angiography: Still the gold standard?

Chairman: Assessment programs

American Heart Association, November 2005

Invited lecture: Right Ventricular Myocardial Infarction

Moderator: The Right Ventricle 2005: Structure, Function and Pathophysiology

American College of Cardiology – i2 Summit 2006, March 2006

Panelist: Will Computed Tomography Replace Diagnostic Heart Catheterization

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

Michigan Chapter of American College of Cardiology, October 2006
Conference Chair

Transcatheter Cardiovascular Therapeutics, October 2006

Moderator: Transcatheter Closure of Congenital Defects: Focus on PFO and ASD

Lecturer: Transcatheter Closure of Congenital Defects: Focus on PFO and ASD. Embryology and Development of the Atrial Septum, Anatomic Variations with Therapeutic Implications

Panel Moderator: Transcatheter Closure of Congenital Defects: Focus on PFO and ASD

Lecturer: Tough Calls in the Cath Lab: Advanced Hemodynamics and Angiography: Valvular Heart Disease and Hypertrophic Cardiomyopathy

Case Presenter: Tough Calls in the Cath Lab: Advanced Hemodynamics and Angiography: Valvular Heart Disease and Hypertrophic Cardiomyopathy

Case Presenter: Structural Heart Disease I: PFO, ASD and VSD closure tips, tricks and complications

Live Case Discussant: Structural Heart Disease

American College of Cardiology – March 2007

Chair: Multivessel Revascularization in Acute Myocardial Infarction

Transcatheter Cardiovascular Therapeutics, October 2007

Lecturer: Coronary CTA in the Assessment of Acute Chest Pain

Lecturer: Pericardial Effusions and Cardiac Tamponade: How to Recognize and When to Act

Discussant: Three Hemodynamic Conundrums: Stump the Experts (and The Audience)

Lecturer: Septal Anatomy and Anatomic Relationships

Discussant: Moderated Roundtable Discussion. Interventional Therapies For Adult Congenital Heart Disease and Structural Defects

Moderator: Interventional Strategies and Adjunct Pharmacology in ACS And AMI

Lecturer: Anatomy, Embryology and Pathophysiology of Congenital Heart Disease: A Primer for Adult Cardiologist

Lecturer and Discussant: Clinical Imperatives for Plaque Characterization: Scenarios

In which Lesion Interrogation may be Important

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

American College of Cardiology, March 2008

Co-Chair: Assessment of Pericardial Disease

Lecturer: PFO Structure: Simple to Complex: Imaging and Treatment

Lecturer: Effusion and Tamponade – Thinking like a Hemodynamicist

Lecturer: Pericardial Disease

Society for Cardiac Angiography and Interventions, May 2008

Lecturer: Effusion and Tamponade – Thinking like a Hemodynamicist

Lecturer: Pericardial Disease

Grand Rounds Department of Cardiology University of California Irvine September 2008

“Plaque Characterization by CT angiography and Novel Invasive Tools”

Grand Rounds Department of Cardiology Northwestern University September 2008

“Plaque Characterization by CT angiography and Novel Invasive Tools”

Grand Rounds Department of Cardiology Emory University September 2008

“Plaque Characterization by CT angiography and Novel Invasive Tools”

Transcatheter Cardiovascular Therapeutics, October 2008

Lecturer: Coronary CTA in the Assessment of Acute Chest Pain

Lecturer: Pericardial Effusions and Cardiac Tamponade: How to Recognize
and When to Act

Discussant: Three Hemodynamic Conundrums: Stump the Experts (and The
Audience)

Discussant: Moderated Roundtable Discussion. Interventional Therapies For
Adult Congenital Heart Disease and Structural Defects

Lecturer: Clinical Imperatives for Plaque Characterization

Scottsdale Interventional Forum, February 2009

Lecturer: Looking Beyond the Lumen: Plaque Characterization

American College of Cardiology Annual Meeting, March 2009

Lecturer: Pericardial Effusions and Cardiac Tamponade: How to Recognize
and When to Act

Lecturer: Clinical Imperatives for Plaque Characterization

Society for Cardiac Angiography and Interventions, May 2009

Lecturer: Pericardial Effusions and Cardiac Tamponade

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

Lecturer: Clinical Imperatives for Plaque Characterization

EuroPCR, Barcelona May 2009

Lecturer: NIR Infrared spectroscopy for Plaque characterization

Transcatheter Cardiovascular Therapeutics, September 2009

Lecturer: Clinical Imperatives for Plaque Characterization

Lecturer: Pericardial Effusions and Cardiac Tamponade: How to Recognize and When to Act

Discussant: Three Hemodynamic Conundrums: Stump the Experts (and The Audience)

Grand Rounds Department of Cardiology Long Beach Memorial University of California Irvine

October 2009 "Plaque Characterization by CT angiography and Novel Invasive Tools"

American Heart Association, November 2009 Featured Abstract at Late-Breaking Session:

"Computed Tomographic Angiography for Systematic Triage of Acute Chest Pain Patients to Treatment - The CT-STAT Trial"

American Heart Association of Michigan: Celebration of Science U of Michigan March 2010

Keynote Speaker: Vulnerable Plaque

American College of Cardiology Annual Meeting, March 2010

Lecturer: Cardiac Tamponade, Constrictive Pericarditis and Restrictive Cardiomyopathy

Lecturer: Near Infrared Spectroscopy for Plaque Characterization

Society for Cardiac Angiography and Interventions, May 2010

Lecturer: Radiation Induced Pericardial Disease

EuroPCR, Paris May 2010

Lecturer: NIR Infrared spectroscopy for Plaque characterization

Vulnerable Plaque Meeting June 2010 Lisbon, Portugal

Lecturer: NIR Infrared spectroscopy for Plaque characterization

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

Transcatheter Cardiovascular Therapeutics Sept 2010 Wash DC

Lecturer: NIR Infrared spectroscopy with and without CT Correlation

Lecturer: Plaque Composition: Does it Matter and How to Measure

Lecturer: Pericardial Disease: Tamponade, Constriction and Restriction

Lecturer: Detection of Vulnerable Plaque: Are OCT and Spectroscopy the Future?

Lecturer: NIR Spectroscopy and Coronary Distal Embolization

Cardiac Cath Handbook Live: Cooper University Hospital Philadelphia, Pa Oct 2010

Lecturer: Complications of Acute MI: Beyond "Door to Balloon"?

Lecturer: Pericardial Disease: Tamponade, Constriction and Restriction

Lecturer: Embryology of Congenital Heart Disease

Lecturer: The Thinking Catheterizers Approach to SOB and Right Heart Failure

Chronic Total Occlusion-Left Main Summit New York City February 2011

Lecturer: NIR Infrared spectroscopy for Plaque characterization

Scottsdale Interventional Forum, February 2011

Marquis Lecturer: Plaque Characterization BY CT Angiography and Direct
Coronary Imaging

CRT Washington DC March 2011

Lecturer: NIR Infrared spectroscopy for Plaque characterization

American College of Cardiology April 2011

Lecture: Molecular imaging with near infrared spectroscopy and virtual histology
techniques to identify vulnerable plaque

Lecturer: Identification of high risk plaques and predictors of distal embolization:
IVUS, OCT, spectroscopy and beyond

Lecturer: Coronary artery CTA: comparison to intravascular ultrasound

Lecturer: Pericardial Disease: Tamponade, Constriction and Restriction

Society of Cardiac Angiography Annual Meeting Baltimore, Md May 2011

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

Lecturer: Anatomy and Embryology of Congenital Heart Disease: A Primer for Adult Cardiologists

Lecturer: NIR Infrared spectroscopy for Plaque characterization

Lecturer: Pericardial Disease: Tamponade, Constriction and Restriction

EuroPCR Paris May 2011

Lecturer: Stent Treatment Length Should Rely on NIRS Assessment

Beaumont Structural Heart Symposium June 2011

Lecturer: Anatomy and Embryology of Congenital Heart Disease

Vulnerable Plaque Meeting June 2011 Lisbon, Portugal

Lecturer: NIR Infrared spectroscopy for Plaque characterization

Cardiac Cath Handbook Live: Cooper University Hospital Philadelphia, Pa Oct 2011

Lecturer: Complications of Acute MI: Beyond "Door to Balloon"?

Lecturer: Pericardial Disease: Tamponade, Constriction and Restriction

Lecturer: Plaque Characterization: FFR, IVU, OCT and Spectroscopy

Lecturer: Embryology of Congenital Heart Disease

Lecturer: The Thinking Catheterizers Approach to SOB and Right Heart Failure

Washington Hospital Center, Washington DC October 2011

Lecturer: CT Angiography for Evaluation of Chest Pain in the ER

Beaumont Hospital Symposium October 2011

Lecturer: Update in Congestive Heart Failure

Transcatheter Cardiovascular Therapeutics November 2011 San Francisco

Lecturer: Detection of Vulnerable Plaque: Are OCT and Spectroscopy the Future?

Lecturer: Detection of Coronary Lesions at Risk for Distal Embolization

Optics In Cardiology Conference Thorax Center Rotterdam, Netherlands December 2011

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

Lecturer: NIRS-IVUS Imaging for Plaque Characterization

Scottsdale Interventional Forum, February 2012

Lecture: Detection of Vulnerable Plaque

Lecture: Occupational Health and Radiation Protection in the Cath Lab

American College of Cardiology Annual Meeting, Chicago March 2012

Chair and Lecturer: Multi-Disciplinary Management of the Failing Heart: Team Based Evaluation and Advanced Heart Disease

18th Annual Interventional Fellows Course, Miami April 2012

Lecture: NIRS for Plaque Characterization

Lecture: Mechanical Support for High Risk PCI and Cardiogenic Shock

Society of Cardiac Angiography Annual Meeting Las Vegas May 2012

Chair and Lecture: Multi-Disciplinary Management of the Failing Heart: Team Based Evaluation and Therapy of Advanced Heart Disease

Transcatheter Cardiovascular Therapeutics October 2012 Miami, Fla

Lecturer: TVC-guided PCI and its role in your interventional practice

Lecturer: Mechanisms and Predictors of Stent Thrombosis and Restenosis: Insights from NIRS.

Society of Cardiac Angiography Fellows Course, Las Vegas December, 2012

Chair and Lecturer: Multi-Disciplinary Management of the Failing Heart: Team Based Evaluation and Therapy of Advanced Heart Disease

Scottsdale Interventional Forum, February 2013

Lecture: NIRS-IVUS for Total Vessel Characterization

American College of Trial Lawyers Annual Meeting

Keynote Speaker: The Golden Era of Medicine: 1970-2013

Miracles From to Bench to Bedside/ The Future: Robust Pipeline or Devolution?

Optics In Cardiology Thorax Center Rotterdam, Netherlands March 2013

Lecturer: NIRS-IVUS Imaging for Plaque Characterization

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

American College of Cardiology March 2013

Lecture: Is There a Role for Tissue Characterization- VH-IVUS, IB-IVUS, or NIRS-In Guiding and Optimizing Stent Implantation?

Symposium Co-Chair: What do I do Now? Stumping the Panel with Real World Intravascular Imaging and Physiology

Symposium Co-Chair: CT Angiography in Clinical Use

Rush University, Chicago Illinois May 2013

Lecturer: Plaque Characterization

Loyola University, Chicago Illinois May 2013

Lecturer: Plaque Characterization

Society of Cardiac Angiography Annual Meeting Las Vegas May 2013

Hemodynamics Symposium Cases: Hemodynamics of Structural Heart Intervention

Lecturer: Tamponade or other: How do I know if my patient is in trouble?

Exceptional Challenges in PCI: Case Reviews Demonstrating Newest Techniques & Technologies

Lecturer: Intra-coronary Infrared spectroscopy to predict embolization risk during PCI

Round Table: LV-Support – Recent Advances in Technique and Outcomes

Moderator: Round Table Clot, Shock, and Awe in ACS/STEMI: managing the critically ill.

Lecturer: How to manage acute MI with RV shock

Beaumont Advanced Imaging Conference: October 2013

Coronary Plaque Characterization

Cardiomyopathy: Evaluation and Management

TCT: San Francisco, California October 2013

Lecturer: Coronary Plaque Characterization by NIRS

Lecturer: Occupational Health Hazards in the Catheterization Laboratory

University of Pittsburgh Medical Center: November 2013 Visiting professor

Grand Rounds: RV Infarction: A Tale of 2 Ventricles

Fellows Lecture: Pericardial Disease

American Heart Association Annual Meeting: Dallas November 2013

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

Invited Lecture: Constrictive Pericarditis vs Restrictive Cardiomyopathy

CRT: Washington DC February 2014

Lecturer: **NIRS-IVUS for** Coronary Plaque Characterization

Scottsdale Interventional Forum March 2014

Lecturer: Coronary Plaque Characterization

American College of Cardiology Washington DC March 2014

Lecturer: Occupational Health Hazards in the Catheterization Laboratory

Lecturer: Angiography Alone is Insufficient to Guide PCI:

The Important Role of Direct Coronary Imaging in the Interventional Lab

Joint Symposium of the Cardiological Society of India and Inter-American Society
of

Cardiology and the American College of Cardiology

EuroPCR, Paris May 2014

Lecturer: Will hybrid imaging improve our ability to predict culprit lesions?

Lecturer: How to use near-infrared spectroscopy to guide PCI

SCAI Annual meeting Las Vegas May 2014

Lecturer: Coronary Plaque Characterization by NIRS-IVUS

Vulnerable Plaque Meeting, Oxford, England, June 2014

Lecturer: "NIRS Trials"

TCT: Washington, DC September 2014

Lecturer: Avoiding Long-Term Complications with PCI: Imaging Guidance with NIRS

Lecturer: Radiation Reduction Exposure: A Real Unmet Clinical Need:
Clinician Perspective

CVI's 3rd Annual Interventional CV Medicine: The State of the Art Philadelphia October
2014

Lecturer: Can MI be Prevented in the Cath Lab?

CRT: Washington DC February 2015

Lecturer: NIRS-IVUS for Coronary Plaque Characterization

Scottsdale Interventional Forum March 2015

Lecturer: Has PCI Become More Complex in 2015?

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

Lecturer: RV Failure and Percutaneous Support

Lecturer: Coronary Plaque Characterization

SCAI Annual meeting San Diego May 2015

Lecturer: Timing Is Everything! Defining Pre-Shock and Shock

Lecturer: Hemodynamic Evaluation of Right Ventricular Failure and Shock

TCT: San Francisco, Calif September 2015

Lecturer: Acute RV Infarction Requiring Mechanical Support

CRT: Washington DC February 2016

Lecturer: NIRS-IVUS for Coronary Plaque Characterization

Scottsdale Interventional Forum March 2016

Lecturer: New Insights in CHF

Lecturer: RV Failure and Percutaneous Support

Lecturer: Coronary Plaque Characterization

TCT-AP: Seoul, South Korea April 2016

Lecturer: Detection of Vulnerable Plaque by CT Angiography

Lecturer: NIRS-IVUS: Imaging to guide Optimal PCI

SCAI Annual meeting Orlando, Fla 2016

Lecturer: Occupational Health Hazards in the Catheterization Laboratory

European Atherosclerosis Society Innsbruck, Austria, May 2016

Lecturer: Plaque Characterization by CTA: NIRS-IVUS Correlates

TCT Washington DC October 2016

Lecturer: Oh My Aching Back: Occupational Health Hazards

Primary Care Conference Las Vegas Nevada December 2016

Lecturer: Update on Hypertension

Lecturer: Update on Hyperlipemia

Lecturer: Update on Heart Failure

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

CRT Washington 2017

Lecturer: Detection of Vulnerable and Disrupted Plaques by CTA

Lecturer: Impella RP for RV Shock

Lecturer: Novel Radiation Protection Systems

Scottsdale Interventional Forum March 2017

Lecturer: RV Failure and Percutaneous Support

Lecturer: Update on PFO

ARCH Percutaneous Cardiac and Peripheral Vascular Therapeutics 2017

St. Louis, Missouri

Lecturer: Vulnerable Plaque: Holy Grail or Fool's Errand?

SCAI Annual meeting New Orleans May 2017

Lecturer: Managing Stress, Fatigue and Burnout in the Cath Lab

University of Florence Symposium May 2017

Lecturer: Vulnerable Plaque BY CT Angiography

Henry Ford Hospital "Live in the D" Symposium on Mechanical Support June 2017

Lecturer: RV Failure and Percutaneous Support

Innovations in Cardiovascular Disease Venice, Italy October 2017

Lecturer: Angiography Alone is Insufficient to Guide PCI:

The Important Role of Direct Coronary Imaging in the Interventional Lab

TCT Denver, Colorado October 2017

Lecturer: Diagnosis and Treatment Options for RV Shock

Lecturer: Managing Occupational Hazards and Burnout in the Cath Lab

Lecturer: Current State-of-the-Art: Identification of Vulnerable Patients and Plaques with Non-invasive Testing

Primary Care Conference Orlando, Florida 2017

Lecturer: Update on Hypertension

Curriculum Vitae

James A. Goldstein, M.D., F.A.C.C.

Lecturer: Update on Hyperlipidemia

Lecturer: Update on Heart Failure

CRT Washington 2018

Lecturer: Impella RP for RV Shock

Lecturer: Diagnosis and Treatment Options for RV Shock

Lecturer: Novel Radiation Protection Systems

Scottsdale Interventional Forum March 2018

Lecturer: Mechanical Support in RV Failure

Lecturer: The Search for Vulnerable Plaque: The Emerging Role of CTA

Lecturer: Understanding the Anatomy (and Embryology) of the Foramen Ovale

ARCH Percutaneous Cardiac and Peripheral Vascular Therapeutics April 2018

Lecturer: Radiation Safety: Do's and Don'ts

Primary Care Conference Hawaii, 2018

Lecturer: Update on Hypertension

Lecturer: Update on Hyperlipidemia

Lecturer: Update on Heart Failure

SCAI Annual meeting San Diego May 2018

Lecturer: Patient Radiation Skin Injury: Frequency, Prevention and Treatment

C3: Complex Cardiovascular Therapeutics Orlando Florida June 2018

Lecturer: Diagnosis and Treatment of Vulnerable Plaque

TCT Denver, San Diego September 2018

Discussant: Strategies to Control Radiation Exposure III

Lecturer: NIRS-IVUS to Guide Stenting

Cardiovascular Institute of Philadelphia: 3rd Annual Interventional Cardiology Fellows Course
Feb 2019

Lecturer: Developing a Successful Career in CV Medicine: Preventing Burnout and

Curriculum Vitae

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Staying in the Zone

Lecturer: Door-to-Unloading-Acute MI with Shock

CRT Washington 2019

Lecturer: Impella RP for RV Shock

Lecturer: Novel Radiation Protection Systems

Scottsdale Interventional Forum March 2019

Lecturer: RV Shock

ARCH Percutaneous Cardiac and Peripheral Vascular Therapeutics April 2019

Lecturer: Radiation Safety in the Cath Lab

Emory Practical Intervention Course - Southeast Consortium EPIC-SEC: 2019

Lecturer: Plaque Characterization by CTA

SCAI Annual meeting Las Vegas May 2019

Discussant: Managing Stress, Fatigue and Burnout in the Cath Lab

C3 Interventional Cardiology Meeting Orlando June 2019

Lecturer: RV Shock

TCT San Francisco September 2019

Lecturer: A Novel Complete Radiation Protection System Eliminates Operator Exposure and Leaded Aprons

Lecturer: Physician Safety and Emerging Technology Solutions

Cardiovascular Institute of Philadelphia: 3rd Annual Interventional Cardiology Fellows Course
Feb 2020

Lecturer:

CRT Washington 2020

Lecturer: Plaque Instability: ACS is the End, not the Beginning

Lecturer: RV Shock: Pathophysiology and Management

Lecturer: RV Shock: Diagnosis and Management

Lecturer: A Novel Complete Radiation Protection System

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