HEART CARE NEWS

We lead with heart

NORTHSIDE HOSPITAL HEART INSTITUTE

Fall 2025 | Vol. 4 Issue 3

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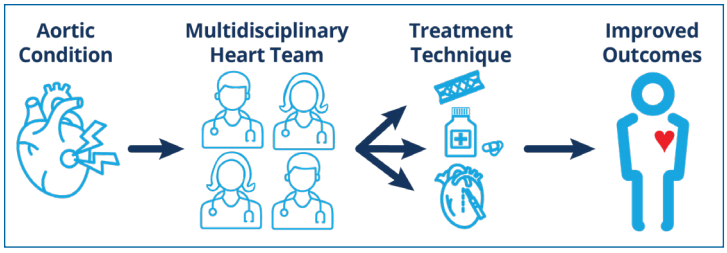
Northside Hospital Heart Institute's Innovations in Complex Aortic Care

Northside Hospital Heart Institute's (NHHI) Center for Aortic Surgery is a key component of the Cardiac Surgery Program at Northside Hospital Gwinnett in Lawrenceville, Georgia, providing diagnosis and treatment for complex aortic conditions and related vascular disorders affecting the aortic arch and descending aorta. A multidisciplinary team of cardiac surgery, vascular surgery, cardiologists and advanced cardiac imaging specialists work collaboratively to provide personalized care. The surgical teams are highly trained in advanced interventions for aortic disease, beginning at the aortic root and extending throughout the thoracic aorta. Their expertise includes aortic valve preservation and repair, as well as a wide range of treatment options such as endovascular stent-grafts and complex open procedures, including the frozen elephant trunk technique.

Advanced hybrid techniques are now an essential part of comprehensive aortic surgery programs. Typically, this hybrid approach involves a less invasive open surgical procedure, followed by a complex endovascular treatment. This combined model is used to treat severe, complex conditions, particularly when a traditional, open surgical approach would not be optimal for the patient.



Looking ahead, the NHHI Aortic Surgery Center is prioritizing strategic program expansion, including enhanced collaboration with radiology, rheumatology and genetic counseling to support comprehensive care for patients with heritable aortic conditions such as Marfan syndrome and Loeys-Dietz syndrome.

For patients and providers seeking to access these services, the program can be reached at 678-312-3500. Referrals are also accepted via fax at 678-312-3529.

"The Center for Aortic Surgery stands out for Northside Hospital patients due to its comprehensive, team-based approach to evaluating complex aortic diseases and formulating individualized treatment plans. This collaborative effort ensures that each patient receives specialized, tailored care that addresses their specific needs."

– Dr. Azad Karim

"As imaging technology for aortic disease advances, so does the complexity of interpretation. At Northside Hospital Heart Institute, we've learned that the best outcomes for our patients come from side-by-side collaboration between our surgeons and imaging experts. This approach ensures that our team delivers the most accurate diagnosis before a treatment is recommended to our patients."

– Dr. Colin O'Brien

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Clinical Trials and Research

Sponsor	Study/Protocol Number and Study Title	NCT Identifier
Biosense Webster, Inc.	**BWI202303 (OMNY-AF) ||** Assessment of Safety and Effectiveness in Treatment Management of Paroxysmal Atrial Fibrillation with the BWI PFA System with OMNYPULSE Catheter	NCT05971693
REDNVIA Co., Ltd.	**TR-CAVD-001 (EVOID-AS) ||** An Adaptive Phase 2/3 Multicenter, Double-Blind, Placebo-Controlled, Randomized, Parallel, 2-Arm Study to Evaluate the Efficacy and Safety of DA-1229 (Evogliptin) in Patient's Calcific Aortic Valve Disease with Mild to Moderate Aortic Stenosis	NCT05143177
Avive Solutions	Avive 4-Minute City (4MC)	

Study Design (Biosense Webster)

- Prospective, single-arm, multicenter, clinical evaluation of the BWI OMNYPULSE™ PFA Platform to demonstrate safety and long-term effectiveness of the system for the treatment of PAF comparing to corresponding performance goals.
- The study will include two sequential phases:
  - **Pilot Phase**: to assess acute safety of the investigational devices including evaluation of neurologic symptoms and/or cerebral lesions.
  - **Pivotal Phase:** to evaluate the safety and effectiveness of the investigational devices. The Pivotal Phase will enroll subjects in the Roll-In and Main phases.
- All subjects will undergo study ablation procedure using the OMNYPULSE™ PFA Platform, followed by a 3-month blanking period and a 9-month evaluation period.

Study Design (REDNVIA Co., Ltd.)

- This is an adaptive Phase 2/3 multicenter, double-blind, placebo-controlled, randomized, parallel, 2-arm study to evaluate the efficacy and safety of DA-1229 compared to placebo in patients with calcific aortic valve disease with mild to moderate aortic stenosis.
- All subjects will be randomized 1:1 to either DA-1229 10 mg or placebo arm.

Study Design (Avive Solutions)

- Multicenter observational study with historical controls in three municipalities/regions (Cumberland County, PA; Jackson, TN; and Forsyth County, GA) where intervention (placement of Avive AED devices) is implemented. The study will evaluate device deployment and use in the contexts of geography and socioeconomics.

AED=automated external defibrillator; BWI=Biosense Webster; PAF=paroxysmal atrial fibrillation; PFA=pulsed field ablation

To learn more about Clinical Trials at Northside Hospital, visit our Clinical Research page or call 404-303-3355.

In the News: Updates for Clinicians

Key Takeaways from SCAI 2025

The Society for Cardiovascular Angiography and Interventions (SCAI) Shock National Meeting took place on September 18-20, 2025, in Tampa, Florida.

"The SCAI Shock meeting is an annual meeting focused on improving outcomes in the most life-threatening heart condition, cardiogenic shock. Cardiogenic shock can have many causes and the treatment of this condition requires not only physician expertise, but nursing expertise as well. The collaboration of cardiologists, critical care physicians, nurses and catheterization lab staff is key to improving mortality in cardiogenic shock. Team members from hospitals worldwide attend SCAI Shock to discuss best practices and learn from one another. I am fortunate to be the chair of the meeting this year and have worked with an incredible group of co-chairs, including Jason Grady, our Northside Hospital Heart Institute Emergency Cardiac Care Coordinator. Northside Hospital is on the cutting edge of cardiogenic shock care, offering the expertise and full spectrum of technology to care for these challenging patients. As a result, we are very involved in teaching teams from other institutions across the world what we find to be best practice for community hospitals."

– Dr. Allison Dupont

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Key Takeaways from SCAI 2025 *(continued from page 2)*

Management of Shock in Patients with Pulmonary Embolism

By Allison Dupont, MD

At SCAI Shock, I discussed the management of shock in patients with pulmonary embolism (PE) and the benefit that mechanical circulatory support (MCS) can provide to some patients. The significant prevalence of normotensive shock in patients who are otherwise classified as intermediate-risk PE was a key focus area of the presentation. To help better identify these at-risk individuals, it is important to utilize the composite shock score as a helpful tool. It is also critical to check lactate levels as an elevated lactate level is a "red flag" and a strong predictor of mortality. Lactate levels >6 mmol/L are associated with a nearly 70% mortality rate in patients with pulmonary embolism.[1]

It is important to remember that veno-arterial extracorporeal membrane oxygenation (VA-ECMO) is a potential alternative to systemic thrombolytics, when available. This approach has a different risk profile, with fewer intracranial bleeds but potentially more vascular complications. However, current observational data have not shown a survival benefit for MCS when used as a standalone therapy and, therefore, thrombectomy should also be considered in this patient population, when possible.

Reference:

1. Vanni S, et al. *Ann Emerg Med*. 2013;61(3):330-338.

Tips for Safe Percutaneous Veno-Arterial ECMO Cannulation

By Allison Dupont, MD

I also had the pleasure of presenting tips for safe percutaneous veno-arterial extracorporeal membrane oxygenation (VA- ECMO) cannulation at SCAI Shock, outlining key best practices to minimize complications. I emphasized starting with secure vascular access using a safe femoral technique, accessing the vessel at approximately 45 degrees, preferably under ultrasound guidance.

For dilation, use a supportive wire (preferably not the wire packaged with the cannulas, which are quite flimsy), make a stab incision and ensure the dilator size does not exceed the cannula size. Immediate anticoagulation after cannula insertion should be performed in most cases. Proper cannula positioning is also crucial, with an emphasis on keeping the wire ahead of the dilator under fluoroscopy and selecting appropriate cannula sizes based on the clinical scenario (e.g., extracorporeal cardiopulmonary resuscitation versus cardiogenic shock) and patient sex.

Post-cannulation, if you are in the catheterization lab, ensure the placement of a pulmonary artery catheter and a right radial arterial line if they haven't been established already, and verify that oxygen saturation is adequate. Remember that flow is nearly always limited by venous pressure rather than arterial pressure; therefore, if venous pressure alarms sound and cannula positions have been confirmed with imaging, consider administering volume.

Shock Tracking: Harnessing the Right Tools for Better Outcomes

By Charlie Nix, NHHI ECMO Coordinator

Shock Tracking: Harnessing the Right Tools for Better Outcomes emphasized the essential role of systematic data tracking in improving outcomes for patients with cardiogenic shock. This presentation underscores that timely data collection allows earlier recognition of clinical patterns, leading to more effective interventions and improved survival.

Multiple data platforms were reviewed, including national registries such as the Cardiogenic Shock Working Group (CSWG) and the National Cardiogenic Shock Initiative (NCSI), as well as customizable systems like REDCap, Midas, Access and Excel. Each offers distinct advantages depending on institutional needs, resources and data objectives.

Following participation in the 2024 SCAI "Starting a Shock Team" session, Northside Hospital initiated structured tracking efforts, worked on joining CSWG and utilized Cerner to generate daily reports for cardiogenic shock cases. Within months, significant improvements were achieved: SCAI classification documentation increased and measurement of SvO_2 and cardiac output/index prior to inotrope initiation rose.

The central message reinforced that data drives improvement—without measurement, progress cannot be achieved. Selecting appropriate tracking tools and fostering multidisciplinary collaboration are critical to advancing the quality and outcomes of cardiogenic shock care.

If you're not measuring, you're guessing.

Georgia CORE GASCO 2025 Annual Meeting

Cardiotoxicity of Proteasome Inhibitors: Incidence, Monitoring, & Management

By Hussein Rayatzadeh, MD

I had the privilege of presenting at the Georgia Society of Clinical Oncology (GASCO) 2025 Annual Meeting on the cardiotoxicity of protease inhibitors (PIs), including their mechanisms, incidence, clinical management strategies, and future directions. Older patients and those with multiple myeloma (MM) are especially vulnerable to developing PI-induced cardiovascular adverse events (AEs). Among PIs, carfilzomib presents the highest risk of causing cardiovascular AEs, occurring in up to 27% of MM patients.[1] The ASPIRE and ENDEAVOR trials showed increased cardiovascular AEs in carfilzomib-treated patients, including hypertension (HTN) and heart failure (HF).[2,3] The underlying mechanism of PI-induced cardiotoxicity involves inhibition of proteasomes in cardiac cells and arterial endothelial cells. A proactive approach to improving these outcomes begins with a baseline cardiac workup and risk stratification to identify high-risk patients before therapy initiation. I shared a case demonstrating that identifying drug-induced cardiotoxicity enables prompt initiation of cardioprotective treatments, such as angiotensin-converting enzyme inhibitors, angiotensin II receptor blockers and beta blockers, which can often allow continuation of necessary cancer therapy. The presentation concluded with promising future directions, including novel PIs and adjunct therapies such as SGLT2 inhibitors and GLP-1 agonists and emphasized the importance of a collaborative cardio-oncology approach.

Key Takeaways

- Carfilzomib is associated with the highest rate of cardiovascular adverse events (7%-27%), greater than bortezomib (0.6%-4.1%) or ixazomib (1.3%).[1]
- Prevention strategies include: obtaining baseline cardiovascular assessments (echocardiogram with strain, B-type natriuretic peptide, and troponin), optimizing HTN, coronary artery disease and HF, and consulting cardio-oncology for high-risk patients.
- Cardioprotective therapy is indicated for patients who experience a relative decline in global longitudinal strain of >15% or serum biomarker elevation, left ventricular ejection fraction <50% or >10% absolute reduction or have a high risk for cardiotoxicity.[1]
- PIs should be discontinued if severe cardiovascular AEs occur, either permanently or resumed based on specific criteria.
- Novel PIs are under development, including oprozomib and marizomib, which may provide a more favorable cardiovascular risk profile.

References:

1. Georgiopoulos G, et al. *JACC CardioOncol*. 2023;5(1):1-21. 2. Stewart AK, et al. *N Engl J Med*. 2015;372(2):142-152. 3. Dimopoulos MA, et al. *Lancet Oncol*. 2016;17(1):27-38.

Left: Dr. Rayatzadeh with Lynn Curham, president of Georgia Center for Oncology Research and Education (CORE).
Right: Dr. Rayatzadeh wore Dr. Thomas Seay's coat while giving his presentation in memory of Dr. Seay's 25 years as a medical oncologist with the Northside Hospital Cancer Institute.

Elevating the Patient Experience

Renal Denervation at Northside Hospital Forsyth

On May 8, interventional cardiologists Dr. Pradyumna E. Tummala and Dr. Christopher R. Leach successfully treated the first patient using renal denervation (RDN), a minimally invasive procedure for resistant hypertension. The Symplicity Spyral RDN system targets overactive nerves near the kidneys which can contribute to high blood pressure.

This procedure provides a new treatment option for select patients whose blood pressure remains uncontrolled despite lifestyle changes and medication management. During the procedure, patients receive mild sedation while the interventional cardiologist guides a catheter into the renal arteries to deliver controlled radiofrequency energy, which reduces nerve activity and helps lower blood pressure.

Clinical studies have shown that the Symplicity™ procedure can significantly reduce blood pressure and the health risks associated with hypertension.

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Renal Denervation at Northside Hospital Forsyth *(continued from page 4)*

Photo: The interventional cardiology team that performed the first renal denervation case at Northside Hospital Forsyth included interventional cardiologists Drs. Leach and Tummala.

"Renal Denervation is a new, minimally invasive treatment that can significantly help patients with difficult-to-control hypertension improve their care and reduce their risk for cardiovascular complications of high blood pressure."
– Dr. Pradyumna Tummala

"Although [renal denervation] usually does not 'cure' hypertension, it has been shown to statistically improve blood pressure numbers and potentially reduce the number of medications a patient may require to control their condition."
– Dr. Christopher Leach

Pulsed Field Ablation – A Medical Milestone for Cherokee County

Northside Hospital Cherokee performed the first pulsed field ablation (PFA) for atrial fibrillation in Cherokee County. In June, Dr. Alok Gambhir and the Northside Hospital Electrophysiology (EP) team began using Boston Scientific's FARAPULSE PFA technology for atrial fibrillation (AFib) ablations — a significant advancement in the treatment. This milestone offers renewed hope for patients living with AFib by providing a safer and more efficient treatment option close to home.

Photo: Northside Hospital Cherokee EP Afib Team (left to right) Michael Walls, Cole Baker, Catherine Furlong-Johnson, Katie Manhard, and Jeramy Savant.

Advancing Vascular Care One Case at a Time – BeBack Crossing Catheter

Photo: (left to right) Dr. Shawn Poole, Cook Medical Representative, Dr. Anu Whisenhunt.

Northside Hospital Atlanta's Vascular Surgery team, led by Dr. Shawn Poole and Dr. Anu Whisenhunt, recently utilized the Cook Medical BeBack® catheter for the first time at Northside Hospital Atlanta. The BeBack catheter is a versatile tool that enhances precision and safety in complex endovascular procedures. It is a low-profile device designed with advanced crossing and targeted re-entry features that can navigate and reopen occluded segments, making it a strong alternative, particularly when standard wire guide and catheter techniques fail.[1] Its primary purpose is to work alongside a steerable wire guide to access specific areas of the peripheral vasculature and to assist in the placement and exchange of wire guides. Per Dr. Poole, "innovation [BeBack Crossing Catheter] in our hands means better outcomes for our patients."

Reference:

1. Cook Medical. BeBack Crossing Catheter. Cookmedical.com. Published September 2024. Accessed October 7, 2025. https://cdnnamsseuspwsprod.azureedge.net/data/resources/PI-WF262981-EN-F_M3_1729014443046.pdf

DASI Simulations Impacts Safety & Outcomes

Northside Hospital began utilizing DASI Simulations technology to better forecast outcomes following transcatheter aortic valve replacement (TAVR). Our collaboration with the DASI team has significantly improved our confidence in predicting both safety and efficacy when selecting the appropriate size and type of bioprosthetic valve for each patient's unique anatomy. This personalized approach helps us achieve the best possible immediate outcomes for patients undergoing TAVR, while also guiding long-term planning for lifetime management of aortic valve disease.

Photo: (left to right) Iris Matthews, Dr. Grant Kim, Hannah Davidson, Dr. Fredy El Sakr, Julie Mack, Dr. Rahil Rafeedheen, Dr. Allison Dupont, Katelynne Berland, and Denise Whyte.

State-of-the-Art Hybrid EVOR

Northside Hospital demonstrates its dedication to excellence in patient care with the opening of a state-of-the-art hybrid endovascular operating room (EVOR). Featuring the latest innovations, this facility allows expert vascular surgeons in Northside Atlanta, Dr. Anu Whisenhunt and Dr. Shawn Poole, along with their team, to perform a variety of advanced procedures with greater accuracy and safety. Whether conducting complex open surgeries to advanced endovascular treatments, the new hybrid EVOR elevates standards for medical innovation and patient results. This milestone highlights Northside Hospital's ongoing commitment to delivering high-quality care and improving community health.

Photo: (left to right) Natalia Vighetto, RN, Ann Sanders, E VOR coordinator, Tammie Tracy, RN, Dr. Anu Whisenhunt, Dr. Shawn Poole, Nadia Duterte, RN, Alfonso Perez, tech, Kyle Wyman, RN, EVOR coordinator, and Brenda Perryman, tech (Not pictured: Casey Jones, tech).

DETOUR - A Minimally Invasive PTAB Procedure

Photo: (left to right) Endologix DETOUR Representative, Stephanie Pfeiffer, PA, and Dr. Edward Kang

The first Endologix LLC DETOUR percutaneous transmural arterial bypass (PTAB) procedure, a new vascular procedure, was performed by Dr. Edward Kang and the Northside Vascular Surgery team at Northside Hospital Atlanta in April 2025. At the time, this was the first DETOUR procedure to take place in metro Atlanta and the second in the state of Georgia. The DETOUR PTAB procedure offers an alternative to traditional surgical bypass. It provides a minimally invasive option for treating complex lower extremity peripheral arterial disease, especially in patients with limited alternatives, such as those who have failed conventional minimally invasive treatments, previous surgical bypasses or are poor candidates for surgical bypass.

Navitor TAVI System

Recently, Northside Hospital Heart Institute began using the Abbott Navitor™ TAVI System at Northside Gwinnett. According to Dr. Fredy El Sakr, Navitor introduces a distinct transcatheter aortic valve platform that enables physicians at Northside Hospital to treat a wider range of patients safely, including those with more variable anatomies. He also expressed, "as our experience grows, we are seeing many different types of people and the varying values they were born with, and the more tools we have to cater to every individual, the more precise and safer we can be in treating each patient."

Around Our Campuses and Community

Northside Hospital Heart Institute: Providing Exceptional Cardiovascular Care to the Atlanta Region

- **Emergency Cardiac Care Centers (ECCC) by the Georgia Department of Public Health**
  - All five Northside Hospital locations:
    - Level I: Northside Hospital Gwinnett
    - Level II: Northside Hospital Atlanta, Cherokee and Forsyth
    - Level III: Northside Hospital Duluth

DPH LEVEL I EMERGENCY CARDIAC CARE CENTER
DPH LEVEL II EMERGENCY CARDIAC CARE CENTER
DPH LEVEL III EMERGENCY CARDIAC CARE CENTER

- **Comprehensive Cardiac Care (CCC) Certification from The Joint Commission**
  - Northside Hospital Gwinnett was recently recertified
- **Primary Heart Attack Center Certification by The Joint Commission**
  - Northside Hospital Cherokee, Forsyth and Atlanta
- **Heart Failure Certification by The Joint Commission**
  - Northside Hospital Forsyth

The Joint Commission | American Heart Association CERTIFICATION Meets standards for Comprehensive Cardiac Center

The Joint Commission | American Heart Association CERTIFICATION Primary Heart Attack Center

The Joint Commission | American Heart Association CERTIFICATION Meets standards for Advanced Heart Failure

2025 Get With The Guidelines® Achievement Awards

All five Northside hospitals received multiple 2025 Get With The Guidelines® achievement awards for success in treating heart disease, stroke and other serious conditions using proven, research-based protocols. In addition to specialty awards in stroke and cardiovascular care, each hospital also earned the new Commitment to Quality Award, which honors organizations achieving high performance across three or more Get With The Guidelines programs.

American Heart Association Recognitions

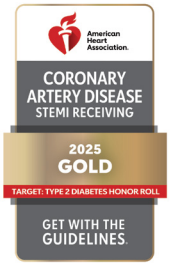
Northside Hospital Atlanta, Cherokee, Forsyth and Gwinnett: Commitment to Quality Award - This is the first year for this special award level - recognizing an elite group of hospitals having reached achievement level in 3 or more Get With The Guidelines® modules. Only 158 sites in the nation met the criteria for this award.

Northside Hospital Atlanta, Cherokee and Forsyth

Northside Hospital Duluth and Gwinnett

All five Northside Hospital locations

Northside Hospital Atlanta, Cherokee, and Gwinnett



Northside Hospital Forsyth

Northside Hospital Atlanta, Cherokee, Forsyth and Gwinnett

Northside Hospital Atlanta, Cherokee, Forsyth and Gwinnett

All five Northside Hospital locations

Northside Hospital Atlanta and Forsyth

Northside Hospital Cherokee

Northside Hospital Forsyth and Gwinnett

Northside Hospital Atlanta and Duluth

Northside Hospital Participated at the Atlanta Heart Walk

The Atlanta Heart Walk, held on September 21, 2025, at Atlantic Station, kicked off at 8 a.m. The Northside Hospital System had 47 teams and 427 walkers, raising $56,920. Thank you to all who participated in this impactful event!

New Northside Cardiovascular Location Opened in July 2025

Northside Cardiovascular – Toccoa is located at 230 Hospital Drive, Toccoa, GA, 30577

Provider Features and Recognitions

CCU-ECMO DAISY Team Award

Congratulations to the Cardiac Care Unit Extracorporeal Membrane Oxygenation (CCU-ECMO) Team at Northside Hospital Gwinnett, who received 'The DAISY Team Award for Extraordinary Nursing Teams' in May 2025. The DAISY Foundation recognizes and honors nurses and nurse-led teams for excellent clinical and compassionate care.

Northside Hospital Heart Institute is Pleased to Welcome Several New Providers

Rahil Rafeedheen, MD, is an interventional cardiologist practicing at CardioVascular Group – Gwinnett. To learn more, visit: cvgcares.com/doctors/rafeedheen-m-d/.

Mark A. Matthews, MD, is a non-invasive cardiologist practicing at Northside Cardiovascular – Toccoa. To learn more, visit: northsidecvi.com/providers/our-cardiologists/mark-matthews.

Murti Patel, MD, is a non-invasive cardiologist practicing at CardioVascular Group – Gwinnett. To learn more, visit: cvgcares.com/doctors/patel-m-d/.

Nirav Patel, MD, is a non-invasive cardiologist practicing at Northside Cardiovascular – Forsyth. To learn more, visit: northsidecvi.com/providers/our-cardiologists/nirav-patel.

Talha Ijaz, MD, is a non-invasive cardiologist practicing at CardioVascular Group – Gwinnett. To learn more, visit: cvgcares.com/doctors/ijaz-m-d/.

Arjun Khadilkar, MD, is a non-invasive cardiologist practicing at Northside Cardiovascular – Forsyth. To learn more, visit: northsidecvi.com/providers/our-cardiologists/arjun-khadilkar.

Alexis Okoh, MD, is a non-invasive cardiologist practicing at CardioVascular Group – Gwinnett. To learn more, visit: cvgcares.com/doctors/okoh-md/.

David Zapata, MD, is a cardiac surgeon practicing at Northside Cardiac Surgery – Gwinnett. To learn more, visit: providers.northside.com/provider/david-samuel-zapata/5846423.

Upcoming Education and Events

EDUCATION

Southern Association for Vascular Surgery Annual Meeting
January 21-24, 2026, @ Atlantis, Paradise Island, Bahamas

CLASSES

Built To Quit, Smoking and Tobacco Cessation Course
Next six-week session start date: January 27, 2026
Weekly classes include the American Lung Association Freedom from Smoking curriculum.

BUILT TO QUIT
Resources to help you stop smoking and using tobacco

Sign up for Heart Care News

Follow Northside Hospital: