

Atherosclerosis Regression Clinic (ARC) General Principles

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Mission

- Add quality years to our patients' lives by using our experience and expertise in the field and engaging patients to be active players of our team.

Goals

- Extend productive and quality life by preventing cardiovascular death
- Prevent disability and morbidity from Cardiovascular Disease
 - Strokes
 - Cardiac events (Heart Attack, Heart Failure)
 - Vascular events (Loss of limbs, kidneys)
 - Renal Disease/Dialysis

Goals-2

- We strongly believe that patient with high CV risk, as well as patient with known CV disease, even in advanced stages, will have very low to no risk of CV events if great majority of (currently measurable in clinical practice) CV risk factors are controlled to optimal level AND reversal of atherosclerosis is demonstrated by CIMT

Goals-3: Summary

- Achieve Individual's Maximal Reduction of RISK FACTORS for Atherosclerosis
- Prove that treatment works by Demonstrating REGRESSION OF ATHEROSCLEROSIS by CIMT

Core Competency

- Design and implement **Individualized Multimodality Treatment Regimens** for patients with complicated, multiple and difficult to treat cardiovascular and renal problems.

Methods

- We are using MULTIMODALITY approach to achieve the lowest possible CV risk status in an individual patient using individualized realistic lifestyle modification and pharmacologic therapy; *see Multimodality Approach Presentation*
- We use multiple biochemical and serologic markers to monitor CV risk status
- We also use serial measurements of Carotid Intima-to Media Thickness to document stabilization and regression of atherosclerosis



Multimodality Approach

- Rapid sequence escalation of therapy with only few days between introduction and escalation of the medication doses
- Structured environment with use of flow sheets with medication start days, uptitration recorded
- Several months to a year plan of therapy, diagnostic studies, etc.

Multimodality Approach

- Natural history of Atherosclerosis and its manifestations is one of relentless progression resulting in disability and death in a majority of untreated and conventionally treated individuals
- Multimodality (“combination chemotherapy”) protocols are being used with a high success rate in Oncology and in Nephrology (Multimodal Renal Remission Protocol), Diabetes (STENO Multifactorial Intervention), Stroke (Oxford Stroke Clinic Protocol)
- The same approach is being applied by us to Atherosclerosis and CV diseases resulting from it

ARC Difference

- We treat ONE PATIENT AT A TIME. Our multimodality protocols are INDIVIDUALIZED to each patient
- Patient is the an EQUAL PARTNER in determining the goals, determining ways to achieve them and in sharing credit and responsibility for successes and failures
- Patient is the MAIN PLAYER in the everyday work. We are the mentors and trainers, helping patient to become the best they can be
- We eat elephant ONE BITE AT A TIME. We set realistic progressive targets, each generally achievable within few months, each getting us closer to our goal
- We are RELENTLESS in making it work and finding practical ways to do it.

How We Make It Work

- Selection of patients: Only motivated patients willing to play an active part in their treatment can succeed.
- Selection of providers: Only top seasoned professionals, passionate about their patients and their work, with great interpersonal and leadership skills are selected to treat and interact with our patient

Practicalities

- ARC functioning is not financially possible under current Medicare/Insurance emphasis on paying for treatment of complications and severely restricting and underpaying for prevention
- Saving patients' lives, preventing strokes, Heart Attacks and Renal Failure is Money Losing Business