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Cardiac Electrophysiology

Device implementation allows physicians to insert small mechanisms into the patient's body to treat a variety of symptoms. A pacemaker, which helps a heart function properly, is just one example of the tools now available to electrophysiologists.

Pacemaker

A pacemaker is a small, battery-powered device that is implanted permanently into the body. The pacemaker monitors the electrical impulses in the heart and, when needed, delivers electrical stimuli to make the heart beat (contract) in a more normal rhythm.

This device is used when the heart beats too slowly (bradycardia) or has other abnormal rhythms (arrhythmias). In some cases, pacemakers are also used to treat the symptoms of heart failure.

A pacemaker consists of a battery and electrical circuitry (pulse generator). The battery powers the pacemaker. The circuitry checks the heart rate and produces tiny electrical pulses that keep the heart beating at the correct pace.

A pacemaker is connected to the heart through one to three insulated wires (leads) that are attached directly to the heart's chambers.

Implantable Cardioverter Defibrillator (ICD)

An implantable cardioverter defibrillator (ICD) is a device that monitors heart rhythms and delivers shocks when dangerous rhythms are detected.

Many ICDs record the heart's electrical patterns whenever an abnormal heartbeat occurs. Doctors can review this record during regular check-ups to help plan future treatment options.

ICDs are used to treat patients whose lower heart chambers (ventricles) beat too quickly (tachycardia) or quiver ineffectively (fibrillation). They are also used in patients who are at risk of these conditions due to previous cardiac arrest, heart failure or ineffective drug therapy for abnormal heart rhythms.

An ICD consists of a battery and electrical circuitry (pulse generator) connected to one or more insulated wires. The pulse generator and batteries are sealed together and implanted under the skin, usually

near the shoulder. The wires are threaded through blood vessels from the ICD to the heart muscle.

The ICD continuously checks the heart rate. When it detects a heartbeat that is irregular or too rapid, it delivers a shock that resets the heart to a more normal rate and electrical pattern (cardioversion).

Implantation of an ICD can be a life-saving measure in people prone to developing fast heart rhythms, such as some individuals with heart failure or a history of heart attacks.

Cardiac Resynchronization Therapy (CRT)

Cardiac resynchronization therapy (CRT), also referred to as biventricular pacing, is used for patients with congestive heart failure. Unlike typical pacemakers, special pacemakers that coordinate the beating for both the left and right ventricles are used for CRT.

CRT can benefit patients with moderate to severe congestive heart failure symptoms, weakened and/or enlarged heart muscles, or a significant electrical delay in the lower pumping chambers of the heart. It has been shown to improve a person's energy level and quality of life.

Atrial Fibrillation Ablation

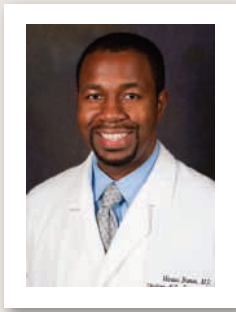
Atrial fibrillation is a disorganized rhythm originating in the upper chambers of the heart that can contribute to palpitations (fast heart rates), worsening of heart failure or stroke. While medical therapy offers some relief, therapy fails many patients eventually or they cannot tolerate it because of side effects. Recent advances have allowed physicians to perform ablations to eliminate atrial fibrillation.

Atrial fibrillation ablation is a specialized technique that requires expertise, specialized technology, careful patient selection and close follow-up.

Prior to the procedure, the physicians utilize the Department of Cardiology's specialized cardiac MR (magnetic resonance) scanner to visualize the left atrium and pulmonary veins. This is where much of this rhythm disturbance originates. The physician uses these images to more precisely plan and guide

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Please Join Us in Welcoming Two New Physicians to Our Practice...



Marcus L. Brown, M.D.
INTERVENTIONALIST

CERTIFICATIONS

- Board Certified in Cardiology
- Board Eligible in Interventional Cardiology
- Board Certified in Nuclear Cardiology
- Board Certified in Internal Medicine
- Specializes in Cardiac Catheterization, Interventional Cardiology and Nuclear Cardiology
- M.D. from Morehouse School of Med.
- Internship and Residency: Johns Hopkins Hospital
- Cardiology and Interventional Fellowship: University of Alabama at Birmingham

Dr. Marcus L. Brown is originally from Sandersville, GA. He graduated high school in 1988 from Washington County High School. Dr. Brown joined the Army National Guard where he served as a combat engineer while attending college at Georgia State University. In 1991, he also served in the Gulf War. Dr. Brown attended medical school at Morehouse School of Medicine, where he graduated with honors in 1998. He completed his Internal Medicine training at Johns Hopkins Hospital in Baltimore, Maryland in 2001. He practiced Internal Medicine as a solo practitioner in Moultrie, Georgia from 2001-2005. Never losing his desire to become a cardiologist, Dr. Brown returned to training and completed his cardiology and interventional fellowship at the University of Alabama at Birmingham from 2005-2009.

Dr. Brown is married to Kim, who is a registered nurse. They have two beautiful daughters, Kendall and Kennedy. They reside in Alpharetta, Georgia.

EDUCATION

- B.S. Biology, Georgia State University, 1994
- M.D., Morehouse School of Medicine, 1998

TRAINING

Internship and Residency:

Johns Hopkins Hospital 1998-2001

Cardiology Fellowship:

The University of Alabama at Birmingham, 2005-2008

Interventional Cardiology Fellowship:

The University of Alabama at Birmingham, 2008-2009

CERTIFICATIONS

Specializes in Cardiac Catheterization, Interventional Cardiology and Nuclear Cardiology

Board Certified in Cardiology, 2008

Board Eligible in Interventional Cardiology, 2009

Board Certified in Nuclear Cardiology, 2008

Board Certified in Internal Medicine, 2001



Mohammad Kooshkabadi, M.D.
ELECTROPHYSIOLOGIST

CERTIFICATIONS

- Board Certified in Cardiology
- Board Eligible in Cardiac Electrophysiology
- Board Certified in Internal Medicine
- Specializes in ICD/CRT-D, Pacemakers, Ablation procedures
- M.D. from Emory University
- Internship and Residency: Columbia- Presbyterian Medical Center, NY, NY
- Cardiology and Cardiac Electrophysiology Fellowship: Emory University

Dr. Kooshkabadi or as he is better known to his friends and patients "Koosh", attended Junior High and High School in Athens, Georgia. He then completed his studies in Chemistry and Spanish at Emory University. He continued with his medical education at Emory School of Medicine, where he graduated with Honors. He met his wife, Hadeel, at Emory University where she completed her law degree.

The next phase of his medical training was completed in New York at Columbia-Presbyterian Hospital. His son, Zain, was born in New York Hospital in 2004. Dr. Koosh returned to his Alma Mata, Emory University, to complete his training in Cardiovascular medicine and Cardiac Electrophysiology.

Some of his medical areas of interest and focus are prevention of sudden cardiac death, atrial fibrillation, defibrillators (ICD), cardiac resynchronization therapy for heart failure, and arrhythmias (irregular heart rhythms). He resides in Dekalb County with his wife Hadeel and two children, Zain and Yara.

EDUCATION

- B.S., B.A, Emory University, 1998
- M.D., Emory University School of Medicine, 2002

TRAINING

Resident in Internal Medicine, Columbia-Presbyterian Medical Center, NY, NY 2002-2005

Fellowship in Cardiovascular Medicine, Emory University Hospital, 2005-2007

Fellowship in Cardiac Electrophysiology, Emory University Hospital, 2007-2009

CERTIFICATIONS

Georgia License, 2006

American Board of Internal Medicine, 2005

American Board of Cardiovascular Medicine, 2009

Board Eligible for Cardiac Electrophysiology, 2009

Clinical Research Program At Northside Cardiology, P.C.

More than any other specialty in medicine, the field of cardiology owes much of its success to an impressive array of clinical trials that have brought us such wonder drugs as beta blockers, statins, ACE inhibitors and such miracle devices for the heart as cardiac stents, pacemakers and ICD's.

At Northside Cardiology, P.C., we are fortunate to have one of the nation's most well-respected and robust clinical research programs directed by one of our own cardiologists, Narendra Singh, M.D. Through Dr. Singh's clinical oversight

and the diligent efforts of our highly talented on-staff research nurses (Deb Logwood, RN and Kati Turner, RN), our practice is recognized nationally and internationally for its outstanding contribution to the advancement of cardiovascular medicine.

Currently, Northside Cardiology, P.C. has more than 500 patients participating in clinical trials. Below are common questions our patients ask about these research trials.

WHAT IS A CLINICAL TRIAL?

- A "clinical trial" is a research study to answer specific questions about investigational treatments, or new ways of using known treatments.
- It is a test to see if the investigational treatment is safe and effective.
- Doctors run the tests according to strict rules set by the Food and Drug Administration (FDA).
- All our studies are approved and overseen by an Institutional Review Board (IRB).

WHY SHOULD I PARTICIPATE?

- You can try an investigational treatment before it is widely available.
- You can help in the development of medical treatments that may help others.
- You may benefit from an alternative course of treatment that you or your physician might not otherwise have known about.
- You can play a more active role in your own health care.
- You can obtain expert medical care during the trial.
- You will be seen more often and this may help identify any health concerns sooner.
- You will not be required to pay for any investigational treatments or visits that are outside of standard care.

WHAT ARE THE RISKS OF CLINICAL TRIALS?

- Many studies require the use of a placebo (an inactive substance that has no treatment value). Using a placebo means some volunteers may be getting standard treatment only.
- Some investigational treatments may have side effects that can be unpleasant, serious or even life-threatening. The risks should be fully explained to you before any trial procedures are performed.
- The investigational treatment may not be effective for you.
- The trial may require more of your time and attention than would a standard treatment.

WHAT RIGHTS DO I HAVE IF I CHOOSE TO PARTICIPATE IN A CLINICAL TRIAL?

- You may leave the study at any time or for any reason, without hindering your right to further treatment.
- Participation will not affect your ability to get treatment for other conditions.

Currently we have actively enrolling trials involving acute coronary syndromes (heart attacks), diabetes, hypertension, heart failure, atrial fibrillation and pacemakers. In addition our group participates in research programs at both Northside and St. Joseph's Hospital.

If you are interested in learning more about our research program and how you can participate, please contact us at research@nscatl.com.

NorthsideCardiology



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the placement of catheters and ablation lesions during the procedure.

The procedure is performed under conscious sedation to maximize the patient's comfort. Patients can expect to spend one night in the hospital after the procedure. Most patients resume their normal activities within a few days. The physicians use extensive outpatient event monitoring before and after the procedure to document all symptomatic episodes and as a surveillance measure to document possible asymptomatic episodes. An in-depth consultation can be arranged to see if ablation therapy is suitable for you.

Ablation

Cardiac catheter ablation, which is a relatively non-invasive procedure, is used to treat abnormally rapid heartbeats that cannot be controlled with medication, or in patients that cannot tolerate these medications. This procedure can restore a normal heart rhythm and eliminate the need for open-heart surgery or long-term drug therapies.

During a cardiac catheter ablation, a long, thin tube is threaded into or onto the heart to cauterize (ablate) the area of heart tissue that is causing abnormal heart rhythms.

Cardiac ablation catheters are used most often to treat abnormal rhythms that begin in the upper heart chambers (atria) including:

- *Supraventricular tachycardia (SVT)*
- *Atrial tachycardia*
- *Atrial flutter*

Ablation can also be used to treat heart rhythm disorders of the lower heart chambers (ventricles) such as ventricular tachycardia.

Additional information can be found at www.nscatl.com

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