

House Bill 364 – Proponent Testimony Ohio House Health Committee Lars Svensson, MD, PhD – Institute Chair, Heart & Vascular Institute Milind Desai, MD – Director, Clinical Operations, Cardiovascular Medicine Sean Lyden, MD – Department Chair, Vascular Surgery Eric E. Roselli, MD – Surgical Director, Aorta Center

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Chair Lipps, Vice Chair Manning, Ranking Member Boyd, and members of the Ohio House Health Committee, thank you for allowing Cleveland Clinic to provide proponent testimony for House Bill 364, which would designate February 13 as Aortic Aneurysm Awareness Day in the state of Ohio.

For the 25th consecutive year, Cleveland Clinic's heart program has ranked as the best in the nation, earning the No. 1 ranking in U.S. News & World Report's "2019-20 Best Hospitals." Cleveland Clinic's Heart & Vascular Institute is the largest heart program in the world, drawing patients from all 50 states and around the world.

The Cleveland Clinic Aorta Center is made up of a multidisciplinary group of specialists in cardiology, cardiac surgery, vascular medicine, vascular surgery, cardiothoracic anesthesia, cardiovascular imaging, genetics, ophthalmology and orthopedic surgery. These clinicians provide expertise in genetic and diagnostic testing, medical management and surgical and endovascular procedures, and provide care to patients with all types of aortic disease, including thoracic and abdominal aortic aneurysms.

Because of our breadth and scope of expertise, we are able to offer a full range of treatments. Our surgeons are experienced in techniques that involve the aortic root, aortic valve and the most complex procedures involving the entire aorta and branch arteries. In 2017, Cleveland Clinic surgeons performed 1,268 aortic surgeries.

The Centers for Disease Control and Prevention estimates that more than 43,000 patients die each year from aortic diseases. It is important for patients with aortic disease to be treated by an experienced team of cardiovascular specialists and surgeons.

An aortic aneurysm is an abnormal enlargement or bulging of the wall of the aorta, which is the largest artery in the body and is the blood vessel that carries oxygen-rich blood away from the heart to all parts of the body. An aneurysm can occur anywhere in the vascular tree. Aneurysms that occur in the section of the aorta that runs through the abdomen (abdominal aorta) are called abdominal aortic aneurysms. Aortic aneurysms that occur in the chest area are called thoracic aortic aneurysms and can involve the aortic root, ascending aorta, aortic arch or descending aorta. Aneurysms that involve the aorta as it flows thru both the abdomen and chest are called thoracoabdominal aortic aneurysms.



Risk factors for aortic aneurysms include heredity (family history of the disease), high blood pressure (hypertension), smoking, high cholesterol, and certain diseases or conditions that also weaken the layers of the aortic wall and increase the risk of aortic aneurysms (including: injury, infection, atherosclerosis, inflammatory disease, and connective tissue disorders such as Marfan Syndrome).

In most cases, people do not know they have an aortic aneurysm, as there are no symptoms. This is why raising awareness through House Bill 364 is so important. If the aneurysm becomes large, some symptoms may be experienced. Some symptoms of a thoracic aortic aneurysm (affecting upper part of aorta in chest): pain in the jaw, neck, upper back or chest; coughing, hoarseness or difficulty breathing. Some symptoms of an abdominal aortic aneurysm (affecting lower part of aorta in abdomen): pulsating enlargement or tender mass felt by a physician when performing a physical examination; pain in the back, abdomen, or groin not relieved with position change or pain medication.

Early diagnosis of an aneurysm is critical to managing the condition and reducing the risk of rupture, which could lead to death. The Society for Vascular Surgery (SVS) and the Society for Vascular Medicine and Biology (SVMB) recommend abdominal ultrasound abdominal aortic aneurysm screening for: patients: all men age 65 years or older, men as early as age 55 with a family history of abdominal aortic aneurysms, and all women age 65 or older with a family history of abdominal aortic aneurysms or those who have smoked.

Cleveland Clinic regularly provides one-on-one screenings for patients and their families who have a family history of aorta disease. This includes a family history discussion, physical exam, testing (such as ultrasound, echo, CT and/or MRI as appropriate), and genetic counseling if needed or requested. We have focused our public screenings on those patients with limited access to medical care. We provide yearly participation in the Minority Men's Health Fair and have partnered with the Cleveland Clinic Community Health Challenge at Langston Hughes to provide screens twice per year. All participants receive education and counseling and, depending on screening results, may get information about making an appointment for further cardiovascular evaluation.

The passage of House Bill 364 and the designation of Aortic Aneurysm Awareness Day will bring statewide attention to this condition, and help Ohioans to be more educated on the symptoms of aortic aneurysms and the importance of being screened. We thank the sponsor Representative Manning for introducing this bill and working with the Cleveland Clinic along the way.

Again, Cleveland Clinic supports House Bill 364 and urges the committee to be supportive as well. Thank you for the opportunity to testify.