SUMMER 2026

THE VALLEY HEART AND VASCULAR INSTITUTE

Everything Medicine Can Do. A Few Things Medicine Can't.

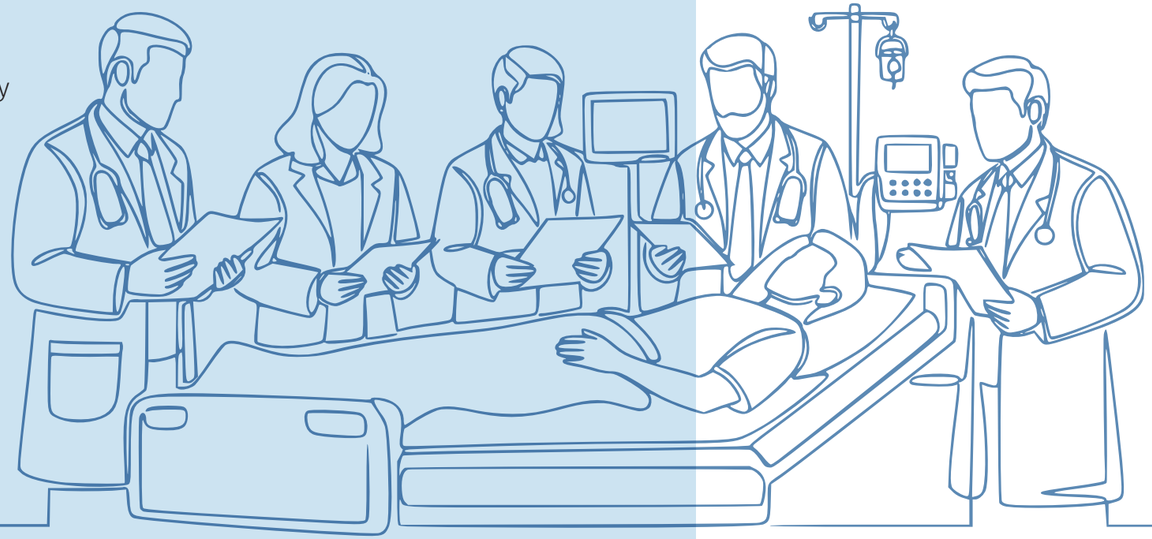
Stephanie Kochav, MD and Himanshu Gupta, MD, Program Directors of the Cardiovascular Disease Fellowship Program.

Valley Health System

THE VALLEY HEART AND VASCULAR INSTITUTE

The Valley Heart and Vascular Institute is known for its depth of experience and high-quality care. Valley's multidisciplinary team approach to care represents a forward thinking and integrated strategy for the treatment of cardiovascular pathologies that is centered on each individual patient's needs.

We are pleased to present a roundup of the latest programs, technology, and research offered by Valley's cardiovascular team. For more information about The Valley Heart and Vascular Institute, please visit ValleyHealth.com/Heart.



NEW CARDIOVASCULAR DISEASE FELLOWSHIP PROGRAM

Valley Health System, in partnership with the Icahn School of Medicine at Mount Sinai, is proud to announce the establishment of a Cardiovascular Disease Fellowship Program to educate and train the next generation of physicians.

The fellowship has been approved and accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Himanshu Gupta, MD, Director of Cardiac Imaging at The Valley Hospital, will serve as Director of the Cardiovascular Disease Fellowship Program. Stephanie Kochav, MD, will serve as associate director.

Valley Health System | Mount Sinai

Valley Health System – Icahn School of Medicine at Mount Sinai
Cardiovascular Disease Fellowship Program

"We look forward to welcoming our inaugural class of fellows in July 2027 and to fostering a learning environment that advances the future of cardiovascular care," said Dr. Gupta. "Through this program, we are committed to training the next generation of cardiovascular specialists."

To learn more about the fellowship program, please visit ValleyHealth.com/CVDiseaseFellowship.

FIRST IN THE UNITED STATES TO USE LANDIOLOL TO TREAT CARDIAC ARRHYTHMIA

The Valley Hospital is pleased to be the first hospital in the United States to use Rapiblyk® (landiolol), manufactured by AOP Orphan Pharmaceuticals GmbH (AOP Health US), to treat cardiac arrhythmias among the critically ill patient population. The cardiac intensive care team at The Valley Hospital administered the medication as a treatment for atrial fibrillation with a rapid heart rate.

According to the manufacturer, Landiolol is a fast-acting, intravenous beta blocker indicated for the short-term reduction of ventricular rate in adults with supraventricular tachycardia, including atrial fibrillation and atrial flutter, as well as pediatric patients with supraventricular tachycardia.

The medication had been approved for use in Europe, Japan, and Canada, and was FDA-approved for use in the United States in November 2024.

"We are excited to be at the forefront of caring for critically ill patients with cardiac arrhythmia by making new treatment options available to our patients at The Valley Hospital," said **Yonathan Litwok, MD, Director of Cardiac Critical Care at The Valley Hospital**.

The Valley Hospital's Cardiac Intensive Care team.

Valley's cardiac intensive care team stays up to date with the latest innovations and treatments in our field, to provide our patients with high-quality care.

VALLEY'S FIRST THORACIC ENDOVASCULAR AORTIC REPAIR USING THORACIC BRANCH ENDOPROSTHESIS GRAFT

The Valley Hospital is pleased to announce its cardiovascular and vascular surgeons in the Integrated Aortic Program have successfully performed their first thoracic endovascular aortic repair (TEVAR) using a Gore® Tag® thoracic branch endoprosthesis (TBE) graft manufactured by Gore Medical. Habib Jabagi, MD, Director of the Aortic Aneurysm Program for The Valley Hospital, and Mitul Patel, MD, vascular surgeon, performed the procedure to treat an aneurysm of the aorta with impending rupture.

When repairing a thoracic aortic dissection or aneurysm endovascularly, surgeons traditionally must modify grafts and create additional surgical incisions and bypasses in an effort not to disrupt the blood flow to the subclavian artery. The subclavian artery is responsible for supplying blood to the left arm, brain, and spinal cord. The TBE graft, however, is designed to be implanted across the subclavian with a branch leading directly into the subclavian artery; no modifications or additional incisions or bypasses are needed.

The team at The Valley Hospital who performed the first TEVAR using TBE.

"This graft reduces our need to modify traditional grafts using laser or back-table modifications to preserve blood flow to the subclavian artery," said Dr. Jabagi. "This allows us to get past the subclavian artery and treat more aortic pathologies minimally invasively, safer, and more accurately using a device that is designed for this area of the aorta."

Surgeons in the Integrated Aortic Program carefully select which patients are the right candidates for it, as not all patients are amenable to this procedure.

"The addition of the use of this graft amplifies the care we can provide to patients by allowing us to offer a better variety of procedures to treat complex anatomy," said Dr. Patel. "This graft provides reduced risk of complications and ensures longer and more durable outcomes."

Patricia Murphy, MD, Director, Cardiac Rehabilitation, The Valley Hospital.

ADVANCING WOMEN'S HEART HEALTH

The Valley Hospital is proud to be a member of the WomenHeart National Hospital Alliance, a partnership dedicated to advancing education, support, and resources for women living with heart disease.

Patricia Murphy, MD, Director of Cardiac Rehabilitation at The Valley Hospital, details the unique challenges and opportunities in women's cardiovascular care.

WOMENHEART NATIONAL HOSPITAL ALLIANCE

Q: Why does cardiovascular disease in women remain underdiagnosed?

A: Symptoms in women often differ from the "classic" chest pain seen in men. Women may experience fatigue, shortness of breath, nausea, or back and jaw pain, which can delay recognition. Risk is also frequently underestimated, and women have historically been underrepresented in clinical research.

Q: Why is it critical to approach cardiovascular disease differently in women?

A: Women's cardiovascular risk is influenced by hormonal and life-stage factors such as pregnancy complications, autoimmune conditions, and menopause. They are also more likely to have forms of heart disease that are harder to detect with traditional testing, requiring a more tailored approach to diagnosis and care.

Q: Where are the biggest missed opportunities in care?

A: Gaps remain in prevention and early detection. Many women are unaware that heart disease is their leading health risk, and factors unique to women are not always included in routine screening, leading to delays in diagnosis and treatment.

Q: What does Valley's partnership with WomenHeart mean for patients?

A: The partnership provides access to trusted resources, peer support, and tailored programming, helping ensure women receive more personalized, informed, and empowering cardiovascular care.

VALLEY'S CARDIOVASCULAR IMAGING TEAM'S 20TH HEARTFLOW QUALITY AWARD

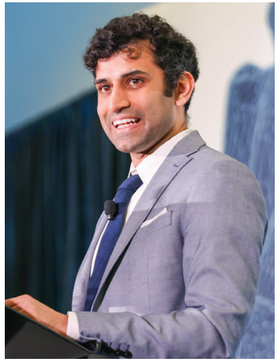
The Valley Heart and Vascular Institute is pleased to announce that Valley's Cardiovascular Imaging Department has been recognized with the **Heartflow® CT Quality Award** for their cardiovascular imaging quality. This is the 20th quality award the team has consecutively received.

Himanshu Gupta, MD, Director of Cardiac Imaging at The Valley Hospital, along with members of Valley's Cardiovascular Imaging team.

According to Heartflow, recipients of this award are in the top 22% of global medical centers dedicated to advancing patient heart health through superior care pathways by utilizing coronary CT and Heartflow Analysis. Heartflow Analysis is a noninvasive heart test that provides a personalized 3D model of the patient's coronary arteries to show how each blockage impacts blood flow. This detailed information helps guide our care teams in developing treatment plans.

A DECADE OF THE VALLEY HEART AND VASCULAR INSTITUTE'S ANNUAL COMPREHENSIVE CARDIOVASCULAR DISEASE MANAGEMENT SYMPOSIUM

The Valley Heart and Vascular Institute's 10th Annual Comprehensive Cardiovascular Disease Management Symposium: From Fundamentals to Innovation 2026 successfully convened more than 400 healthcare professionals, including primary care and cardiovascular specialists, cardiologists, nurses, and allied health professionals, alongside over 50 exhibitors. Moderated by Suneet Mittal, MD, Chair of the Cardiovascular Service Line for Valley Health System, this in-person CME event provided attendees with in-depth discussions on critical topics, such as hypertension, valvular heart disease, coronary artery disease, atrial fibrillation, and cardiomyopathy and heart failure. Experts from Valley presented 26 presentations on the latest advancements in treatment innovations, surgical techniques, and leading-edge technologies driving the future of cardiovascular care.



See HIGHLIGHTS from this year's event, by scanning the QR code.

SAVE THE DATE

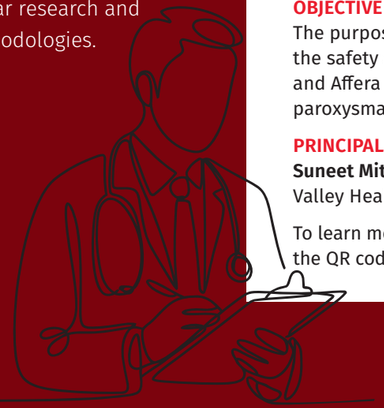
11th Annual Comprehensive Cardiovascular Disease Management Symposium

APRIL 9 2027

DETAILS TO FOLLOW.

RESEARCHING BREAKTHROUGH MEDICAL FRONTIERS

At the Okonite Research Center, Valley's state-of-the-art home for research and clinical trials, the cardiovascular team is spearheading a multitude of cardiac clinical trials, pioneering advancements in cardiovascular research and treatment methodologies.



TRIAL

Horizon 360 — Horizon 360 Protocol for the Treatment of Paroxysmal Atrial Fibrillation With the Sphere-360™ Catheter and Affera™ Mapping and Ablation System

OBJECTIVE

The purpose of the study is to provide data demonstrating the safety and effectiveness of the Sphere-360 Catheter and Affera Mapping and Ablation System for treating paroxysmal atrial fibrillation (PAF).

PRINCIPAL INVESTIGATOR

Suneet Mittal, MD, Chair, Cardiovascular Service Line, Valley Health System

To learn more about the Horizon 360 trial, please scan the QR code.

PUBLICATIONS

Fearon, W.F., Jeremias, A., Witberg, G., Al-Lamee, R., Cohen, D.J., Kaki, A., Sharma, R.P., Yeh, R.W., Chehab, B.M., Kim, M.C., Otake, H., **Tayal, R.**, Matsuo, H., McEntegart, M., Patel, A.K., Sandoval, Y., Al-Azizi, K.M., Dan, K., Razzouk, L.,... Kirtane, A.J. (2026). **Angiography-derived fractional flow reserve to guide PCI**. *The New England Journal of Medicine*. https://doi.org/10.1056/NEJMoa2600949.

Jabagi, H., Shaw, R.E., Kontorovich, A.R., Alemany, V.S., **Ciallella, C.**, **Burns, P.**, & **Grau, J.B.** (2026). **Utilization of current ACC/AHA genetic testing recommendations for thoracic aortic disease at a large adult aortic center**. *Genetics in Medicine*. doi: 10.1016/j.gim.2026.102069.

McElderry, H.T., Al-Ahmad, A., Lurgio, D., Jared Bunch, T., Eldadah, Z.A., Gandhavadi, M., Hook, B., Banno, J., & **Mittal, S.** (2026). **Safety and efficacy of the VASCADE MVP® XL Venous Vascular Closure System for management of femoral venotomy following catheter-based interventions utilizing 16-17F OD sheaths: The AMBULATE EXPAND Trial**. *Journal of Cardiovascular Electrophysiology*. https://doi.org/10.1111/jce.70324.

To view additional publications, please visit ValleyHealth.com/CardiologyPublications or scan the QR code.

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