

EDITOR'S PAGE



More Stories



Spencer B. King III, MD, MACC, *Editor-in-Chief, JACC: Cardiovascular Interventions*

In previous issues I have used this column as a way to relate some stories of the early days of the development of interventional cardiology. This last week, I had the opportunity to gather a few more while visiting Newport, Rhode Island. The occasion was the golf competition called the William Harvey Trophy, now in its 16th year, putting cardiologists (you notice I didn't say "golfers") from the United States, Great Britain and Ireland, and continental Europe against each other. This event was organized by Will Fennell and Tom Ryan in 2000, and in an earlier Editor's Page I published a photograph of the participants then, and the current teams are shown here ([Figure 1](#)). The tradition of the home team winning was again confirmed as our U.S. captain, David Williams, took control of the Waterford crystal prize for the next 2 years. Many of the participants have been around for a while so their chronology matches their supernumerary handicaps. This provides a great forum for discussions about the old days on both sides of the Atlantic, as well as current political opinions about Brexit and the U.S. elections.

In addition to reviewing old friendships and spinning tall tales about golf adventures, this early summer trip to New England provided a cool and refreshing environment for enjoying lobster rolls and conversations about the beginnings of interventional cardiology. My Emory colleague Peter Block has kept a summer house in Buzzard's Bay, Massachusetts, near Cape Cod since his residency days at Harvard and was kind enough to host us a couple of days before going to Newport for the golf match. I had visited Peter at Mass General in the early 1970s to tune up my transseptal skills. When Andreas Gruentzig delayed his answer to my invitation to a meeting in Kiawah Island, South Carolina, in 1979, I called Peter as a backup speaker. Andreas later agreed to speak, and therefore, my meager budget was

strained to pay for both their trips, including their wives' trips. (You could do that then.) I invited Peter because I needed somebody to cover the new topic of angioplasty, and I knew he had published some work on ballooning rabbit iliac arteries. What I did not know was that he had already done a few angioplasty procedures at Mass General. At Buzzard's Bay, Peter reflected on memories of a meeting when the president of USCI (the catheter company that first brought balloons to the United States) met with a young John Simpson who was visiting Mass General. Simpson was asked to show off his technology consisting of a balloon catheter with an over-the-wire design and then David Prigmore, president of USCI, was to share what the company was planning. John Simpson produced this catheter design, and after somewhat naively showing what he had in mind, was asked what he would take for the rights for the technology. As Peter recalled, John said \$25,000. David Prigmore said that was too much! At that point, I thought we should confirm this story and since I remembered that Prigmore had retired a number of years ago to a house on Narragansett Bay, I looked him up on the web and called him. David Prigmore accepted my invitation to come up to Newport and have a drink with Peter, myself, and David Williams. The next day, David Prigmore was somewhat vague about the amount John Simpson wanted for his technology, but said that if that was correct, it was \$2,000 less than he had paid the Schneider Company for the U.S. right to the Gruentzig technology. Prigmore said he had little confidence that any of this would work but that USCI needed some new products other than the Sones catheters that they were then producing, so he gave it a shot. In addition to the "exorbitant price" that Simpson asked for, Prigmore had already agreed to work with Gruentzig. At that time, the price of the Sones catheter had contracted to less than \$20 and

was hardly profitable to produce. He also retold the story of how it was Mason Sones who introduced him to Andreas Gruentzig. Mason was a true believer in what Andreas was doing since that first presentation of the first balloon angioplasty cases by Andreas at the American Heart Association meeting in Miami in 1977. When Andreas joined us at Emory, our industry contact was almost exclusively with USCI and David Prigmore's team. At a reception at my home during one of our demonstration courses at Emory, my wife suggested a catheter resembling a soaker hose for a local delivery of drugs to the artery wall. USCI built a prototype porous drug delivery balloon that we investigated in porcine coronary arteries. When the benefactor of the bioengineering institute at Massachusetts Institute of Technology, Jack Whitehead, suggested to me that stents could be made of bioresorbable polymers, it was Prigmore and USCI that I contacted and from whom I obtained funding for early experiments. We were always the first lab to get the new USCI gadgets because they always wanted Andreas's blessing and advice, although most lesions could be passed with Gruentzig or Simpson balloons, some were too tight. This led to the development of the balloon called the probe. This ultra-low profile balloon had a wire tip and no through lumen—it could cross almost anything. I presented our results with this balloon at a meeting in Kansas City organized by

Geoffrey Hartzler, after which Andreas was most unhappy, as the competition between USCI and ACS was intense. David Prigmore related to us that one of his greatest disappointments was failing to get Gruentzig and Hartzler to collaborate in the early days of the procedure. One day when passing the probe catheter through a particularly tough lesion, I broke the tip wire off in the coronary. I notified USCI that day and was surprised to learn the next day that the probe production and sales had been halted. The wire was too fragile and engineering changes had to be made. Changes were made but the U.S. Food and Drug Administration was not informed of them. The drama that followed proved to be the downfall of the pioneering company that shepherded early development of percutaneous coronary intervention. USCI was a company comfortable with the loose oversight of the Food and Drug Administration in the diagnostic catheter era but not in sync with requirements instituted with the advent of the new and dangerous therapeutic interventions. David Prigmore was a casualty of these events, and USCI was eventually absorbed by Medtronic. Many of the stories concerning these events are chronicled in David Monagan and David Williams's book *Journey into the Heart*.

We are a long way away from the free-wheeling collaboration between operators and the leading companies manufacturing devices for interventional

FIGURE 1 The William Harvey Trophy Participants 2016, Newport, Rhode Island



cardiology. Most large device companies now prefer for small start-ups to take the early risks and then buy them out when the technology is largely vetted. Maybe that is the way it should be, but it is fun to reflect on the early days when a call from an operator could result in an almost immediate change in the technology. It is a different world now, but it was the Wild West back then with gunslingers such as Andreas Gruentzig and Geoff Hartzler and many others driving the development of a brave, new

world. However, for all this nostalgia, I would not want to go back. Our patients are so much better served now, but we should not forget that the rewards we enjoy today are in large measure due to the risks taken back then.

ADDRESS CORRESPONDENCE TO: Dr. Spencer B. King III, Saint Joseph's Heart and Vascular Institute, 5665 Peachtree Dunwoody Road NE, Atlanta, Georgia 30342. E-mail: spencer.king@emoryhealthcare.org.