

Giants in Chest Medicine

Claude Lenfant, MD



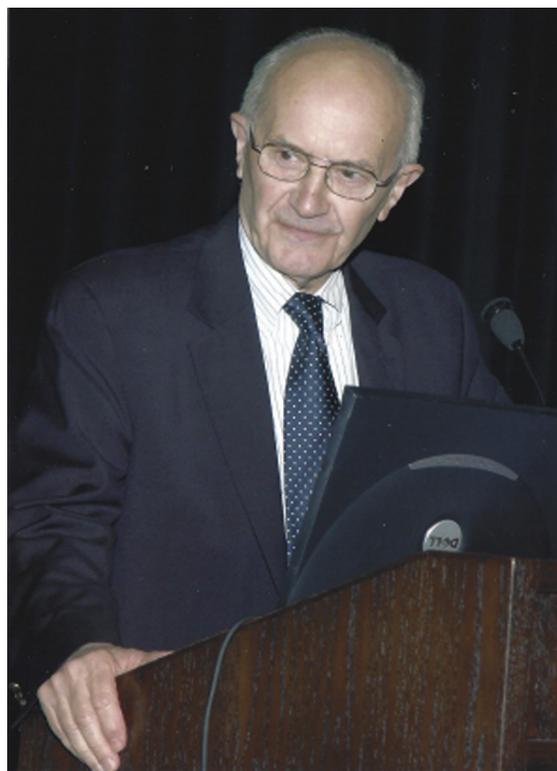
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Accomplished people seldom sit back and just let things happen. Throughout his career, Dr Claude Lenfant is someone who caused things to happen.

Dr Lenfant completed medical school in 1956 at the University of Paris, and with Charles Dubost, a famous cardiac surgeon, he conducted pioneering work focused on developing the artificial heart and open heart surgery.

Seeking additional training in research methods, he completed fellowships at SUNY Buffalo and Columbia University, where pulmonary medicine's intrigue provided exciting intellectual stimulation. Dr Lenfant literally traveled to the bottom of the earth and climbed the tallest mountains to investigate gas transport/exchange, respiratory function, and adaptations in a variety of animal models and in people.

In 1960, Dr Robert Petersdorf noticed his research and invited him to the University of Washington to develop a pulmonary diseases program. Rising quickly through the academic ranks, Dr Lenfant became Professor of Medicine, Physiology, and Biophysics. Shortly thereafter, Dr Ted Cooper, a cardiac surgeon and director of the National Heart Institute at the National Institutes of Health (NIH), persuaded him to join the NIH to develop a Division of Lung Diseases. This created a career shift of sorts for Dr Lenfant, from



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conducting basic and clinical research to developing programs for wide-scale research to be conducted throughout the nation. His fledgling NIH division grew to include an NIH intramural program and a substantial extramural grants program.

A stellar track record led to his appointment as director of the National Heart and Lung Institute, a position he held for two decades. At the helm of the Institute he identified priorities and developed implementation plans, which included the input and participation of other NIH disciplines and professional societies—at the time a somewhat novel idea. Dr Lenfant brought the Institute into the modern era of science with initiatives including Programs of Excellence in Molecular Biology, the Proteomics Initiative, and the NIH's first gene therapy protocol. He presided over the Institute's development of a National Center on Sleep Disorders

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ADDITIONAL INFORMATION: See video interview of Claude Lenfant, MD, online at journal.publications.chestnet.org.

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Research, and management of the Women's Health Initiative. Under his watch, large-scale multicenter landmark clinical trials were conducted that improved understanding and practice. The nation's commitment to alleviate heart, lung, and blood disorders, and to fund blood safety research, expanded as he persuaded Congress to increase the NHLBI budget from \$500,000 to nearly \$3 billion.

Dr Lenfant has authored or co-authored 310 publications and has editorial responsibilities for 11 journals and monographs. He holds honorary professorships and degrees from eight universities and is recognized by 48 prestigious organizations for his exceptional leadership and achievements. It is noteworthy that the first honorees for lifetime achievement recognized by the Russian Academy of Sciences were Dr Michael DeBakey, Dr Albert Sabin, and Dr Claude Lenfant. Yet he reminds us that research, publications, and awards are insufficient; knowledge must be applied to improve the health and well-being of people. Accordingly, he forged collaborations with scientific and clinical leaders to develop national education programs for the public, patients, and busy clinicians. He supported production of science-based guidelines for preventing and treating hypertension, asthma, elevated blood cholesterol, and obesity, which became the basis for national performance standards.

In his research, Dr Lenfant believed ZIP codes were as important as genetic codes. He has published papers describing racial and regional variations in hypertension, pointing to the inordinately high stroke mortality in the southeast United States, particularly among African Americans. He followed up by igniting community action/education programs in churches, barbershops, and other venues. His quest for social justice and fairness improved population health.

During his tenure as director, the public's awareness, treatment, and subsequent control of hypertension and elevated blood cholesterol improved dramatically. Mean arterial blood pressure and blood cholesterol levels declined significantly, and age-adjusted stroke and heart disease mortality decreased by 70% and 55%, respectively. Population studies over that period revealed that more Americans were alive than had been predicted to die of cardiovascular disease. The mortality declines are real, seen in both sexes and all races in the United States.

The improvements in the U.S. cardiovascular disease profile prompted other nations to seek his help. He led U.S. scientific exchanges to the Soviet Union/Russia, China, Vietnam, Germany, Brazil, Egypt, and South Africa. The World Hypertension League elected him president; thereafter the League emerged as a respected global voice. He served as the chair of the awareness/dissemination working group on the Global Alliance Against Chronic Respiratory Diseases of the World Health Organization, executive director of the Global Initiative for Chronic Obstructive Lung Disease, the Global Initiative for Asthma, and the International Coalition on COPD. These organizations were productive and helpful. It seemed everything he touched was made better.

For those of us privileged to work with him, Dr Lenfant set a very high bar. With his special brand of elegance and style, he showed how applying whatever talents we were given, with more importantly hard work and determination, would take us to the top of our game. For some he is a mentor, colleague, and friend. To me Claude is surely that, and my hero. I encourage all to listen to Dr Lenfant's words of wisdom expressed during a videotaped interview that can be found in [Video 1](#).

Suggested Readings

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