

Na osnovu člana 52. i 138. Statuta Univerziteta u Banjoj Luci, te člana 4 i 5 Pravilnika o postupku i uslovima izbora akademskog osoblja Univerziteta u Banjoj Luci, Nastavno - naučno vijeće Medicinskog fakulteta Univerziteta u Banjoj Luci na sjedinici održanoj 24.09.2012.godine, donijelo je odluku broj: 18-3-608/2012 o formiranju Komisije za razmatranje konkursnog materijala i pisanje izvještaja za izbor nastavnika Medicinskog fakulteta Univerziteta u Banjoj Luci, za **užu naučnu oblast Interna medicina**, u sljedećem sastavu:

- 1. Dr Bosiljka Vujisić-Tešić**, redovni profesor, uža naučna oblast Interna medicina, Medicinski fakultet Univerziteta u Beogradu, predsjednik;
- 2. Dr Mirko Stanetić**, redovni profesor, uža naučna oblast Interna medicina, Medicinski fakultet Univerziteta u Banjoj Luci, član;
- 3. Dr Marko Šobot**, docent, uža naučna oblast Interna medicina, Medicinski fakultet Univerziteta u Banjoj Luci, član.

Na raspisani konkurs Univerziteta u Banjoj Luci, objavljen dana 27.06.2012.godine, u listu "Glas Srpske" za izbor u nastavničko zvanje za užu naučnu oblast Interna medicina prijavio se 1 kandidat, i to:

1. Dr Tamara Kovačević-Preradović, doktor medicinskih nauka, viši asistent Medicinskog fakulteta u Banjoj Luci, na užoj naučnoj oblasti interna medicina (nastavni predmet interna medicina), zaposlena u Klinici za kardiovaskularne bolesti, Kliničkog centra Banja Luka

Nakon uvida u sve elemente sadržane u konkursnom materijalu navedenog kandidata, koji su relevantni za izbor, navedena Komisija Nastavno-naučnom vijeću Medicinskog fakulteta Univerziteta u Banjoj Luci podnosi sljedeći

I Z V J E Š T A J

KOMISIJE O PRIJAVLJENIM KANDIDATIMA ZA IZBOR U ZVANJE

I PODACI O KONKURSU

Konkurs objavljen: dnevni list „Glas Srpske“, od 27.06.2012.god. Uža naučna oblast: Interna medicina Naziv fakulteta: Medicinski fakultet Banja Luka Broj kandidata koji se biraju: 1 Broj prijavljenih kandidata: 1
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II PODACI O KANDIDATU

1. Osnovni biografski podaci

Ime, srednje ime i prezime: Tamara (Stevo) Kovačević-Preradović Datum i mjesto rođenja: 06.08.1974.god, Banja Luka Ustanove u kojima je bio zaposlen: 1999.-2007. godine: Klinika za internu medicinu, Klinički centar Banja Luka 2007. godine-danas: Klinika za kardiovaskularne bolesti, Klinički centar Banja Luka
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Zvanja/ radna mjesta:

1999.-2000. Klinički doktor, Klinika za unutrašnje bolesti, Klinički centar Banja Luka
2000.-2001.: Specijalizant Interne medicine, Klinika za unutrašnje bolesti, Klinički centar Banja Luka
2001.-2003.: Specijalizant Interne medicine, Klinika za unutrašnje bolesti, Univerzitetska bolnica Cirihi, Švajcarska
2003.-2004.: Specijalizant Interne medicine, Klinika za unutrašnje bolesti, Klinički centar Banja Luka
2004.: Specijalistički ispit iz Interne medicine, Medicinski fakultet Univerziteta u Cirihi, Švajcarska
2004.-2008.- Specijalista Interne medicine, Klinika za unutrašnje bolesti/Klinika za kardiovaskularne bolesti Klinički centar Banja Luka
2008.-danas: Viši asistent na Katedri za internu medicinu, Medicinski fakultet Univerziteta u Banjoj Luci
2008.: Subspecijalistički ispit, kardiologija, Medicinski fakultet, Univerzitet u Beogradu
2008.-2010: Subspecijalista kardiolog na Klinici za kardiovaskularne bolesti, Klinički centar Banja Luka
2010.-2012: Subspecijalista kardiolog, Šef Odjeljenja za funkcionalnu dijagnostiku na Klinici za kardiovaskularne bolesti, Klinički centar Banja Luka
2011.- Titula Evropskog udruženja kardiologa, FESC (Fellow of European Society of Cardiology)
08.08.2012.-danas: Načelnik Klinike za kardiovaskularne bolesti, Klinički centar Banja Luka

Naučna/umjetnička oblast: Interna medicina

Članstvo u naučnim i stručnim organizacijama ili udruženjima:

1. Član Društva doktora medicine Republike Srpske
2. Član Komore doktora medicine Republike Srpske
3. Član Udruženja kardiologa Republike Srpske
4. Član Udruženja kardiologa Srbije
5. Član Evropskog udruženja kardiologa
6. Član Evropskog udruženja za ehokardiografiju

2. Biografija, diplome i zvanja

Osnovne studije:

Naziv institucije: Medicinski fakultet Univerzitet u Novom Sadu

Mjesto i godina završetka: Novi Sad, 1998.god.

Postdiplomske studije:

Naziv institucije: Medicinski fakultet Univerziteta u Banjoj Luci

Mjesto i godina završetka: Banja Luka, 2006.god.

Naziv magistarskog rada: «Faktori rizika za nastanak restenoza nakon perkutane transluminalne angioplastike (PTA)»

Uža naučna/umjetnička oblast: Interna medicina

Naziv institucije: Medicinski fakultet Univerziteta u Beogradu

Mjesto i godina završetka: Beograd, 2008.god.

Naziv subspecijalističkog rada: «Značaj ehokardiografije za prognozu bolesnika sa anomalijama pretkomorskog septuma»

Uža naučna/umjetnička oblast: uža specijalizacija iz kardiologije

Doktorat:

Naziv institucije: Medicinski fakultet Univerziteta u Banjoj Luci

Mjesto i godina završetka: Banjaluka, 2012.god.

Naziv disertacije: "Značaj ehokardiografije za procjenu funkcije desnog srca kod pacijenata na hemodijalizi"

Uža naučna/umjetnička oblast: Interna medicina - kardiologija

Edukacija

Neinvazivna kardiologija: 2006., 2007. godine: Univerzitetska bolnica u Cirihu, Švajcarska

Neinvazivna kardiologija: 2007. godine: «Elisabeth Krankenhaus» Esen, Njemačka

Prethodni izbori u nastavna i naučna zvanja (institucija, zvanje i period):

2008.godine do danas: Viši asistent na Katedri za internu medicinu, Medicinski fakultet, Univerzitet u Banjoj Luci

3. Naučna/umjetnička djelatnost kandidata

3.1. Radovi prije posljednjeg izbora/reizbora

3.1.1. Originalni naučni rad u vodećem časopisu međunarodnog značaja

3.1.1.1 **Kovacevic T**, Van Der Loo B, Amann-Vesti BR, Rousson V, Koppensteiner R. Plasma homocysteine and restenosis after femoropopliteal angioplasty. J Ednovasc Ther. 2004; 11(3):302-9. Imapct factor 2.392

Sažetak: Purpose: To assess the relationship between plasma homocysteine levels and restenosis after femoropopliteal percutaneous transluminal angioplasty. Methods: Over a 10-month period, 128 consecutive, symptomatic patients (72 men; median age 70 years) having successful femoropopliteal angioplasty for atherosclerotic occlusive disease were prospectively enrolled in the study. Plasma homocysteine levels were determined the day before the procedure. The primary endpoint was restenosis .50%, documented by duplex sonography, at up to 12 months' follow-up. Cox proportional hazards analysis was used to determine the risk of restenosis in relation to pretreatment homocysteine levels. Results: The restenosis rate at 12 months was 46%. Median baseline plasma homocysteine levels were not different in patients with and without restenosis (15.4 versus 16.7 mmol/L, p=0.30). Compared to patients with homocysteine levels ≤ 14 mmol/L (lower tertile, n=43), the hazard ratio of incident restenosis was 0.75 (95% CI 0.40 to 1.40) in patients with homocysteine levels from 14.1 to 19.6 mmol/L (middle tertile, n=42) and 0.64 (95% CI 0.33 to 1.22) in patients with homocysteine levels ≥ 19.7 mmol/L (upper tertile, n=42) (p=0.38). Multivariate analysis showed that lesion length (p<0.0001) and lack of hypertension (p=0.0013) were associated with restenosis. Conclusions: Elevated plasma homocysteine levels are not associated with restenosis after femoropopliteal angioplasty. Therefore, plasma homocysteine cannot be considered as an important risk factor influencing the outcome after initially successful angioplasty in femoropopliteal arteries.

3.2. Radovi poslije posljednjeg izbora/reizbora

3.2.1 Originalni naučni rad u vodećem časopisu međunarodnog značaja

3.2.1.1 Van der Loo B, **Kovacevic T**, Krieger E, Banyai S, Banyai M, Amann-Vesti BR, Jagacic D, Rousson V, Koppensteiner R. Blood fluidity and outcome after femoropopliteal percutaneous

transluminal angioplasty (PTA): role of plasma viscosity and low platelet count in predicting restenosis. *Clin Hemorheol Microcirc.* 2005;32(2):159-68. Impact factor 0.977

Sažetak: Rheological abnormalities are well known in patients with peripheral arterial occlusive disease (PAOD). We wanted to determine whether rheological variables are related to restenosis after femoropopliteal percutaneous transluminal angioplasty (PTA). In 114 patients (62 men; median age 70 years) undergoing femoropopliteal PTA for symptomatic peripheral arterial occlusive disease (PAOD) plasma viscosity, red cell aggregation, whole blood viscosity, hematocrit, fibrinogen, platelet count, leukocytes and C-reactive protein were determined the day after the procedure and at 1, 3, and 12 months. The primary endpoint was restenosis >50% documented by duplex sonography up to 12 months. Cox proportional hazards analysis was used to assess the risk of restenosis for postinterventional values of rheological variables. Forty-eight patients (42%) developed restenosis at 12 months. Patients with restenosis had higher baseline plasma viscosity (PV) (medians, 1.71 vs. 1.65 millipascal seconds [mPa.s]; $p = 0.04$) and lower platelet count (224 vs. $240 \times 10^3/\mu\text{l}$; $p = 0.03$) than patients without restenosis. The hazard ratio (HR; 95% CI) of incident restenosis was 9.2 (1.12–76; $p = 0.03$) for PV and 0.99 (0.99–1.0; $p = 0.07$) for PLT. When examining jointly both high PV and low platelet count (PLT), patients with $PV > 1.66 \text{ mPa.s}$ and $PLT < 233 \times 10^3/\mu\text{l}$ (i.e. variables split at their respective median) had an increased risk of restenosis (log-rank test $p = 0.01$). Multivariate Cox proportional hazard analysis showed that plasma viscosity ($p = 0.02$), low platelet count ($p = 0.01$), lesion length ($p = 0.0037$) and lack of hypertension ($p = 0.01$) were associated with restenosis at 12 months. No associations were found between restenosis and the other rheological and inflammatory variables studied. Our data suggest that increased PV and low PLT contribute to restenosis after femoropopliteal PTA.

(10 bodova)

3.2.1.2 Husmann MJ, Simon R, **Kovacevic T**, Gitzelmann G, Koppensteiner R, Amann-Vesti BR. Lymphatic clearance of the human skin in patients with acute deep vein thrombosis using novel fluorescent technique. *Lymphology* 2006;39(3):127-31. Impact factor 0.778

Sažetak: The purpose of this study was to investigate lymphatic clearance of the human skin in patients with acute deep thrombosis of the femoral vein. In 13 patients with deep vein thrombosis and no other cause for swelling of the limbs, lymphatic clearance of the skin at the foot was measured. Ten microliters of fluorescein isothiocyanate dextran 150,000 were injected intradermally and the fluorescent light intensity of the deposit measured 10 min and 24 hours after injection by window densitometry. In addition, intralymphatic pressure was measured by the servo-nulling system. The results were compared with a sex- and age-matched control group. Fluorescent light intensity decreased by 23.8 ± 12.3 arbitrary units or by a factor of 1.8 ± 0.5 in patients with DVT after 24 hours, which was significantly less than in healthy controls (33.7 ± 8.9 arbitrary units or by factor 5.0 ± 4.1 , $p < 0.013$). Intralymphatic pressure was not different between the two groups. These results indicate that lymphatic clearance is significantly reduced in the acute phase of deep venous thrombosis.

(10 bodova)

3.2.1.3. Spring S, Simon R, van der Loo B, **Kovacevic T**, Brockes C, Rousson V, Amann-Vesti B, Koppensteiner R. High-dose atorvastatin in peripheral arterial disease (PAD): effect on endothelial function, intima-media thickness and local progression of PAD. An open randomized controlled pilot trial. *Thromb Haemost.* 2008;99(1):182-9. Impact factor 3.51

Sažetak: Beneficial effects of aggressive lipid-lowering with high-dose atorvastatin (80 mg/day) have been demonstrated in patients with coronary and cerebrovascular disease. The impact of such a therapy in patients with peripheral arterial disease (PAD) is less known so far. Here we studied the effects of high-dose atorvastatin on brachial artery endothelial function, common carotid intima-media thickness (IMT) and local progression of PAD in these patients. One hundred of 500 patients screened with documented PAD were randomly assigned to receive 80 mg of atorvastatin daily for six months or to continue on conventional medical treatment. Ninety-six percent of patients in the control group were on standard statin treatment. High resolution B-mode ultrasonography was used to study brachial artery flow-mediated dilation (FMD), IMT and ankle-brachial index (ABI) at baseline and at six months. FMD and IMT at baseline and at six months were 4.1 (0.06–8.6) versus 5.0 (0.76 vs. 8.1) %, $p=0.96$, and 0.76 (0.66–0.82) versus 0.73 (0.63–0.81) mm, $p=0.41$, respectively, in the atorvastatin group, and 2.66 (-1.9 – 6.9) versus 3.65 (0.0–8.6)%, $p=0.02$, and 0.78 (0.71–0.90) versus 0.77 (0.70–0.90) mm, $p=0.48$, in the control group. ABI at baseline and at six months was not different in either group. LDL cholesterol was reduced from 2.53 (2.21–3.28) to 1.86 (1.38–2.29) mM ($p<0.0001$) in the atorvastatin group, whereas levels remained stable in the control group [2.38 (1.94–3.16) vs. 2.33 (1.82–2.84) mM, $p=0.61$]. Major adverse cardiovascular events occurred in 2.1% in the atorvastatin group and 1.9% in the control group ($p=0.61$). In conclusion, in this pilot trial aggressive lipid-lowering with 80 mg of atorvastatin daily for six months had no effect on brachial artery FMD in patients with PAD. IMT and ABI were also similar in patients with and without high-dose atorvastatin at six months.

(10 bodova)

3.2.1.4 **Kovacevic-Preradovic T**, Zuber M, Attenhofer Jost CH, Widmer U, Seifert B, Schulthess G, Fischer A, Jenni R. Anderson-Fabry disease: long-term echocardiographic follow-up under enzyme replacement therapy. *Eur J Echocardiogr.* 2008;9(6):729-35. Impact factor 2.7

Sažetak: Anderson-Fabry disease affects various organ systems due to glycosphingolipid accumulation. Enzyme replacement therapy (ERT) has been reported to decrease left ventricular wall thickening (LVWT) and to improve diastolic dysfunction. This prospective study included 29 patients (patients; mean age 37 +/- 13 years) with genetically, enzymatically and/or biopsy-proven Anderson-Fabry disease and long-time ERT. Data on symptoms, cardiac medications and history of hypertension were collected and all patients had comprehensive echocardiographic examination prior to ERT and at follow-up. Disease was at an early stage with a total mean Mainz severity score index of only 18.6 +/- 13.0. Prior to ERT, 79% of patients reported acroparesthesia. The median creatinine level was 121 +/- 108 $\mu\text{mol/L}$ and LVWT was present in nine patients (31%). Binary appearance of the interventricular septum was found in 20% and posterobasal fibrosis in 83%. At median follow-up of 37 months, acroparesthesia decreased to 55% ($P = 0.016$). There was no change in creatinine levels. The incidence of LVWT was unchanged, only an increase in interventricular septal wall thickness from 11.7 +/- 0.4 to 12.5 +/- 0.5 was observed ($P = 0.009$). Left atrial size and the percentage of patients with binary appearance and posterobasal fibrosis were unchanged. There was a small improvement in diastolic function (29% decrease of E/Ea; $P < 0.002$). Our Anderson-Fabry cohort had successful long-time ERT with impressive amelioration of subjective symptoms. Although there was not much improvement in cardiac changes apart from a slight improvement of diastolic function, at least, there was no progression of cardiac disease. For complete reversibility of cardiac changes in Anderson-Fabry disease, ERT might have to be started earlier in life and/or prescribed for a longer time.

(10 bodova)

3.2.1.5 Kovacevic-Preradovic T, Jenni R, Oechslin EN, Noll G, Seifert B, Attenhofer Jost CH. Isolated Left Ventricular Noncompaction as a Cause for Heart Failure and Heart Transplantation: A Single Center Experience. *Cardiology*. 2009;112(2):158-64. Impact factor 1.701.

Sažetak: Objectives: To determine the prevalence of isolated left ventricular noncompaction (IVNC) as a cause of heart failure and heart transplantation. Methods: There were 960 patients seen in the heart failure clinic from 1987 to 2005, with a complete evaluation including echocardiography at our center (study population, 82% men, mean age 52 years). The following data were collected: type of heart disease, age at echocardiography and at heart transplantation, and frequency of heart transplantation. Echocardiographic diagnosis of IVNC was based on our published criteria. Results: The etiologies of heart failure were coronary artery disease (CAD; 37%), idiopathic dilated cardiomyopathy (33%), valvular heart disease (11%), congenital heart disease (5%), IVNC (3%), hypertensive heart disease (3%), hypertrophic cardiomyopathy (2%), myocarditis (1%), and ! 1% other diagnoses. Heart transplantation was performed in 253 patients (26%) due to idiopathic dilated cardiomyopathy (42%), CAD (39%), valvular heart disease (5%), congenital heart disease (5%), IVNC (2%), or other etiologies (1% each). Conclusions: The most common causes for heart failure remain idiopathic dilated cardiomyopathy, CAD and valvular heart disease. Strictly using the criteria for the definition of IVNC, IVNC is a rare underlying cardiomyopathy for both, heart failure (2.7%) and heart transplantation (2%) in our center.

(10 bodova)

3.2.2 Radovi u zborniku radova međunarodnog naučnog skupa, štampani u apstraktu (0 bodova)

3.2.2.1 Kovacevic-Preradovic T, Zuber M, Attenhofer Jost Ch, Widmer U, Seifert B, Schulthess G, Fischer A, Jenni R. Fabry disease: impact of enzyme replacement therapy on cardiac parameters in an observational long-term follow up study in 24 patients. *Kardiovaskulaere Medizin* 2006;9:Suppl 12, s 41.

(0 bodova)

3.2.2.2 Kovacevic-Preradovic T, Attenhofer Jost C, Noll G, Oechslin E.N, Jenni R. Frequency of isolated noncompaction as a cause of heart failure and heart transplantation: a single center experience. *Kardiovaskulaere Medizin* 2006;9:Suppl 12, s. 51.

(0 bodova)

3.2.2.3 Kovacevic-Preradovic T, Vujisić-Tešić B, Petrović M, Boričić-Kostić M. Atrial septal aneurysm and cerebral ischaemic events – single center experience. *Heart and Blood Vessels, Journal of the Cardiology Society of Serbia* 2009;1 (suppl 1):S47.

(0 bodova)

3.2.2.4 Živanović Ž, Rodić D, Trninić D, Smiljanić D, **Kovačević-Preradović T**, Srdić S. Akutni infarkt miokarda u febrilnom stanju sa prijetećom tamponadom miokarda otvorene etiologije-prikaz slučaja. *Heart and Blood Vessels, Journal of the Cardiology Society of Serbia* 2009;1 (suppl 1):S50.

(0 bodova)

3.2.2.5 Kovačević-Preradović T. Arterijska hipertenzija i ACE inhibitori u nastanku restenoza nakon perkutane transluminalne angioplastike (PTA) arterija femoropoplitealne regije. *Abstract Book 2nd*

Congress of Serbian society of hypertension with international participation, Beograd, Serbia, 2010; s.16.

(0 bodova)

3.2.2.6 Stojković S, Unčanin D, Šobot M, Goronja B, Šobot N, **Kovačević-Preradović T**. Arterijska hipertenzija kao doprinoseći faktor većoj ulestalosti pojave kardijalne sinkope. Abstract Book 2nd Congress of Serbian society of hypertension with international participation, Beograd, Serbia, 2010; s.17.

(0 bodova)

3.2.2.7 **Kovacevic-Preradovic T**, Vujisic-Testic B, Petrovic M, Preradovic M, Boricic-Kostic M. Atrial septal aneurysm and cerebral ischemic events: single center experience. Abstracts form the World Congress of Cardiology Scientific Session. Circulation 2010;122:e360.

(0 bodova)

3.2.2.8 **Kovacevic-Preradovic T**, Bojic M, Srdic S. Rapid deterioration of the left ventricle function in glycogen storage disease type I. European Journal of Heart Failure Supplements 2010;9:S277.

(0 bodova)

3.2.2.9 **Kovacevic-Preradovic T**, Vujisic-Testic B, Ivanovic B, Preradovic M, Kovacevic P, Jakovljevic B, Srdic S. Echocardiographic assessment of right heart function in patients on chronic haemodialysis. Abstracts form the World Congress of Cardiology Scientific Session. Circulation 2012;125:e823.

(0 bodova)

3.2.2.10 **Kovacevic-Preradovic T**, Lovric M, Srdic S, Dobrijevic N, Kozic M, Trninic D, Zivanovic Z, Katic V. Acute severe mitral regurgitation caused by ruptured chordae tendineae as the first manifestation of severe coronary artery disease. European Journal of Heart Failure Supplements 2012;11:S70.

(0 bodova)

3.2.2.11 **Kovacevic-Preradovic T**, Srdic S, Zivanovic Z, Dobrijevic N, Trninic D, Kozic M, Katic V, Smiljanic D. Acute heart failure caused by rupture of an aneurysm of the noncoronary sinus of Valsalva. European Journal of Heart Failure Supplements 2012;11:S238.

(0 bodova)

3.2.2.12 Jovanić J, **Kovačević – Preradović T**, Katić V, Goronja B, Dobrijević N, Kos Lj, Smiljanić D, Šobot M, Srdić S. Klinička prezentacija Marfanov sindrom – prikaz slučaja. Zbornik radova i sažetaka 3. kongresa kardiologa Republike Srpske sa međunarodnim učešćem, Banja Luka, 2012. strana 68.

(0 bodova)

3.2.2.13 Dobrijević N, Trninić D, **Kovačević – Preradović T**, Šobot N, Šobot M, Marjanović M, Marković – Potkonjak Lj. Da li je moguć istovremeni « STEMI » infarkt na dva različita krvna suda ? Zbornik radova i sažetaka 3. kongresa kardiologa Republike Srpske sa međunarodnim učešćem, Banja Luka, 2012. strana 70

3.2.2.14 Marković – Potkonjak Lj, Dobrijević N, Đoković Lj, Vukašinović V, **Kovačević – Preradović T**. Prevencija i zbrinjavanje kontrastom indukovane nefropatije u interventnoj kardiologiji sa prikazom slučaja, Zbornik radova i sažetaka 3. kongresa kardiologa Republike Srpske sa međunarodnim učešćem, Banja Luka, 2012. strana 73

(0 bodova)

3.2.2.15 Janjić Z, Trninić D, Rodić D, Hotić – Lazarević S, **Kovačević – Preradović T**, Srdić S, Kozić M. Terapija trombotskih masa u lijevim srčanim šupljinama visokog embolijskog potencijala. Zbornik radova i sažetaka 3. kongresa kardiologa Republike Srpske sa međunarodnim učešćem, Banja Luka, 2012. strana 74

(0 bodova)

3.2.2.16 Katić V, **Kovačević – Preradović T**, Goronja B, Vukašinović V, Kovačević S, Srdić S, Trninić D, Kozić M, Janjić Z, Stajčić Lj. Komplikacije fibrinolitičke terapije – akutni Leriche sindrom. Zbornik radova i sažetaka 3. kongresa kardiologa Republike Srpske sa međunarodnim učešćem, Banja Luka, 2012. strana 86

(0 bodova)

3.2.2.17 **Kovačević – Preradović T**, Katić V, Lazarević A, Srdić S, Trninić D, Kozić M, Janjić Z, Vidović J, Kovačević P. Hirurgija u infektivnom endokarditisu – « emergency » vs. « urgency ». Zbornik radova i sažetaka 3. kongresa kardiologa Republike Srpske sa međunarodnim učešćem, Banja Luka 2012. strana 90

(0 bodova)

Ukupan broj bodova: 50

(0 bodova)

4. Obrazovna djelatnost kandidata

4.1. Obrazovna djelatnost prije posljednjeg izbora/reizbora

Dr sci med Tamara Kovačević-Preradović je od 2004. godine do 2008. godine učestvovala u izvođenju praktične nastave za studente Medicinskog fakulteta, studijski programi Medicina i Stomatologija.

4.2. Obrazovna djelatnost poslije posljednjeg izbora/reizbora

Dr sci med Tamara Kovačević-Preradović od 2008. godine je učestvovala u izvođenju praktične nastave za studente Medicinskog fakulteta, studijski programi Medicina, Stomatologija, u zvanju Višeg asistenta.

4.2.1. Studijski priručnici (skripte, praktikumi,...)

4.2.1.1 **Kovačević-Preradović T**. Poglavlja: Monitoring rada srca i maligni poremećaji srčanog ritma; Defibrilacija i lijekovi u kardiopulmonalnoj reanimaciji, u: Kovačević P (urednik). Priručnik za praktičnu nastavu iz prve pomoći. Univerzitet u Banjoj Luci Medicinski fakultet, 2012.

Priručnik je namijenjen studentima medicine i stomatologije za usvajanje gradiva iz predmeta prve pomoći, ali i svima koji žele proširiti znanja i unaprijediti vještine iz ukazivanja prve pomoći. Zamišljeno je da studenti uz pomoć ovog priručnika na jedan zanimljiv način, korištenjem interaktivnih principa nastave ovladaju vještinama ukazivanja prve pomoći.

(1 bod)

4.2.2. Kvalitet pedagoškog rada na Univerzitetu

Viši Asist dr sci med Tamara Kovačević-Preradović unazad 8 godina izvodi praktičnu i seminarsku nastavu iz predmeta Interna medicina i Klinička propedeutika za studente Medicinskog fakulteta, studijski programi Medicina, Stomatologija.

(4 boda)

Ukupan broj bodova: 5

5. Stručna djelatnost kandidata

5.1. Stručna djelatnost prije posljednjeg izbora/reizbora

5.1.1. Radovi u zborniku radova sa međunarodnog stručnog skupa, štampani u apstraktu (0 bodova)

5.1.1.1 Van der Loo B, Alt E, Banyai S, **Kovacevic T**, Banyai M, Koppensteiner R. Fehlende Assoziation vom Plasmahomocystein und Restenose nach perkutaner transluminaler Angioplastie (PTA) im femoropoplitealen Gefaessabschnitt. 3. Unionstagung der Schweizerischen Gesellschaft fuer Gefaesskrankheiten. Vasa 2002; 31 (suppl 2):s 130.

5.1.1.2 **Kovacevic-Preradovic T**, Zuber M, Attenhofer Jost Ch, Widmer U, Schulthess G. Fischer A, Jenni R. Fabry disease : impact of enzyme replacement therapy on cardiac parameters in an observational long-term follow up study in 24 patients. Eur J Echocardiogr 2006; 7(suppl 1): s 135.

5.1.1.3 **Kovacevic-Preradovic T**, Jenni R, Oechslin E.N, Noll G, Attenhofer Jost C. Frequency of isolated noncompaction as a cause of heart failure and heart transplantation: a single center experience. Eur J Echocardiogr 2006; 7(suppl 1): s 214.

5.1.2. Nagrade

5.1.2.1 ESKAS Stipendija Vlade Švajcarske («Eidgenosische Stipendienkommission für ausländische Studierende» ESKAS) – za poslediplomske studije na Medicinskom fakultetu/ Univerzitetskoj bolnici u Cirihu, Švajcarska u periodu od 2001.-2003. godine

5.1.2.2 Kovacevic-Preradovic T, Zuber M, Attenhofer Jost Ch, Widmer U, Schulthess G. Fischer A, Jenni R. Fabry disease : impact of enzyme replacement therapy on cardiac parameters in an observational long-term follow up study in 24 patients (abstract). Eur J Echocardiogr 2006; 7(suppl 1): s 135. (Travel Grant from European Association of Echocardiography)

5.2. Stručna djelatnost poslije posljednjeg izbora/reizbora

5.2.1. Realizovan projekat, patent, sorta, rasa, soj ili originalan metod u proizvodnji

5.2.1.1 Naučni projekat odobren od strane Ministarstva za nauku i tehnologiju u Vladi Republike Srpske: Kovačević P, Stanetić M, Rajkovača Z, **Kovačević-Preradović T**. Fiziologija disanja i vazoaktivnih supstanci kod bolesnika u predijaliznom i dijaliznom periodu liječenja.

(8 bodova)

5.2.1.2 Pojekat AMI4-EUROPE, «Advanced Cross Disciplinary & Integrated Medical Imaging for all Europeans through a Network of Regional Clusters and Development Strategies».

Projekat je podržan i finansiran od strane Evropske komisije, u okvirnom programu 7 (FP 7) - Grant Agreement N. 265435

Ciljevi projekta su:

- a) struktura i definicija naprednog, interdisciplinarnog «imidžinga» u medicini
- b) formiranje klastera

(8 bodova)

5.2.1.3 EMILIA: Randomizirana, multicentrična otvorena studija faze III utvrđivanja efikasnosti i sigurnosti primjene Trastuzumab-MCC-DM1 u odnosu na primjenu Kapecitabina+Lapatiniba kod pacijenata sa HER2-pozitivnim, lokalno uznapredovalim ili metastatskim karcinomom dojke koji su prethodno primili terapiju baziranu na Trastuzumabu.

(4 boda)

5.2.1.4 TRYPHENA: Randomizirano, multicentrično, multinacionalno ispitivanje faze II za procjenu Pertuzumaba u kombinaciji s Trastuzumabom istovremeno ili sekvencionalno primijenjenih uz standardnu antraciklinsku hemoterapiju ili istovremeno primijenjenih uz ne-antraciklinsku hemoterapiju, kao neoadjuvantnog liječenja bolesnika sa HER2-pozitivnim lokalno uznapredovalim, upalnim ili ranim stadijumom raka dojke.

(4 boda)

5.2.3. Radovi u zborniku radova sa međunarodnog stručnog skupa, štampani u apstraktu

5.2.3.1 T. Kovacevic - Preradovic, D.Trinic, M. Kozic, N. Dobrijevic, S. Obradovic - Naprta, D. Rodic, S. Srdic /Banja Luka, BIH/ Left ventricle outflow tract obstruction in the setting of acute coronary syndrome. 2nd Dubrovnik Cardiology Highlights; ESC Update Programme in Cardiology, Septembar 2011, Dubrovnik, Croatia; Zbornik radova.

(0 bodova)

5.2.3.2 T. Kovacevic-Preradovic, M. Kozic, D. Rodic, N. Dobrijevic, Z. Zivanovic, S. Miletic, S. Srdic /Banja Luka, BIH/ Rupture of an aneurysm of the noncoronary sinus of Valsalva - cause of acute heart failure. 2nd Dubrovnik Cardiology Highlights; ESC Update Programme in Cardiology, Septembar 2011, Dubrovnik, Croatia; Zbornik radova.

(0 bodova)

5.2.4. Radovi u zborniku radova sa nacionalnog stručnog skupa, štampani u apstraktu

5.2.4.1 **Kovacevic-Preradovic T**, Zuber M, Attenhofer Jost Ch, Widmer U, Seifert B, Schulthess G, Fischer A, Jenni R. Anderson-Fabry disease: long-term echocardiographic follow-up under enzyme

replacement therapy. Radovi i sažeci Drugog kongresa kardiologa Republike Srpske. Scr Med 2008;1 (2 Suppl) :51.

(0 bodova)

5.2.4.2 **Kovacevic-Preradovic T**, Jenni R, Oechslin EN, Noll G, Seifert B, Attenhofer Jost CH. Isolated Left Ventricular Noncompaction as a Cause for Heart Failure and Heart Transplantation: A Single Center Experience. Radovi i sažeci Drugog kongresa kardiologa Republike Srpske. Scr Med 2008;1 (2 Suppl):51.

(0 bodova)

5.2.4.3 **Kovacevic-Preradovic T**, Spring S, Simon R, Van der Loo B, Brockes C, Rousson V, Amann Vesti B, Koppensteiner R. High dose atorvastatin in peripheral arterial disease (PAD): effect on endothelial function, intima-media-thickness and local progression of PAD. An open randomized controlled pilot trial. Radovi i sažeci Drugog kongresa kardiologa Republike Srpske. Scr Med 2008;1 (2 Suppl):61.

(0 bodova)

Ukupan broj bodova: 24

Djelatnost kandidata prije posljednjeg izbora

3. Naučna djelatnost kandidata

Ukupan broj bodova:-

4. Obrazovna djelatnost kandidata

Ukupan broj bodova:-

5. Stručna djelatnost kandidata

Ukupan broj bodova:-

Sveukupan broj bodova:-

Djelatnost kandidata poslije posljednjeg izbora

3. Naučna djelatnost kandidata

Ukupan broj bodova: 50

4. Obrazovna djelatnost kandidata

Ukupan broj bodova: 5

5. Stručna djelatnost kandidata

Ukupan broj bodova: 24

Sveukupan broj bodova: 79

ANALIZA RADA KANDIDATA, PEDAGOŠKO-NASTAVNA I NAUČNA AKTIVNOST

Dr Tamara Kovačević-Preradović u svome radu kao ljekar praktičar je stekla zavidni ugled i uvažavanje kolega zahvaljući požrtvovanom radu i timskim pristupom u razvoju kardiologije na Klinici u Banja Luci. Neobičan talenat za struku dr Kovačević-Preradović je pokazala već tokom studiranja gdje je imala nadprosječne rezultate, pri čemu nije zapostavljala društvenu stranu studiranja i bavljenja sportom. Nakon što je završila studije u rekordnom roku i sa rekordnim ocjenama dr Kovačević-Preradović je započela da radi na Klinici za internu medicinu, prvo kao sekundarac, a potom i kao specijalizant. Njen nadprosječan kvalitet tokom specijalizacije joj je pomogao da dvije godinu specijalizacije rprovede ali i sam specijalistički ispit položi u Cirihi, Švajcarska dalje se usavršavajući u ultrazvučnoj dijagnostici, kao i aktivno učestvujući u više multicentričnih studija. Tokom supspecijalizacije u Beogradu dr Kovačević-Preradović marljivo usvaja znanja neophodna za savremeni pristup kardiologiji. Već tokom specijalizacije dr Tamara Kovačević-Preradović objavljuje više radova u časopisima sa impakt faktorom koji su više puta bili citirani. Svi ovi radovi su izlistanu na Medline međunarodnoj bazi podataka. Pedagoški rad za ovo vrijeme krase ličnost dr Kovačević-Preradović bilo kroz kontinuirani rad sa studentima, bilo kroz vježbe, bilo kroz predavanja gdje svesrdno prenosi i učestvuje u nastavnom procesu medicinskog fakulteta još kao asistent. Doktorska disertacija dr Kovačević-Preradović se krase svježinom i obiljem novih naučnih činjenica koje plijene svojom konciznošću i doprinosom kardiologiji i medicinskoj nauci uopšte. Organizacione sposobnosti dr Kovačević-Preradović su se ponovo briljantno ispoljile preuzimanjem nove zahtjevne dužnosti načelnika Klinike za kardiovaskularne bolesti gdje uspješno koordinira radom klinike i kreira pravu timsku atmosferu neophodnu za uključivanje u evropske stručne organizacije gdje dr Kovačević-Preradović zahvaljujući svojim ugledom stečenim publikacijama, kao i ličnim kontaktima sa mnogobrojnim kolegama u inostranstvu daje svoj puni doprinos afirmaciji Klinike, Fakulteta i Udruženja kardiologa

III ZAKLJUČNO MIŠLJENJE

Na osnovu analize naučne, obrazovne i stručne djelatnosti, kao i ličnog poznavanja kandidata, Komisija smatra da asist.dr sci med Tamara Kovačević-Preradović stručno i savjesno izvršava svoje nastavne obaveze, posjeduje smisao za pedagoški rad i izražene sposobnosti za naučno- istraživački rad. Mišljenja smo da svojim ukupnim radom unapređuje kvalitet nastavnog procesa i istraživačkog rada Katedre za internu medicinu Medicinskog fakulteta Univerziteta u Banjoj Luci.

Na osnovu navedenog Komisija je jednoglasno utvrdila da kandidat asist.dr sci med Tamara Kovačević-Preradović ispunjava sve uslove predviđene Pravilnikom o postupku i uslovima izbora akademskog osoblja Univerziteta u Banjoj Luci i predlaže Nastavno- naučnom vijeću Medicinskog fakulteta Univerziteta u Banjoj Luci da je izabere u zvanje **docenta** za užu naučnu oblast Interna medicina.

Članovi komisije

1. Dr Bosiljka Vujisić-Tešić, redovni profesor,
uža naučna oblast Interna medicina,
Medicinski fakultet Univerziteta u Beogradu, predsjednik

2. Dr Mirko Stanetić, redovni profesor,
uža naučna oblast Interna medicina,
Medicinski fakultet Univerziteta u Banjoj Luci, član

3. Dr Marko Šobot, docent,
uža naučna oblast Interna medicina,
Medicinski fakultet Univerziteta u Banjoj Luci, član

Beograd, Banja Luka
Oktobar 2012. god.