stay on the cutting edge of cardiovascular science and clinical practice by attending the American Heart Association’s Scientific Sessions 2015 Nov. 7-11 in Orlando, Florida. Plan now to experience five days of comprehensive, unparalleled education, late-breaking clinical trials and clinical science, oral abstract sessions, poster presentations, named lectures and more. AHA has lined up can’t-miss programming and segmented the meeting into 30 highly focused areas of interest to allow you to focus your time and more easily navigate the meeting. Get more information and register today at scientificsessions.org.

Featured topics include:
- New Resuscitation Guidelines 2015
- Atrial Fibrillation: State of the Art and Future Direction
- Endovascular Stroke Therapy Trials Update 2015
- Solving the Myocyte Loss Problem in Heart Failure
- Advances in Structural Heart Disease Interventions for the Clinician
- Genetics in Clinical Practice
- “Outside the Box” Talks
- And more!

Creager Named AHA President

Mark Creager, MD, FAHA, began his term as the 2015-16 president of the American Heart Association on July 1. As president, Dr. Creager is the association’s chief volunteer scientific and medical officer, responsible for medical, scientific and public health matters.

Dr. Creager is a professor of medicine at Harvard Medical School and director of Vascular Medicine at Brigham and Women’s Hospital in Boston. On July 6, he assumed the position of director of the Heart and Vascular Center at Dartmouth-Hitchcock Medical Center and professor of medicine at Geisel School of Medicine at Dartmouth in Lebanon, New Hampshire.
Dear Colleagues:

It is my pleasure to invite you to attend Scientific Sessions 2015 in Orlando, Florida. The American Heart Association’s annual meeting offers a unique opportunity to gather and network with colleagues from around the world in an exciting educational and professional environment. This event features five days of the best in cardiovascular clinical practice and scientific content covering all aspects of basic, clinical, population and translational content. The scope and quality of the scientific exchange make Scientific Sessions the premier cardiovascular research and instructional meeting in the world.

Exciting changes have been made to how Scientific Sessions is organized and new topics have been added to increase the educational offerings available to attendees. Educational sessions this year are organized in 30 areas of interest structured to help you find your community within the event. New areas of interest will be highlighted, which include Workplace Health, Health Tech, Frontiers in Science and Clinical Trialists.

NEW! Scientific Sessions Areas of Interest

Basic Science
- Atherosclerosis, Vascular Biology and Development
- Cardiac Development, Structure and Function
- Genetics and Genomics
- Metabolism and Physiology
- Cellular Biology and Function
- Signaling Mechanisms and Drug Discovery
- Thrombosis, Immunity and Inflammation

Clinical Science
- Chronic and Acute Ischemic Heart Disease
- Arrhythmias and Electrophysiology
- Intervention and Surgery
- Heart Failure and Cardiomyopathies
- Hypertension
- Imaging
- Vascular Disease
- Stroke
- Nursing Clinical Symposium

Population
- Prevention and Rehabilitation
- Obesity and Cardiometabolic Health
- Lifestyle Risk Factors and Behavior Change
- Quality of Care and Outcomes
- Epidemiology
- Population Health Cohorts/Big Data
- Workplace Health
- Health Tech

Special Focus
- Nursing Research Science
- Clinical Trialists
- Lifelong CHD and Heart Health in the Young
- Resuscitation Science Symposium

Frontiers in Science
- Arrhythmia Summit
- Vascular Disease

We will continue with the very well-received “Case Theaters: Learning at the Movies,” which offer 45-minute live presentations of recorded cases, accompanied by panel discussion. Other highlights include an increased number of joint sessions with professional societies from around the world, additional MOC sessions, Professor Rounds of posters, a poster reception highlighting some of the best basic science research, as well as many more.

Scientific Sessions continues to evolve and improve with the input from our attendees making an already great meeting even more spectacular. We thank you for your input in the past and we hope you have the opportunity to experience the enhancements to our meeting. Most importantly, we hope the meeting addresses the greater mission of the American Heart Association, to reduce the burden of cardiovascular disease.

Sincerely yours,

Frank Sellke, MD, FAHA
Chairman, Committee on Scientific Sessions Program

Eric Peterson, MD, MPH, FAHA
Vice-Chairman, Committee on Scientific Sessions Program

AHA President’s Report Included in Summer Connections

In the summer 2015 issue of Connections, we are pleased to include the year-end AHA President’s Report by 2014-15 President Elliott Antman, MD, FAHA. The AHA President’s Report provides an overview of recent association initiatives and developments in key areas including science and research, advocacy, multicultural health, children’s health, volunteerism and global programs. We invite you to read the report to learn more about the many different ways the AHA is working to build healthier lives free of cardiovascular diseases and stroke.

By the Numbers
- 8,000 cardiovascular professionals from more than 105 countries
- More than 5,000 presentations
- More than 1,500 invited lectures
- 4,000 abstracts
- More than 200 exhibitors

Key Registration Dates
- Wednesday, Sept. 9: Deadline to receive early registration rates
- Thursday, Sept. 10: Advance registration rates apply
- Wednesday, Oct. 7: Deadline for advance registration rates

SESSIONS continued from page 1
Collaborative Sciences Award Winners Announced

The Collaborative Sciences Award was created to foster innovative, new collaborative approaches to research projects that propose novel pairings of investigators from at least two disparate disciplines. The proposals focus on the collaborative relationship, such that the scientific objectives could not be achieved without the efforts of at least two co-principal investigators and their respective disciplines. Although co-principal investigators must be from different disciplines, they may be from the same institution or from separate institutions. The combination and integration of studies may be inclusive of basic, clinical, population and/or translational research. The award of $750,000 is distributed over three years to two or more co-principal investigators.

In 2015, four Collaborative Sciences Awards and a total of 10 researchers were funded:

- Richard Kitis, MD, Albert Einstein College of Medicine and Evripidis Gavathiotis, PhD, Albert Einstein College of Medicine, both Co-Principal Investigators, and Roberto Bolli, MD, University of Louisville, a collaborating investigator, were awarded funding for their project titled “BAX as a Small Molecule Therapeutic Target for Myocardial Infarction.” This study proposes a method to reduce the death of heart muscle cells during a heart attack.
- Eng Lo, PhD, Massachusetts General Hospital; Myron Spector, PhD, Brigham & Women’s Hospital, and Magdy Selim, MD, PhD, Beth Israel Deaconess Medical Center were awarded funding for their project titled “Injectable Biomaterial Matrix for Hemorrhagic Stroke: Mechanisms and Therapies.” This study proposes to develop and use biomaterial matrices for investigating mechanisms and potential therapies for intracerebral hemorrhage.
- Mehdi Razavi, MD, Texas Heart Institute and Matteo Pasquali, PhD, Rice University, both co-principal investigators, along with Flavia Vitale, PhD, Rice University and Mark McCauley, MD, PhD, Baylor College of Medicine, Houston, both collaborating investigators, were awarded funding for their project titled “Carbon Nanotube Wires as a Novel Tool for Reconstitution of Myocardial Conduction.” This study will explore the use of carbon nanotube wires as a novel tool for reconstitution of the heart’s electrical conduction system.
- Paul Marvar, PhD, George Washington University; Jeanie Park, MD, Emory University, and Kerry Ressler, MD, PhD, Emory University, all Co-Principal Investigators, along with Colin Young, PhD, George Washington University, collaborating investigator, were awarded funding for their project titled “Post-Traumatic Stress Disorder and Cardiovascular Disease Risk: Role of Sympathetic Overactivity and Angiotensin II.” This study will observe post-traumatic stress disorder and its impact on cardiovascular disease.

The next round of applications for the Collaborative Sciences Award will open in the fall of 2015. More information about this funding opportunity will be available on the AHA Research website at my.americanheart.org/fundingopportunities.

Daniels, Lockwood and Sacco Receive American Heart Association’s Top Volunteer Award

The American Heart Association presented its 2015 Gold Heart Award to Colorado physician Stephen Daniels, MD, PhD, FAHA, Baton Rouge executive Debra Lockwood, and Miami physician Ralph Sacco, MD, FAHA. The award is the highest honor the association gives in recognition of continued, distinguished service. The awards were presented at the 2015 Gold Heart Banquet on June 23 in Dallas.

Dr. Daniels, professor and chairman of the Department of Pediatrics at the University of Colorado School of Medicine and pediatric-in-chief and Butterfield Chair of Pediatrics at the Children’s Hospital Colorado, was recognized for outstanding contributions supporting AHA initiatives to address childhood obesity. A volunteer for more than 20 years, Dr. Daniels is the 2013-2015 president of the AHA’s South West Affiliate and was a member of the organization’s national board of directors from 2008 to 2010.

Ms. Lockwood, president and chief financial officer of Provident Resources Group in Baton Rouge, Louisiana, was the association’s chairman in 2010-11 and secretary-treasurer from 2007 to 2009. A volunteer since 1997, Ms. Lockwood has been a leading champion of the organization’s initiatives to increase volunteer engagement and has also played a key role in fundraising, revenue generation and strategic planning.

Dr. Sacco is professor and Olemberg Chair of Neurology at the University of Miami Miller School of Medicine. He was AHA president in 2010-2011, the first neurologist to serve in this role, and is the 2013-2015 Co-Chair of the organization’s International Committee. His efforts have been fundamental to organization’s efforts focused on stroke treatment, prevention and awareness, and also to their initiatives to help decrease the global impact of cardiovascular diseases.
New Offerings, Enhanced Favorites, Cutting-Edge Science

Attendees at the Arteriosclerosis, Thrombosis and Vascular Biology/Peripheral Vascular Disease 2015 Scientific Sessions May 7-9, 2015, in San Francisco enjoyed new offerings, enhanced favorites and even more cutting-edge science.

BIG TECHNOLOGY
The ATVB/PVD Mobile Meeting Guide App provided the following useful features:

- Instant access to educational sessions, faculty, abstracts, event information, hotel information, eposters, schedule planning and maps.
- Navigation of the meeting while onsite.
- Exploration of the exhibitor listing.
- Expansion of attendees’ professional network as they connected with colleagues and other industry professionals.
- Photo uploads of the ATVB/PVD experience to various social networks.

EPosters:

- The responsive web design works with desktop and mobile
- Simple but powerful search tools helped attendees find sets of posters of interest
- Provided search with topic or full text, which hit highlights in the abstract
- Included full abstracts with images for all posters
- Allowed attendees to create an account and save, organize and share their personal collections of posters
- Authors could add video or sync narration through the submission site

BIG NETWORKING

- The Meet the Professor Luncheon on Thursday featured expert roundtables offering collaboration, networking and mentorship.
- The Mentor of Women Award Luncheon on Friday featured a presentation by Hannah Valantine, MD, chief officer for Scientific Workforce Diversity at the National Institutes of Health.
- The Peripheral Vascular Disease Council Networking Lunch and Annual Business Meeting on Friday provided the opportunity to network with colleagues and senior investigators.
- ATVB | PVD Joint Council Dinner on Friday was a unique, enjoyable venue for joining a large range of colleagues for food, drinks and entertainment.

Jennifer Doudna, PhD, presented the Keynote Lecture titled “CRiSPR-Cas Genome Surveillance: From Basic Biology to Transformative Technology.” Dr. Doudna is the Li Ka Ching Chancellor’s Chair in Biomedical and Health Sciences and professor of molecular and cell biology and professor of chemistry at the University of California, Berkeley, and an investigator at the Howard Hughes Medical Institute.

Roger Tsien, PhD, a Nobel Laureate, presented “Imaging Protease Activities and H2O2 in Atherosclerosis, Stroke and Related Models.” Dr. Tsien received the 1995 Artois-Baillet-Latour Health Prize, the 1995 Gairdner Foundation International Award, the 2002 Award for Creative Invention from the American Chemical Society, the 2002 Heineken Prize in Biochemistry and Biophysics, the 2004 Wolf Prize in Medicine, the 2006 Rosenstiel Award, the 2008 E.B. Wilson Medal of the American Society for Cell Biology and the 2008 Nobel Prize in Chemistry.
PROGRAM HIGHLIGHTS

• The Metabolic Vascular Disease Symposium and China Night on Wednesday, May 6, was hosted by the Chinese American Academy of Cardiology, the Major Program on Vascular biology by the National Science Foundation of China and the American Heart Association’s ATVB | PVD 2015 Scientific Sessions.

• On Thursday, May 7, the PVD Council organized morning and afternoon sessions on Translational Science of Vascular Medicine, providing collaboration opportunities for basic and clinical scientists. The sessions emphasized molecular imaging and mechanistic biomarkers and included invited presentations and oral abstracts. There was also a special NHLBI Report on translational opportunities for the ATVB and PVD communities and a moderated and innovative electronic poster session featuring PVD-related abstracts.

• Also on Thursday was the Next-Generation Technology Bootcamp. This highly interactive two-hour session was organized by the Functional Genomics and Translational Biology Council and taught attendees to leverage cutting-edge genomic technologies, including gene regulation and epigenetics (ENCODE and other computational datasets) and genome editing with the CRISPR/Cas9 system.

• The Early Career Training Sessions were open to all attendees, but were specifically targeted to Early Career participants:
  • On Thursday morning, May 7, the roundtable discussion Succeeding at Every Stage: Insights from the Early Career Committee focused on how to achieve success in post-doctoral fellowship, how to successfully acquire transition grants and keys to successfully negotiating the first independent position as a scientist or physician-scientist. Each topic was led by ECC members who have been highly successful in the subject area.
  • On Friday morning, May 8, the informal panel discussion Breaking Into Translational Research for the PhD Scientist was led by an expert group of basic scientists who have successfully incorporated translational components into their research careers and built bridges between basic and clinical science. The goal of this session was to encourage post-docs and junior faculty to incorporate translational components from bench to bedside.

The Hoeg Award Lecture was presented by Alan Mast, MD, PhD, FAHA. Currently a senior investigator at the Blood Research Institute, he is a recipient of an Established Investigator Award from the American Heart Association and maintains NIH-funded clinical and basic science research programs. His clinical research interests are in anemia and iron metabolism in blood donors. His basic research interests are in blood coagulation, with a particular focus on TFPI.

Accessing ePosters at ATVB/PVD 2015.

Early career training session at ATVB/PVD 2015.
Don’t Miss Scientific Sessions Nov. 7-11 in Orlando

The American Heart Association’s Scientific Sessions has the best science and is the leading cardiovascular conference for basic, translational, clinical and population science in the United States. Scientific Sessions attracts nearly 18,000 attendees each year, with a global presence from more than 100 countries in addition to 1.5 million medical professionals who participate virtually in lectures and discussions.

Programming is designed to improve patient care by communicating the most timely and significant advances in basic, clinical, translational and population health research, spanning the full spectrum of cardiovascular disease from prevention, through diagnosis and treatment. Sessions includes five days of comprehensive, unparalleled education through more than 5,000 presentations, with 1,000 invited faculty, and 4,000 abstract presentations, all from the world’s leaders in cardiovascular disease. It also includes more than 200 exhibitors showcasing the latest cardiovascular technology and resources.

Beginning this year, the Sessions branding will encompass all programming and meetings that happen at Sessions. Programming will remain robust but will be separated into 31 areas of interest or tracks. This approach will allow participants to select the programming that most appeals to them and receive targeted messaging for up to three areas of interest. No longer will attendees have to sort through all programming to reach their interests; they will be specifically directed to the programming of their choosing.

Finally, Scientific Councils receive a generous contribution for their participation in Scientific Sessions. Please register for Scientific Sessions 2015 and show your support for the AHA and your Council.

Please help us lead the way to discovery in the fight against cardiovascular disease and stroke. Make plans to attend Scientific Sessions 2015 and bring a colleague, mentee and friend.

COC Chair
PhD, MPH, FAHA
Lora E. Burke

Update on the AHA Science & Technology Accelerator Program

The Science & Technology Accelerator program has identified the following as potentially game-changing innovations:

• CytoVas
• BioKier
• ePRISM

All of these innovations are capable of helping achieve the American Heart Association’s 2020 IMPACT goals of decreasing death from heart diseases and stroke by 20 percent by the year 2020. The program’s investment is propelling them rapidly from lab bench to bedside, where they can dramatically improve outcomes.

CYTOVAS: A Vascular Health Profile

This biomarker profile identifies those who currently appear to be at no risk but who, nevertheless, are at risk, such as marathon runners who could suffer sudden death in their next race. The Science & Technology Accelerator program helped design and invested in a trial to determine efficacy of preventive therapy (such as atorvastatin) in time to change course, if necessary. Use of VHP in a Phase II clinical trial may determine whether successful treatment is likely and whether any unexpected adverse CV events result from any drug. Quintiles is already involved in trial development. Hopefully, in the future, the biomarkers of VHP could become a surrogate endpoint for what now requires multi-outcome trials with more than 10,000 subjects.

BIOKIER: A Type 2 Diabetes Game-Changer

Many obese diabetics who undergo bypass surgery appear practically cured of diabetes before losing significant weight. This appears to result, at least partially, from nontoxic, natural substances in all diets, such as L-Glutamine and Sodium Butyrate reaching the colon, combining with receptors and resulting in increased insulin secretion and decreased insulin resistance. The Science & Technology Accelerator program invested in BioKier in order to complete the technology proof in animals by inserting these compounds directly into the human colon and by creating a capsule cover to protect these substances while in transit from stomach to colon, whether in three hours or three days.

CREAGER

A highly regarded expert in vascular medicine, Dr. Creager has been an AHA volunteer for more than 30 years. He is Chair of the Science Advisory & Coordinating Committee, and a member of the Board of Directors, the Advocacy Coordinating Committee, the Corporate Operations Coordinating Committee, the Executive Committee, and the Nominating Committee.

Dr. Creager was instrumental in creating the original Peripheral Vascular Disease Inter-Disciplinary Working Group (which became the Council on Peripheral Vascular Disease in 2010) and was its inaugural Chair from 2002 to 2005. He chaired the AHA’s Atherosclerotic Peripheral Vascular Disease Symposium II, held in 2008, and he received the Council’s Distinguished Achievement Award in 2010.

Dr. Creager chaired the National Research Committee from 2011 to 2013, and in 2012 co-chaired the association’s first Research Summit, which was held to define the directional strategies and goals of the AHA’s Research Program. The summit led to the adoption of the AHA’s 12 Essential Elements for Research and an increased commitment to multidisciplinary and multicenter collaborative approaches as well as translational research. Dr. Creager is also a past Chair of the AHA Strategic Planning Task Force and a current member of the Founders Affiliate board.

Dr. Creager’s laboratory studies the effects of atherosclerosis and its risk factors, including hypercholesterolemia, diabetes and hypertension on endothelial function and also mechanisms that contribute to the pathophysiology of peripheral artery disease. He has published more than 440 scientific papers, and was the lead editor of the 2012 textbook, “Vascular Medicine, 2nd Edition: A Companion to Braunwald’s Heart Disease.”

Lora E. Burke, PhD, MPH, FAHA, COC Chair
American Heart Association Honors Top Volunteers at Annual Awards Luncheon

The American Heart Association honored several leading volunteers at its annual Awards Luncheon in Dallas on June 24.

The Award of Meritorious Achievement was presented to John E. Hall, PhD, FAHA; the Leona M. and Harry B. Helmsley Charitable Trust; Pegui Maridueña, MBA, and Bertram L. Scott; and Daryl Osby. The award recognizes significant accomplishments or projects that affect the association at a national level.

Dr. Hall was recognized for more than four decades of outstanding service on behalf of the association’s efforts to improve the prevention, treatment and awareness of hypertension as a primary risk factor for the development of cardiovascular diseases and stroke. Dr. Hall, a past editor-in-chief of the association’s journal Hypertension, is the Arthur C. Guyton Professor and Chair in the Department of Physiology and Biophysics at the University of Mississippi Medical Center in Jackson.

The Leona M. and Harry B. Helmsley Charitable Trust, based in New York City and in Sioux Falls, South Dakota, was recognized for exemplary commitment to funding the AHA’s Mission: Lifeline initiative in rural communities. Since 2010, the Helmsley Charitable Trust’s Rural Healthcare Program has donated more than $36 million to support implementation of Mission: Lifeline in Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota and Wyoming.

Ms. Maridueña and Mr. Scott were recognized for their leadership and guidance as advisers for multicultural inclusiveness and relevance in AHA communications and marketing campaigns, including the Life Is Why branding platform. Ms. Maridueña is president of StarMar Consulting in Alpharetta, Georgia. Mr. Scott is senior vice president, population health, at Novant Health, Inc., in Charlotte, North Carolina.

Mr. Osby was recognized for his vision and guidance on behalf of cardiopulmonary resuscitation awareness and training initiatives in Los Angeles County. Mr. Osby is fire chief of the Los Angeles County Fire Department.

The Louis B. Russell Jr. Memorial Award was presented to Alexander P. Almazan, an attorney and founder of Alexander P. Almazan, PA, a Miami law firm. The award recognizes an individual who has rendered outstanding service to minority and underserved populations. Mr. Almazan was honored for his service from 2012 to 2015 as chair of the association’s Diversity Leadership Committee and for his efforts on behalf of initiatives including Power To End Stroke, EmPowered To Serve and Go Red Por Tu Corazón.

The Healthcare Volunteer of the Year Award was presented to Nancy Albert, PhD, RN, FAHA. The award recognizes outstanding contributions to, or achievements in, cardiovascular disease and/or stroke patient care or improvements in the quality of healthcare delivery. Dr. Albert, associate chief nursing officer at the Office of Research and Innovation of the Cleveland Clinic Health System, was honored for her ongoing efforts as an innovator in quality improvement and champion of Get With The Guidelines and The Guideline Advantage.

The Physician of the Year Award was presented to Lori Mosca, MD, MPH, PhD, FAHA. The award recognizes outstanding contributions to the association’s mission to build healthier lives, free of cardiovascular disease and stroke. Mosca, a professor of medicine and director of preventive cardiology at Columbia University Medical Center/New York Presbyterian Hospital, was honored for more than 25 years of exemplary service as a champion for the advancement of women’s cardiovascular health.

The Ron Haddock AHA/ASA International Impact Award was presented to Sidney C. Smith, Jr., MD, FAHA. The award recognizes important service in support of the association’s international programs.

Dr. Smith, a professor of medicine at the University of North Carolina at Chapel Hill and a senior adviser to the National Heart, Lung, and Blood Institute, was honored for his important, enduring contributions to the AHA’s efforts to address the global impact of noncommunicable diseases and also advance the quality of care in hospitals worldwide through the implementation of Get With The Guidelines and other quality programs. Smith was the association’s president in 1995-96.

HEALTH OUTCOMES SCIENCE’S ePRISM: Electronic Personalized Risk Information Services Manager

Extending use of ePRISM from integration into individual hospitals’ data systems to mobile tablets and phones will help provide tPA to those ischemic stroke victims for whom it would be the correct choice. Currently, the number needing tPA who receive it, much less in time, is below five percent. By mobilizing use of ePRISM, this percentage can be increased dramatically.

my.americanheart.org
The ATVB spring meeting was held this year in San Francisco. It marked the second year of our collaboration with the PVD Council, and by all measures the meeting was a huge success. More than 1,000 attendees experienced numerous new initiatives, such as moderated and e-poster sessions and a well-attended Genomics Bootcamp. I would like to congratulate the Program Chairs, Muredach Reilly, MD, FAHA, and Phil Tsao, PhD, FAHA, for their tireless efforts. This meeting is the highlight of the year for our Council, and it is wonderful to see it continue to thrive and evolve.

I believe that networking is one of the most valuable aspects of the spring meeting. It is an opportunity for old colleagues to catch up, for early career investigators to meet senior investigators and for new collaborations to be forged. Also, the Council dinner is an event not to be missed – if only to see how crazy things get on the dance floor!

I had the opportunity to hear suggestions from many members of our Council, and encourage any of you with suggestions to contact me or others on the Leadership Committee. I hope to see you all at Scientific Sessions in Orlando!

my.americanheart.org
A signature event hosted by the ATVB Women’s Leadership Committee is the annual Mentor of Women Award Luncheon. At this event, an award is presented to an outstanding scientist who has dedicated significant effort to promoting the success of women in science at all levels, which is followed by a keynote address by an internationally recognized scientist on topics related to diversity, career development or other issues pertinent to the constituency of the ATVB Council.

This year’s recipient of the Mentor of Women Award, Catherine C. “Lynn” Hedrick, PhD, FAHA, professor in the Division of Inflammation Biology at the La Jolla Institute for Allergy and Immunology, was recognized for her exceptional support and mentoring of young scientists and promoting the careers of women in the cardiovascular sciences.

The keynote address was presented by Hannah Valantine, MD, chief officer for Scientific Workforce Diversity at the National Institutes of Health, and senior scientist in the intramural research program. Her talk, “Faculty Career Flexibility – National Imperative,” addressed the gender gap in academic medicine and the importance of promoting workforce diversity and excellence by taking a multifaceted approach to changing the culture of academic science and medicine.

At this luncheon, the WLC also recognized the five finalists of the Junior Investigator Award for Women: Belinda Di Bartolo, PhD, Alexandra Chadwick, Dalia Gaddis, PhD, Delphine Gomez, PhD, (winner) and Sara McCurdy. Congratulations to them all!

The WLC was grateful for excellent attendance by both men and women, which ranged from early career to established investigators. Furthermore, we welcome suggestions and feedback to help them improve the quality of their future programming and networking sessions, so please email me at dsahoo@mcw.edu with any comments.

We look forward to seeing you in November at the WLC Networking Luncheon at Scientific Sessions in Orlando, Florida.

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The Early Career Committee just returned from the ATVB Scientific Sessions in San Francisco, and we are energized and excited about the great events put on for all of our Early Career members. We got things started bright and early on the first morning of the meeting with our “Round-table Discussions” hosted by members of the Early Career Committee. This is a popular event, where we have informal discussions concerning various topics that are relevant to early career folks. Topics this year included tips on writing a successful fellowship application and advice on how to manage an international research program with perspectives from both Europe and Asia. We even had Larry Pinkus, PhD, Scientific Review Officer for the Atherosclerosis and Inflammation of the Cardiovascular System study section, join us as a surprise guest with some valuable feedback to new investigators on how to get that first grant. Collectively, there were many vibrant discussions, and we hope that all attendees gained valuable tips for success.

The following morning, we hosted a panel discussion on “Breaking Into Translational Research for the PhD Scientist” with Phil Tsao, PhD, Jennifer Hall, PhD, and Jordan Miller, PhD, sharing their perspectives on what they define as “translational research.” It quickly became apparent that there are various ways that research can be categorized as translational, with definitions including a classical “bench-to-bedside” approach and studies leveraging biobanked material, generation of novel models that more closely resemble human disease and intellectual property/patents that allow you engage companies and move forward with pharmacological harnessing of a molecular target. As the emphasis on translational research is increasing from many funding agencies, this was an insightful session for early stage investigators.

We are gearing up for Scientific Sessions 2015, this year being held in sunny Orlando, Florida. Once again, we will be holding the ATVB Early Career Investigator Award competition on Sunday, Nov. 8, a competitive manuscript-based award for junior investigators. Finalists will present their latest work in this award session, so come out and see the excellent work being done by junior scientists in the ATVB Council.

If you have any suggestions for ECC events you’d like to see or topics you would like covered, or if you want to get involved with and serve on the ECC, email Katey Rayner krayner@ottawaheart.ca (Chair) or Nick Leeper nleeper@stanford.edu (Vice Chair). See you in Orlando.

Women’s Leadership Committee Report

Early Career Corner

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Council and Leadership

I’m pleased to update you on events and happenings involving BCVS. As my first year as your BCVS Chair draws to a close, it’s exciting to think about many positive events. First and foremost, please join me in congratulating Steve Houser, PhD, FAHA, who is our elected AHA president for the 2016-2017 term. Dr. Houser is a longstanding BCVS member and has served the AHA in many critical roles, most recently as Chair of the Research Committee. Congratulations!

I also would like to thank the BCVS leadership for its amazing service and support of our mission. Ronglih Liao, PhD, FAHA, of Harvard Medical School and Brigham and Women’s Hospital, is our BCVS Vice Chair. Thank you also to Wally Koch, PhD, FAHA, immediate past BCVS chair, who now chairs the BCVS nominating committee. Under his leadership, we have an outstanding roster of named lecturers for Scientific Sessions 2015 in Orlando, Florida. One of the continuing marks of excellence for BCVS is our highly acclaimed annual summer meeting. This year marks the 11th annual meeting, and it will be held July 13-16 in New Orleans. Plan on joining us in New Orleans for great science, superb networking and a host of early career programs. Scientific Sessions 2015 is scheduled for Nov. 7-11 in Orlando, Florida, and BCVS has a stacked program highlighted by several events for early career investigators as well as our Young Investigator competitions. Overall, there are many basic scientists at Sessions, and I look forward to meeting you there to discuss science and our Council.

One of the continuing marks of excellence for BCVS is our highly acclaimed annual summer meeting.

Joshua M. Hare
MD, FAHA

MESSAGE FROM THE CHAIR

Basic Cardiovascular Sciences
Scientific Sessions 2016

July 18–21 | Hyatt Regency Phoenix | Phoenix, AZ

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career programming, and this is due to the excellence in leadership by the Chair of this committee, Maria Kontaridis, PhD, FAHA, of Harvard Medical School and Beth Israel Deaconess Medical Center. Dr. Kontaridis will certainly keep up the strong presence for our young people, and we look forward to the continued growth of our programming both at Scientific Sessions and our summer meeting.

One of the spring highlights for me was attending AHA Lobby Day in Washington. It was an exciting event and terrific to perceive a responsiveness from our legislative leaders for the need to continue to foster biomedical research in the U.S. Several initiatives are currently under consideration to increase NIH funding, and we should all do what we can to promote this.

I have been honored to serve as your Council Chair for the past year and look forward to my upcoming second year. The future will bring new opportunities for funding, and we can hopefully look forward to an increase in NIH funding in the next few years. I encourage you to get involved with us on the BCVS Council, and I’m always open to discussion on how you can help contribute to our level of scientific excellence.

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Scientific Sessions 2015

As we get closer to the start of the Scientific Sessions 2015, I would like to share some of the activities that are associated with the Council on Basic Cardiovascular Sciences.

**Early Career**
• Each year, the BCVS Early Career Committee plans an early career session covering a variety of topics that are related to career development. The session is followed by a reception, during which participants can connect with senior investigators as well as other early career investigators in a relaxed, social setting.

**Award Competitions**
• The Louis N. and Arnold M. Katz Basic Science Research Prize for Young Investigators. This award encourages new investigators to continue research careers in basic cardiovascular science. This award historically has recognized research involving biochemical, cellular, molecular and genetic sciences, and now includes whole animal studies, especially those related to the creation of new genetic lines.
• The Melvin L. Marcus Young Investigator Award in Cardiovascular Sciences Award. This award encourages young investigators to continue research careers in cardiovascular or circulatory physiology. This award has historically recognized physiological research and research in large-mammal studies, and encompasses functional studies in genetically engineered mice or mammals that are the recipients of cell or gene therapy.

Don’t forget to purchase a ticket for the BCVS Council Dinner.

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**Memorial Lectures**
• The Thomas Smith Memorial Lecture. This lecture was established in 1997 to honor Thomas W. Smith, MD, a pioneer in the application of biochemical, cellular and molecular approaches to investigate cardiac contractility. Stefanie Dimmeler, MD, PhD, of the University of Frankfurt, has been selected as the Smith lecturer for this year.
• The George E. Brown Memorial Lecture. This lecture was established in 1935 and has been awarded to a deserving investigator of our Council ever since. Joseph Hill, MD, PhD, of the University of Texas, Southwestern, has been selected as the Brown lecturer for this year.
• The George E. Brown Memorial Lecture in Vascular Biology. This is a newly established memorial lecture honoring the life and work of Kenneth Bloch, MD. It is co-sponsored by BCVS and the Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation. Stephen Archer, MD, has been selected as the inaugural Bloch lecturer.

**Travel Awards and Grants**
• BCVS proudly sponsors numerous travel grants and awards that honor researchers, early career investigators and medical students. This year, we will be offering the following awards:
  - BCVS Abstract Travel Award
  - BCVS International Travel Grant
  - BCVS Minority Travel Grant
• Visit the Awards, Lectures & Scholarships page at my.americanheart.org/bcvscouncil for more information, criteria and application instructions for the individual awards. The deadline to apply for travel awards is Aug. 6, 2015.

**Council Dinner**
• Don’t forget to purchase a ticket for the BCVS Council Dinner. The dinner is a great way to socialize with other members of our Council and celebrate another year of great science.

By John W. Calvert, PhD, FAHA
Welcome New Council Chair and Vice Chair

Benjamin S. Abella, MD, MPhil, FAHA, former Vice Chair of the 3CPR Council, will take over the reins as 3CPR Council Chair. Dr. Abella attended medical school at Johns Hopkins School of Medicine followed by dual internal medicine and emergency medicine training at the University of Chicago.

Dr. Abella studies sudden cardiac arrest and has authored more than 100 peer-reviewed manuscripts and monographs on topics pertaining to CPR, targeted temperature management and cardiac arrest outcomes. His work has been funded by grants from the American Heart Association, National Institutes of Health and foundation sources. He is an active national and international speaker on cardiac arrest and has mentored numerous fellows and residents in their development as biomedical investigators.

Since 2004, he has served as a volunteer of the American Heart Association on numerous committees. Besides serving as the new Chair for the 3CPR Council, Dr. Abella is also vice chair of the department of emergency medicine and associate professor at the University of Pennsylvania.

Joining him as the Council Vice Chair is Mark Gladwin, MD, chair of the department of medicine at the University of Pittsburgh School of Medicine. Dr. Gladwin’s clinical research and expertise focuses on pulmonary vascular disease, pulmonary complications of sickle cell disease and nitrite and nitric oxide chemistry and signaling. He has published more than 200 manuscripts on nitrite signaling and pulmonary hypertension and is funded by the National Heart, Lung, and Blood Institute, NIH with a translational PO1 (tPPG), two RO1 awards and two T32 training grants. He has served as a principal or associate investigator on more than 30 human subjects protocols and holds seven FDA INDs for the use of investigational therapeutic medications, including nitrite, carbon monoxide, L-NMMA and sildenafil.

It’s been an honor working with you all, and I thank you for the opportunity to serve as your Council Chair. I am confident that our Council is in great hands under the leadership of these two esteemed colleagues, and I look forward to the future of this Council. We have great programming planned for Scientific Sessions 2015, so please be sure to join us Nov. 7-11 in Orlando, Florida.
Q&A With Evan Brittain, MD

In the 3CPR Council, we are looking to highlight the careers and interests of our early career members. In this issue of Connections, John Ryan, MD, FAHA, University of Utah, interviews Evan Brittain, MD, Vanderbilt University, Division of Cardiovascular Medicine.

Q. Tell us about your background and how you became involved with the 3CPR Council?
A. I came to Vanderbilt in 2007 as part of the physician-scientist training program. After residency and cardiology fellowship, I joined Vanderbilt’s Pulmonary Hypertension Research Group as a research fellow based on an interest in cardiopulmonary hemodynamics and right ventricular (RV) function. During that time with help from my mentors (Anna Hemnes, MD, and John Newman, MD), I began to meet and collaborate with other investigators in the PH field. The 3CPR sessions at Scientific Session have been an ideal way to network with other investigators in the field in addition to providing excellent educational content. I was also fortunate to participate at Scientific Sessions 2014 in the Cournand and Comroe Young Investigator Award competition, which offers early investigators an opportunity to present their work to leaders in the field.

Q. Your work focuses on mechanisms of right ventricular dysfunction in pulmonary arterial hypertension. What approaches are you using to drive your research?
A. We have been interested in understanding the hemodynamic and metabolic determinants of right ventricular failure, the major cause of death in patients with PAH. Given the increasing recognition that metabolic dysfunction contributes to PAH, I’ve used metabolic imaging techniques to translate findings from our transgenic model of PAH into humans. Specifically, we found that myocardial lipid accumulation contributed to RV failure in the mouse model so we employed proton magnetic resonance spectroscopy to quantify intramyocyte lipid in living patients validating the findings from the mouse model. We also have used multiple PET tracers to measure the relative activity of glycolysis and oxidative metabolism in RV in PAH patients and how those pathways change in the failing RV and in response to metabolic intervention. We hope these molecular imaging techniques can provide more information about what’s happening on a cellular level in the RV and pulmonary vasculature compared with standard echocardiography and cardiac MRI, and we plan to use both mouse models and patients to understand mechanisms of right heart failure to ultimately improve outcomes in this deadly disease. Along the same lines, we are also using broad-based metabolomics techniques to help identify the molecular underpinnings of different subtypes of PH and which metabolic pathways may be fruitful targets for intervention.

Evan Brittain, MD

Research Award. Finally, I would encourage early investigators to get involved in AHA committees to get to know Council leaders and help shape the AHA’s priorities.

Q. For young scientists entering the field, what advice would you give them and how can the AHA help?
A. I think identifying a supportive and productive mentor(s) is the most critical component to early career success, and I’ve been fortunate in that regard. A good mentor will provide a stimulating scientific environment and connect you with people who will contribute to your success. The AHA can benefit early investigators in multiple ways. In addition to educational content and networking opportunities mentioned before, there are multiple funding opportunities for young scientists. The AHA’s fellow to faculty career development award has been an ideal mechanism for me to transition from research training to my initial faculty appointment. Other early career funding opportunities include postdoctoral fellowships and the Mentored Clinical and Population

At Sessions 2014, the Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation was proud to award the Cournand & Comroe Young Investigator Prize in Cardiopulmonary, Critical Care, Perioperative and Resuscitation to Ke Yuan, PhD; Eizo Marutani, MD; and Yen-Chun Lai, PhD.
As my term as Chair of the Council on Cardiovascular and Stroke Nursing comes to end, I would like to thank the CVSN leadership committee, all chairs and members of the many CVSN subcommittees, and all the CVSN members who serve as liaisons to other Councils. In addition, I have had the outstanding support of AHA staff, such as Lauren Rowell and John Ponzio. A special and heartfelt thank you to Lynne Braun, PhD, ANP, FAHA, and my Vice Chair, Deborah Chyun, PhD, RN, FAHA. Dr. Chyun is the incoming Chair and is an exemplary scholar, AHA volunteer and leader. I also would like to welcome Nancy Artinian, PhD, RN, FAHA, as the incoming Vice Chair. There is no question the Council is in good hands.

I also have been reflecting on the wonderful occasions I have had to work with other AHA Council members and the broader leadership of AHA. My involvement with AHA began early in my career when I joined the Chicago Metropolitan Affiliate Board in 1993. The personal and professional friendships and collaborations are too numerous to count. Nevertheless, it has been an enriching experience. I would like to take this moment to encourage all members of the CVSN to become involved and serve on one of the many AHA or CVSN committees.

Over the last several years, it has been my privilege to highlight ongoing activities and progress within CVSN. A few highlights include:

• Support of vibrant, early-career CVSN members through travel grants and the newly formed Research and Mentoring committee
• Establishment of the Kathleen A. Dracup Distinguished Lecture in Exemplary Early Career Mentoring, an award/lectureship that recognizes outstanding mentorship of CVSN members
• Publication of numerous scientific statements that include topics such as functional genomics, dysphagia screening for stroke survivors and transitions of care for heart failure patients
• FAHA recruitment
• Leadership and representation throughout the AHA organization.

In each issue of Connections, we invite a commentary on an important issue. To that end, Nancy Albert, PhD, RN, FAHA, highlights the importance of patient education. The concept and process of patient education is a critical element of patient care. Nurses have been at the forefront of researching and establishing best practices related to patient education. The essentials of patient education have evolved from simply explaining a condition to teaching a patient about strategies and actions for self-care. Many approaches involve technology (remote monitoring and smartphone devices) for reinforcing education and providing the patient with feedback.

AHA also has served as a leader in this area.
Patient Education in Heart Failure
Self-Care Requires Provider Knowledge

We assume that healthcare providers are knowledgeable about self-care and convey to patients not only what to do but also how to do it. But providers may not have enough knowledge-specific self-care. Nurses were surveyed regarding predischarge self-care education for heart failure, and three important findings emerged:

• More than 50 percent of nurses spent less than 15 minutes delivering education
• Nurses expressed the most difficulty conveying information about medications, physical activity and low sodium diets
• Low comfort topics were less frequently discussed before discharge.

Although knowledge is not the sole factor that promotes adherence to self-care, patient education is associated with clinical outcomes, such as rehospitalization.

We conducted a qualitative study to understand stable ambulatory patients’ knowledge about exercise and found many misperceptions. When asked to describe what their physicians recommended, most patients provided general messages reflecting that taking it easy and resting were important. Only a few patients provided accurate messages consistent with national guidelines.

Ultimately, patients and caregivers must be adequately educated. Via AHA, professional education is available in multiple formats. For example, the heart failure spotlight series has accredited presentations offered free to institutions and practice groups. Visit the AHA education portal at learn.heart.org.

By Nancy M. Albert, PhD, RN, FAHA


Early Career Corner

AHA offers many grant opportunities for early career members, including predoctoral and postdoctoral fellowships. Early career investigators are eligible for the Mentored Clinical & Population Research Award to conduct pilot clinical studies.

For investigators transitioning from trainee to independent investigator, AHA supports the Scientist Development Grant and the Beginning Grant-in-Aid. AHA partners with various organizations to provide the AHA/Myocarditis Foundation Postdoctoral Fellowship Award, AHA/CCF Pediatric Cardiomyopathy Joint Research Award and AHA/ASA/American Brain Foundation Lawrence M. Brass, MD, Stroke Research Mentored Clinical and Population Research Award. The Mentor/AHA Mentee Award funds mentors to work with AHA early career grantees.

Grants are due in July and January. However, each affiliate has specific support mechanisms with different due dates so check your affiliate for more details, my.americanheart.org/fundingopportunities.
Council Members Give Back

Members of the Council for Cardiovascular Disease in the Young have been engaged with the American Heart Association in many important capacities. None are more important than the opportunities to serve as a volunteer for local AHA initiatives. These local initiatives involve community engagement and fundraising. We would like to highlight three CVDY members who have played important roles for their local AHA communities.

Eyad Najdawi, MD, is a pediatric cardiologist in Sioux City, Iowa, and has been an advocate for children with congenital heart disease, speaking on many occasions in the community and volunteering at local events. Dr. Najdawi has been a leader in the AHA Heart Walk in Sioux City and has participated as a keynote speaker on several occasions. He firmly believes that the Heart Walk is an important part of raising money, but more importantly, raising awareness of heart conditions for children and, in particular, congenital heart disease. He says giving back to the community is one of the most rewarding aspects of his career. “It’s important that AHA volunteers put families in front of the community to be able to share their stories,” he said.

Gerald Marx, MD, is a pediatric cardiologist at Boston Children’s Hospital, and has given hundreds of hours in his volunteer work for the AHA. Dr. Marx has been involved in local Heart Walks and advocacy locally and nationally for children with congenital heart disease. He has been a leader in the Boston Heart Ball and has served as Chair of the Heart Ball in Boston. In fact, he was the guest of honor at the 2012 Heart Ball in Boston. Dr. Marx brings his high energy and high enthusiasm to everything he does in his relationships with the AHA. Accordingly, he has been acknowledged nationally by the AHA for his volunteer leadership.

Kevin Maher, MD, is a pediatric cardiologist in Atlanta. He is the director of the Cardiac ICU and co-director for the Center of Pediatric Innovation. Dr. Maher has been a tireless advocate for fundraising for the American Heart Association and has served on the board of the Atlanta Heart Ball. He also serves on the greater southeast affiliate board of directors. In this capacity, he helps to raise money for the AHA and improve the civic engagement.

These three stories tell various ways in which pediatric cardiologists can give to the AHA and in return give back an experience that is enjoyable and fulfilling. It compliments the clinical and research work that many of our CVDY Council members are involved in and helps reach outside the office or academic center into the community, which is so vital to the success of the AHA and for the advancement of cardiac care.

Discounted article publication charges for accepted articles in JAHA – Journal of the American Heart Association, the AHA/ASA’s Open Access journal. Members save $500 with discount code.
By all accounts, last year’s Scientific Sessions 2014 was outstanding. Another amazing program has been designed for Scientific Sessions 2015, thanks to our program committee led by CVDY CSSP Chair Meryl Cohen, MD.

First off, CVDY Council leadership is excited to acknowledge the AHA has redesigned the structure of Scientific Sessions. Starting this year, the previous seven “core” areas have been consolidated into four categories (Basic Science, Clinical Science, Population Science and Practice Focus Area). Moreover, the CVDY Practice Focus Area, titled “Lifelong Congenital Heart Disease and Heart Health in the Young,” will have consolidated presentations, discussions and abstracts for participation convenience throughout the duration of the conference. CVDY chose this title to reflect the complete nature of our group, starting with the fetus and ending with adults with congenital heart disease. As well, we not only focus on congenital/structural heart disease, but also acquired cardiovascular diseases in our patient populations as well.

Of note, I also would like to mention applications are being accepted until Aug. 6 for the CVDY abstract travel awards. A total of four awards are being offered at $1,000 per award.

Our program this year will start on Saturday, Nov. 7, with Early Career Day, in which a series of excellent sessions designed for fellows and early career junior faculty will be held, titled “The Many Paths to Success in Pediatric Cardiology.”

On Sunday, Nov. 8, the morning sessions will focus on “Cardiovascular Infections” and “Controversies in the Care of the Fontan Patient.” Cardiovascular Seminars on this day will focus on diagnosis and management dilemmas in Tetralogy of Fallot, as well as new innovations in Heart Failure and Transplantation in special patient populations. Oral abstracts and early career investigator award presentations will also occur.

Monday, Nov. 9, myriad programming will occur throughout the day, including atherosclerotic risk in children and adolescents, reassessment of surgical strategies in CHD, update on Kawasaki Disease, catheter interventions looking forward, improving perinatal outcomes through fetal diagnosis and many more.

Programming for Tuesday, Nov. 10, includes cardiac surgery trials in CHD, care innovation in cardiac ICU care, pediatric echocardiography — going beyond the usual modalities, oral abstracts and many others.

Finally, Tuesday afternoon and evening programming will include the esteemed Helen B. Taussig Memorial Lecture (Dr. H. Scott Baldwin from Vanderbilt) and the CVDY Council dinner and awards presentation, along with a special guest speaker presenting the William J. Rashkind Memorial dinner lecture: John Heilemann, the well-known political commentator from Bloomberg, MSNBC, NBC and author of “Game Change” and “Double Down.” We hope to see all of you on this special evening, and throughout the meetings. This is a great chance to see old friends as well as meet new ones. Don’t miss it.

Of note, I also would like to mention applications are being accepted until Aug. 6 for the CVDY abstract travel awards.
Council Expresses Thanks

During my two-year term as Council Chair, the Cardiovascular Radiology and Intervention Council has undergone a gradual but noticeable broadening of its activities to meet the needs of the AHA and of our growing Council membership. I would like to take this opportunity to acknowledge and thank several members who have provided key leadership to our Council. 

I would like to first thank the CVRI Leadership Committee that over the past two years has included Suhny Abbara, MD; Garth Beache, MD; Lawton Cooper, MD, Laura Findeiss, MD; Antoinette “Toni” Gomes, MD, FAHA; Ziv Haskal, MD, FAHA; Maureen Hood, PhD, RN; Jill Jacobs, MD, FAHA; John Kaufman, MD, FAHA; Jacobo Kirsch, MD; Margaret Lee, MD; Debiao Li, PhD; Joao Lima, MD, FAHA; Harold Litt, MD, PhD; Sanjay Misra, MD; Venkatesh Murthy, MD, PhD; Constantino “Tino” Peña, MD; Gautham Reddy, MD; Geoff Rubin, MD; Kooresh Shoghi, PhD; Anne Roberts, MD; Arthur Stillman, MD, PhD, FAHA; Bernd J. Wintersperger, MD; and Pam Woodard, MD. 

The CVRI Leadership Committee has provided excellent advice and tireless energy in support of our Council and AHA mission.

The CVRI Program Committee (Chair: Dr. Misra; Co-Chairs: Drs. Jacobs and Reddy) has masterfully ensured that CVRI-relevant content was included in the AHA annual sessions program. This was particularly important during the past two years as the AHA has initiated a multi-year strategic redesign of its annual meeting from a traditional lectern-based didactic educational model to a more modern one that emphasizes small venues and improved presenter-participant interaction. The AHA meeting model will continue to evolve, but I remain confident that the CVRI Program Committee will continue to be vigilant in its assurance that cardiovascular imaging and intervention be properly represented within the AHA portfolio of meetings and educational products.

The CVRI-sponsored Science Subcommittees, notably the Cardiac Imaging Science Subcommittee (Dr. Jacobs, immediate past Co-Chair, and Dr. Reddy, current Co-Chair) and Vascular Imaging and Interventional Subcommittee (Dr. Gomes, immediate past Co-Chair, and Dr. Misra, current Co-Chair), have been busy developing a variety of new AHA consensus documents, statements and guidelines. They also have assisted our Program Committee in its planning for the annual Sessions by proposing educational content. With the seemingly ever-changing economic environment and accelerated pace of new technology development, these multidisciplinary AHA Science Subcommittees will have an increasing role in recommending the appropriateness of imaging and image-guided intervention in cardiovascular medicine.

During the past two years, we have further enriched our early career outreach. Led initially by Dr. Litt, but more recently by Dr. Kirsch, the Early Career Program has had continued success at Scientific Sessions with high marks.

Dr. Beache deserves special recognition for the excellent work he has done over the past two to three years to develop an excellent relationship between our Council and the Student National Medical Association, which is “committed to supporting current and future underrepresented minority medical students, [and] addressing the needs of underserved communities.

MESSAGE FROM THE CHAIR

Vincent Ho, MD, FAHA

Dr. Ho is passing the gavel to Dr. Peña, MD, FAHA, who is expected to be an equally strong and effective leader in the years to come. Dr. Peña brings with him a wealth of experience, expertise and dedication, and the Council is fortunate and grateful to have him serve in this capacity.
from participants and improving attendance every year. Annually, we also have improved grant funding and expanded the number of travel grants available for students, residents, fellows and other early career members. Dr. Kirsch, who also serves as Chair for the CVRI Membership and Communications Committee has done a wonderful job preparing Connections. As the AHA revamps its web portal, I am confident Dr. Kirsch will continue to find innovative ways to inform our Council and others with interest in cardiovascular imaging and image-guided intervention.

With the growing potential applications for imaging and image-guided intervention, it has been critical that the CVRI have a voice in the expanding AHA research programs. Dr. Lima and Dr. Stillman have been excellent CVRI representatives on the AHA Research Committee and ensured inclusion of our concerns in AHA research planning and decision-making.

Dr. Beache, deserves special recognition for the excellent work he has done over the past two to three years to develop an excellent relationship between our Council and the Student National Medical Association, which is “committed to supporting current and future underrepresented minority medical students, [and] addressing the needs of underserved communities.” The intent of our outreach to the SNMA was to further promote careers in cardiovascular imaging in physicians from underrepresented minority populations, which is also in line with the AHA mission. Dr. Beache led the development of co-sponsored sessions on cardiovascular imaging for the SNMA annual meetings and is initiating a mentorship program to facilitate SNMA member attendance at future AHA annual sessions. Our successful relationship with the SNMA was identified as a best practice during our biennial Council review by the AHA Council Operations Committee. The AHA is currently exploring an expansion of this relationship beyond our Council and to include other Councils. CVRI also has co-sponsored scientific programs with the North American Society for Cardiovascular Imaging, Society of Nuclear Medicine and Molecular Imaging, American College of Cardiology and American College of Radiology.

I would like to thank Dr. Woodard, immediate past CVRI Council Chair, for taking care of our very important Nominations Committee but also providing me valuable advice throughout my term. Dr. Peña, CVRI Council Vice Chair, has also been a superb adviser, and I would like to thank him also for his tireless support. He will assume my responsibilities as CVRI Council Chair in July, and I am confident that he will brilliantly lead our Council over the next two years.

Finally, I would like to thank the CVRI membership for your support of the Council and participation in the AHA. It is only through your engagement in our Council that CVRI is able to champion our concerns related to cardiovascular imaging and image-guided intervention to the AHA.
Message From the Chair

I would like to convey my deepest gratitude to the cardiovascular surgery and anesthesia community and the American Heart Association for the distinct privilege of serving as the Chair of CVSA for the past two years. It has been an incredible learning experience and an honor to play a small role in the advancement of the noble mission of the AHA, and CVSA continues to serve an eager and engaging role within the AHA. My appreciation extends to the past CVSA leadership, Timothy Gardner, FAHA; Richard Weisel, FAHA; Pedro del Nido, MD; Hartzell Schaff, MD; Bobbie Robbins, MD, FAHA; Loren Hirtzka, FAHA; Frank Sellke, MD; John Ikonomidis, MD, FAHA; and many others. Immense benefit has derived from their wisdom and guidance.

I am also indebted to my current CVSA fellow officers, Marc Ruel, MD, FAHA; Jennifer Lawton, MD, FAHA; Nancy Nussmeier, MD, FAHA; and Michael Fischlein, MD; and our Council manager, Veronica Zamora, who constitute the true engine behind the Council’s progress and achievements. Dr. Ruel has once again created a spectacular program for Scientific Sessions, assembled an outstanding compilation of scientific works for Circulation, and adeptly assumes the role of CVSA Chair. He will undoubtedly raise CVSA to new vistas, and I ask you all to join me in wishing Dr. Ruel the very best.

Y. Joseph Woo, MD, FAHA

Marc Ruel, MD, FAHA

Society of Cardiovascular Anesthesiologists Liaison Report

This is an exciting time to be a part of AHA’s Cardiovascular Surgery and Anesthesia Council. As the Society of Cardiovascular Anesthesiologists’ liaison to the Council, I’m happy to report some of the society’s activities that align with and complement those of the American Heart Association. As we collectively learn from our shared experiences, we look to the future knowing that as a healthcare delivery team, we must adapt to a changing environment.

SCA has formed a new Safety and Quality Committee, which was created to address the overwhelming need for cardiac anesthesiologists to be able to assess quality in cardiac surgery. It is now appreciated that anesthesia care does have an impact on outcomes and to a certain degree, this can, and should be measurable using quality definitions and metrics. As payers move toward measuring quality and rewarding only value-based care, it will be increasingly important that we all take part in outcomes assessments, database participation and guideline development.

To enhance our data reporting and ability to analyze quality in cardiac surgery, the Society of Thoracic Surgeons’ (STS) Adult Cardiac Surgery database now includes a new series of anesthesia variables. In addition to the surgical data submission, sites may now submit up to 65 additional variables that are the purview of the anesthesiologist and may allow further delineation of risk assessment or outcomes measurement. For more information on how an anesthesiology group may join the STS database, visit www.sts.org/sts-national-database/anesthesiology-module.

Another important advance in multidisciplinary collaboration is the SCA’s project known as “Clinical Practice and Quality Improvement Initiative in Cardiac Surgery.” The project is based on the premise that teams of professionals working together and applying the best evidence-based medicine will have measurable excellent outcomes. It is well known that although a majority of practitioners are aware of guidelines and even agree with guideline recommendations (70 to 90 percent), that less than one third will change their practice or even attempt to comply. Guideline adherence is poor although attempts to focus guidelines have met with some more success. There are a number of potential reasons for this, many of which can be overcome with proper attention to the needs of the physician.

The CPI project is a multidisciplinary collaboration of physicians and healthcare workers. This project includes and embraces many AHA surgeons and cardiologist members along with the SCA anesthesiologists coordinating the project. This is a result of the solicitation of interdisciplinary input, recruitment from organizations such as AHA, STS, Heart Rhythm Society and the widespread interest in achieving quality care in cardiovascular medicine. The project has three aims:

• Identify the domains of cardiac surgery that have guidelines. Use small teams of topic experts to distill existing guidelines and recommendations into a series of educational materials for cardiac surgical teams to use.
• Develop educational programs to facilitate dissemination and utilization of topical material developed.
• Evaluate the impact of the educational tools developed.

The three clinical areas whose content will be studied as the first arms of the CPI project in cardiac surgery include: postoperative atrial fibrillation, blood conservation/utilization and neurocognitive protection.

The SCA takes pride in being able to create these opportunities for multidisciplinary involvement in quality initiatives. It is only through collaboration and innovation that we will be able to stay ahead of the curve in the delivery of cardiovascular care that is superlative, cost-efficient and valuable.
PRESIDENT’S REPORT
ON AHA/ASA INITIATIVES

JUNE 30, 2015

ELLIOTT ANTMAN, MD, FAHA
**STATISTICS**

**Stroke is now the No. 5 cause of death in the U.S.**
According to a year-end report from the Centers for Disease Control and Prevention, stroke has dropped from No. 4 to No. 5 among the leading causes of death in the United States. The report, which is based on final mortality statistics for 2013, states unintentional injuries are now the No. 4 cause of death. The other top 10 leading causes of death remain unchanged, including heart disease as the No. 1 cause of death, cancer (No. 2) and chronic lower respiratory diseases (No. 3). Despite the positive statistic, people are having more strokes, and risk factors for stroke remain too high. Statistically speaking, the death rate is down, but in terms of raw numbers, 432 more people died of stroke in 2013 compared to 2012.

**AHA publishes 2015 Statistical Update, tracks global statistics for first time**
For the first time in the 50 years that the AHA has released an annual heart disease and stroke statistics update, the new report released in December now adds a global view. Health data compiled from more than 190 countries show heart disease remains the No. 1 global cause of death with 17.3 million deaths each year, according to “Heart Disease and Stroke Statistics — 2015 Update: A Report From the American Heart Association.” That number is expected to rise to more than 23.6 million by 2030, the report found. Stroke remains the No. 2 cause of death in the world. The stroke death rate — the number of deaths per 100,000 people — went down between 1990 and 2010. However, the number of people having first and recurrent strokes each year went up, reaching 33 million in 2010.

**RESEARCH**

**Strategically Focused Research Networks**
- Four major institutions are banding together and leveraging the strength of basic, clinical and population research to prevent heart disease and stroke. The Strategically Focused Prevention Research Network — funded by a $15 million grant from the AHA — is collaborating on research in areas such as obesity, high blood pressure and heart failure. The network is made up of investigators at Northwestern University in Chicago, Vanderbilt University in Nashville, the Icahn School of Medicine at Mount Sinai in New York City and the University of Texas-Southwestern Medical Center in Dallas. The four centers have held their initial meeting with the AHA Oversight Advisory Committee, and funding began in July.
- In March 2014, the AHA Board of Directors selected two new Strategically Focused Research Network topics: Hypertension and Disparities in Cardiovascular Disease. A Request for Applications for the Hypertension network was issued in May, and full applications were due in November. The Request for Applications for the Disparities network is still active, and applications were due in January. Awardees for the Hypertension and Disparities networks will be announced in April and June, respectively. Two additional topics, Women’s Cardiovascular Health and Heart Failure, were announced at the AHA board meeting in February.

**CVGPS announces first eight Pathway grantees**
At Scientific Sessions 2014, the AHA announced the first eight Pathway grantees for the Cardiovascular Genome Phenome Study. They are:
- Ramy Arnaout, MD, DPhil, Beth Israel Deaconess Medical Center, Boston (Topic: Antibody Repertoire Diversity in CVD, Aging and Death in a Large Multi-Ethnic Cohort)
- Donna Arnett, PhD, MPH, University of Alabama at Birmingham, Birmingham, Alabama (Topic: Epigenetic Determinants of Left Ventricular Structure and Function in Hypertensive African Americans)
- Christy Avery, PhD, MPH, University of North Carolina, Chapel Hill, North Carolina (Topic: Pharmacogenomics of Risk Factors for Cardiac Arrhythmias in Global Populations)
- Susan Cheng, MD, Brigham & Women’s Hospital, Boston (Topic: Chronic Inflammation, Cardiovascular Aging and Longevity)
- John Cole, MD, MS, University of Maryland, Baltimore (Topic: Early-Onset Stroke: an Extreme Phenotype to Identify Rare Variants in Ischemic Stroke)
- George O’Connor, MD, MS, Boston University Medical Campus, Boston (Topic: Transcriptomic and Epigenetic Signatures of Tobacco Exposure)
- Marc Vidal, PhD, Dana-Farber Cancer Institute, Boston (Topic: Integrated Genetic, Transcriptomic, and Epigenetic Analysis of Cardiovascular Disease Phenotypes)

Add in a separate blurb for the Grand Challenge, instead of this text:

**CVGPS announces first Grand Challenge Awards**
In June, the AHA’s Cardiovascular Genome Phenome Study named the first recipients of its Grand Challenge Awards to accelerate the discovery of personalized treatments and prevention of cardiovascular diseases. CVGPS awarded two grants, each for $2 million over four years. Awardee Greg Lewis, MD, director of Massachusetts General Hospital Cardiopulmonary Exercise Laboratory, will study the impact of cardiorespiratory fitness lev-
els on future cardiovascular risk. The other award will be shared by Daniel Rader, MD, of the University of Pennsylvania, and Jennifer Van Eyk, PhD, of Cedars-Sinai Medical Center in Los Angeles. Drs. Rader and Van Eyk will apply the funding to a study comparing blood protein biomarkers from people of European, African-American and South Asian ancestry.

**$2.5 million gift from David Spina supports CVGPS**

Over the past decade, AHA board member David Spina and wife Stevie have established a powerful legacy of philanthropy on behalf of the American Heart Association. In March, they built on that legacy even further with a gift of $2.5 million to advance the groundbreaking research of the AHA’s Cardiovascular Genome Phenome Study. In total, they have donated more than $6 million to support our mission, making a critical difference in our work to build healthier lives, free of cardiovascular diseases and stroke. Words can’t express how deeply grateful we are for everything David and Stevie do to help advance scientific knowledge and improve our ability to prevent and treat our nation’s No. 1 and No. 5 causes of death.

**PROFESSIONAL MEMBERSHIP**

**Professional membership reaches 33,000**

As of June 2015, the AHA has more than 33,000 Professional Members from around the globe representing 120 countries that support our mission through their outstanding gifts of time, dedication and heart. This is a growth of 24 percent over the past five years. Of this number, 4,793 of our Professional Membership are Fellows of the American Heart Association. Sixteen Scientific Councils support more than 125 Science and Council committees. Councils and their conferences are responsible for supporting 616 awardees through more than $588,000 in awards. Our Professional Online Network has more than 38,600 users and offers a robust environment for collaborative discussions.

**SCIENCE & CLINICAL LEARNING ENTERPRISE**

The 2014 AHA Meetings Initiative was commissioned to explore how to transform the AHA’s successful meetings and professional learning enterprise to meet and exceed discovery and learning expectations for the scientists and clinicians of today and beyond. Information gathering, review and discussion by volunteers led by a Meetings Initiative Steering Committee culminated in an AHA Meetings Summit held in Dallas in June 2014. Over 100 AHA volunteer leaders and staff convened to discuss the AHA meetings and professional learning enterprise. Eight Essential Principles, supporting strategies and a broad future vision, emerged from over nine months of dialogue before, during and post-Summit and were approved by the AHA Board of Directors in October 2014. The Essential Principles will guide efforts to sustain and enhance the AHA’s leadership role in cardiovascular and stroke science dissemination and clinical learning for 2015 and beyond.

**Leadership**

- AHA will be THE PREMIER global scientific and clinical learning leader.
- AHA will make an extraordinary impact by accelerating the discovery, interpretation and application of relevant science and clinical knowledge through its programs and events.
- AHA will be the scientific and clinical knowledge and information partner of choice for researchers, clinicians, systems, media, industry, consumers and others within cardiovascular disease, stroke and related fields who are seeking to improve and extend people’s lives.

**Ensure future capacity**

- AHA will provide THE PREMIER 365 networking experiences which will serve as a multiplier for discovery and educational reach.
- AHA’s learning environments will support the needs of scientists, clinicians and their educators/mentors with a special emphasis on early career professionals.

**Robust portfolio**

- AHA will develop a scientific and clinical learning portfolio which will:
  - Provide credible information and knowledge
  - Be steeped in the principles of adult learning
  - Be highly innovative and, as appropriate, technologically advanced
  - Reflect a well-designed, comprehensive core science and clinical curriculum plan for learning activities across AHA

**Accountability**

- AHA will develop a governance model to ensure a unified approach for programming and curriculum planning, cross-meeting/programming communication, sharing of best practices, quality and outcomes evaluation, exploring and finalizing when appropriate, collaborations with other external organizations, etc., across all the current and future programs and virtual and face-to-face meetings and venues. This unified approach will still allow for appropriate differences for the varied audiences and aims of AHA meetings.
- AHA will develop a robust business model for the entire AHA scientific and clinical learning portfolio whose goal will be to ensure these activities are revenue-generating on the whole so that there are fiscal resources available to support new growing areas of content (until they are self-sustaining), fund innovations and provide funds to support the AHA’s Mission.

**SCIENTIFIC SESSIONS**

**Nearly 20,000 attend Scientific Sessions 2014**

Nearly 20,000 attendees came to Chicago in November and discovered the very latest in cardiovascular science, including more than 4,000 abstract presentations, our first Global Congress on Big Data in Cardiovascular Science and Care, a special symposium on Arrhythmia Research, late-breaking clinical trials that attracted worldwide media coverage and a lecture by 2012 Nobel Laureate Robert Lefkowitz, MD. Thank you to Chair Robert Harrington, MD, Vice Chair Frank Sellke, MD, and the entire Committee on Scientific Sessions Program for their incredible leadership. Scientific Sessions is truly the world’s premier cardiovascular science conference. Scientific Sessions 2015 will be held Nov.
HEALTH EQUITY & MULTICULTURAL INITIATIVES

Kaiser Permanente supports initiative for blood pressure control in African-Americans

In September, Kaiser Permanente awarded a $2.55 million grant to support the AHA’s efforts to improve blood pressure control for African-Americans. The grant will allow us to launch “Community to Clinic, Clinic to Community: Improving Hypertension Control in Blacks and African-Americans” in Atlanta and San Diego. The program will depend on community-based efforts as well as doctors and patients to help decrease the burden of hypertension, aiming to create a model that can be replicated in communities across the country. We are very grateful to Kaiser Permanente for this critically important funding.

AHA collaborates with National Baptist Convention

The AHA’s Multicultural Markets team participated in the 109th Annual Session of the National Baptist Congress of Christian Education, which was held in June in Dallas and had an attendance of more than 30,000. The MCM team exhibited in the Health Pavilion, providing information on the EmPowered To Serve faith-based initiative as well as information on cardiovascular disease risk factors and prevention.

Scientific statement is first to focus on cardiovascular disease in Hispanics

A new AHA scientific statement, published in July, offers the first comprehensive overview of cardiovascular disease among Hispanics in the U.S. and emphasizes the need for culturally appropriate health care to address their risk. Hispanics represent the fastest-growing racial or ethnic population in the nation and are expected to constitute 30 percent of the total U.S. population by the year 2050. Yet, there is no comprehensive document about the cultural values and behavioral aspects that influence cardiovascular health promotion, prevention, and acceptance of treatment recommendations among Hispanics.

Vida Saludable and other Spanish-language initiatives

Readership continues to grow for our Vida Saludable website, which was launched last year as a bilingual, culturally relevant guide to a healthier life and a celebration of family and heritage. Vida Saludable provides tips, strategies and facts to help Latino families get healthy and stay healthy. Also this spring, we published our first Spanish/English bilingual recipe booklet, Heart-Healthy Recipes bilingual edition. It has 22 culturally appropriate recipes, including snacks, soups, salads, entrées, vegetables and sides, breads and breakfast dishes and desserts. There’s a nutritional analysis for each recipe, plus tips for making healthy food choices.

COMMUNICATIONS/CARDIOVASCULAR HEALTH AWARENESS

Go Red For Women 2015 campaign kicks off in New York City

On Friday, Feb. 6, we kicked off the 2015 Go Red For Women campaign with our annual National Wear Red Day festivities in New York City. In more than 40 markets, news anchors wore red and shared Go Red For Women messaging. At the Woman’s Day Awards on Feb. 10, we presented an award to actress Andie MacDowell for her ongoing contributions as a Go Red spokesperson. As in past years, national sponsor Macy’s is holding in-store Red Dress Pin and Wear Red sales to raise funds, and is the presenting sponsor of the 2015 Red Dress Collection, a New York City event that kicks off NYC Mercedes Benz Fashion Week on Feb. 12, with celebrity models wearing top designers’ red dresses in support of the AHA.

Go Red For Women recruits women as participants in Health eHeart Study

In November, Go Red For Women launched an email and social media campaign to encourage women to take part in the Health eHeart Study. As of January 2015, 11,833 had registered with 8,003 consented into the study. As the digital health industry moves from pilots to real-world implementation, forward-thinking studies like Health eHeart will be critical to identifying how we use emerging tools and technologies to make a difference in the health, motivation and ongoing management of our women patients.

Go Red For Women launches national awareness campaign

In November, Go Red For Women launched a national public service campaign in partnership with the Ad Council and pro bono agency Deutsch, N.Y., to increase awareness that heart disease is the No. 1 killer of women, claiming more lives than all cancers combined. The campaign encourages women to learn more about healthy lifestyle changes at GoRedForWomen.org and includes 30- and 60-second TV ads as well as radio, print, billboard and web public service announcements. Also, Go Red For Women hosted a November Twitter chat to introduce #HeartDayHumpDay, our new social media initiative to make Wednesdays the designated day of the week to discuss and celebrate heart health. The chat was hosted by Yahoo! Anchor Bianna Golodryga, singer, actress and Broadway star Laura Bell Bundy, and Go Red Real Woman and heart disease survivor Jen Thorson.

Life Is Why: AHA’s new branding platform

In July, the AHA officially rolled out its new brand platform and campaign — Life Is Why. Life Is Why was developed to capture the momentum of our growing organization, the passion of our people and to communicate our mission to one day realize a world free of cardiovascular diseases and stroke. It strengthens our brand’s visibility and impact, while making a more emotional connection with the public, volunteers, employees and partners. The bold, dramatic steps we take today — our logo redesign, tagline and marketing campaign — are part of our larger strategic plan to achieve our health impact goals for 2020. These elements reflect the Guiding Values —

COMMUNICATIONS/CARDIOVASCULAR HEALTH AWARENESS
NIHSS to be included in ICD-10
Through the tremendous efforts of American Stroke Association volunteers and staff, the National Institutes of Health Stroke Scale has been approved for inclusion next year in the World Health Organization’s International Statistical Classification of Diseases and Related Health Problems. This remarkable achievement paves the way for inclusion of NIHSS into measures of hospital performance and outcomes collected and reported by Medicare and other federal agencies, and makes it possible to properly adjust for differences in baseline characteristics. This marks a landmark achievement in our goals of improving stroke care and crafting a level playing field for tertiary care and safety net hospitals in the quality measurement arena.

AHA is scientific adviser for 2015 Green Communities Criteria
AHA was proud to contribute as a scientific adviser for newly released, updated criteria for healthy, high-quality affordable housing in low-income communities. Created by Enterprise Community Partners Inc., the 2015 Green Communities Criteria provide a national standard for affordable housing developers to extend the economic, health and environmental benefits of green without compromising affordability. Developments that meet the criteria will promote health and well-being through reduced exposure to environmental pollutants, improved connectivity to services, walkable neighborhoods and good lighting. The criteria also harness the power of design to improve residents’ health through new mandatory “Active Design” requirements including simple, cost-effective measures like improving stairwell access and visibility.
New Orleans has approved a new smoke-free ordinance, which is set to take effect in April and will prohibit smoking in most indoor public places, including bars, restaurants and casinos. In addition to New Orleans residents, the ordinance will protect the millions of tourists who visit this city each year. Today, nearly 65 percent of the U.S. population lives in a community with smoke-free ordinances, and we won’t stop working until that reaches 100 percent.

**Stroke designation policy in North Carolina**

In January, North Carolina Rules Review Commission approved new stroke center rules, which include designation for Comprehensive, Primary and Acute Stroke Ready facilities. The North Carolina Stroke Advisory Council and You’re the Cure advocates worked closely with the Department of Health Service Regulation and Office of Emergency Services since the passage of legislation in 2013 designating Primary Stroke Centers and directing the Department to promulgate rules around stroke centers. Over the past year, volunteers and staff worked through the regulatory process to ensure that both Comprehensive and Acute Stroke Ready facilities were added to the rule language. Additionally, the rules specifically recognize the American Heart Association/American Stroke Association in the regulations as a national accrediting body. This is the second state in the country to achieve a policy victory around recognizing all three tiers of stroke centers and requiring EMS authorities to come up with transport protocol plans and procedures.

**Iowa is the latest state to require pulse oximetry screening**

On Jan. 14, legislation took effect requiring pulse oximetry screening for all newborns in Iowa. More than 35 states now require this testing for critical congenital heart defects.

**Georgia expands smoking cessation benefits**

Smokers trying to kick the habit in Georgia got a boost last November when their state became the latest to give Medicaid recipients access to tobacco cessation counseling and medications at little or no cost. Nineteen states now cover counseling and all FDA-approved treatments, a sign of momentum for anti-smoking campaigns. Although the number of American smokers has plummeted by more than half since 1965, treating tobacco-related diseases costs taxpayers $22 billion a year in Medicaid costs. That is because a large number of the dwindling smokers in America are also on Medicaid. More than a third of the nearly 1.7 million people in Georgia who receive Medicaid also use tobacco. The AHA worked closely with several partner organizations, including the American Lung Association and American Cancer Society Cancer Action Network, to advance this amendment.

**Philadelphia passes largest cigarette tax increase for a U.S. state or locality**

Philadelphia’s $2-per-pack cigarette tax hike, signed into law in Sep-
tember, is the largest single increase ever in a U.S. state or locality. That milestone aside, the health impact will be extraordinary. The Philadelphia Health Department estimates that this measure will result in 40,000 fewer smokers and 1,000 to 2,000 fewer youth smokers in the area.

The District of Columbia increases funding for tobacco prevention and cessation and sets healthy food procurement standards

The District of Columbia’s FY15 budget includes a $2 million appropriation for the District’s tobacco control program, bringing the total local investment to $2.745 million, or 25.7 percent of CDC recommendations. This advocacy win is especially impactful since only three years ago the District was spending zero dollars on tobacco cessation. The city also is now requiring that all food sold through vending machines on government property as well as all government purchased and served food meets healthy standards.

Berkeley, California, passes historic sweetened-drink tax

Voters made history on Nov. 4 in Berkeley, California, by imposing a penny-per-ounce tax on sodas and other sweetened beverages — a result welcomed by proponents as a breakthrough in the fight against America’s obesity epidemic. Berkeley is the first city in the nation to approve a penny-per-ounce tax, which will raise an estimated $1 million to $3 million annually. The taxes target primarily sodas, iced tea and energy drinks. Exceptions include milk, medicine and alcohol.

VOICES FOR HEALTHY KIDS/CHILDREN’S HEALTH

Baton Rouge, Louisiana, adopts Complete Streets policy

In November, the East Baton Rouge Metro Council unanimously adopted a Complete Streets policy so people can walk, bike or run without concern for their own safety. Complete Streets are designed with consideration for users of all ages and physical ability, and they allow for multiple modes of transportation. Pedestrians, bicyclists, motorists and public transportation users are able to safely move along and across a complete street. A coalition known as the Baton Rouge Sustainable Transportation Advisory Committee worked over the course of a year to put all the pieces together. This coalition, led by the AARP and supported by the American Heart Association, is working with other organizations to ensure safer streets for all.

New Mexico school foods now aligned with USDA guidelines

In December, the New Mexico Public Education Department showed leadership in helping their schools make changes by adopting a state rule to fully align with the USDA’s Smart Snacks in School nutrition guidelines. The rules comply with the federal Smart Snacks standards, requiring the food to be primarily whole grains, fruit, vegetable, dairy or a protein. This means they can still purchase chips and crackers from school vending machines, but they will be made with whole grains and baked instead of fried. While some may not notice a difference, nutritionists know that every bite matters and increasing dietary fiber is a key strategy in steering clear of chronic diseases later in life. Essential to their success, they have staff and training plans in place working directly with schools to implement the new standards and facilitating the movement forward efficiently. Healthy school foods support the academic potential and health of all students by increasing participation in school meals and ensuring food they access in other places on school campuses are healthy.

Voices for Healthy Kids celebrates policy victory in Nevada

Nevada now leads the nation when it comes to ensuring children are not bombarded with junk foods and junk food marketing on school property. We are thrilled to share that in September Nevada Department of Agriculture recently adopted a new School Wellness Policy that provides two key provisions that help our children grow up healthy. Under this policy, all items sold to students during the school day must meet the Smart Snacks Nutrition Standards as established by the Department of Agriculture. In addition, only marketing consistent with Smart Snacks Nutrition Standards is allowed on school campuses; this includes any advertising or other promotions. Voices for Healthy Kids partnered with numerous organizations, including the Alliance for a Healthier Generation, to move this change forward.

AHA launches Life’s Simple 7 for Kids

To help children and their families learn more about how to stay healthy and lower their risks for cardiovascular disease as adults, the AHA in September launched a Life’s Simple 7 for Kids website and downloadable resource. Life’s Simple 7 for Kids translates those lifestyle components for younger audiences, giving them the tools to understand why staying healthy is important and offering age-appropriate suggestions for simple steps to getting healthier. For example, to promote getting active, Life’s Simple 7 for Kids encourages kids to run, walk and play every day. Other practical suggestions includes video games or mobile apps that involve dance, exercise or sports to help kids get the recommended 60 minutes of daily physical activity.

AHA launches Garden Community

In July, the AHA launched a new online community for gardening enthusiasts to connect, share information and learn to live healthier. The site is designed for people of all ages and skill levels who garden at home, school or in the community. Resources are available to explain different garden types and designs, cultivation methods, lesson plans for educational gardening programs and healthy recipes for fresh fruits and vegetables.

Alliance for a Healthier Generation presents annual awards

The AHA was proud to take part in September’s Alliance for a Healthier Generation Leaders Summit in Washington, DC. Former President Bill Clinton was keynote speaker, and AHA President Elliott Antman, MD, gave a presentation on the association’s work to address childhood obesity. The AHA co-founded the Alliance with the Clinton Foundation in 2005, and the annual leaders summit is held to honor schools for outstanding achievements as part of the Alliance’s Healthy Schools Program.

AHA and NFL update smartphone app to encourage physical activity among youth

The AHA and the NFL have updated the NFL PLAY 60 app to include a new “total yards run tracker.” The app was introduced last year to encourage...
kids to get their 60 minutes of daily recommended physical activity through
a simulated endless runner experience. Players accumulate yards by running,
jumping and turning while holding a mobile device, with each move duplicat-
ated by an onscreen character. The app is available in iTunes and Android
versions, and last year reached the No. 1 ranking in the kids’ category for
iPhones.

**AHA, Children’s Heart Foundation**
**join forces to help kids with heart defects**
The AHA and The Children’s Heart Foundation have joined forces to stop
congenital heart defects through a collaboration that will jointly commit
at least $2.5 million over the next two years to support innovative research
projects on congenital heart defects. About 40,000 children are born with
a heart defect in the United States each year. The AHA will coor-
dinate the peer review of research proposals on congenital heart
defects and give CHF a ranked list of worthy applications. CHF
will choose those that best fit its mission, and the AHA will dis-
tribute funds to the awardees’ institutions and monitor progress.
The AHA and CHF will also collaborate on a program to support
parents of children with congenital heart defects.

**CEO ROUNDTABLE**

**CEO Roundtable launches, builds
toward corporate culture of health**
Twenty-two CEOs from some of America’s largest companies have joined
the AHA to create the CEO Roundtable, dedicated to evidence-based
approaches to workplace health. Co-chairing the CEO Roundtable with
Nancy Brown are Henry Kravis, Co-CEO and Co-Chair of KKR & Co.
L.P., and Terry Lundgren, Chairman and CEO of Macy’s, Inc. Together,
these CEOs will collectively engage nearly 7 million employees and family
members, along with countless other community members, to transform
the culture of health in America’s workplaces and beyond by testing, evalu-
ating and sharing information about what works in workplace health.

The CEO Roundtable publicly launched in July, and also released the
results of a new Nielsen survey which found a disconnect between people’s
perceptions of their health and their actual health status. Three-quarters of
employees report being in very good or good health, but 42 percent of these
employees have been diagnosed with a chronic condition, including high
cholesterol or high blood pressure. At the same time, the survey also revealed
that CEOs and senior leadership have a significant impact when it
comes to getting employees engaged and reaping the benefits of
workplace health programs — creating a tremendous opportunity
for the CEO Roundtable.

Supported by the scientific expertise of the AHA, the CEO
Roundtable companies will design, test and evaluate workplace
health initiatives, including pilot testing the My Life Check digital
engagement tool in seven member companies. By focusing on
Life’s Simple 7 as an evidence-based common standard for health
programs, employers will help employees better understand,
monitor and improve their most critical measures of health.

**AHA issues advisory on workplace wellness**

Comprehensive workplace wellness programs have the potential to signifi-
cantly improve the overall health of the American workforce, according
to an advisory released in April by the AHA. Although the majority of
employers — 77 percent according to a 2013 Kaiser Family Foundation/
Health Research and Educational Trust Employer Health Benefits Survey
— say they offer wellness programs, many aren’t comprehensive and don’t
effectively track or evaluate employee cardiovascular health, according
to the advisory. “This workplace wellness recognition advisory proposed
the standards by which we ultimately hope to improve the lives and health
of the 155 million Americans employed in our country today,” said AHA
President Elliott Antman, MD. The advisory was published in the AHA
journal Circulation.
GLOBAL STRATEGIC PLAN

Crowdfunding initiative targets children’s health in India
In November, the AHA launched a crowdfunding campaign to support our project based in India called Saving Children’s Lives. Each year, more than 1.3 million children in India die before they reach their fifth birthday, often from common, preventable and treatable illnesses like pneumonia, diarrhea and infections. The contributions we receive through Saving Children’s Lives will allow us to send trained U.S.-based volunteer physicians to India to train local healthcare providers to assess and treat these illnesses, using the AHA’s Pediatric Emergency Assessment, Recognition and Stabilization training program. These trainees will be equipped to provide care and also provide training to other providers. Our goal is for as many as 1,155 providers to receive training. We believe Saving Children’s Lives can expand throughout India and serve as a template for other regions — and even other countries. Special thanks to our generous sponsor, Impelsys, which provided a lead gift of $25,000 to kick the campaign off, and to our partner, Indiegogo.

AHA publishes Task Force Statement on Sustainable Development Goals
To coincide with the United Nations 2014 General Assembly in September, the AHA published a Task Force Statement on “Sustainable Development Goals and the Future of Cardiovascular Health.” The paper urges the UN’s 193 member states to include noncommunicable diseases as a health goal when they vote on the Post-2015 Sustainable Development Goals. Past AHA President Ralph Sacco, MD, represented the AHA at a meeting titled “Feeding the 9 Billion: Leveraging Healthy Sustainable Diets for Climate Change Mitigation, Environmental Protection and Public Health Benefits,” and at a side meeting on “Universal and Accountable Health Systems.”

AHA leaders attend United Nations General Assembly in July 2014
In July, AHA CEO Nancy Brown was a member of the U.S. Government Delegation for the United Nations General Assembly’s High-Level Meeting on the Prevention and Control of Noncommunicable Diseases. Additionally, the AHA sent several volunteer leaders to this meeting, including AHA President Elliott Antman, MD; AHA Immediate Past President Mariell Jessup, MD; and past AHA President (2010-11) and current Chair of the AHA International Science Committee, Ralph Sacco, MD. The meeting allowed attendees to evaluate progress since the Political Declaration on NCDs was signed at the United Nations General Assembly in 2011. While it is far too early to declare victory, we have seen encouraging advances, including an increase from 32 percent to 50 percent in the number of countries with an operational policy to address NCDs.

Elliott Antman, Nancy Brown speak at 2015 World Health Assembly
In May, AHA President Dr. Elliott Antman and CEO Nancy Brown represented the association at the 68th World Health Assembly in Geneva. Dr. Antman moderated a World Heart Federation panel discussion on international efforts to control hypertension, and Brown spoke at a session — co-hosted by the World Heart Federation, Alzheimer’s Disease International and the Noncommunicable Disease Alliance — on the growing body of scientific evidence pointing to a link between cardiovascular disease risk factors and dementia. The WHA is an annual gathering hosted by the World Health Organization that brings together representatives and organizations from each of its 194 member states for high-level meetings on a wide range of health policy issues.

EMERGENCY Cardiovascular Care

Emergency cardiovascular care experts gather for 2015 ILCOR Consensus Conference
Over the last four years, the AHA and the International Liaison Committee on Resuscitation have completed nearly 200 structured evidence reviews in preparation for releasing updated AHA Guidelines for CPR & ECC in October 2015. AHA hosted a two-day ILCOR Task Force working session in Chicago prior to ReSS and Sessions as a precursor to hosting the 2015 ILCOR Consensus Conference in Dallas, Feb. 1-3, 2015.

ECC opens Middle East/North Africa regional office in Dubai
In December, the AHA announced the opening of its regional office for the Middle East and North Africa at at the Mohammed Bin Rashid Academic Medical Centre in Dubai. The office works with 212 AHA-affiliated Training Centers and sites that provide lifesaving training courses in the region. The new office will facilitate American Heart Association program development in the region designed to help more people live healthier, longer lives.

New CPR program delivers training more often to ensure skills don’t erode
To help healthcare providers better maintain their resuscitation skills and improve patient outcomes, the AHA has developed the subscription-based Resuscitation Quality Improvement™ Program (RQi). RQi provides the same cognitive and skills modules as a conventional CPR program. Basic and advanced life support skills for medical workers are evaluated every two years under current requirements, but research shows that may not be often enough to ensure that the CPR implemented is high quality. With RQi, skills are tested quarterly.

Anthem continues funding for Hands-Only CPR with $7.8 million grant
Through a $7.8 million grant from Anthem Foundation (previously the WellPoint
VOLUNTEERISM

AHA presents 2014 Gold Standard Board Awards
In September, 33 local AHA volunteer boards were named as recipients of the 2014 AHA Gold Standard Board Award. To receive gold-level recognition, a board must meet at least 14 performance criteria in areas including health, revenue, volunteer recruitment and operations. An additional 49 boards received our silver- or bronze-level awards. Above all, these awards express our appreciation for the countless hours and the boundless energy that our board members bring to our mission.

AHA mourns the passing of Bugher Foundation trustee Dan Adams
Dan Adams, a cherished friend and supporter of the AHA/ASA, passed away on June 30 at the age of 75. As a trustee of the Henrietta B. and Frederick H. Bugher Foundation, Dan played a critical role in building a legacy of support that has endured for nearly 30 years and provided critical funding for AHA/ASA initiatives focused on stroke and other cardiovascular illnesses. The Bugher Foundation has provided more than $36 million on behalf of the AHA/ASA, making it the largest research donor in our organization’s history. Words cannot express the depth of our gratitude for Dan’s extraordinary generosity on behalf of our work to address the causes, cures and prevention of stroke and other cardiovascular diseases. All of us were touched by his compassion and personal concern for making a meaningful difference in the lives of all patients who suffered in the face of illness. With every new step forward in research and every breakthrough in treatment, we will remember Dan and give thanks for his thoughtful and unwavering commitment to improving health.

Stroke survivor and advocate
Ray Driscoll dies at 67
Stroke survivor and longtime American Stroke Association volunteer Ray Driscoll passed away at age 67 in November. After becoming a volunteer in Massachusetts in 1994, Ray spoke on more than 100 occasions on our behalf, led a stroke survivors group, and with his wife, Gina, raised more than $100,000 to support our mission. Ray’s family completed 15 marathons and half marathons with the ASA’s Train To End Stroke program and with “Tedy’s Team,” led by former New England Patriots linebacker Tedy Bruschi. Two years ago, the Founders Affiliate created the Ray and Gina Driscoll Hearts and Minds Award in recognition of the Driscolls’ selfless commitment to helping others. Ray will be greatly missed, and we extend our deepest condolences to his entire family.

Western States Affiliate volunteer John Maa attends meeting with President Obama
Dedicated volunteers like John Maa, MD, are a key reason why the AHA is so widely recognized as a voice of expertise on key public health topics. This fall, Dr. Maa, who chairs the University of California Office of President Tobacco Related Disease Research Program, took part in a special meeting attended by President Barack Obama on Asian American and Pacific Islander public policy issues. Dr. Maa discussed Asian American disparities in public health, and also spoke about the Food and Drug Administration’s latest steps toward regulation of electronic cigarettes. During his presentation, Dr. Maa cited the AHA’s policy statement on e-cigarettes published in July. Dr. Maa is an ex-officio member of the AHA’s San Francisco board and has been a member of the Western States Affiliate’s Advocacy Taskforce since 2007. He is also a past President (2005-06) of our San Mateo (California) board and a past reviewer of AHA Scientific Grants

AHA honors longtime volunteer Victor Dzau as he becomes president of Institute of Medicine
In September, the AHA was proud to co-sponsor a reception in Washington, DC, to honor Victor Dzau, MD, who has been named president of the Institute of Medicine. Before beginning his six-year term in July, Dr. Dzau spent the last decade at Duke University, where he was chancellor for health affairs and also president and CEO of the Duke University Health System. Previously he was Hersey Professor of the Theory and Practice of Physic (Medicine) at Harvard Medical School and also chair of the department of medicine and director of research at Brigham and Women’s Hospital. During a career of more than three decades, Dr. Dzau has been highly regarded as a trailblazer in translational research, health innovation and global health care strategy and delivery. Dr. Dzau received his first research grant from the AHA in the early 80s, and since then as an AHA volunteer, he has held numerous leadership positions with several of our scientific councils. He is also a past recipient of our Research Achievement Award and Distinguished Scientist Award.

William Roach Jr. joins World Heart Federation board
The AHA’s 2011-12 chair, William Roach Jr., has been named secretary and treasurer of the World Heart Federation. His term began in June and will last through 2017. Roach is a retired partner with the law firm McDermott, Will & Emery in Chicago. He has been an association volunteer since 2001 and chaired the Midwest Affiliate from 2009 to 2011. He is a past chair of the association’s Corporate Operations Coordinating Committee, and a past member of its Audit Committee, International Committee and Research Committee. Roach’s legal textbook, Medical Records and the Law, is now in its fourth edition. During his legal career, he was named to 17 consecutive annual editions of The Best Lawyers in America.

Niteesh Choudhry represents AHA at FDA hearing
Niteesh Choudhry, MD, PhD, represented the AHA at a September FDA meeting examining the clinical utility of fixed combination prescription drugs composed of an anti-hypertensive, aspirin and a statin to reduce the risk of cardiovascular death, nonfatal myocardial infarction, and nonfatal stroke in patients with a history of cardiovascular disease. Dr. Choudhry discussed the potential benefits and challenges the drug could present,
as well as the need for more data and postmarketing surveillance. Dr. Choudhry is the executive director of the Center for Healthcare Delivery Sciences at Brigham and Women’s Hospital and an associate professor at Harvard Medical School.

**Community Planning 2.0 — Building a Culture of Health**

Building a Culture of Health recognizes the important role that the environment in which we live plays in influencing our health. Simply telling people to eat better or exercise more will not significantly improve health behaviors over time. By addressing the unhealthy environments around us, the AHA hopes to make the healthy choice the easy choice where we live, work, study, play and pray.

AHA board members across the country heartily embraced the challenge and have embarked on a new process called Community Planning 2.0. Market leaders participated in either a nationwide virtual summit or affiliate summits in the fall to gain an understanding of our Community Planning approach and to learn about the new framework for a healthy community. More than 100 markets have selected two or more health and revenue priorities based on data from market assessment and analysis discussions among volunteers and staff. For each health criteria, the market receives a rating of needs improvement, intermediate or healthy. Markets also gain an understanding of the health of those living in their markets, including cardiovascular and stroke mortality and data on risk factors and health behaviors. The work of these markets is crucial to helping the AHA achieve its 2020 Impact Goal.

**Health Criteria include:**
- Reduction of Tobacco Usage
- Increase Physical Activity
- Building Healthy Diets
- Address Health Factors
- Increase Chain of Survival
- Improve Quality of Care
- Improve Patient Support
- Address Social Determinants of Health

**Revenue Criteria include:**
- Recruitment of Event Chairs
- Secure Top ELT Leadership
- Secure Platform Signature Sponsorships
- Grow Top 25 Company Engagement
- Expand Youth Market Efforts
- Increase Individual Giving
- Enhance Donor Stewardship
- Membership in the Paul Dudley White Legacy Society
Expect BIG Things

BIG Science. BIG Names. BIG Clinical Content. BIG Technology. BIG Networking.

• 5 DAYS of comprehensive, unparalleled education

• MORE THAN 5,000 PRESENTATIONS from the world’s leaders in cardiovascular science

• 200 EXHIBITORS showcasing the latest cardiovascular technology and resources

• A TRULY GLOBAL PERSPECTIVE with 18,000 cardiovascular professionals in attendance from more than 100 countries

KEY DATES

WEDNESDAY, JUNE 10
Member registration and housing opens*
Abstract submissions close

MONDAY, JUNE 22
Late-Breaking Clinical Trial submissions close

MONDAY, JULY 27
Late-Breaking Basic Science submissions open

WEDNESDAY, AUG. 19
Late-Breaking Basic Science submissions close

WEDNESDAY, SEPT. 9
Deadline for early-bird registration

* Membership has its advantages. Become an AHA/ASA member by Wednesday, Aug. 26, to receive early registration rates.

scientificsessions.org
#AHA15

For information on how to exhibit and sponsor at AHA’s Scientific Sessions 2015 visit www.exhibitatsessions.org.
Make Plans for Scientific Sessions 2015

In just a few short months, we will convene again for Scientific Sessions 2015 in Orlando, Florida. I look forward to building on our Council’s previous success with exciting content and activities for attendees at all levels. A highlight will be our annual Clinical Cardiology Business and Awards Dinner on Nov. 7. As anybody who has attended knows, this is much more of a celebration than a business event, and it represents an excellent opportunity for clinical cardiologists, young and old, to celebrate our discipline and acknowledge both junior and senior awardees. In addition to our annual Council Dinner, there are multiple programs that bring value to the Scientific Sessions and reach out to our diverse constituency:

- **Early Career Day** is Saturday, Nov. 7. The Clinical Cardiology Council will be sponsoring an afternoon breakout session that will provide direct mentoring from senior Council members on issues of importance to fellows-in-training and early career members. This session will be followed by the Samuel A. Levine Young Clinical Investigator Award and the Laennec Young Clinician Award competitions. I encourage all Council members to attend these outstanding presentations and cheer on our finalists.

- We will host our fourth High School Minority Outreach Program on Monday, Nov. 9. This program has grown each year, and we look forward by providing Orlando-area high school students an opportunity to learn about careers in clinical cardiology and nursing, as well as to explore science and learn CPR.

At the end of June 2015, I will complete my term as the Chair of the Council in Clinical Cardiology. Any success that we have achieved during my two-year term has been, in part, by my following Kristin Newby, MD, FAHA, who set a beautiful example and has been a valued partner as immediate past Chair of this Council. I am particularly proud of starting two new traditions.

MESSAGE FROM THE CHAIR

Richard L. Page, MD, FAHA

Any success that we have achieved during my two-year term has been, in part, by my following Kristin Newby, MD, FAHA, who set a beautiful example and has been a valued partner as immediate past Chair of this Council. I am particularly proud of starting two new traditions.

REPORT FROM THE ADULTS WITH CONGENITAL HEART DISEASE COMMITTEE

These are exciting and busy times in Adult Congenital Heart Disease. ACHD was recognized as a specialty of cardiology in late 2012, and the first ACHD Board Exam will be given in October 2015. Along with specialty recognition are also criteria for ACGME accreditation of ACHD fellowships, released in the spring of 2015. Initial iterations of the biennial exam will be available to cardiologists who qualify through either a training pathway for those who have done two years of ACHD training or through a practice pathway for those who have needed expertise and commitment to ACHD care. Information can be found at [www.abim.org](http://www.abim.org).

The fellowship will be two years and will be available to cardiologists trained in either pediatric or internal medicine cardiology. There are a growing number of fellowships around the country and a growing number of cardiology trainees interested in pursuing ACHD as a career. There are currently too few ACHD providers for the number of patients needing ACHD services, so this increased interest combined with ACGME accredited fellowship training should greatly improve the physician workforce.

The ACC/AHA Guidelines for the Care of Adults with Congenital Heart Disease were initially published in 2008 and are currently undergoing a full revision, anticipated to be published in early fall 2015. Several members of our ACHD Committee are on the guidelines writing committee. The revision is being done in the current style of ACC/AHA guidelines, which is more modular than prior iterations. This allows the guidelines to not only be revised piecemeal as new data is published, but also makes them more

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two new traditions. First, since our Council is so large and has such outstanding science subcommittees, we have included one or two updates from committee chairs in our section in each issue of Connections; this time we have reports from Karen Stout, MD, FAHA, Chair of the Joint CVDY/CLCD Adults with Congenital Heart Disease Committee, and Manesh Patel, MD, FAHA, Chair of the CLCD Interventional Cardiology Committee. I am perhaps most proud of our Council developing the High School Minority Outreach Program. This has become a signature event for our Council and the Scientific Sessions, and I know that it will continue to grow and thrive under new leadership.

I am tremendously grateful to the excellent support from AHA staff, including Stacey Winningham, our Council manager, who has been instrumental in coordinating all of our activities. Finally, I appreciate the ongoing support of Ileana Piña, MD, MPH, FAHA, the incoming Chair of this Council. Please join me in welcoming Dr. Piña and in providing her our support as she takes over the leadership of this wonderful Council.

Effective in point of care electronic media.

Several AHA Scientific Statements regarding adults with congenital heart disease have been published or are awaiting publication. A Scientific Statement on the Older Adult with Congenital Heart Disease was published in May 2015, with discussion about issues facing older adults with CHD, including those related to their CHD as well as acquired heart disease and concomitant medical problems. The 2014 AHA Scientific Sessions had excellent ACHD programming, with contributions from the ACHD Committee and the CHD community. The overall experience was well received, and the program for the 2015 AHA Scientific Sessions looks to be interesting and rife with ACHD topics.

Overall, it has been great to see the energy and enthusiasm in the ACHD community with many ongoing efforts to improve the care of ACHD patients.

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Report From the Interventional Cardiology Committee

The Interventional Cardiology Committee has remained deeply engaged in the mission of the American Heart Association. Specifically around education, the committee has worked with the Sessions planning group to ensure the inclusion of both didactic and case-based education. Over the last two to three years, the committee has helped sponsor and develop the “Learning at the Movies” series that allows presenters and attendees to review taped cases. This series has included structural, coronary and hybrid cases. These educational activities have helped the AHA better engage conference attendees and have also provided a venue to continue fellow education.

The committee is also sponsoring or working on several Scientific Statements focused on topics such as contrast-induced nephropathy and ventricular support. Committee members are also working with the AHA regarding guidelines and appropriate use criteria. Finally, in an effort to align our activities, the committee has liaisons from the Society for Cardiac Angiography and Interventions and the journal Circulation: Cardiovascular Interventions.

By Manesh Patel, MD, FAHA

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Stroke Nursing Symposium & International Stroke Conference

May 20-Aug.11
Call for Abstracts
Submit Your Science
strokeconference.org

my.americanheart.org
Council Accomplishments

In prior reports in Connections, we addressed the important role that the Council on Epidemiology and Prevention plays in the American Heart Association. We also noted both early career and senior members who have been recognized with AHA awards and lectureships. We now provide a brief update on the recent activities of the Council. We look ahead to Scientific Sessions 2015 in Orlando, Florida, highlighting a few of the many new features of Sessions and an important early career opportunity. We also suggest that you consider joining us at EPI/Lifestyle 2016 in Phoenix. We hope this information is helpful, as you consider your commitments and plan your calendars for 2015-2016.

We are one of 16 scientific Councils of the American Heart Association; and we either lead or share the leadership with other Councils for five scientific subcommittees (Prevention, Social Determinants of Health, Molecular Determinants of Cardiovascular Health, Behavioral Change, and Heart and Stroke Statistics). With more than 1,400 members, we are considered a “large” Council. Although we comprise only 5 percent of the professional members, we have a major role in the activities of the AHA, in part because our focus on population health is aligned directly with the mission, vision, values and goals of the AHA. Additionally, our members are leaders and connectors; and we welcome the opportunities to impact cardiovascular health through our work as scientific volunteers.

In an effort to improve the professional membership experience and the work of the scientific Councils, each of the scientific Councils undergoes a biennial review by the Council Operations Committee. The review is an opportunity for each Council to share its accomplishments and challenges with other Councils, identify best practices and consider issues that affect Council operations and the AHA professional membership broadly. In addition to some of the Council Chairs, the COC includes members who represent early career and diversity members, an AHA volunteer with expertise in marketing and communication and

Message from the Chair

Let us know if you have thoughts about the priority areas and potential action items.

David Siscovick, MD, MPH, FAHA

Spring Program Committee Report

Planning is under way for the EPI/Lifestyle Scientific Meeting in March 2016. The EPI/Lifestyle scientific program this year will focus on the theme: From Precision Medicine to Community Health. As in the past, the early career members of the program committee are planning a set of events designed to engage and advance early career investigators through special programming and networking opportunities.

This year, the Quality of Care and Outcomes Research Council meeting will precede our meeting in Phoenix. Taken together, Scientific Sessions 2015 and EPI/Lifestyle 2016 offer AHA professional members, especially early career members, learning and networking opportunities that seek to promote cardiovascular health for all. We hope to see you at both Scientific Sessions 2015 and at EPI/Lifestyle in March 2016.

Jennifer Wessel, MPH, PhD

Early Career Committee Report

As in the past, there will be an Early Career Day on the Saturday, Nov. 6, prior to the official start of Scientific Sessions 2015. This is an entire day dedicated to early career investigators, and it includes all of the scientific Councils within the AHA. The morning session deals with broad topics that relate to the early career members of all AHA Councils. The afternoon breakout sessions focus on topics of interest to different Councils. Talks include expert advice regarding writing a scientific paper (often from the editors of top journals), landing the right job, writing grants (from both senior investigators as well as personnel from the AHA and NIH), getting involved in NIH-funded cohort studies and building a career in various fields such as nutrition, physical activity and epidemiology, outcomes research and more. It is also a great opportunity for networking with colleagues as well as senior investigators and AHA leaders in a smaller, more intimate setting.

Greg Marcus, MD, FAHA

David Siscovick, MD, MPH, FAHA

Jennifer Wessel, MPH, PhD
AHA staff. The COC provides a mechanism for the identification of issues that impact the success of the Councils, Council committees and science subcommittees. The COC then works with the Councils and AHA staff to address these issues.

At the COC meeting in April, our Council was reviewed. We presented four major accomplishments:

Early career activities: Early career membership involvement in Council committees and subcommittees; early career awards, travel grants and networking opportunities; early career fall and spring programming; and updates to our the EPI Council early career website that provide more resources for new investigators. Check it out on our Council website, my.americanheart.org/EPIcouncil.

Focus on increasing diversity: inclusion in Council leadership and committees; the formation of a Social Determinants of Health subcommittee (with the QCOR Council); and the hosting of minority undergraduates at our spring meeting in March (with the Lifestyle Council).

Collaboration with other Councils: the formation and co-leadership of science subcommittees; joint sponsorship of science programming; involvement in scientific statements and advisories; and, the EPI/LIFESTYLE scientific meeting.

Initiation of strategic planning: with the assistance of Vickie Peters, director of Strategic Planning, the Council Leadership Committee recently examined Council strengths, weaknesses, opportunities and threats, and initiated a discussion of Council priorities. The priority areas identified by leadership provide a focus for the development of a strategic plan.

The Council leadership identified the following priorities: the changing face of epidemiology; opportunities to enhance scientific communication among researchers, clinicians and population-health practitioners; increased engagement of Council membership; and the new AHA focus on 365-day-a-year scientific programming. Our strategic planning efforts will align with the AHA Strategic Plan for 2017-2020. Let us know if you have thoughts about the priority areas and potential action items.

### Fall Program Committee Report

Scientific Sessions has always been the premier cardiovascular meeting for both scientists and clinicians. This fall in Orlando, Florida, we can expect to see several novel developments in the programming structure at Sessions. For the invited epidemiology program, there will be two separate sessions organized in a debate format, titled “Great Debates in CVD Prevention.” These two programs will highlight the strength of Scientific Sessions, where attendees will be able to hear leaders in the field discuss the science behind complex clinical decision-making. In an effort to broaden the range of programs, the epidemiology track also will feature several “hybrid” sessions that will include both invited presentations followed by a selection of thematically related abstracts. This format will provide an opportunity for attendees to hear high-level summaries from leaders in the field along with cutting-edge science presented in abstract format. We anticipate that the emphasis on the debate format and these hybrid sessions will promote an atmosphere of in-depth dialogue that makes Sessions a unique experience for everyone.
Council Appreciation

On behalf of the Functional Genomics and Translational Biology Council, I would like to extend a sincere thank you to Emelia Benjamin for her tireless service to our Council and her creative brainstorming ideas over the years. Emelia’s dedication to our early career members and the overall mission of the American Heart Association has been uplifting to all of us.

Second, I would like to thank John Ponzio for his dedication to the American Heart Association and time spent with our Council. We can always count on Mr. Ponzio to follow through and take action with the brainstorming ideas that come from our Council. Mr. Ponzio, you make volunteering for the American Heart Association an enriching experience. We can always count on learning something new from you.

The members of our Council have collectively brainstormed several new ideas for 2015-2016. We will showcase a reverse classroom genetics educational opportunity for clinicians at Scientific Sessions 2015, led by Kiran Musunuru, MD. In addition, we will launch multiple pilot networking opportunities at Scientific Sessions 2015 for our early career members. Finally, Swati Shah, MD, and Calum MacRae, MD, have started a new series of clinical genomic vignettes to be published in the Circulation journals.

Member Spotlight

Q. Tell us about your background and how you became involved with FGTB Council?
A. I’m a genetic epidemiologist with a focus on pharmacogenetics and genomics of cardiovascular disease. I have training in biology, biostatistics and genetic epidemiology, paired with a fellowship in statistical genetics, which has provided me a unique interdisciplinary perspective.

Much of my previous work has been dedicated to understanding risk factors for severe hypertension and treatment-resistant hypertension in African-American participants from the Genetics of Hypertension Associated Treatment Study (GenHAT) and the Reasons for Geographic and Racial Differences in Stroke (REGARDS) Study. I also have been involved in several genomic projects related to lipids and lipid interventions. I’m a co-investigator for several large epidemiologic cohort studies, including REGARDS, the Genetics of Lipid Lowering Drugs and Diet Network Study (GOLDN) and the Hypertension Genetic Epidemiology Network (HypertGEN) study. I have been actively engaged in genome-wide association studies (GWAS), whole exome sequencing, exome chip analysis, genome-wide methylation studies (epigenetics) and lipidomics.

I’m a member of the Prospective Meta-Analyses of Drug-Gene Interactions working group in the Cohorts for Heart and Aging Research in Genetic Epidemiology (CHARGE) GWAS Consortium. I joined the FGTB to learn more about translating findings from population genetic studies to information that can help individuals by preventing or even treating cardiovascular disease. I have found the network of scientists and clinicians involved along with specialized conference content is the perfect platform for me to learn how to more fully characterize and understand our findings in a systems context to inform potential clinical usefulness of our results.

Q. Your work focuses on epigenetics of cardiovascular disease and therapeutics. What approaches are you specifically using to drive your research?
A. As part of the Epigenetic Determinants of Lipid Response to Dietary Fat and Fenofibrate study (R01HL104135), our team at UAB has published some of the first genome-wide epigenetic analyses of blood lipids in the fasting and non-fasting state. Using genome-wide methylation data generated on more than 1,000 people paired with rich phenotype data on fasting and postprandial lipids as well as a range of other traits, our group has uncovered impactful epigenetic loci for cardiometabolic phenotypes. The work has shown methylation at CpG sites may be more important genomic predictors of lipid levels than are SNPs assayed by GWAS.

In one study published in Circulation in 2014 4 CpG sites in carnitine palmitoyltransferase 1A (CPT1A) were associated with triglyceride (TG) concentration and very low density lipoprotein cholesterol (VLDL-C) concentration with an effect size stronger and p-value smaller than any SNP identified by a published GWAS (the most significant CpG site explained ~12% of the variation in TG concentration with P=1.5*10^-26). We collaborated with investigators from the Framingham Heart Study to replicate these findings. The association is highly biologically plausible as the enzyme is involved in beta oxidation of long chain fatty acids and build-up of fatty acids is linked to hypertriglyceridemia. Other important findings from epigenome-wide discovery efforts for metabolic traits in GOLDN include ATP cassette binding protein G1 (ABCG1) for fasting insulin and HOMA-IR (P<1.0*10^-7) and sterol regulatory element binding factor 1 (SREBF1) for TG and VLDL-C (P<3.0*10^-8). We are currently working with the CHARGE consortium to further validate these findings and plan to pursue functional studies to better understand how methylation at these sites effects hyperlipidemia and hyperglycemia.

Q. For young scientists who are entering the field, what advice would you give them and what sort of help can the AHA offer in getting people in touch with the right mentors or projects?
A. I would say get training in a range of complimentary fields so you can promote interdisciplinary science. You don’t have to be an expert at everything, but you need to be able to converse with experts in several areas. Work hard and be persistent. Never give up. The FGTB Council is a great place for young scientists to make connections with senior scientists in their field and get world class mentorship. They also want to connect you with your peers at other universities and research institutes. Sign up and take advantage of
Council Launches Bootcamp Format at ATVB/PVD Scientific Sessions 2015

Following in what has become an annual tradition, the FGTB Council had a strong presence at the ATVB/PVD 2015 Scientific Sessions in May in San Francisco. The FGTB Council teamed up with the ATVB Council to organize the conference’s opening plenary session on “Functional Genomics: Enhancer Biology and Epigenetics.” The well-attended session featured talks by Len A. Pennacchio, PhD, on genomic views of cardiovascular regulation; Christopher Glass, MD, PhD, FAHA, on exploiting natural genetic variation to understand macrophage-specific gene expression; and Jorge Plutzky, MD, on epigenetic reader proteins and super-enhancers in endothelial biology.

Working closely with the ATVB Council, the FGTB Council also organized the first-of-its-kind Next-Generation Technology Bootcamp, which adopted an active learning, “flipped classroom” approach. The Bootcamp was a two-hour session that focused on two topics: genome editing with the CRISPR-Cas9 system and use of ENCODE data. Participants were asked to pre-register and to watch an online video on CRISPR-Cas9 before the Bootcamp. At the Bootcamp, approximately 100 participants formed groups of about three to four people to work through two cases related to the featured technologies. The first case centered on using CRISPR-Cas9 to generate knockout and knock-in mice, and the second case focused on using ENCODE data to prioritize a DNA variant in a genome-wide association study locus for functional analysis. Nine instructors drawn from the early career memberships of the FGTB and ATVB Councils circulated around the Bootcamp to give guidance and answer questions from the groups as they were working through the cases.

In general, the feedback from the Bootcamp participants as well as the instructors was highly positive. When surveyed, the majority of participants indicated that the Bootcamp was a worthwhile use of their time; that they were better equipped to use CRISPR-Cas9 and ENCODE data in their own work; that they learned better from the Bootcamp format than the standard lecture format; and would attend Bootcamps in the future, whether at ATVB/PVD or other AHA conferences.

To that last point, at the Scientific Sessions 2015 in Nov. 7-11 in Orlando, Florida, the FGTB Council will be hosting a four-hour Clinical Genomics Bootcamp aimed at clinical practitioners seeking to learn how to apply personal genetic and genomic information to patient care. It will follow the same “flipped classroom” approach. The Bootcamp will be held 8 a.m.-noon, on Sunday, Nov. 8. Details on how to pre-register will be forthcoming. We hope to see you there.

QUICK LINKS:

- Genome editing with the CRISPR-Cas9 system (pre-Bootcamp video): www.youtube.com/watch?v=h18HmFtybnQ
- Recap of Bootcamp at ATVB/PVD 2015: https://www.youtube.com/watch?v=nSb7OYxd84Y.

About 100 conference attendees participated in the Bootcamp.

my.americanheart.org 27
This is a busy year for our Council. I wish to highlight five important upcoming events and congratulate those involved.

Join me in congratulating John Hall, PhD, FAHA (prior Chair of our Council) who has been selected to receive the highly regarded Award for Meritorious Achievement from AHA.

We also congratulate John Flack, MD, FAHA, who has agreed to serve on the AHA National Research Committee.

Congratulations also to the winning groups of the AHA Strategically Focused Research Awards that will fund four Hypertension Centers at:
- University of Alabama at Birmingham
- Medical College of Wisconsin
- Cincinnati Children’s Hospital Medical Center
- University of Iowa

Our sincere thanks go to Aaron Trask, PhD, FAHA, Chair of the Hypertension Trainee Advocacy Committee, for many important achievements this year. He has worked with the International Society of Hypertension to incorporate its Young Investigator Meeting into our Council on Hypertension Scientific Sessions. His committee has developed the Council on Hypertension Mentoring Program. An email describing this important new initiative was sent to all Council members in March and another was sent in May. If you missed the opportunity to apply to this important initiative, please be on the lookout for announcements for next year’s program. More details appear on the CHAMP website at my.americanheart.org/hypertensioncouncil.

Kenneth Bernstein, MD, FAHA, and the AHA Scientific Session Program Committee have developed another outstanding hypertension component, including a Sunday morning program, eight cardiovascular seminars, three hybrid seminars and abstract/oral sessions from our Council. Topics range from the basic cellular mechanism of fibrosis and autophagy to discussion of current controversial clinical interventions, including renal denervation. Mark your calendars for Scientific Sessions 2015, which will be held Nov. 7-11, in Orlando, Florida.

Joey Granger, PhD, FAHA, (Chair) and the Program Committee for Hypertension Scientific Sessions has completed much of the invited program. It will open on Wednesday morning, Sept. 16, with a keynote address at 8 a.m., by Gary H. Gibbons, MD, who is director of the NIDDK of the NIH on “The State of Hypertension Research and Future Expectations.” The remainder of Wednesday, Sept. 16, will be devoted, as in the last two years, to a review of “Recent Advances in Hypertension.” This will cover nervous system, immune system, developmental programming, clinical hypertension, the endothelium, sex and gender differences and genetics and epigenetics. Talks will be delivered by leaders and by rising stars in our discipline. There will be special sessions devoted to abstracts for oral presentation by the COH Trainee Advisory Committee and International Society of Hypertension New Investigative Committee.

This busy meeting will feature more concurrent sessions to allow high-rated abstracts to be presented orally. The meeting will be held Sept. 16-19, 2015, at the Omni Shoreham Hotel, Washington, DC. Registration is now open.
**Membership Report**

Current membership for our Council includes 1,139 overall members with 334 holding membership at the FAHA level. Thirteen new FAHAs were recently approved. The next deadline for nomination for fellowship will be in January 2016.

The AHA has initiated a program titled the Early Career Recruitment Program in order to encourage membership in our Council by early career investigators who are interested in becoming an active member of the Hypertension Council. This program offers a limited number of one-year free memberships to individuals who meet the following criteria: are non-members of the American Heart Association, are early career investigators, have previously attended a Council on Hypertension specialty conference or Scientific Sessions, and whose specialty designates their alignment with the mission of the Hypertension Council. If you fit these criteria or know someone who does, please contact me at balexander@umc.edu or Aaron Trask at Aaron.Trask@nationwidechildrens.org. Chair of the Trainee Advocacy Committee, for consideration for selection in 2016.

Is it time for you to renew your membership? If you renew at the Council on Hypertension 2015 Scientific Sessions, you are eligible for a special gift. In the past, these offerings have included an AHA fleece jacket or an airline travel kit with an AHA blanket.

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**PhD, FAHA**

Barbara T. Alexander

**MD, FAHA**

Aaron Trask

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**Trainee Advocacy Committee Report**

We are excited to see you and your scientific endeavors at the annual Council on Hypertension Scientific Sessions that will be held Sept. 16-19, 2015 at the Omni Shoreham in Washington, D.C. Jointly with the International Society of Hypertension New Investigator Committee, the Trainee Advocacy Committee has planned several events, opportunities and awards.

We will again host a trainee-only poster session at which we will be awarding approximately 22 travel awards to undergraduate, medical, graduate and postdoctoral trainees based on an adjudicated poster competition. We also will be awarding several New Investigator Travel Awards.

We also are happy to announce a new Hypertension Early Career Award, jointly sponsored by Hypertension, the AHA TAC and the ISH NIC. This award will recognize the trainee who presents the highest quality oral presentation during the Top Trainee Abstracts Oral Session.

The Council on Hypertension 2015 Scientific Sessions will again include a full-day “Recent Advances in Hypertension” overview session, covering hot topics in hypertension research. We are also excited that this year will be the inaugural year of CHAMP — the Council on Hypertension Advisory and Mentoring Program. Finally, the TAC and NIC will jointly host a combination of career development and methods-based, how-to breakfast sessions, in addition to the celebrated trainee mixer. We hope that you will make every effort to attend all of these sessions that are highly relevant to trainees, and we look forward to seeing you at the fall conference.

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**Advocacy Report**

In order to stay on top of the most up-to-date policy issues important to the Council on Hypertension, please make sure that you are part of the You’re the Cure network (yourethecure.org).

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**Become a research advocate**

Biomedical research offers the promise of improved health for humans and animals as well as insights into ecological and environmental challenges. The public is eager to enjoy these benefits, yet many find science confusing and frustrating. If public support for biomedical research is to continue, scientists need to help people appreciate how the process of discovery works and why it is a good investment of tax dollars. In Building Public Support for Science (www.the-aps.org/BuildingSupport), the American Physiological Society offers some simple advice on how to get started.

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**New Recommendations for Treating Patients with High Blood Pressure**

A new scientific statement issued jointly by three medical organizations and published in the American Heart Association’s journal Hypertension (2015: 65(6):1372-407) addresses how low to aim when treating patients with high blood pressure who also have vascular diseases. The document provides an up-to-date summary on treating hypertension in patients who have both high blood pressure and have had a stroke, heart attack or some other forms of heart disease. The statement offers specific, evidence-based recommendations and contraindications to help clinicians select which anti-hypertensive medications to use in patients with various types of heart disease. For most patients, that will mean taking a beta-blocker by itself or in combination with other classes of drugs.
The KCVD Council has been busy these first six months of 2015. Our membership is growing, and we are trying to reach new colleagues overseas, including Asia, Europe and Latin America to join us.

Our Membership and Communications Committee, headed by Janet Klein, PhD, (Emory University) is doing an outstanding job at increasing the visibility of our Council.

We were excited to sponsor several events at the Experimental Biology 2015 meeting in Boston. We co-sponsored the APS Renal Section Posters and Professors Poster Session, and it was great to see many APS scientists enjoy outstanding science by young investigators and trainees who share our passion for understanding kidney function.

We were excited to sponsor several events at the Experimental Biology 2015 meeting in Boston.

Thank you to those members who wore their KCVD stickers and who provided scientists with information about our Council. The American Heart Association also sponsored a booth at the main exhibit hall where many of our members spent time informing other physiologists about our mission and work. We will be sponsoring many events at the Council on Hypertension meeting in September and the American Society of Nephrology Kidney Week meeting in early November. Please watch for our next issue of Connections for specific information on those events.

When this issue reaches you, it will be almost time for the Council on Hypertension Scientific Sessions meeting. As in previous years, we will be co-sponsoring this scientific meeting where we will present the Donald Seldin Lecture and Award and program the most exciting kidney research. The KCVD Council provides up to seven travel awards to this meeting for trainees. This year’s sessions will take place Sept. 16-19 in Washington, DC. We hope you will attend as we strive to increase the presence of kidney research in this meeting. I’m looking forward to seeing you there and sharing exciting science.

In closing, we are having an exciting 2015 with great momentum for our Council. Thanks to Erika Boesen, PhD, our Connections editor, for her hard work. Please contact us if you want any additional information included in future issues.
Following last year’s major Scientific Meetings Initiative to overhaul the structure of the AHA Meetings, the KCVD has now been aligned with the Hypertension Council. Together, we were given the task to plan one Sunday morning program, one special session and 16 cardiovascular seminars plus a Meet-the-Professor for Scientific Sessions 2015 in Orlando, Florida.

With the new structure, emphasis for the KCVD and Hypertension Council is more clinical oriented. However, within this framework, there is plenty of freedom to put together diverse areas, including basic research and population science talks. The abstract sessions also have been renamed to include one Cardiorenal Physiology session and a second Ligand Mediated Signaling and Receptor Pharmacology session. Again, following the Scientific Meetings Initiative, there is a push to feature more presentations as posters and not talks, and to have poster professors to increase the one-on-one time that the presenters seek. Overall, it should be a fun meeting.

Upcoming Meetings
• Council on Hypertension 2015 Scientific Sessions, Sept. 16-19, Washington, DC
  The Council on the Kidney in Cardiovascular Disease is again co-sponsoring the fall conference of the Council on Hypertension. Our Council sponsors a number of awards at this meeting, including the Donald Seldin Lecture, which will be presented at the meeting, and up to seven New Investigator Travel Awards. Advance registration closes Aug. 25. For more information, visit my.americanheart.org/hypertensionsessions for details.
• American Society of Nephrology Kidney Week 2015, Nov. 3-8, San Diego
  The Council on the Kidney in Cardiovascular Disease is co-sponsoring a number of sessions during Kidney Week 2015, including the Early Career Investigator Symposium on Wednesday, Nov. 4. These events will be followed that evening by the KCVD Annual Business Meeting and Reception. Be sure to plan your travel so you can join us at these events on Wednesday, Nov. 4, and don’t forget to stop by the AHA booth in the exhibit hall.
• AHA Scientific Sessions 2015, Nov. 7-11, Orlando, Florida
  The Council on the Kidney in Cardiovascular Disease is co-sponsoring a number of sessions during Scientific Sessions 2015. Late-breaking basic science abstract submission is July 27-Aug. 19. See my.americanheart.org for details.
• Cardiovascular, Renal and Metabolic Diseases: Physiology and Gender, Nov. 17-20, Annapolis, Maryland
  The Council on the Kidney in Cardiovascular Disease is providing trainee travel award support to this meeting. For information about the conference, visit the-aps.org/sexgender.

To increase KCVD visibility and attract new members, red heart-shaped stickers were available to KCVD members from the AHA booth at Experimental Biology. Some of our members were photographed wearing them with pride at the Renal Section Banquet. We plan to continue this initiative at the upcoming ASN meeting, so stop by the AHA booth and ask for your sticker.

The Council is looking for new members, so encourage your friends, colleagues and students to join the AHA today and select KCVD as their Council. If you are interested in becoming involved in KCVD committee activities, contact Lauren Rowell at lauren.rowell@heart.org. If you have any information that should be included in upcoming KCVD reports, contact Pablo Ortiz, PhD, at portiz1@hfhs.org.

Mariela Mendez, PhD and Erika Boesen, PhD
Alicia McDonough, PhD
Arohan Subramanya, MD

AHA research grant application fee is waived for members.

You can apply at my.americanheart.org/research
Lifestyle and Cardiometabolic Health Council Review

Every two years, the AHA conducts reviews of each Council to understand their goals, operations and progress. For those of you who do epidemiologic and clinical research, these reviews are basically the equivalent of site visits. During April and May, I worked with our Council’s staff (Dena Thomas and Heather Alger) to assemble the report.

I recently presented it to the Council Operations Committee. The timing was perfect; at our spring meeting in March, we had just launched a strategic planning effort that will provide a roadmap for our Council over the next several years.

As I prepared the biennial report of our Council, I was immediately struck by the depth and breadth of our contributions to the core mission of the AHA. Our track record is truly impressive, especially considering that our Council was founded just twelve years ago. While I presented this report on behalf of our Council, our work over the last two years largely reflects our prior leadership (Lora Burke, PhD, RN, MPH, FAHA, and Peter W.F. Wilson, MD), our prolific scientific committees (Nutrition, Obesity, Physical Activity, Diabetes, and our joint committees: Behavioral Change for Improving Health Factors and Clinical Lipidology), and our members and fellows, all of whom have displayed an incredible commitment to our Council.

Here are several noteworthy Council features that I gleaned from the report:

• Inclusive: Our Council has expressed a strong commitment to achieving the active involvement of women and underrepresented minorities as members and leaders of our Council. We also have an incredibly strong commitment to support early investigators.

• Collaborative: We have strong links with Epidemiology and Prevention, as well as other Councils, such as Cardiovascular Disease in the Young. We have jointly led committees (e.g. Behavioral Change), and we have jointly sponsored numerous scientific statements. Collaboration is part of our soul.

• Productive: Over the past two years, our Council has led (or co-sponsored) 17 scientific statements and advisories. An additional 16 statements have been approved and are in development.

• Impactful: Perhaps more than any other Council, our efforts support the 2020 AHA Impact Goals.

Despite our success, we are not resting on our laurels. There is much to accomplish given the low prevalence of ideal cardiovascular health in children and adults, in the U.S. and abroad. In subsequent columns, I will elaborate on the strategic plan of our Council and our efforts to promote, achieve and sustain cardiovascular health.

From the Early Career Committee

As you begin making plans to attend Scientific Sessions 2015 in November in Orlando, Florida, don’t forget to arrive in time to take advantage of the full day of early career programming on Saturday, Nov. 7, 2015. Although created with early career attendees in mind, these sessions will be of interest to research professionals at all career stages, and attendance is free to all registered participants.

The day will begin with discussions on the importance of early career members in the AHA, opportunities for involvement in the AHA and current directions of the AHA and NHLBI funding programs. A lunchtime networking roundtable session will be held to provide opportunities for interaction and discussion with several leading experts representing a variety of content areas in cardiovascular research.

Afternoon programming will continue with sessions sponsored by individual Councils aimed to provide up-to-date and interactive content focused on the most relevant topics in your area of specialty. Several sessions are co-sponsored by the Lifestyle and Cardiometabolic Health, Epidemiology and Prevention and QCOR Early Career Committees. These include “Precision Medicine and Big Data Methods: Applications and Methods for New Investigators,” “Work/Life Balance” and “Proposal Creation Workshop: An Interactive Workshop to Produce Research Questions and Develop Successful Proposals.” The day wraps up with a mixer with the presenters and other prominent AHA members at the Early Career Networking Social held in the Early Career Lounge. We look forward to seeing you in Orlando.
The U.S. Centers for Disease Control and Prevention and the World Health Organization have identified physical inactivity as a leading cause of death and disability in the United States and around the world. Despite overwhelming evidence of the health benefits of exercise and physical activity, including lowering risk of cardiovascular disease, stroke, hypertension, type 2 diabetes, depression, physical frailty and some cancers, the majority of Americans fail to meet current physical activity recommendations.

In April, members from the Councils on Lifestyle and Metabolic Health, Clinical Cardiology, Hypertension and Cardiovascular and Stroke Nursing, issued a Call to Action for all AHA members and volunteers to support the initiatives set forth by the National Physical Activity Plan. The NPAP was launched in 2010 and includes initiatives to increase physical activity and structured exercise across all segments of the American population with the goal of improving health, preventing disease and disability, and enhancing quality of life. The AHA is part of a coalition of national organizations committed to ensuring the long-term success of the NPAP. The Call to Action specifically underscores the importance of efforts made at the individual level and urges the 22.5 million volunteers and members of the AHA as well as all readers of *Circulation* to act locally, regionally and nationally to initiate, support and advance change in order to promote physical activity and structured exercise in the daily lives of Americans.

Barriers to physical activity exist in nearly every facet of American life. Household tasks and yardwork have been largely mechanized; community planning efforts have focused on facilitating motorized transport at the expense of active transportation (such as walking or biking); physical education and sports programs have been cut from schools; shifts in social and occupational trends continue to propagate, increasing reliance on screen time; and there remains a widespread dearth of training, support and incentive for healthcare providers to assess and prescribe physical activity.

We cannot rely solely on establishing behavioral goals for individuals to combat the physical inactivity pandemic, as it has been described by some. “The NPAP is targeted to policy makers, government agencies, decision makers, community planners and organizational leaders, those who facilitate large-scale environment and policy change. However, much of the success of the plan clearly rides on the local and individual efforts, and AHA members must play an integral role in helping achieve the goals of the plan.”

The Call to Action urges individuals to “lend a voice in grassroots advocacy efforts, testify before policy makers, promote AHA programming efforts, integrate physical activity assessment into the healthcare environment and serve as role models themselves.”

“AHA volunteers are critical in helping to educate policy and decision makers about the importance of active transportation policy to facilitate the Safe Routes to School and Complete Streets programs, comprehensive worksite wellness programs, shared use of school facilities for recreation and other physical activity opportunities, more frequent quality physical education and physical activity in our nation’s schools ... transforming the built environment of communities to facilitate active living; advocating for physical activity standards in early childcare programs; promulgating insurance coverage for obesity screening; and diagnosing and treating sedentary lifestyle-mediated unhealthy conditions that include physical activity counseling and behavior change.”

It is the cumulative efforts of countless individuals that will ultimately bring about the cultural, political and environmental changes needed to increase physical activity at the population level. The AHA is committed to the success of the NPAP and is calling on all members and volunteers to take action. More information on how you can become part of the movement, personally and professionally, can be found in the Call to Action and on the NPAP website www.physicalactivityplan.org.

By Catherine R. Mikus, PhD, and William Kraus, MD

The last year has been a busy and productive one for the PVD Council, and the year ahead promises to be more exciting under the leadership of incoming AHA President Mark Creager, MD, one of the “founding fathers” of our multidisciplinary Council.

Spring Meeting Highlights
The 2015 ATVB/PVD Scientific Sessions held May 7-9 in San Francisco was a tremendous success. Once again, this meeting was held in conjunction with the Society for Vascular Surgery Research Initiatives Conference one day earlier, making for a uniquely rich cross-disciplinary scientific environment. The joint sessions were of the highest quality and well attended by clinicians and basic and translational scientists. Several were standing room only. Innovative educational offerings such as a bootcamp on genomics/gene editing were oversubscribed and received rave reviews. One of the highlights of the meeting was the 2015 Council Dinner with PVD Council awards presented to the following individuals:

- Robert W. Hobson II, MD, Early Career Investigator Award: Jose Diaz
- Mid-Career Investigator Award: Shi-Fang Yan
- PVD Spring Travel Award recipients:
  - Hendrik Gremmels
  - Martin Teraa
  - Duy Ha
  - Brittany Balint
  - Yong Wang

New Fellows
In addition, the following individuals were awarded Fellow of the American Heart Association status:

- Matthew A. Corriere
- Marie D. Gerhard-Herman
- Peter Henke

The Spring ATVB/PVD meeting has become the leading conference for vascular science and translation, and for networking across multiple disciplines. Please mark your calendars for May 4-6, 2016, to join us in Nashville!

Early Career Update
The Early Career Committee of the PVD Council is a vibrant, multidisciplinary team chaired by Naomi Hamburg, MD. Umberto Campia, MD, serves as Vice Chair, and the 2015-16 members are Natalie Evans, MD; Atul Jain, MD; Amy Pollak, MD; Reena Pande, MD; George Vatakencherry, MD; Mehdi Shishbolb, MD; Nga Huang, MD; Geoffrey Barnes, MD; and Wobo Bekwelem, MD. This group of physicians and scientists represent multiple disciplines, including internal medicine, cardiology, vascular medicine, interventional cardiology, intervention radiology, cardiac surgery and vascular surgery. Our group is responsible for providing input to the PVD Executive Committee on the needs of trainees/early career members, developing content for early career members through our Fellows in Training (PVD FIT) programming (see ad on page 35) and assisting in the development of trainee educational programs.

As the new year for the Council begins this July, we will review the applications and select a winner for the Jay D. Coffman Early Career Investigator Award. This prestigious annual award represents novel work in endovascular therapy and vascular medicine. Winners are recognized at the PVD Council Dinner. Applications are submitted as a manuscript along with the abstract during the standard June abstract deadline.

Finally, we are actively seeking out new members for this committee, particularly those involved in interventions, including interventional radiology, interventional cardiology and vascular surgery.
Scientific Sessions 2015 Programming

Our Council’s program committee, led by Aruna Pradhan MD, has crafted an outstanding slate of offerings at Scientific Sessions 2015 this November in Orlando, Florida. Once again, we will offer our Fellows in Training Workshop on Saturday, Nov. 7. Here, trainees from diverse specialties join together for clinical updates on cardiovascular disease and treatment therapies and receive professional development advice from leaders in our field. The programming balances a number of pertinent vascular topics, including aortopathies, PAD, carotid disease, venous and lymphatic diseases. Most important, the PVD FIT provides a platform for trainees and early career members of PVD Council to interact with experts in the field. Please keep your eye out for the PVD FIT programming and our associated call for scholarships, which can help offset the cost of attending Scientific Sessions 2015.

There are parallel PVD scientific programs in adjacent rooms on Monday and Tuesday at Sessions, spanning the range of arterial, venous and lymphatic diseases with outstanding talks from an international faculty of experts.

An exciting new addition for our Council this year is “Frontiers of Science in PVD.” This half-day mini-symposium on cutting-edge research takes place Monday afternoon, Nov. 9. Two topic areas will be addressed with several invited expert talks and an open forum for discussion and debate. The two focus areas of the session will be “Regenerative Approaches to Limb Salvage and Wound Care in PAD” and “Breakthroughs in Advanced Therapies for Venous Disease.” Please join us in Orlando for this exciting opportunity to incorporate the most innovative science into your research and practice.

Other Notes From the Council Chair

A new AHA/ACC clinical practice guideline for PAD is under way under the leadership of Marie Gerhard-Herman, MD. There has not been a comprehensive AHA/ACC guideline on PAD since 2005, and we look forward to this timely and important effort from a multidisciplinary writing group.

Finally this will be my last communication as Chair of the Council, as Josh Beckman, MD, gets set to assume the role in July. I have had a tremendous experience over the last two years and am grateful to the Council and the AHA for the opportunity to meet so many new colleagues and to help advance our mission to reduce the burden of vascular diseases.

Dr. Conte presents the Robert W. Hobson II, MD, Early Career Investigator Award to Jose Diaz, MD, at the PVD Council Dinner held at the ATVB/PVD Scientific Sessions in San Francisco.

Dr. Conte presents the Robert W. Hobson II, MD, Early Career Investigator Award to Shi-Fang Yan, MD, at the PVD Council Dinner held at the ATVB/PVD Scientific Sessions in San Francisco.

For more information, visit the track’s page under programming at scientifcsessions.org.
recently had the honor of presenting the successes of the QCOR Council to the AHA Council Operations Committee as part of our biennial review. This was an opportunity to reflect back on the great work that you, as members of QCOR, have accomplished over the past two years. In identifying our most important accomplishments as a Council, I focused on our commitment to early career investigators and clinicians; the value of Council scientific activities to the mission of the AHA to build healthier lives free of cardiovascular disease and stroke; and the important synergistic relationship of the Council, our conference, and the journal Circulation: Cardiovascular Quality and Outcomes.

With respect to early career members, I believe our Council is among the best at providing opportunities for engagement and mentorship. A substantial proportion of our conference programming is directed to this segment of our membership, and includes early career discussions with senior mentors, a Young Investigator Award competition and travel stipends to attend the conference. Further, our active and vibrant Young Clinicians and Investigators Committee, chaired by Suzanne Arnold, MD, continues to identify ways to involve individuals early in their careers in Council and AHA activities.

Our Council has always been active in the scientific activities of the AHA, including important contributions to several scientific statements and policy documents. More recently, we constituted a Science Subcommittee focused on the social determinants of health, which we share with the Council on Epidemiology and Prevention. This subcommittee, currently chaired by Ed Havranek, MD, FAHA, has developed a comprehensive statement on this topic that is due to be published soon. The activities of this Council expand our horizons about the factors that inform health and will facilitate efforts to improve cardiovascular health in communities more effectively.

Finally, we are fortunate to have an annual conference and a journal with which we can disseminate research, strengthen collaborations and spread the word about the fundamental importance of quality of care and outcomes research to the medical enterprise. The journal continues to garner more submissions of higher quality and publishes groundbreaking science in every issue.

As the responsibilities of Chair pass to Paul Heidenreich, MD, FAHA, I am optimistic that the QCOR Council will continue to thrive. We will face challenges, too, and in so doing, we will need your continued commitment. As many of you know, the Quality of Care and Outcomes Research 2015 Scientific Sessions was cancelled in April due to the civil unrest in Baltimore, and next year will be co-located with the Epidemiology and Prevention | Lifestyle and Cardiometabolic Health 2016 Scientific Sessions in Phoenix in March. We need to remain engaged and give our best efforts to ensuring the ongoing success of this fundamental Council activity. We have also enjoyed substantial growth in our membership, including internationally, as well as in the number of our members who have earned the prestigious FAHA designation. We must continue to develop mechanisms to further improve our members’ engagement in the AHA, enhance the diversity of our Council and continue to grow in service of our commitment to improving quality and performing the highest quality research in our field.

It has sincerely been an honor to serve as the Chair of the QCOR Council. Our successes since the inception of our Council are a tribute to the countless individual members who have volunteered their time and effort. I look forward to seeing you all at Scientific Sessions in November.
Quality of Care and Outcomes Research Programs at Scientific Sessions 2015

This year’s American Heart Association Scientific Sessions, held Nov. 7-11 in Orlando, Florida, will hold special meaning for the Council on Quality of Care and Outcomes Research. After the cancellation of the Quality of Care and Outcomes Research 2015 Scientific Sessions in late April due to the unrest in Baltimore, many of the QCOR events have been moved to the AHA main meeting. The QCOR Young Investigator Award competition and the Lifetime Achievement Award honoring Dr. John Spertus will occur Tuesday evening, Nov. 10. Accepted poster presenters from QCOR will be invited to present Monday, Nov. 9. Better late than never. Abstracts have already been published in Circulation: Cardiovascular Quality and Outcomes.

Regularly scheduled AHA programming will continue as well, including within the Population track, Population Health Cohorts/Big Data programming complementing the Quality of Care and Outcomes programming. Leading experts from around the world will discuss a range of topics relevant to the QCOR community, including implementation research, patient-reported outcome measures, and finding value in cardiovascular care.

The large afternoon plenary session on Sunday, Nov. 8, has been dedicated to a discussion of national health policy changes as they relate to patients, clinicians and scientists. This session will include an impressive series of speakers from various federal agencies. Recent passage of the Sustained Growth Rate fix—Medicare Access and Children’s Health Insurance Program Reauthorization Act (MACRA)—has accelerated the Affordable Care Act’s movement of health care payment toward value. The activities of the QCOR community have never been so important.

The 2015 AHA Scientific Sessions in Orlando promises to connect everyone who has a passion for improving quality and outcomes for the cardiovascular field. Quality of care and outcomes is why.

Updates on Council’s Advocacy Activities

The American Heart Association maintains a robust portfolio of advocacy activities at the federal and state levels to ensure an optimal environment for combating cardiovascular disease and optimizing cardiovascular health.

In February, the President submitted his proposed 2016 budget to Congress. The budget provided $31.3 billion for the NIH, nearly $1 billion over the previous year’s budget – a welcome change after many years of flat funding. The AHA is currently encouraging Congress to approve this increase.

The NHLBI has launched a new Strategic Visioning Initiative that will determine resource allocations over the next decade. They are soliciting community contributions, so please share your ideas to help shape the future of HLBS research at http://strategicvisioning.nhlbi.nih.gov.

CMS has released the Electronic Health Record Meaningful Use Stage 3 proposed rule for public comment, which is undergoing review by the AHA. The AHA will comment on the inclusion/exclusion of particular measures, encourage the administration to support interoperability of EHRs and registries, and support the program’s focus on chronic diseases including CVD and stroke.

As you know, Congress repealed the Medicare Sustainable Growth Rate, with the legislation also calling for replacement of a fee-for-service payment structure with a payment system more focused on quality outcomes. The AHA is currently reviewing its implications, but it is gratifying to see progress on a payment issue that long irritated providers caring for Medicare patients.

Finally, thanks to council contributions, You’re the Cure advocates are making a timely impact in our nation’s Capital and had their annual lobbying day on Capitol Hill on May 11-12, 2015, to advocate for continued funding into heart disease and stroke research. You can continue to help by responding to You’re the Cure action alerts as they arrive in your email inboxes and sharing stories about how inadequate funding for NIH is adversely impacting your research, your lab, or your community. You can see examples of stories and submit your stories online at www.researchsaveslives.org.
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strokeconference.org

Implications of New Randomized Trial Data Regarding Stroke Rehabilitation
In the Spring issue of Connections, we talked about four new randomized trials of endo-vascular therapy that represented a sea change for treatment of acute ischemic stroke. In April, two more endovascular trials were published in the New England Journal of Medicine, and two additional trials were presented.

All of the trials carry the consistent and positive message of improved patient outcomes in those patients with large artery occlusion who were treated with endovascular removal of thrombi occluding intracranial arteries. These data are changing practice but we have a lot of work to do to implement changes and address unanswered questions.

Equally important was the April presentation and publication in Lancet of the largest stroke recovery/rehabilitation trial to this point. The Avert Trial was parallel-group, single-blind, randomized controlled trial at 56 acute stroke units in five countries. Patients with ischemic or hemorrhagic stroke, first or recurrent, who met physiological criteria, were randomly assigned to receive usual stroke-unit care alone or early mobilization in addition to usual care.

Components of usual care, including physical therapies, were at the discretion of individual sites. The early mobilization intervention included three crucial elements:
• Begin within 24 hours of stroke onset.
• Focus on sitting, standing and walking (i.e., out of bed) activity.
• Result in at least three additional out-of-bed sessions to usual care.

Between July 18, 2006, and Oct. 16, 2014, the investigators randomly assigned 2,104 patients to receive either early mobilization (n=1,054) or usual care (n=1,050). The early
group had a median of 31 minutes per day of therapy as compared to 10 minutes for those with usual care. Yet, fewer patients in the early mobilization group had a favorable outcome than those in the usual care group (n=480 [46%] versus n=525 [50%]; adjusted odds ratio [OR] 0.73, 95% CI 0.59-0.90; p=0.004). This finding was a surprise to many of us who thought that earlier and more aggressive mobilization was beneficial.

This belief and changing practice is reflected in that, during the trial, the median time to first mobilization in the usual care group decreased from more than 30 hours at the beginning to 22 hours at the end of this trial.

What does this trial mean? First, it highlights the importance of randomized stroke rehabilitation trials and demonstrates that simple, large, important and global trials can be accomplished and can provide key information that changes practice. AVERT also illustrates huge gaps in knowledge about the timing, dosage and approaches to rehabilitation after stroke. Such knowledge is critical, not only for improving patient outcomes, but in social, political and societal discussions regarding funding for post-stroke care and rehabilitation.

The American Stroke Association Advisory Committee is focusing a great deal of effort and planning toward meeting the needs of stroke survivors and caregivers as part of the Stroke Support Network. This network team is currently working on promotion tools that can be provided to the AHA/ASA field staff to disseminate to hospitals. The goal is to find a way to make the Stroke Support Network a staple within the different hospitals that are participating in the Get With The Guideline Stroke Program. GWTG has clearly improved acute stroke care at participating hospitals across the U.S. However, the life of the stroke patient and his or her caregivers extend for months and years after their initial hospitalization, and we need to do a better job of educating and supporting stroke patients and their families

Finally, I’m passing the torch as the primary author of Connections as Colin Derdeyn, MD, FAHA, takes on the role of Stroke Council Chair in July and Karen Furie, MD, becomes the Vice President Elect.

I have been privileged to be at the birth of acute stroke therapy in the late 1980s, and I’m delighted to see our tremendous progress in therapy of acute ischemic stroke over the past year.

We have knotty challenges ahead — finding treatments for intracerebral hemorrhage (getting close), prevention of cognitive decline due to cerebrovascular disease and maintaining brain health in the population, improving treatment of risk factors for stroke and the greatest challenge of improving brain recovery and functional rehabilitation after stroke. I’m proud to be part of a great community of health personnel, scientists and advocates that finds its focus within the ASA/AHA. Our success in reaching our goals depends on all of us. Be an active participant.
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