Federal funding for heart disease and stroke research will take center stage at this year’s AHA Congressional Heart and Stroke Lobby Day on April 23 and 24 in Washington, D.C. Nearly 600 AHA volunteers, heart disease and stroke survivors, caregivers and healthcare professionals — like you — will visit Capitol Hill to urge Congress to significantly increase funding for heart disease and stroke research supported by the National Institutes of Health (NIH).

Advocates will also ask for increased funding for the Centers for Disease Control and Prevention’s Heart Disease and Stroke Prevention Program, and for lawmakers’ support of the HEART for Women Act (www.heartforwomen.org), bipartisan legislation aimed at improving the diagnosis, treatment and prevention of cardiovascular disease in women.

With a new Congress and leadership focused on healthcare issues, we need you and your expertise to help our nation’s lawmakers understand why they must invest in heart and stroke research and prevention. As a member of the medical research community, you have an important story to share at Lobby Day — that diminishing resources and decreased support from Congress will put us a giant step backwards in our pursuit for a cure for heart disease and stroke.

Lobby Day is also a unique opportunity to forge relationships with your members of Congress, promote the association’s federal policy priorities and interact with heart disease and stroke survivors and other volunteers from your state. To register for this year’s Lobby Day, please contact AHA staff in your area and visit https://www.seeuthere.com/event/m2c72a-705599959279.

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The following are valid American Heart Association medical and scientific statements and practice guidelines. These are published in Circulation; Stroke; Arteriosclerosis, Thrombosis, and Vascular Biology; Hypertension; Circulation Research, or other journals. Most AHA scientific statements and advisories are published in Circulation. Joint AHA and American College of Cardiology (ACC) statements and guidelines also appear in the Journal of the American College of Cardiology (JACC). Please visit http://americanheart.org/presenter.jhtml?identifier=9181 for a full listing.

January 2007

• Indications for Heart Transplantation in Pediatric Heart Disease
• Prevention of Premature Discontinuation of Dual Antiplatelet Therapy in Patients With Coronary Artery Stents
• ACCF/AHA 2007 Clinical Expert Consensus Document: Coronary Artery Calcium Scoring By Computed Tomography in Global Cardiovascular Risk Assessment

December 2006

• Heart Disease and Stroke Statistics — 2007 Update. A Report From the American Heart Association Statistics Committee and Stroke Statistics Subcommittee
• Primary Prevention of Cardiovascular Diseases in People With Diabetes Mellitus
• Essential Features of a Surveillance System to Support the Prevention and Management of Heart Disease and Stroke
• Nonfinancial Incentives for Quality. A Policy Statement From the American Heart Association

November 2006

• Cardiovascular Risk Reduction in High-Risk Pediatric Patients
• ACC/AHA/HRS 2006 Key Data Elements and Definitions for Electrophysiological Studies and Procedures: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Data Standards

October 2006

• Newer Pharmacotherapy in Patients Undergoing Percutaneous Coronary Interventions
• Indications for Renal Arteriography at the Time of Coronary Arteriography
• Assessment of Coronary Artery Disease by Cardiac Computed Tomography

September 2006

• ACC/AHA 2006 Update of the Clinical Competence Statement on Invasive Electrophysiology Studies, Catheter Ablation, and Cardioversion
• AHA/ACC Science Advisory: Influenza Vaccination as Secondary Prevention for Cardiovascular Disease
• A Taxonomy for Disease Management

Council and IWG Leadership Gift Campaign

August 2006 marked the launch of the AHA’s Council and IWG Leadership Gift Campaign. The major focus of this project was to engage our Council and IWG Leaders in contributing a financial gift at any level with an overall goal of 100% participation.

Our volunteer Leadership played a key role in fundraising to support the AHA mission. This is a very exciting time to serve as leaders of the Councils and IWG’s of the American Heart Association.
The AHA International Committee and the World Heart Federation (WHF) joined together to pilot test an awards grant program for sponsorship of scientists from low- and middle-income countries to present their abstracts at the World Congress of Cardiology (WCC) Barcelona, to be held in September 2006. This was made possible by a grant from the PD White Fund.

The amount of the award was $25,000.00 (USD).

Dr. Sidney Smith, chairman of the WHF Scientific Advisory Board and co-chair of the WCC 2006 Program Committee and Marilyn Hunn, director of WHF Science Operations, developed the criteria and reviewed the submitted abstracts from low- and middle-income countries. There was an intent to have a joint review process with member(s) from the AHA; however, there was insufficient time for this to occur. The WHF partnered with the European Society of Cardiology (ESC) for the 2006 World Congress, and the ESC utilized its computerized system that manages the database for their annual congresses. WHF was dependent on getting the list of abstract submissions from this database, which gave us virtually no control over the timing or the process. For future meetings (Buenos Aires 2008, Beijing 2010), the WHF will manage the database directly. Any future funding would be a joint initiative of WHF and AHA. The initiative would require further development of the review and selection process for the awards, and requirements for the award recipients.

In total, 27 abstracts from low- and middle-income countries were reviewed. Of those, 12 were selected for a grant from AHA/WHF; five of those 12 were selected via the WCC/ESC abstract review process for oral presentation and one was selected as an E-poster. We selected the awardees based on topics related to the WHF mission and current projects (rheumatic fever, Chagas), current advocacy initiatives (tobacco, women), the congress theme of aging, and risk factor assessment papers from developing countries. We also selected those that were earmarked for press coverage (6, 10, 16 and 21), provided they met the above criteria. Finally, we applied a geographic representation factor. Countries represented are: Chile, Bangladesh, Mexico, Saudi Arabia, Brazil, South Africa, Lao (People’s Republic), Argentina, Slovak Republic, Iran, Armenia, and China.

The WHF publicized the PD White awards and the AHA in Valentin Fuster’s opening congress address and were included in Sidney Smith’s closing highlight session.

One assumption that was made regarding the abstract submissions to the WCC 2006 was that they would be analogous to abstracts submitted by young investigators at AHA and the ESC. However, the “young investigator” assumption was somewhat false. Based on the WHF mission, only abstracts from investigators in low- and middle-income countries were considered. The submissions from these countries were not necessarily from “young” investigators, but from “established” investigators who struggle to perform research in countries with economies unable to afford them the adequate funds.

Discussion: By further development of the process and with adequate time for review and selection, the specific eligibility requirements for this award could include a stronger focus on young investigators.

The next opportunity to further develop support for low- and middle-income investigators is at the May World Congress of Cardiology 2008 in Buenos Aires, Argentina. The international committee could act to appoint a small group to further develop the process and report to the spring 2007 meeting at ACC. This would fit within the current WHF calendar for the submission of abstracts for the Congress:

- May 15, 2007 Call for papers
- Sep. 17, 2007 Abstract submission deadline
- November 2007@ AHA Abstract Selection Meeting
QUALITY OF CARE AND OUTCOMES RESEARCH INTERDISCIPLINARY WORKING GROUP (QCOR IWG)

The Quality of Care and Outcomes Research Interdisciplinary Working Group (QCOR IWG) serves as a resource for the AHA on issues pertaining to performance measures, quality of care, patient safety, and outcomes research. Given the rapidly growing importance of outcomes research as a means for improving the quality of cardiovascular care, our IWG’s contributions to the AHA’s mission continually expand. Each year, QCOR sponsors the AHA Outcomes and Quality Annual Scientific Forum (see the accompanying article). In addition, QCOR members play leadership roles on many AHA committees including Advocacy; Executive Database Steering Committee; Get With The Guidelines (GWTG); and a newly launched effort known as the Technology Working Group. The latter team monitors emerging trends in health information technology, and provider and consumer health technology, and advises the AHA regarding potential partnership opportunities that can help us reach our 2020 health goals. The QCOR IWG also plays an active role in drafting and leading multiple scientific and policy statements for the AHA and sponsoring program offerings at the annual Scientific Sessions. Since its inception, the QCOR IWG’s membership has grown to over 2,700 members, making it the largest IWG and fifth in size among all AHA councils. Given the size of our IWG — and its importance to the AHA — there is a responsibility for our members to actively volunteer in the numerous activities that are aligned with our discipline. I would, therefore, urge all healthcare providers who have an interest in quality of care, health policy, and health services and outcomes research to consider joining the QCOR IWG, and make your interest known in becoming more involved with the AHA and the numerous activities of our IWG. We have multiple and varied opportunities for member engagement and are very open to new ideas for future activities. If you are interested in, or have additional ideas for QCOR activities, please contact our AHA staff liaison at angela.johnson@heart.org.

Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke Conference 2007

May 9-11, 2007
Washington, D.C.
Omni Shoreham Hotel

Early Registration Deadline — April 4, 2007

The 8th AHA Scientific Forum on Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke is the pre-eminent meeting dedicated to the science of studying patients’ experiences with cardiovascular care and leveraging these insights to improve the quality of cardiac and stroke care. This two-day conference features a number of formats to facilitate interactive learning, sharing and networking with international leaders in the field.

For more information and to register, please visit our Web site at my.americanheart.org (Conferences and Education Tab).
The American Board of Vascular Medicine just completed the second year of test administration nationally. After a successful board review course held in Philadelphia, Pa., in June 2006 in association with the Annual Scientific Sessions of the Society for Vascular Medicine and Biology, two separate examinations were offered: the General Exam in Vascular Medicine and the Endovascular Exam.

Statistics:
126 physicians sat for the general vascular medicine exam. The pass rate was 70 percent.
92 physicians sat for the endovascular exam. The pass rate was 83.7 percent.

This year, the Endovascular Exam included a component of simulation-based testing in conjunction with Mentice Corporation. To date, 48 examinees who completed the written exam have already taken the simulation component. The next board review course will be held in Baltimore, Md., in June 2007.

For more information, visit www.vascularboard.org.

Atherosclerotic Peripheral Vascular Disease (APVD IWG)

The goal of the National Institutes of Health, National Heart, Lung, and Blood Institute’s “Research Career Development in Vascular Medicine Program” (RFA HL05-002) is to promote comprehensive clinical research training for physicians wanting to specialize in vascular medicine. A total of seven institutional awards for multidisciplinary, postgraduate career development programs to prepare clinicians for academic leadership roles in mentoring and clinical research have been funded using the K12 grant mechanism:

- “Clinical and Research Training Program for Academic Vascular Medicine Specialists” (Principal Investigator [PI] Mark A. Creager, MD; Brigham and Women’s Hospital, Boston, MA).
- “Mayo Clinic Vascular Medicine Clinical Research Training Program” (PI John A. Heit, MD; Mayo Clinic College of Medicine, Rochester, MN).
- “Vascular Medicine at Northwestern University” (PI Mary M. McDermott, MD; Northwestern University School of Medicine, Chicago, IL).
- “Stanford Career Development in Vascular Medicine” (PI John P. Cooke, MD; Stanford University School of Medicine, Stanford, CA).
- “Research Career Training in Vascular Medicine” (PI Emile R. Mohler III, MD; University of Pennsylvania School of Medicine, Philadelphia, PA), “Mentored Clinical Scientist Program in Vascular Medicine” (PI Kimberley J. Hansen, MD; Wake Forest University School of Medicine, Wake Forest, NC), “BUMC Leadership Program in Vascular Medicine” (PI Joseph A. Vita, MD; Boston University Medical Center, Boston, MA).

The programs will run for five-year periods of award, starting in June 2006 at two centers and in January 2007 at the remaining five centers. The K12 program directors and NHLBI staff will meet annually to review accomplishments and milestones, and to exchange ideas regarding vascular medicine research training. It is hoped that this initiative will increase the national capacity for translational research in vascular medicine; increase the number of vascular medicine research mentors; increase the number of practicing vascular medicine specialists with a strong foundation in translational research; and provide the impetus for formal accreditation of training programs and competency standards in vascular medicine.
From the Chair
Alan Daugherty, PhD, DSc

The ATVB Council has recently undergone an assessment by the Council Operations Committee. We received accolades for our growing membership, our strong participation in our spring meeting and Scientific Sessions, and the high quality of our journal. We also received some recommendations to further strengthen the council. This included encouragement to improve communications of Council activities to our members. We are responding by enhancing our Web site, newsletter, and e-mail blasts. The Council was also asked to develop structures that would promote the involvement of early career investigators. Muredach Reilly, our early career representative on the ATVB Leadership Committee, has developed a list of initiatives that we look forward to implementing. Finally, we were asked to encourage members to participate in Federal Lobby Day (April 23–24). If anyone has any suggestions for these or any other issues, please feel free to contact me — alan.daugherty@uky.edu. I also look forward to talking to you about the Council at our spring conference in Chicago!

Message from the Editor
Kathryn J. Moore, PhD

The complete newsletter can be found on my.americanheart.org under the ATVB Council. We are continuing to improve the Web site, where you can find information on Council activities, awards, lectures and early career development opportunities. Please feel free to e-mail me with suggestions at kmoore@moldbio.mgh.harvard.edu.

Highlights from Scientific Sessions in Chicago

ATVB orchestrated an exciting complement of basic and translational scientific sessions in Chicago. As usual, the ATVB distinguished lectures were a highlight of the fall program.

Jay Degen, PhD, of the Cincinnati Children's Hospital Medical Center, gave the Sol Sherry Distinguished Lecture in Thrombosis entitled “Crosstalk between the Hemostatic and Inflammatory Systems.” This lecture honors the founder of the Council on Thrombosis, Dr. Sol Sherry, whose efforts to promote the study of thrombosis also resulted in the formation of the International Society on Thrombosis and Homeostasis and the creation of Specialized Centers of Thrombosis Research (NHLBI).

Gustav Schonfeld, MD, of the Washington University School of Medicine, gave the George Lyman Duff Memorial Lecture, entitled "Familial Hypobetalipoproteinemia (FHBL), a Unique Form of Fatty Liver". This lecture honors Dr. George Lyman Duff, one of Canada's most distinguished pathologists and medical educators.

Mark Taubman, MD, of the University of Rochester School of Medicine and Dentistry, gave the Russell Ross Memorial Lecture in Vascular Biology, entitled “Tissue Factor as a Mediator and Marker of Cardiovascular Disease: New Roles for an Old Molecule.” This distinguished lectureship, established in 1982 and renamed in 1999 in honor Dr. Russell Ross, recognizes scientific contributions to the field of vascular biology.
The annual committee reports revealed that our Council continues to grow in strength. ATVB Council membership has increased and the impact factor of our journal, *Arteriosclerosis, Thrombosis and Vascular Biology*, continues to climb. In recognition of their outstanding contributions, this year’s ATVB Council Special Recognition Awards were presented to the following:

- **Thomas Bersot, MD, PhD**, University of California San Francisco
- **Guy Chisolm, PhD**, Cleveland Clinic Foundation
- **Frank Faraci, PhD**, University of Iowa
- **William Fay, MD**, University of Missouri
- **William Haynes, MD**, University of Iowa
- **Stephen Lentz, MD, PhD**, University of Iowa

In addition, **Linda Curtiss, PhD**, of the Scripps Research Institute and **Jan Breslow, MD**, of the Rockefeller University, were the recipients of the Distinguished Achievement and Distinguished Scientist Awards, respectively. Congratulations to all of the award winners!

In Appreciation

During Donald Heistad’s eight-year tenure (1999 to present) as editor of *Arteriosclerosis, Thrombosis and Vascular Biology*, the journal has flourished. Its impact factor has increased by 39 percent, to 7.1, while the impact factors of other journals in this area did not change considerably. During that same period, the number of submissions has doubled and the time to first decision has dropped by 50 percent, from six to three weeks. We would like to extend a sincere thank you to Don and the overseas editors, Goran Hansson and Akira Takeshita, for their stewardship. Their efforts have succeeded in making ATVB the premiere journal for our field.

8th Annual Conference on Arteriosclerosis, Thrombosis and Vascular Biology

The **Annual Conference on Arteriosclerosis, Thrombosis and Vascular Biology** will be held at the Palmer House Hilton in Chicago, April 19–21, 2007. Our Council’s spring meeting has grown tremendously in popularity during the eight years since the inaugural meeting. This 2 1/2-day meeting is an outstanding forum for the exchange of scientific information in the ATVB research areas. The meeting format, with many invited and poster presentations on emerging research in lipids and lipoproteins, arteriosclerosis, thrombosis and vascular biology, is designed to maximize thought-provoking information exchange among scientists. In particular, this meeting provides ample opportunities for young scientists to interact with more senior scientists in their research area, and we urge you to encourage your trainees to attend. Other highlights include the **Annual ATVB Council Dinner**, the **ATVB Women’s Leadership Luncheon** and the presentation of the **Hoeg, Page and Brinkhous Awards**. The ATVB Council offers twenty **Travel Awards for Young Investigators** to support the efforts of early career investigators in cardiovascular research. For more details on the program and the latest conference information, please visit the Web site under the “Conferences and Education” tab at my.americanheart.org.
I want to take this opportunity to update you on new activities and events in the Council on Basic Cardiovascular Sciences (BCVS). BCVS continues to thrive. I find it remarkable that we, as a basic science group, actually constitute the AHA’s second largest Council with a membership that now tops 5,000. Our finances remain strong, which permits us to sustain commitments to a variety of short- and long-term projects. Each AHA Council is reviewed every three years by the Council Operations Committee, and BCVS did very well in its review this past September. Credit for this goes to our recent chairs Roberto Bolli and Eduardo Marban.

The most important mission of our Council is to provide an effective and user-friendly forum for the dissemination and discussion of scientific information and ideas. These activities take place primarily at Scientific Sessions and the BCVS Summer Research Conferences:

- Scientific Sessions 2006 was held in Chicago. BCVS was prominently represented on the program: We sponsored a plenary session (for the second consecutive year), six Sunday Morning Sessions, 15 Cardiovascular Seminars (up from 13 in 2005), four “How-to Sessions” (up from two in 2005), and two Frontiers in Cardiovascular Science sessions. We are grateful to Bill Chilian and Annarosa Leri for their dedicated service on the Council’s Program Committee.

Even serious scientists need to kick back. The Art Institute of Chicago provided an elegant venue for the BCVS Council Dinner at Scientific Sessions 2006. Egyptian artifacts and suits of armor, intermixed with baroque music, provided a unique backdrop for cocktails and dinner. After the awards ceremony (discussed elsewhere in this letter), we were treated to an inspiring after-dinner speech by Robert Lefkowitz, who shared insights into mentoring that he had gained over the course of working with more than 200 trainees in his lab.

- The BCVS Summer Research Conference is considered by many to be the premier event anywhere for basic cardiovascular science. Last summer’s conference, organized by Roberto Bolli, Eric Olson, Ryozo Nagai, and Nadia Rosenthal, took place July 31–Aug. 3, 2006 at the Keystone Resort in Colorado. The scientific program was of exceptional quality. In addition, the conversion to a shorter three-day format was well received. This summer’s conference is entitled “Cardiovascular Repair and Regeneration: Structural and Molecular Approaches in the Cellular Era.” Organized by Mark Sussman, Sumanth Prabhhu, Keiichi Fukuda and Maurizio Capogrossi, it will be held July 30–Aug. 2, 2007 at the Keystone Resort. This promises to be a particularly exciting meeting that touches on many important areas.

Another aspect of BCVS is advocacy for health and science. As you know, NIH funding is in a severe slump. Those of us who have been around long enough remember previous troughs and recognize that they eventually end. Nevertheless, the current situation threatens the research — and in some cases careers — of scientists at multiple career levels. Although the underlying causes may be beyond our control, there are steps we can take. We have learned from legislators that even seemingly small efforts can influence important decisions. I urge you to join other BCVS members for AHA Lobby Day in Washington, D.C., on April 24, 2007. This event is being organized by Tom Hintze, our advocacy ambassador.

As always, I am interested in your comments and suggestions! Please contact me at: kitsis@aecom.yu.edu or call (718) 430-2609.

From the Chair
Richard Kitsis, MD, FAHA
Young Investigator Awards Presented — Congratulations to all the finalists!

Dr. Xiongwen Chen — 2006 Marcus Award recipient
Dr. Xiongwen of Temple University in Philadelphia received the Melvin L. Marcus Award at the Council dinner. The five finalists, Drs. Chen, Ming-He Huang, Hiroto Iwasaki, Hiromichi Hamada and Anastasios Lymperopoulos presented their outstanding work at the competition on Sunday afternoon. Dr. Chen’s presentation was entitled “New Ventricular Myocytes with Distinct Electrophysiological Properties are Formed During Adolescent Cardiac Growth.”

Dr. Ivan Moskowitz — 2006 Katz Award recipient
Dr. Ivan Moskowitz was presented with the Louis N. and Arnold M. Katz Award at the Council dinner for his presentation entitled “A Genetic Pathway Including Id2, Tbx5, and Nkx2-5 Required for Cardiac Conduction System Development.” Dr. Katz and the other finalists, Drs. Abhinav Diwan, Yu Liu, Yasuhiro Izumiya, and Roger Foo were recognized for their outstanding presentations on Sunday afternoon. The Katz Prize has been presented since 1969 and is the oldest of the Young Investigator Awards.

Save the Date
July 30–Aug. 2, 2007
The 4th Annual BCVS Summer Symposium on “Cardiovascular Repair and Regeneration: Structural and Molecular Approaches in the Cellular Era,” will be held in Keystone, Colo., July 30–Aug. 2, 2007. Drs. Mark Sussman, Sumanth Prabhu, Keiichi Fukuda and Maurizio Capogrossi will co-chair the meeting. The abstract submission period opens Jan. 16, 2007; the deadline for submission is April 16, 2007. Abstract & non-abstract driven awards will be available by application. New Investigator, Early Career Investigator, and Cardiovascular Outreach Awards are awarded at this symposium. Early registration opens March 5, 2007. For more information, visit my.americanheart.org and click on the “Conferences and Education” tab for more information.

New Fellows of the American Heart Association
Please see page 32 for the new BCVS Fellows that were recognized during the BCVS Council Dinner on Nov. 14.
Council on Cardiopulmonary Perioperative and Critical Care

Cournand and Comroe Young Investigator Award

The Cournand and Comroe Young Investigator Prize in Cardiopulmonary and Critical Care was established to recognize the accomplishments of young investigators and to encourage promising investigators to continue with their research in biomedical sciences. Five finalists presented their research findings on Nov. 12 at Scientific Sessions 2006.

The winner of the Prize was Dr. Georg Hansmann from Stanford University. Dr. Hansmann’s presentation was titled “PPARγ Protects Against Pulmonary Arterial Hypertension and Is Central In A Novel Antiproliferative BMP-2-PPARγ-ApoE-Axis in Smooth Muscle Cells.” Other authors were Drs. de Jesus Perez, Powers, Schellong, Wang, Urashima, and Dr. Marlene Rabinovitch.

This year the finalists were predominantly from groups studying the pulmonary circulation. Other finalists were Dr. Fionna Murray from the University of California, San Diego (Increased Expression and Activity of Phosphodiesterase-1 Isoforms in Pulmonary Artery Smooth Muscle Cells from Patients with Pulmonary Hypertension and Role in Proliferation), Dr. Kathryn Farrow from Northwestern University, Chicago (Reactive Oxygen Species Induce Phosphodiesterase 5 [PDE5] Expression and Activity in Ovine Fetal Pulmonary Artery Smooth Muscle Cells), Dr. Hidemi Kajimoto from the University of Alberta, Canada (A Critical Role of Rho/Rho-kinase Pathway in Constriction and Closure of Human and Rabbit Ductus Arteriosus: Redox Activation Mediates Calcium Sensitization), and Gael Rochefort, MSc, from the University of Alberta, Canada (A Critical Role of Malonyl-CoA Decarboxylase in Pulmonary Hypertension; a Metabolic Basis for Vascular Remodeling). Each of the five finalists delivered a superb presentation of their research findings, and deserve our congratulations for their outstanding work.

Applications for the 2007 Cournand and Comroe Young Investigator Prize, to be presented at the 80th Scientific Sessions, are encouraged. Applicants must be AHA members (Early Career or Premium Professional) and be working in an area of research related to pulmonary or critical care/resuscitation science. Candidates should have completed training within the last five years, or be PhDs/MDs in their first five years after faculty appointment. Candidates are required to submit an AHA abstract as well as an unpublished manuscript based on independent research. Additional supporting information is required, including a curriculum vitae and a statement detailing how much of the design and research work was done by the candidate. The deadline is late May 2007. Additional information about the eligibility and evaluation criteria for this award can be found on the AHA Website.
CONGRATULATIONS TO THE WINNERS OF THE BEST ABSTRACT AWARDS

Each year, the Council on Cardiopulmonary Perioperative and Critical Care recognizes the best abstracts submitted for Scientific Sessions in two categories: Resuscitation Science and Cardiopulmonary/Critical Care. The awards are given to the first author of the abstract that receives the highest score given by the Council’s Program Committee. Members of the Program Committee cannot be coauthors of the winning abstract.

Two awards were made for resuscitation science in 2006: Dr. Julia Indik (Sarver Heart Center and Department of Medicine, University of Arizona, Tucson, Ariz.) and Dr. Carsten Wunderlich (University of Technology Dresden, Dresden, Germany).

The winner for cardiopulmonary science was Dr. Ying Yu (University of California, Irvine). Awardees were recognized at the Council’s annual reception, dinner and business meeting held at the Grand Hyatt Hotel in Chicago on Nov. 15, 2006.

SIX NEW FELLOWS OF THE AMERICAN HEART ASSOCIATION (FAHA) ELECTED BY CPCC COUNCIL FOR 2006

The CPCC Fellowship Program was established in 2003 to provide a means to recognize leadership within the AHA as it relates to cardiopulmonary and critical care medicine. Fellowship (FAHA) is available to biomedical researchers, physicians and other healthcare professionals with a major and productive interest in cardiopulmonary or resuscitation science. Fellows are also individuals whose accomplishments and contributions support the objectives of the AHA. See page 32 for the new CPCC Fellows for 2006. Applications for 2007 will be due next summer.
Report From the Chair
Catherine L. Webb, Chair

As I write this, Scientific Sessions 2006 has just ended and I’m sure all of you are equally enthusiastic about the tremendous amount of important and scholarly research which was presented on congenital and acquired heart disease in children. Congratulations to the program committee for organizing such a superbly successful conference. Please remember to submit your ideas for future programs as well as speakers (including the Rashkind Lecturer) so that next year’s Sessions will be equally successful and will reflect the needs and interests of our membership.

The CVDY has been hard at work on many new initiatives. We have just awarded two Visiting Professorships through the Mentoring Committee. Dr. Paul Weinberg will visit Children’s National Medical Center in Washington, D.C., and Dr. Tal Geva will visit the University of Rochester. These two distinguished scholars will impart some of their considerable knowledge to pediatric cardiology staff and fellows at each of these institutions through lectures, seminars and individual mentoring sessions. These Visiting Professorships have generated considerable enthusiasm, and I encourage all to apply in the future.

Two new ad hoc committees have been formed in response to perceived needs of the pediatric cardiology community. The Early Career Committee will be composed of members who are less than 10 years out of training. Members will be encouraged to identify issues for the CVDY which are of particular importance to them and to suggest ways to address these issues. When their terms are completed, they will be encouraged to move to other committees within CVDY and the AHA. If you are interested in this committee, please contact William Mahle (MahleW@kisheart.com). The Adult Congenital Heart Disease Committee is an important concept because it combines the forces of the CVDY and Clinical Cardiology Councils. This committee is spearheaded by Craig Sable from CVDY and Elyse Foster from Clinical Cardiology, and will address important issues relating to adults with congenital heart disease. This collaboration should result in better communication between adult and pediatric cardiologists and ultimately will improve care for this burgeoning population of patients. Please contact Craig Sable (csable@cnmc.org) with your ideas.

CVDY, through the AHoyer Committee, continues to be significantly involved in the Alliance for a Healthier Generation, the partnership between the AHA and the Clinton Foundation. Look for the continued efforts of the Alliance to improve lifestyles for all of our children in order to help prevent acquired cardiovascular disease. I would also like to mention the short column in this newsletter which describes the designation of Fellow of the American Heart Association (FAHA). CVDY members who are recognized experts in pediatric cardiology and who have devoted service to our Council may apply for this designation. The eligibility criteria and application process are outlined in the column. Please consider applying. Those who have already been designated a FAHA will be pleased to propose or co-sponsor your application.

Maintaining and increasing our membership in the CVDY Council continues to be an important priority. Cardiologists and healthcare professionals from the United States as well as the international community are encouraged to join. Membership at the premium professional level provides many important and helpful benefits, and I would encourage all to join at this level.

A review of the CVDY Council was conducted by the AHA this year, and I am pleased to report that we received high marks and congratulations for our innovative initiatives. I congratulate all committee chairs and members for their dedication and hard work which resulted in this excellent report. The CVDY is a vibrant and exciting Council and it provides an important opportunity to develop collegial relationships with many members of the pediatric cardiology community. We welcome all who wish to join! As always, please send me suggestions for new initiatives or additional CVDY activities.
Eligibility — Fellowship is generally reserved for physicians and medical scientists who are board certified in cardiovascular disease. Candidates must be active Premium Professional members of the AHA and affiliated with the Council on Cardiovascular Disease in the Young at the time of nomination (active describes a member whose dues are current).

Criteria — The Leadership Committee of the Council on Cardiovascular Disease in the Young of the American Heart Association establishes the criteria for Fellowship. Candidates for Fellowship should be able to meet the criteria outlined by the Council:

- Board certification and competence in clinical practice are necessary for election to Fellowship. In exceptional circumstances and at the discretion of the Leadership Committee, Fellowship may be granted to an individual who does not have subspecialty boards in cardiovascular disease. Candidates without subspecialty board certification must have equivalent credentials which are adequately documented in letters by the Proposer and Seconder.

- Recognized by peers as a competent physician consultant in cardiovascular disease who holds self to the highest ethical standards of professional behavior.

- Able to demonstrate involvement in activities that reflect significant and current service to the American Heart Association. The American Heart Association is a national voluntary health agency whose mission is to reduce disability and death from cardiovascular diseases and stroke. Examples reflecting service to the AHA are outlined below:
  - Active participation on committees or boards at the AHA division, affiliate, national or council level.
  - Participation and/or leadership in the areas of:
    - Development/fundraising - e.g., heart walks, galas, etc.
    - Advocacy - e.g., lobbying efforts at local/national level.
    - Programs - professional and/or lay education; AHA writing groups; program or abstract grading committees at AHA Scientific Sessions or AHA conferences.
    - Speaker's bureau; Operation Heartbeat; Operation Stroke; Get with the Guidelines; etc.
    - Research Peer Review - e.g., grant review at local/national level.
    - Peer Review for AHA scientific journals.

Benefits of Fellowship — The following privileges are conferred upon Fellows of the Council:

- Entitlement to use the designation of Fellow of the AHA/ASA (FAHA). This designation reflects not only the professional stature of the Fellow, but also his/her record of valuable service to the Association and the Council.
- 8" x 11" fellowship certificate suitable for framing.
- Receipt of Council newsletter.
- Reduced registration fee to the AHA's Scientific Sessions and other Council-sponsored conferences.
- Reduced registration fee to postgraduate courses sponsored or co-sponsored by the Council.
- Summary notes of the Council's Annual Business Meeting (upon request).
- Reduced subscription rate to all AHA journals.
- Access to the Web-based membership directory and online AHA journals.
- A complete roster of the Fellows of the Council (upon request).

Are There Fellowship Maintenance Requirements?

All Fellows are required to maintain their membership at the Premium Professional Level. Certain Councils also require a print subscription to an AHA/ASA journal to maintain active Fellow status.

To begin the process to become a FAHA, visit http://www.americanheart.org/presenter.jhtml?identifier=3008738

Additional Questions

Please call Professional Membership at (214) 706-1293 or e-mail professional.membership@heart.org
Program Committee Report
Marjorie Funk, RN, PhD, FAHA, FAAN

By all accounts, programs sponsored by the Council on Cardiovascular Nursing at Scientific Sessions in Chicago were very successful. This year, we tested a new format in which clinically focused sessions by invited experts were combined with oral research abstract sessions. The purpose of this format change was to enhance the translational aspects of our research and the evidence base of our invited sessions, and to bring clinicians and researchers together.

In an effort to reflect the nature of our research more accurately, we also changed the names of our abstract categories this year. Physiologic Aspects became Physiologic Aspects and Acute and Chronic Care and Prevention, Education, and Patient Care became Prevention, Education, and Disease Management. Psychosocial and Behavioral Aspects stayed the same. We had a 95% increase in the number of abstracts submitted to the first category, which was the largest increase of all 98 AHA Scientific Sessions abstract categories! We had only a 2% decrease in abstract submissions to the other two categories. The 148 research abstracts submitted this year to our 3 categories compared favorably to the 137 submitted in 2004 and the 131 submitted in 2005. Although we had an increase in submitted abstracts, overall across all 98 categories, there was a 6% decrease in abstract submissions this year. As always, approximately 31% of all submitted abstracts were accepted for oral or poster presentation.

Our programs began on Saturday with an exceptional Pre-Session Symposium on Advances in the Care of the Hospitalized Cardiac Patient. Topics included: changes in the ACLS/ECC guidelines, hypothermia after cardiac arrest, in-hospital defibrillation, novel techniques in critical care monitoring, forearm blood pressure measurements, robotic cardiac surgery, hemostasis after PCI, what's new in cardiovascular diagnostic testing, acute management of decompensated heart failure, and mechanical circulatory support. The attendance of over 250 was a record for a CVN-sponsored pre-conference symposium (compared with 52 in 2005 and 127 in 2004). Session highlights included a thought-provoking program on successful aging and cardiovascular health on Sunday morning. Debra Moser, winner of the Lembright Award, delivered an outstanding lecture on anxiety in cardiac patients. At the Ask the Experts lunch, participants discussed the state of cardiovascular nursing in 2006 with past Lembright Award recipients, including Marie Cowan, Kathy Dracup, Carolyn Murdaugh, Martha Hill, and Marguerite Kinney. The featured research session was on new insights into depression and heart disease, with an overview of the state of the science expertly provided by Lynn Doering. Innovative sessions included Enhancing Cultural Sensitivity in your Cardiovascular Research and How to Manage a Cardiovascular or Cerebrovascular Crisis at 35,000 Feet.

Distinguished Achievement Awardee

The Council on Cardiovascular Nursing presented the Distinguished Achievement Award to Dr. Gayle Whitman, RN, PhD, FAHA, FAAN, during the Council dinner in recognition of her major contributions to the mission and goals of the Council. Dr. Whitman considers her most significant contribution to CV Nursing within AHA as helping nurses become involved, viewed and valued in roles other than those just within the Council. She did this by serving on many AHA national and affiliate level committees. Utilizing her skill while in these leadership positions, she was able to propel nursing forward within the AHA. Currently, Gayle contributes to AHA through her staff position as vice president, Office of Science Operations, the first nurse to hold this position that includes managing the AHA national research dollars, all AHA scientific meetings, and all AHA Scientific publications including journals.

This year the Council presented the newly elected Fellows during the Annual Business Meeting. Eleven new Fellows were recognized for their leadership within the American Heart Association/American Stroke Association relative to cardiovascular diseases and stroke. These individuals have demonstrated evidence of ongoing contributions in cardiovascular diseases and/or stroke disease. See Page 33 for the newly elected CVN fellows.
At the end of the fiscal year in June, Council membership was at its highest level ever at over 1,800 with more than 200 members added as a result of marketing campaigns and new member sign-ups at Sessions. One of the new marketing campaigns organized by Council leaders was the Host City Reception, which was held for new and potential Council members at this year’s Scientific Sessions in Chicago on Nov. 11. The event provided attendees with an opportunity to learn more about the Council from current members. This year’s Host City Reception committee including Kathy Grady (chair), Dee Fontaine, Cathy Murks, Meg Gulanick and Dorothy Lanuza. The committee was able to secure event sponsorship from several hospitals including the University of Chicago, Northwestern, Loyola, University of Illinois and University of Wisconsin, Madison.

Approximately 60 participants attended the event, which was highlighted by inspirational messages from key leaders of the Cardiovascular Nursing Committee. Dorothy Lanuza, Council chair, described the activities of the Council and the roles that its members play in the AHA; Marge Funk, this year’s Program Committee chair for Sessions, described nursing program content; and Mary Caldwell, chair of the Council’s Communications and Membership Committee, encouraged attendees to join the Council and to get involved. It is hoped that the Host City Reception will become a regular fixture at Scientific Sessions and a means to acquaint new and potential members with opportunities within the Council.

The Communications and Membership Committee welcomes several new members. The new editors and co-editors (respectively) for the Council’s media outlets are: Lorraine Evangelista and Jill Howie-Esquivel (Council Connections newsletter), Terrie Lennie and Mary Woo (Website) and Chi-Chi Zimmerman and Mary Adams Carey (Journal of Cardiovascular Nursing).

GET WITH THE GUIDELINES™ (GWTG) is a Commitment that About 1,300 Hospitals are Making Every Day to Turn GUIDELINES INTO LIFELINES!

GWTG is the American Heart Association/American Stroke Association’s evidence-based, in-hospital quality improvement program for cardiovascular and stroke patients. GWTG empowers hospital care teams to deliver evidence-based diagnostic tests and management strategies, identify gaps in processes and outcomes, and benchmark and track performance over time. Currently, over 600,000 patient records are entered in the GWTG database.

GWTG aids in making important differences in patients’ lives and in care teams’ satisfaction. Nurses are key partners in the success of any program that supports evidence-based practices for cardiovascular conditions. When a hospital has 85 percent compliance with recommendations for acetylsalicylic acid (ASA), beta blockers, ACE inhibitor and statins recommendations in patients with coronary artery disease (CAD), the potential impact on patient outcomes is an estimated avoidance of 120,000 PTCA/CABG procedures, 464,000 hospitalizations, 216,000 myocardial infarctions, 44,800 strokes, and 83,400 deaths.

GWTG provides important tools and resources to enable nurses working on a heart failure, CAD or stroke team to successfully make improvements that aid in compliance with evidence-based guidelines. Tools include educational materials, care planning and discharge worksheets, and opportunities to share best practices in webinars and workshops.

To learn more about how your hospital can turn guidelines into lifelines, go to www.americanheart.org/getwiththeguidelines.
Each year, the CVN council presents eight different types of awards to acknowledge the many outstanding contributions of nurse researchers, advanced practice and clinical staff nurses to the field of cardiovascular nursing. The types of awards, as well as the 2006 recipients, are as follows: Dr. Terry Lennie, FAHA, and co-authors (ML Chung, DL Habash, DK Moser) received the CVN Research Article of the Year award for the paper entitled: “Dietary fat intake and proinflammatory cytokine levels in patients with heart failure” (Journal of Cardiac Failure, 11, 613–618, 2005); Dr. Joann Duffy and co-authors (LM Hoskins, S Dudley-Brown) received the Clinical Article of the Year award for the paper entitled: “Development and testing of a caring-based intervention for older adults with heart failure” (Journal of Cardiovascular Nursing, 20(5): 325–333, 2005). The CVN Stroke Article of the Year award winner was Dr. Patricia C. Clark and co-authors (SB Dunbar, DM Aycock, E Courtney, SL Wolf) for the paper entitled: “Caregiver perspectives of memory and behavior changes in stroke survivors” (Rehabilitation Nursing, 31, 26–32, 2006).

The Early Career Clinical Award was presented to Christina Cannone, BSN, RN. The CVN Excellence in Clinical Practice Award winner was Cindy Adams, a nurse practitioner, and the director for the Healthy Hearts Center at the Indiana Heart Hospital. Dr. Elaine Steinke, ARNP, received the “Arteriosclerosis/Heart Failure Research Prize” for her ongoing research in the area of heart failure. The Martha N. Hill New Investigator Award winner was Dr. Lola Clark of Rush University in Chicago. The title of her presentation and paper was “Impact of progressive resistance training among women in cardiac rehabilitation.” The two finalists were Drs. Mohannad Abu Ruz (University of Kentucky) and Amy Valderrama (Emory University).

This year the Katherine Lembright Award winner was Dr. Debra Moser, FAHA, FAAN, from the University of Kentucky. Dr. Moser received this award for her long-term track record in the area of cardiovascular research, AHA volunteer work, numerous publications, presentations and ongoing mentorship of new faculty. Finally, on behalf of the CVN Council, I would like to thank the generous support of our award sponsors, which include CV Therapeutics, Otsuka America Pharmaceuticals, Blackwell Publishing and Dr. Maniscalco. Please check the CVN Council Website for award descriptions and the 2007 award deadlines. Please contact Dr. Marianne R. Piano directly regarding any award questions (piano@uic.edu).
Chair’s Report
Randall T. Higashida, MD, Chair

The leadership committee of the Cardiovascular Radiology & Interventions Council met at the AHA’s Scientific Sessions in Chicago, in November 2006. Through the leadership of Dr. Pamela Woodard, the 2006 meeting was a wonderful success, with the CVRI helping to organize major program sessions on the fundamentals of cardiac CT and MR imaging, “How-To Sessions”, “Ask The Expert Sessions”, and Cardiovascular Seminars on “Assessing Myocardial Infarct Size, and Imaging Pain Syndromes.” In addition, five excellent papers were presented at the Melvin Judkins Young Clinical Investigator Award program, and the 2006 Charles T. Dotter Award and Memorial Lecture was presented by Dr. Richard D. White, who gave an outstanding lecture on “Imaging of Cardiothoracic Complex Diseases.”

This year, CVRI again sponsored the NASCI conference, with a “Young Investigators Award Program,” supported the AHA Lobby Day in Washington, D.C., and finalized a marketing program to encourage membership in the CVRI through the efforts of Dr. Toni Gomes. Our Council continues to remain strong financially, and through the continued efforts of our membership committee, we will strive to make this Council a place where all clinicians, young investigators and researchers can express their interest in imaging and endovascular interventions to the AHA.

Dr. Arthur Stillman, of Emory University, was selected as CVRI vice chair-elect and has graciously accepted this offer. Dr. Toni Gomes will become CVRI chair in June 2007. Thank you for your continued support, and please encourage all of your associates to join the CVRI Council!!!
Scientific Sessions 2006 in Chicago was a great success, with the highest professional attendance since pre-9-11 meetings. Thanks to our program committee representatives, including outgoing chair Frank Sellke and incoming chair John Ikonomidis, who worked with the overall program committee to provide surgical and anesthesia input for our plenary sessions, oral abstract and poster presentations, how-to and meet-the-expert sessions, and cardiovascular seminars. The Council was also very pleased to have our own Tim Gardner serve as the overall chair of the Scientific Sessions Program Committee.

The Vivian Thomas Young Investigator Award Competition is gaining popularity with an ever-increasing number of submissions. Five of those submissions were chosen to be the finalists. They included:

- **Andreas Zierer** and colleagues from Washington University School of Medicine presented “Calcium channel blockers impair right atrial contractility and cardiac output in non-responders with chronic pulmonary hypertension.”
- **Lei Ye** and colleagues from the National University of Singapore and Gleneagles JPMC Cardiac Center presented “Transplantation of nanoparticle based skeletal myoblasts over-expression vascular endothelial growth factor-165 for cardiac repair.”
- **Virna Sales** and colleagues from Children’s Hospital Boston and Harvard Medical School presented “Protein pre-coating of elastomeric tissue-engineering scaffolds: Extracellular matrix formation and phenotypic changes of circulating endothelial progenitor cells.”
- **Basel Ramlawi** and colleagues from Beth Israel Deaconess Medical Center and Harvard Medical School presented “Genomic expression pathways associated to brain injury after cardiopulmonary bypass.” Dr. Ramlawi was the first prize winner.
- **Pavan Atluri** and colleagues from the University of Pennsylvania presented “Acute myocardial rescue with endogenous endothelial progenitor cell therapy.”

We were privileged to hear Dr. Richard Weisel present the William W. L. Glenn Lecture, entitled “Rebuilding the heart: New horizons for cardiac surgeons.”

At our annual Council reception and dinner, Dr. Shukri Khuri of Boston was presented our Mentoring Award by one of his former trainees, Dr. Manisha Patel of Cincinnati.

Each day was filled with opportunities to interact with the entire spectrum of cardiovascular physicians and scientists. We encourage all Council members to submit ideas for next year’s Scientific Sessions in Orlando and to submit abstracts for presentation. Please visit www.americanheart.org for additional information and important deadline dates. You can also review highlights from this year’s meeting at www.scientificsessions.org.

Please feel free to contact me with questions regarding Council activities and if you have additional thoughts on how to enhance the value of membership.
A Message from the Chair
Ann Bolger, MD, FAHA

The Council on Clinical Cardiology was out in force at this year’s Scientific Sessions in Chicago. Many of our 8,000 members were in attendance among the 26,878 total session participants. Our members were easy to find: at the podium as presenters and moderators, in spirited discussions during oral and poster presentations, and throughout the meeting halls at sessions sponsored by our Council. The Council on Clinical Cardiology plays a critical role every year in planning Scientific Sessions — our ideas and members prompted many outstanding sessions, including 27 How-To Sessions, 25 Cardiovascular Seminars, 6 Plenary Sessions, and more than a dozen Ask the Experts, Sunday Morning Programs, and Special Sessions. The spectrum of topics and participants reflected the breadth of our membership, who span the full range of clinical science and dozens of countries throughout the world.

We therefore had a lot to celebrate at our annual dinner. In all, 160 merry if foot-sore Council members enjoyed a collegial evening, highlighted by this year’s James B. Herrick lecturer, Dr. Patrick Serruys, who took us through the history and evolving science of the stenting of coronary atherosclerosis. We were also delighted to acknowledge our other honorees. Dr. Gary Francis was this year’s Laennec Clinician/Educator Lecturer, and the Laennec Master Clinician Award was presented to Dr. Sharon Hunt. The Distinguished Achievement Award was presented to Dr. Thomas J. Ryan in a moving tribute by past Council Chair Patrick O’Gara. Dr. Morton Arnsdorf received the Women in Cardiology Mentoring Award, and his wonderful wife Rosemary Crowley received the impromptu and well-deserved “most supportive spouse in attendance” award. Finally, we ended the week’s suspense by announcing the winners and finalists of the Laennec Young Clinician Awards (Drs. Jessica Mega, winner; and Duy Nguyen, Tracy Wang, Thomas O’Brien, and Neal Lakdawala) and the Samuel A. Levine Young Investigators Award (Drs. Darlington Okonko and Faisal Sayed, winners; and Chiara Melloni, Paul Chan, and Wilfried Mullens). As this year comes to a close, we have much history, many accomplishments and more exciting plans to reflect on. Thanks to all for your participation, hard work and inspiration. We’ll count on even more in 2007. Cheers!

2007 James B. Herrick Award

Nominations for the 2007 James B. Herrick Award, the highest honor presented by the American Heart Association’s Council on Clinical Cardiology, are being accepted through March 16, 2007. This award honors a physician whose scientific achievements have contributed profoundly to the advancement and practice of clinical cardiology. In establishing the Herrick Award, the Council on Clinical Cardiology pays homage to a great clinician, as well as to those who have emulated him in advancing the field of cardiology. The Herrick Award is conferred annually during the Council on Clinical Cardiology Annual Dinner held during the Scientific Sessions of the American Heart Association each November. The honoree is presented with a medallion and citation and presents a state-of-the-art lecture at the Council Dinner. For award criteria and nomination information, please visit http://www.americanheart.org/presenter.jhtml?identifier=3028995.
Scientific Sessions
2006 Awards

Laennec Young Clinician Awards

Laennec Master Clinician Award
L–R: Sharon Hunt and Ann Bolger

Laennec Young Clinician Awards

Laennec Clinician/Educator Lecturer
L–R: Gary Francis and Ann Bolger

Laennec Master Clinician Award
L–R: Sharon Hunt and Ann Bolger

AHA Council Manager and Vice Chair
Shana Batten and Gerald Fletcher

Distinguished Achievement Award
L–R: Ann Bolger, Tomas J. Ryan, and Gerald Fletcher

James B. Herrick Lecture
L–R: Ann Bolger, Patrick Serruys, and Gerald Fletcher

Women in Cardiology Mentoring Award
L–R: Ann Bolger, Morton Arnsdorf, and Gerald Fletcher

Laennec Clinician/Educator Lecturer
L–R: Gary Francis and Ann Bolger

Laennec Master Clinician Award
L–R: Sharon Hunt and Ann Bolger

Samuel A. Levine Young Investigators Award
Council on Epidemiology and Prevention

Message from the Chair
Cora E. Lewis, MD, MSPH

Another Scientific Sessions has come and gone, and with it another round of Council Leadership Committee meetings. At Sessions, members of the Epidemiology and Prevention Leadership Committee arranged a breakfast meeting with Elizabeth G. Nabel, MD, director of the NHLBI. Dr. Nabel explained some key points about the “perfect storm” that is forming as a result of NIH budget shortfalls. These points were echoed by NIH director Elias A. Zerhouni, MD, in his presentation at Sessions. I am sure that many of us have found out the hard way that the NIH budget has basically been flat the past three years in the face of inflation, very large increases in the number of applications and in applicants for research grants. Dr. Nabel also explained how disengaged the outgoing Congress has been regarding the NIH and its budget. This, and the fact that Capitol Hill is crawling with lobbyists representing many groups, under-scores the importance of AHA advocacy efforts. Please participate as much as you can with these initiatives at the local, state and national level. You can do this, for example, by signing up for the You’re the Cure Network and/or attending Lobby Day in April in Washington, D.C. For further information, visit http://www.capitolconnect.com/yourethecure/index.aspx.

During the Leadership Committee meeting, AHA staff scientists presented areas identified by the Manuscript Oversight Committee (MOC) as needing statements or guidelines to support the AHA strategic plan. Several of these areas are pertinent to our Council’s membership. Because some of you may be unfamiliar with this process, and since we may be calling on you to help with such publications, here is a basic guide to how “scientific documents” are born.

First, ideas for scientific statements, guidelines or science advisories are generated from many sources (volunteers, councils, staff science and medicine advisors, etc.). A sponsoring council, (e.g., IWG) identifies a writing group chair, and a commissioning document is prepared for a specific idea. Once approved, along with the writing group chair’s conflict of interest statement, the document is placed on the MOC agenda and the commission is sent to all Council/IWG chairs inviting them to participate and propose writing group members. The chairs have very little time to accomplish this, so if you are contacted about participating in a writing group, please respond to the chair as quickly as you can. Following completion of the document, there are several levels of review before it can be submitted for publication.

This link provides detailed information on how to submit a scientific document: http://www.americanheart.org/presenter.jshtml?identifier=3023366

Finally, I am looking forward to seeing you in Orlando, Fla., Feb. 28–March 3, 2007, at the 47th Annual Conference on Cardiovascular Disease Epidemiology and Prevention in association with the Council on Nutrition, Physical Activity, and Metabolism. The previous meeting in Phoenix was a huge success, and we expect no less for the Orlando conference.

Letter from the Program Committee Chair
Peter W. F. Wilson, MD, FAHA

Highlights of the 47th Annual Conference on Cardiovascular Disease Epidemiology and Prevention, scheduled for Feb. 28–March 3, 2007, in Orlando, Fla. Register now at www.my.americanheart.org (click on Conferences and Education tab) or http://www.americanheart.org/presenter.jshtml?identifier=3038389.

Over 400 high-quality abstracts will be presented along with the following special events:

• The Frederick H. Epstein Memorial Lecture will be presented by Ulrich Keil of the University of Muenster (Germany) on the increase of life expectancy in Western countries.

• The American Society of Preventive Cardiology is organizing the following debates: Steven Blair of the University of South Carolina and I-Min Lee of Brigham and Women’s Hospital will discuss physical activity and fitness. A debate is also being organized on depression as a causal factor for cardiovascular disease.

• Our “Translational Lecture” series will include presentations by Elizabeth Barrett-Connor (on hormone therapy and the prevention of heart disease), Roger Blumenthal (on non-invasive imaging) and Frank Sacks (on drug and diet options for pre-hypertension).

• A special “Third-Day Program” will focus on the use of newer population genetic techniques, specifically the design, analysis, and interpretation of genome-wide association studies, as applicable to cardiovascular epidemiology and prevention.

• Once again we are organizing activities for new investigators, including the popular “roundtable luncheon” sessions and “connection corner,” which will allow junior attendees to network with each other and with senior investigators, NHLBI representatives and others involved in Council leadership.

Our annual Council reception and dinner becomes more popular each year! You can purchase your tickets when you register.

The conference will be held at the beautiful Buena Vista Palace hotel. Find more information at http://www.americanheart.org/presenter.jshtml?identifier=3041393.

Again, you may register for the conference at www.my.americanheart.org (click on Conferences and Education tab) or http://www.americanheart.org/presenter.jshtml?identifier=3038389.
A Successful 32nd Epidemiology and Prevention of Cardiovascular Disease 10-Day Seminar
July 23–Aug. 4, 2006
David C. Goff Jr, MD, PhD

Of the 31 participants attending this seminar, 29 worked in academic health centers and 2 in a state health department — representing 18 states. A total of 850 participants have now had the benefit of this unique postgraduate educational program. Minority participation continued to be substantial, with special support from the Chronic Disease Directors and the Centers for Disease Control and Prevention for members of underrepresented ethnic groups; nine of the 31 participants were members of underrepresented ethnic minority groups, and 16 of the 31 participants were women.

The program of the Seminar continues to evolve and incorporate current topics. This year, for the study design exercise, the participants addressed the question "Is neighborhood availability of resources for physical activity associated with risk of cardiovascular disease?"

The favorable evaluation by participants in the closing session indicated once again a highly successful approach in this continuing program.

CALL FOR APPLICATIONS
Epidemiology and Prevention of Cardiovascular Disease 33rd 10-Day Seminar
July 29–Aug. 10, 2007 • Tahoe City, Calif.

The primary goal of the seminar is to provide an intensive introduction to the epidemiology and prevention of major cardiovascular diseases for qualified health professionals planning careers in research, teaching or practice in this area.

Seminar Objectives:
• To acquire understanding of the nature of cardiovascular diseases, especially coronary heart disease and stroke, and epidemiologic approaches to the investigation of these diseases.
• To develop the ability to critically evaluate epidemiologic evidence concerning the causation and prevention of cardiovascular diseases through review and discussion of selected published reports.
• To apply several of the major epidemiologic approaches to the investigation of a current research question, through collaborative development and presentation of a research proposal on an assigned topic.
• To learn to recognize and evaluate the epidemiologic basis for policy and practice in prevention of cardiovascular disease.

Faculty in epidemiology, preventive cardiology and biostatistics will present a series of discussions, lectures, laboratory sessions and tutorials designed to illustrate basic principles and their application, with extensive group participation. Up to 20 faculty members and 30 selected candidates will participate.

Candidates will ordinarily be at the postdoctoral level and at a point in their careers at which the acquired research knowledge and skills will be used in the near term. A preference is shown to residents of the United States. For online information and application, visit www.myamericanheart.org (click on the “Conferences and Education” tab) or e-mail: scientificconferences@heart.org or write to David C. Goff Jr., MD, PhD, Seminar Director, Council on Epidemiology and Prevention, c/o Cindy MacDonough, American Heart Association, 7272 Greenville Ave., Dallas, Texas 75231.

Application Deadline: 5:00 PM (CST), Thursday, March 15, 2007
Greetings from Your New Chair

L. Gabriel Navar, PhD, FAHA
Chair, Council for High Blood Pressure Research

This is my first report to you as incoming chair of the Council for High Blood Pressure Research. It is a great honor to have been given this responsibility and I appreciate the support from Council members. In thinking about the program of action for the next two years during my tenure as chair, it is apparent that the Council has continued to flourish under the leadership of Bob Carey and his predecessors. On behalf of all Council members, I would like to express our sincere appreciation to Bob for his great leadership. Of course, he will continue to serve the Council and the Leadership Committee as past chair. We also congratulate Bob in his new position as chair of the AHA Council Operations Committee. We look forward to being able to benefit from his substantial experience and sage counsel.

By most measures, the Council for High Blood Pressure Research is one of the most successful of the AHA Councils. Consequently, it is a big challenge to develop a program of action that will improve on what we are already doing so well. Indeed our first responsibility is to ensure that we maintain the high quality of our various activities. Of course, the flagship of our Council is our annual Fall meeting, which continues to grow in stature and is recognized as the premier meeting in hypertension research. The programming duties for the Fall Conference in 2007 now pass on to our new vice chair, Clinton Webb. As always, the program directly depends on the outstanding quality of the research presentations and Clinton is relying on all of you to submit your very best work to the Council meeting. In addition, we encourage you to provide him with suggestions for the Workshop and for state-of-the-art speakers. Please plan now to join us for the next Fall Conference in Tucson, Ariz., Sept. 26–29, 2007.

Our other major Council program is the very successful Hypertension Summer School held every two or three years. The next Summer School will be held July 26–Aug. 1, 2007, in Fort Collins, Colo. Under the capable leadership of Stephanie Watts, the Program Committee has been working very hard to develop an outstanding program. Please consider sending your graduate and medical students, postdoctoral fellows and junior faculty members for a total immersion course in hypertension. You will obtain more information on the Hypertension Summer School but I encourage you to make plans now to attend. Please contact Stephanie Watts (watts@msu.edu), Marcia Baker (marcia.baker@heart.org) or Yvette Ballantyne (yvette.ballantyne@heart.org) for further information.

As part of our outreach efforts, we continue to interact with other societies involved in hypertension research and patient care. We are providing support and are involved in the upcoming meeting of the InterAmerican Society of Hypertension which will be held in conjunction with the Annual meeting of the Consortium for Hypertension Control (COSEHC) in Miami, Fla., May 6–12, 2007. You are encouraged to attend this exciting meeting. It is a wonderful opportunity to interact with our colleagues in hypertension research from throughout the Americas. We are also collaborating with the Water and Electrolyte Section of the American Physiological Society in co-sponsoring a symposium at the Experimental Biology meeting to be held in Washington, D.C., from April 28–May 2, 2007. The title of our symposium, organized by Joey Granger and me, is “Hypertension: Integrated Mechanisms and Sequelae.” Finally, we hope to establish closer ties with the Hypertension Advisory Group of the American Society of Nephrology so that we can provide more support for translational research in hypertension.

I encourage you to contact me (navar@tulane.edu) with any suggestions that you have to improve any aspects of our Council activities. Our major responsibility is to serve you and to be responsible to our constituency. I urge each of you to become more involved by encouraging your colleagues and associates who are interested in hypertension research and patient care to join the AHA and our Council. I also urge those of you who have not done so to move up into the premium professional category, which clearly reflects a strong and loyal commitment. The Leadership Committee is interested in hearing from you and enhancing your experience as a Council for High Blood Pressure Research member. In the meantime, and on behalf of the entire leadership of the Council, we wish you a very productive and Happy New Year!
“In my beginning is my end,” writes T.S. Eliot in his Third Quartet, “East Coker.” Eliot is memorialized in the tiny, ancient stone church of his ancestral home of East Coker (England), the village where I grew up. In looking back to my origins, as suggested by Eliot, I can see how my life has evolved in a series of fortunate circumstances to make me the person, the scientist and the physician I am today.

The “beginning” is always our family. My warm and loving father was a gifted storyteller and an amateur tennis champion. He taught me the pleasure of competition and the ideals of an English gentleman. His diagnosis at age 38 of Parkinson’s disease brought home to me the crucial need for medical research to help our loved ones. My mother was a gifted artist and a dedicated naturalist and gardener. Although I must admit that as a child I found her tutorials annoying, her enthusiasm for observing and understanding nature in the countryside around us was infectious and undoubtedly contributed to my later development as a biologist. My only brother, one year younger and charismatic, sparked my competitive spirit as well as my affection. He was a good sport and allowed me to plan challenging forays over our school vacations.

I was sent away to English boarding school at age seven, so I learned survival skills at an early age. My education until age 18 consisted largely of memorizing facts, with little emphasis on creative thinking. Most of my teachers were World War II veterans who felt that strict rules and harsh discipline were as necessary in school as on the battlefield. Against this repressive background, I was delighted to find a biology teacher who brought enthusiasm to a topic I found inherently fascinating. This felt like my salvation and ensured my future in science.

I went to Wadham College at Oxford University to read zoology. Unlike at American universities, an education at Oxford entails reading one major subject for four years. I met with my tutor once a week and we discussed an original paper I had written during the week, based on reading numerous original scientific articles. It was very exciting to learn science in a manner that required my own critical and creative thinking.

I spent the summer after my first year at Oxford with a friend and his family in New York City. John’s father, Dr. Robert Wiley, a professor of surgery at Cornell, spoke about his patients and took me on rounds with him. I was fascinated and became excited about the possibility of a career in medicine, to combine my love of science with a chance to make a contribution to human welfare.

I switched over to medicine and completed my degree at Oxford. I then began my clinical training at Middlesex Hospital, London. While at the Middlesex, I spent a summer with family members in Washington, D.C. I worked in the renal physiology lab at Georgetown University with George Shreiner, MD. (What an extraordinary coincidence and honor for me to now hold the George E. Shreiner, M.D. Chair of Nephrology at Georgetown University!)

My exciting research on the kidney that summer motivated me to seek out Faisal Nashat, MD, to continue these experiments at the Middlesex Hospital Physiology Department. I found time, while a clinical medical student, to do an experiment each week with Dr. Nashat. This led to my first experimental papers. My fascination with research crystallized during this time into a decision to become a research scientist/clinician. During my clinical residency at the Middlesex, I started my first clinical research project on low blood pressure, a condition plaguing my father. I published my first three clinical papers on this research. This was a decisive point in determining my lifetime interest in blood pressure regulation.

After residency, I returned to the physiology department to begin work on a PhD, with Dr. Nashat as my
adviser. Dr. Nashat had a unique and creative approach to science. We devised new experiments to test ideas from each week’s discussions. This lively and rapid-moving approach helped me gain great experience in body fluid and blood pressure regulation. However, after one year, I realized that I could not publish single experiments and, somewhat sadly, I retreated to the orthodox scientific method of well-controlled and repeated studies. Thus I earned my PhD in renal physiology. During this time I also gained experience in teaching, lecturing in physiology and in clinical pharmacology.

My next challenge was as associate director of the medical unit at St. Mary’s Hospital, London, with Professor Sir Stanley Peart, FRS. Sir Stanley was a master in applying science to medical problems, combining a penetrating intellect with a delightfully irreverent sense of humor. He generously encouraged me to take a year’s sabbatical at Yale with Gerhard Giebish, MD, the preeminent micro-puncture physiologist.

My experience within the vibrant scientific atmosphere of Dr. Giebish’s laboratories convinced me to move to the United States to continue my career. After a year back in England, I received a grant and joined William Mitch, MD, at Brigham and Women’s Hospital in Boston. There I helped Dr. Mitch to develop clinical pharmacology and I set up my own micro-puncture program. Bill helped me to navigate the American research grant system and, in the process, became a good friend. However, realizing the career limitations of clinical pharmacology, I decided to move to the University of Florida as assistant chief of nephrology to Craig Tisher, MD.

In Gainesville, Fla., I enjoyed working at the Veterans Administration Hospital as chief of nephrology. I learned from Dr. Tisher how to develop and run an effective division. I established a small research unit and had the great good fortune to recruit William Welch, PhD. We have now worked together for more than 20 fruitful years and Bill is an invaluable colleague and friend.

In 1994, I accepted Georgetown University’s offer to become chief of nephrology and hypertension and George E. Shriner Chair of Nephrology. It was a great challenge to lead a division during the tumultuous funding cutbacks by medical payers. My survival skills from my boarding school days came in handy to see my staff through these crises. Gradually I have been able to build up a division that combines a strong clinical practice and a solidly-funded and expanding research program. In spite of administrative demands, I find pleasure in being closely involved with the research program, having a weekly clinic, attending on the wards in nephrology and medicine, and directing a dialysis unit. I am proud to be a part of Georgetown University, with its commitment to education based on high ideals and a tradition of service.

It is a great honor for me to receive the Lifetime Achievement Award from the American Heart Association Council on High Blood Pressure Research. I feel that it is the culmination of a life-long process that began in a small village in Somerset, England, and continues now in the dynamic capital of the United States. I would like to thank all of the people who have contributed to my development and the American Heart Association for their generous recognition.
From the Chair

Frank (Chip) Brosius, MD, FAHA

This fall has been a quite active time for the Kidney Council. Together with the American Society of Nephrology, we sponsored the Young Investigator Award recognizing Dr. Thomas Benzing of the University of Freiburg at this year’s ASN meeting in November in San Diego. His work in disease-relevant genes and their role in signal transduction in hereditary kidney diseases and podocyte biology is paving a way for a better understanding of many of the most critical chronic kidney diseases.

The Council also sponsored a Scientific Advisory for the “Detection of Chronic Kidney Disease in Patients With or at Increased Risk of Cardiovascular Disease” which was published in Circulation and Hypertension in November. This important advisory was intended to provide cardiologists and other care givers with up-to-date information on how to detect chronic kidney disease in their patients in order to aggressively diagnose and treat cardiovascular disease in these high-risk individuals. Our advisory was co-sponsored by the Councils on High Blood Pressure Research, Cardiovascular Disease in the Young, and Epidemiology and Prevention; and the Quality of Care and Outcomes Research Interdisciplinary Working Group and was developed in collaboration with the National Kidney Foundation. As the next critical installment in this series, Dr. Sharon Moe has spearheaded a Scientific Statement on the “Prevention and Treatment of Cardiovascular Disease in Patients with Chronic Kidney Disease,” which is in the final stages of review and should be coming out in the next several months. Again, we have garnered co-sponsorship from 4 other AHA councils or working groups and the National Kidney Foundation is also collaborating with Dr. Moe and her colleagues on this statement. Two other statements, Cardiovascular Pharmacology in Patients with Kidney Disease; and Renal Considerations in ACE Inhibitor and Angiotensin Receptor Blocker Therapy, are in early stages of preparation but should be finalized by the end of 2007.

Dr. Eric Simon and myself, as the Kidney Council representatives, have worked with the leadership of the other major nephrology professional groups (American Society of Nephrology, Renal Physicians Association, National Kidney Foundation) to develop a consensus to emphasize appropriate care for patients with chronic kidney disease. Initial efforts will focus on multiorganizational support of programs for World Kidney Day on March 8, 2007. Remember the date!

Through the efforts of Drs. Arlene Chapman and Lee Hamm, Dr. Richard Lifton of Yale University School of Medicine presented the Donald Seldin Lecture at the American Heart Association’s Scientific Sessions 2006 in November. In addition, Kidney Council Leadership Committee member, Dr. Chris Baylis, presented the Lewis K. Dahl Memorial Lecture, so we were very well represented at that meeting. Dr. Moshe Levi has led our council’s efforts to propose a number of co-sponsored symposia and GME courses for the 2007 American Society of Nephrology Meetings. While these have yet to be decided upon, we are hopeful that the AHA Kidney Council will be on the podium at ASN next year.

While there have been a number of other important initiatives of the Kidney Council, I will not bore you with further details. Let me close by exhorting each of you to participate in Kidney Council activities, to send us any thoughts or suggestions about our participation in any relevant efforts, and importantly to recruit your colleagues to join the Kidney Council at the full professional membership level. The future success of the Council’s efforts to help guide attention to the scientific understanding and management of patients with chronic kidney disease and other kidney disorders depends on an active and growing membership. We need you!
Hypertension affects 1 billion people world-wide and is a major contributor to death from MI, stroke, CHF and kidney failure. Its pathogenesis has been unknown owing to the complexity of blood pressure regulation and only a minority of patients is adequately treated. To identify key pathways involved in long-term determination of blood pressure we have investigated rare families from around the world in which hypertension or hypotension show evidence of transmission via effects of a single gene. Using molecular genetic analysis we have identified the specific genes and mutations that cause these disorders and have determined their biochemical mechanisms of action. These include mutations in 9 genes that cause hypertension and 8 that cause hypotension. These genes converge on a final common pathway that regulates renal salt homeostasis; mutations that cause increased renal salt reabsorption raise blood pressure, while those that reduce salt reabsorption lower blood pressure. Mutated genes include those encoding ion channels and transporters that mediate or regulate salt reabsorption, enzymes and receptors that regulate production of aldosterone and transduction of its signal, and a novel family of serine-threonine kinases that regulate diverse flux pathways to coordinate the balance between renal salt reabsorption and K+ secretion. These studies demonstrate the key role of renal salt handling in determination of blood pressure and identify promising new targets for therapeutic intervention. Moreover, they underscore the importance of reduction of salt balance in the treatment of hypertension in the general population while revealing limitations of single agent diuretic therapies.

Nitric oxide (NO) production is reduced in renal disease, in part due to decreased endothelial production. Evidence indicates that NO deficiency contributes to cardiovascular events and progression of kidney damage. Two possible causes of NO deficiency are substrate (L-arginine) limitation and increased levels of circulating endogenous inhibitors of nitric oxide synthase (particularly asymmetric dimethylarginine [ADMA]). Decreased L-arginine availability in chronic kidney disease (CKD) is due to perturbed renal biosynthesis of this amino acid. In addition, inhibition of transport of L-arginine into endothelial cells and shunting of L-arginine into other metabolic pathways (e.g. involving arginase) might also decrease availability. Elevated plasma and tissue levels of ADMA in CKD are functions of both reduced renal excretion and reduced catabolism by dimethylarginine dimethylamino-hydrolase (DDAH). The latter might be associated with loss-of-function polymorphisms of a DDAH gene and/or functional inhibition of the enzyme by oxidative stress in CKD and end-stage renal disease. An increase in ADMA has emerged as a major independent risk factor in end-stage renal disease (and probably CKD). Raising endogenous L-Arginine and /or lowering ADMA concentration is a major therapeutic goal to reduce endothelial dysfunction, cardiovascular risk and possibly progression in renal disease.
Physical Activity in the Prevention and Treatment of Cardiovascular Diseases

Steven N. Blair, PED
University of South Carolina

Much of the evidence linking a sedentary way of life to cardiovascular disease (CVD) has been derived from relatively healthy populations, but there are data on the effects of physical activity in individuals with health problems or with risk factors for chronic disease. Clinicians, and often the general public, frequently consider the primary value of physical activity as the contribution it makes to control these other risk factors. This approach underestimates the value of physical activity in the prevention and treatment of CVD.

There is a steep inverse gradient of CVD and all-cause mortality across categories of cardiorespiratory fitness and physical activity in all subgroups — women and men who are middle-aged or older, obese or normal weight, or healthy or unhealthy. The overall death rates vary by these subgroups, older individuals obviously have higher death rates than younger persons, but the pattern of association of fitness or activity to mortality is comparable for the various population subgroups. In fact, fit individuals with another risk factor often have lower death rates than unfit individuals without the risk factor.

Regular physical activity and moderate to high levels of cardiorespiratory fitness provide protection against CVD and all-cause mortality and these items should be given increased attention by physicians and other health care professionals. These findings are supported by both observational studies and randomized trials.
Obesity continues to be a major cardiovascular risk for patients with insulin resistance. While many attempts have been made to understand and reduce weight gain, few have been successful in the long term.

However, a study recently published in Nature (2006, Vol. 444, p. 21), by Turnbaugh et al., appears to have found a new twist in understanding obesity.

In the study, researchers compared genetically obese mice and their lean littermates, and found significant differences in their gut bacterial flora. In obese mice, these microbiotas appear to be able to break down normally indigestible dietary polysaccharides because of their rich gene-encoding enzymes.

More research is needed to further understand these findings and place them into clinical use. Nevertheless, a new area of research has been uncovered – one that may help reduce obesity and subsequent diabetes, both of which lead to our nation’s No. 1 killer, heart disease.
The Stroke Council’s membership is extremely diverse. It includes physicians from many specialties, researchers and allied health professionals, all dedicated to reducing death and disability from stroke. The mission of the Stroke Council is to foster excellence in stroke research and education and to achieve the objectives of the American Stroke Association in stroke research, treatment and prevention. Our committees reflect the broad scope of our membership and mission. The purpose of the current newsletter is to review the Stroke Council committees: their structure, rosters and charges.

More information regarding the activities of the Council may be found on our Website: http://www.americanheart.org/presenter.jhtml?identifier=1197. The site has a listing of all council members, the rosters of these committees and their chairpersons. Members interested in serving on these committees should complete an online form on this Website to indicate their interest and availability. Membership on any committee generally lasts for two years. There are many opportunities to contribute.

Leadership Committee: This committee is chaired by Dr. Goldstein, chair of the Stroke Council. It coordinates and monitors the activities of the committees listed below. Each of the standing committees, through their chair, reports to the Leadership Committee on a bi-annual basis. Other important members include the editor of Stroke: Journal of the American Heart Association, Vladimir Hachinski, the chair of the International Stroke Conference Program Committee, representatives from the National Institute of Neurological Disorders and Stroke, and AHA/ASA staff.

Stroke Council Mission Statement

The mission of the Stroke Council is to provide science-based leadership and support to the American Heart Association/American Stroke Association programs to accomplish the goal of reducing death and disability from stroke.

2006–2007 Early Career Cerebrovascular Development Committee — Provide opportunities for mentoring for “up and coming” stroke professionals, domestically and internationally; Increase number of young investigators involved in the council, in concert with the Membership Committee.

2006–2007 Leadership Committee — Drive execution of strategies of the Stroke Council; Proactively address issues of importance to the Stroke Council; Drive integration of science professionals with organizational activities; Strive for diversity of participants (cultural diversity as well as encourage a variety of specialty involvement); Identify and encourage future leaders to take action; and Ensure Stroke Council representation throughout AHA/ASA science.

2006–2007 Long Range Planning/Nominating Committee — Conduct the council’s self-assessment and strategic planning processes and monitoring progress towards achieving its overall goals and objectives; Develop and forward to the Science Advisory and Coordinating Committee, through the Committee on Scientific Councils, an annual projection (forecast) of recommendations in the areas of science, medicine and research interests that the council believes the association should address over the next three to five years; Develop and oversee implementation of the council’s strategies for leadership development and succession planning; Annually prepare and present to the Executive Committee recommendations for council officers, at-large members, two delegates and two alternates to the AHA Delegate Assembly; Make recommendations for AHA officers (president-elect, chairman of the Board), committee positions and awards (Gold Heart Award, AHA Award of Merit, AHA Physician of the Year Award, Chairman’s Award, the Louis B. Russell Jr. Award, Eugene Braunwald Mentor Award).

2006–2007 Membership/Communications Committee — Increase membership in the Stroke Council; Meet the diverse needs of the members (e.g., the rehabilitation and emergency medicine constituencies); Increase awareness/enhance member communications; Develop a systematic approach to identifying future leadership and more deeply engaging members; Promote specialization in stroke among nursing and rehabilitation professionals during their training; Promote council member involvement with local affiliates; Work with Minority Affairs, Nursing and Rehabilitation, Early Career and Stroke Conference Program committees to increase their membership in the council and participation in council activities.

Stroke ISC Conference Program Committee — Continue to produce premier international conference for stroke professionals; Increase attendance and outreach to diverse specialties interested in stroke care; and Monitor relationships to other societies and industry participating in International Stroke Conference; and use the International Stroke Conference as a vehicle to promote Stroke Council membership.

2006–2007 Minority Affairs Committee — Increase diversity in Stroke Council in cooperation with the Membership Committee and the AHA/ASA Women and Minorities Leadership Committee; Provide scientific foundation for development of AHA/ASA programs targeted to diverse audiences.

2006–2007 Nursing and Rehabilitation Professions Committee — Develop programs and encourage the participation of nursing and rehabilitation professionals in the
activities of the Stroke Council; Increase abstract and symposium submission under the nursing and rehab professions category; Provide a forum for interdisciplinary exchange and collaboration for nursing and rehabilitation professionals; Establish and maintain collaborative relationships with other health care organizations with an interest in stroke; Establish and maintain a relationship with the AHA National Stroke Program through nursing and rehabilitation professional participation and support; Develop and contribute content of interest to nursing and rehabilitation professionals to the council’s newsletter and Web page.

2006–2007 Stroke Emergency Care Committee — To increase the involvement and visibility of emergency cardiovascular care professionals in all aspects of the Stroke Council.

2006–2007 Stroke Professional Education Committee — Work with the ASA to translate guidelines/statements for broader audiences in medical community, e.g., PCPs; Advise the ASA on professional education opportunities and methods; Provide scientific and professional leadership for ASA professional education programs.

2006–2007 Stroke Scientific Statement Oversight Committee — Oversee the process of stroke-related clinical guideline and scientific statement development and maintain Stroke Council standing as source of credible science; Commission scientific statements in response to programmatic needs of the ASA/AHA; Nominate Stroke Council members as representatives to guideline writing groups initiated by other councils based on recommendations of Stroke Council representatives to SACC and MOC.

Telestic Committee — To advance the development, implementation and funding of new telemedicine technologies for the purpose of improving the quality of care and patient outcomes in stroke and other neurologic diseases.

Dear American Heart Association/Stroke Association members

Shunichi (Nick) Homma, MD — Clinical PI
Seamus Thompson, PhD — Statistical PI
Patrick Pullicino, MD — Study Neurologist

As you know, the AHA/ASA GUIDELINE for Primary Prevention of Ischemic Stroke was recently presented in Circulation (Vol. 113, June 2006). The guideline has been long awaited, but the question as to whether all patients with reduced cardiac function should be on warfarin remains unsupported by convincing data (Class IIb, Level of Evidence C).

We would like to invite you to participate in the ongoing NINDS-supported clinical trial titled “Warfarin versus Aspirin in Reduced Cardiac Ejection Fraction (WARCEF)”. The trial, a major collaboration of neurologists and cardiologists, is currently running in over 150 clinical centers in North America and Europe. It will guide the selection of optimum antithrombotic therapy for patients with LV dysfunction and its effect on ischemic stroke and intracerebral hemorrhage is a major interest.

The AHA/ASA GUIDELINE for Secondary Prevention of Stroke (Stroke, Vol. 37, June 2006) referred to WARCEF and stated that “despite the hemorrhagic risk associated with chronic anticoagulation, retrospective data suggest that warfarin may reduce mortality and both initial and recurrent ischemic stroke rates in patients with impaired LV function” and “we may be able to draw some conclusions about this issue” from this trial.

Please contact the WARCEF Associate Clinical Coordinator (Vilma Mejia), at warcef_info@columbia.edu with any questions you may have. Extensive information is also available on our Web site www.warcef.org (User Name: WARCEF, Password: NINDS).

2006–2007 LEADERSHIP COMMITTEE

Larry Goldstein, MD, FAAN, FAHA, Chairperson
Pamela Duncan, PhD, FAPTA, FAHA, Vice Chairperson

Members
Tamilyn Bakas, RN, DNS, FAHA, Chair, Nursing & Rehabilitation Professions Committee
Jose Biller, MD, FAHA, Chair, Minority Affairs Committee
Colin Derdeyn, MD, FAHA, Chair, Membership Committee
Susan Fagan, PharmD, BCPS, FCCP, Chair, Professional Education Committee
Jeffrey Frank, MD, FAAN, FAHA, Chair, Cerebrovascular Early Career Committee
Costantino Iadecola MD, FAHA, Chair, ISC Program Committee, Liaison, AHA Research
Edward Jach, MD, MS, FAHA, Chair, Emergency Cerebrovascular Care Committee
Margaret Kelly Hayes, RN, EdD, FAHA, Advocacy Ambassador
Daniel Lackland, BS, MSPH, PhD, FAHA, International Mentor, Research Representative
Marc Mayberg, MD, FAHA, Chair, LRP/Nominating Committee

Jeffrey Saver, MD, FAHA, Chair, SOC
Lawrence Wechsler, MD, FAHA, Chair, Scientific Sessions Program

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Katherine Sullivan, PhD, PT
Vladimir Hachinski, MD, FAHA, Liaison, Stroke Journal

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Ralph Sacco, MD, MS, FAHA, Chair, ASA Advisory

Kathryn Taubert, PhD, FAHA, Sr. Scientist & Special Asst to CSO
Shana Batten, Senior Manager, Professional Memberships
Karen Modesitt, Stroke Council Manager
Lonnie Willis, Director, Professional Memberships
2006 Fellows of the American Heart Association

158 Premium Professional Members were inducted as Fellows and International Fellows of the American Heart Association (AHA) in 2006. Fellows are elected based on their outstanding credentials, achievements and community contributions to cardiovascular disease and stroke. Persons who are elected to fellowship are entitled to use FAHA, Fellow of the American Heart Association, as a professional designation. For more information on the AHA Fellowship program, please visit our Web site at http://www.americanheart.org/presenter.jhtml?identifier=3033104.

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Council on Epidemiology and Prevention
**Council for High Blood Pressure Research**

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<tr>
<th>Name</th>
<th>Title/Position</th>
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<tbody>
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<td>Martin P. Bedigian, MD, FAHA</td>
<td>Head, CV Assement Group</td>
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<td>Yanbin Dong, MD, FAHA</td>
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<td>Georgia Prevention Institute</td>
<td>Augusta, GA</td>
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<td>Tohru Fukai, MD, PhD, FAHA</td>
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<td>Alfredo Gamboa, MD, MPH, MS, FAHA</td>
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<td>Vanderbilt University</td>
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<td>Eric D. Lazartiques, PhD, FAHA</td>
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<td>Louisiana State University Health Sciences Center</td>
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<td>Gbenga Ogedegbe, MD, MPH, MS, FAHA</td>
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<tr>
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**Council on the Kidney in CVD**

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<td>Stuart James Shankland, MD, FAHA</td>
<td>Professor, Division Head</td>
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<tr>
<td>Division of Nephrology</td>
<td>University of Washington</td>
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<td>Seattle, WA</td>
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<tr>
<td>Edward Villanueva Lerma, MD, FAHA</td>
<td>Nephrologist</td>
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<tr>
<td>University of Illinois at Chicago</td>
<td>Chicago, IL</td>
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**Stroke Council**

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<td>Rima Dafer, MD, MPH, FAHA</td>
<td>Assistant Professor, Neurology</td>
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<tr>
<td>Loyola University</td>
<td>Maywood, IL</td>
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<td>Michael A. De Georgia, MD, FAHA</td>
<td>Nurse Practitioner</td>
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<td>Murray Samuel Faster, MD, PhD</td>
<td>Stroke Program, Seattle Neuroscience Institute</td>
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<td>William H. Likosky, MD</td>
<td>Swedish Medical Center Stroke Program</td>
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<td>R obert Silbergleit, MD</td>
<td>Seattle, WA</td>
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<td>Muhammad F. K. Suri, MD</td>
<td>Glenn Graham, MD, PhD, FAHA</td>
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<td>Aaron Dumont, MD, FAHA</td>
<td>Associate Professor, Neurology</td>
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<td>University of Virginia</td>
<td>University of New Mexico and Albuquerque VA</td>
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<td>Charlottesville, VA</td>
<td>Albuquerque, NM</td>
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<td>Michael Fruin, MN, RN, ARNP-BC, FAHA</td>
<td>Naohisa Hosomi, MD, PhD, FAHA</td>
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<td>Chief/Principal Investigator</td>
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<td>Souvik Sen, MD, MS, FAHA</td>
<td>Director, UNC Stroke Program</td>
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<td>Robert Silbergleit, MD, FAHA</td>
<td>University of North Carolina</td>
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<td>William H. Likosky, MD, FAHA</td>
<td>Chapel Hill, NC</td>
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<tr>
<td>Howard David Sesso, ScD, MPH, FAHA</td>
<td>Assistant Professor in Medicine</td>
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<tr>
<td>Director of the Stroke Program</td>
<td>Brigham and Women's Hospital</td>
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<tr>
<td>Lyn M. Steffen, MPH, PhD, FAHA</td>
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<td>Department of Epidemiology</td>
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