Important Research Funding Updates at Sessions

Wish to highlight some important information concerning AHA funding for research provided to our Council leadership from AHA President Mark Creager, MD, FAHA.

“The Board of the AHA made the decision to initiate strategically focused research programs directly tied to our mission and impact goal. The Strategically Focused Research Networks (SFRNs), Collaborative Science Awards (CSA) and upcoming Merit Award hold tremendous promise, but they also require significant investment. The volunteer leadership recognized that success rates and total number of awards would think, at least for a few years, as we adjust funding strategies and increase efforts to raise more funds.

• Fellowship award numbers and success rates have remained stable over the past four years, with Postdoctoral Fellowships ranging from 16-18 percent, and Predoctoral Fellowships ranging from 18-24 percent. As affiliate programs, these are not impacted by the national research budget commitment to strategically focused programs. In fact, the number of postdoctoral fellowships supported has actually increased since fellowships are required components of SFRN and CVGRS awards.

• SDG program success rates ranged from 11-18 percent over the past few years. In 2015, the AHA Research Committee and affiliate research committees worked together to implement a plan to offer complementary cycles, whereby the SDG will be offered at the association-wide level for the summer deadline and offered by all affiliates during the fall deadline in January. This strategy should have a positive impact on SDG success rates in the coming years.

• The EI program success rates ranged from 7-12 percent over the past three years. Although the success rate for FY2015 was lower than we would have liked, it was comparable to the success rates for other competitive association-wide programs such as the CSA (success rate 4 percent) and IRG (success rate 6 percent). Our challenge is to maintain support for these existing — or legacy — research programs. The best way to increase success rates for the SDG, EI and IRG is to grow AHA’s overall income. I encourage everyone involved in the very important science work of the AHA to also support AHA’s income-generating activities.

Thank you for your dedication, and please continue to work with me to maintain a robust science base for AHA. I have asked the AHA Research Committee to continue to review funding decisions and new evaluation data to ensure that we are supporting talented investigators in proven programs to support our overall mission.”

The AHA has announced a collaboration with Google Life Sciences for a new $50 million combined fund investment over five years (equal shares by AHA and Google) to “uncover the hidden promise” of human genetics. The goal is “to bring new, unconventional thinking to one of the long-standing illustrations of cardiovascular disease.” This will be an investment in one research team.

The team leader is expected to be selected in early 2017. Further details are awaited.

Aaron Trask, PhD (Chair), has made some important changes in the Translational Advisory Committee (TAC). Amy Arnold (Vanderbilt) and Yumei Fang (National Heart) will join the TAC. Gustavo Montezano (Glasgow, Scotland) who is presently Vice Chair, will become Chair at the completion of Aaron’s term. The size of the TAC will be increased from eight to 12 members to take account of its increasing responsibilities. Many thanks to Aaron for a very successful year as Chair and for introducing the new mentoring program.

Building upon our successful joint program this past year, the TAC and the International Society of Hypertension New Investigator Committee are exploring ways to further collaborate at the upcoming Hypertension Scientific Sessions 2016. After the successful first TAC mentoring program, CHAMP, the TAC plans to continue this program next year. Please check the TAC website and be on the lookout for announcements regarding additional details and information on how you may become involved.

The annual Hypertension Council Scientific Sessions in Washington, D.C., was very successful. Congratulations to Joey Granger, PhD, FAHA, and the Program Committee for another very successful program.

The addition of a third concurrent session led to the addition of more platforms and presentations (from 101 last year to 142 this year), and 11 poster presentations were highlighted during Moderated Poster Sessions. We maintained our registration and abstract submission numbers. This year, the meeting opened with a very timely keynote speech by Gary Gibbons, MD, PhD, titled “Building on the NHLBI Legacy of Hypertension Research: Charting Our Future Together,” and a full-day session on “Recent Advances in Hypertension.” Review topics included the Nervous System; Immune System; Developmental Programming; Clinical Hypertension; the Endothelium, Sex and Gender Differences; and Genetics and Epigenetics. This session had excellent attendance with stimulating presentations and wide-ranging discussions of important issues. Congratulations also to all of our prizewinners and lecturerships.

The Excellence Award in Hypertension Research was again generously sponsored by Novartis Pharmaceuticals Corporation, which provided funding for the award and for the awards dinner. This prestigious award is given only to individuals whose research has had a major and sustained impact on the field. It is the highest honor bestowed by the Council. This year, the award was shared by Drs. Pedro A. Jose and Costantino Iadecola. Dr. Jose, MD, PhD, FAHA, is a professor at the George Washington University School of Medicine and Health Sciences in Washington, D.C., and Costantino Iadecola, MD, is the Anne Parrish Titzell Professor of Neurology and Neuroscience and director of the Feil Family Brain and Mind Research Institute at Weill Cornell Medical College in New York.

The Lifetime Achievement Award is named in honor of Drs. Irvine Page and Alva Bradley, celebrated mentors and researchers whose careers had a formative impact on the field. The Lewis K. Dahl Memorial Lecture was established in 1988 by the Council in honor of his pioneering work on the relations among salt, the kidney, and hypertension and for establishing a widely used animal model of salt-sensitive hypertension. This year’s lecture was Dr. Bernardo Rodríguez-Iturbe, MD, PhD, professor of Medicine and director of the Renal Service in the Hospital Universitario and Instituto de Medicina Genómica en Investigación Clínica in Valencia, Spain.

The Arthur C. Corcoran Memorial Lecture was established in 1979 in honor of Arthur Corcoran’s key leadership in the application of renal clearance methods to the study of hypertension in patients and experimental animals. The lecture was presented by Dr. S. Ananth Karumanchi, MD, professor, Beth Israel Deaconess Medical Center, Harvard Medical School in Boston. The Donald Seldin Lecture, supported by the Kidney in Cardiovascular Diseases Council, honors the impact of the work of Donald Seldin, whose research over a long and distinguished career included intensive study of the physiologic regulatory mechanisms controlling acid-base and potassium balance, the osmolality and volume of body fluids, and the impact of renal disease on these regulatory processes. This year, the Seldin Lecture was presented by Moshe Levi, MD, FAHA, professor, University of Colorado Denver.

We were also pleased to present the Mid-Career Award for Research Excellence to Kamal Rahmouni, PhD, FAHA, associate professor, University of Iowa, Iowa City, Iowa, and the Harry Goldblatt New Investigator Award to Justin L. Giro, PhD, FAHA, assistant professor of Pharmacology, University of Iowa.

Joeys Granger, PhD, FAHA, (left) and Christopher Wilcox, MD, PhD, FAHA, director of the University of Florida Hypertension Center in Gainesville, Florida. This award recognizes both her service to the Council on Hypertension and a career of outstanding achievements in the field of hypertension research. The Harriet Dusani Award recognizes investigator roles who have made consistently important contributions to the field of hypertension. The award was established to honor the memory of Dr. Harriet Dusani, an internationally renowned clinician-scientist who for many years was a major figure and a leader in the Council and the American Heart Association. The 2015 award was given to Dr. Rhian Touyz, MB,BCh, MSc(Med), PhD, FRCP, FRSI, FAHA, Director of Research Institute/Professor, Institute of Cardiovascular and Medical Sciences, University of Glasgow, Glasgow, United Kingdom.

Other annual highlights of the Council on Hypertension Scientific Sessions are three lectures named after outstanding hypertension researchers whose careers had a formative impact on the field. The Lewis K. Dahl Memorial Lecture was established in 1988 by the Council in honor of his pioneering work on the relations among salt, the kidney, and hypertension and for establishing a widely used animal model of salt-sensitive hypertension. This year’s lecture was Dr. Bernardo Rodríguez-Iturbe, MD, PhD, professor of Medicine and director of the Renal Service in the Hospital Universitario and Instituto de Medicina Genómica en Investigación Clínica in Valencia, Spain. The Arthur C. Corcoran Memorial Lecture was established in 1979 in honor of Arthur Corcoran’s key leadership in the application of renal clearance methods to the study of hypertension in patients and experimental animals. The lecture was presented by Dr. S. Ananth Karumanchi, MD, professor, Beth Israel Deaconess Medical Center, Harvard Medical School in Boston. The Donald Seldin Lecture, supported by the Kidney in Cardiovascular Diseases Council, honors the impact of the work of Donald Seldin, whose research over a long and distinguished career included intensive study of the physiologic regulatory mechanisms controlling acid-base and potassium balance, the osmolality and volume of body fluids, and the impact of renal disease on these regulatory processes. This year, the Seldin Lecture was presented by Moshe Levi, MD, FAHA, professor, University of Colorado Denver.

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Another highlight of this year’s conference were the presentations by Katrina Mirabito, Monash University, Melbourne, Australia, who presented the Australian High Blood Pressure Research Council Australia Young Investigator Award and by Keith Siew BSc (Hons), MSc, NQEMT, Addenbrooke’s Hospital, Cambridge, United Kingdom, who presented the British Hypertension Society Young Investigator Award.

We were pleased this year to have the opportunity to support many travel awards for a large number of trainees to attend the conference. Special thanks to the Council on Hypertension, the Council on the Kidney in Cardiovascular Disease, and the Council on Hypertension Trainee Advocacy Committee.

Dr. Wilcox presents Bernardo Rodriguez-Iturbe, PhD, with the plaque for the Lewis K. Dahl Memorial Lecture.

Katrina Mirabito receives the High Blood Pressure Research Council of Australia Young Investigator Award.

Keith Siew, NQEMT, receives the British Hypertension Society Young Investigator Award.

Among those who received the Trainee Poster Awards are (from left) Johannes Stegbauer, MD; Katie Hood; Stacy Robertson, PhD; Katrin Nather; Wissam AbouAlaiwi, PhD; Ninitha Asirvatham-Jeyaraj, PhD; and Amrita Pai, PhD. Not pictured are Nathan Campbell; Johnathan Ebben; Amanda Soler; Stavrian Forrester; Candace McNaughton, MD; Faisal Rahman; Justin van Beusecum; John Henry Dasinger; Sabine Kossmann, PhD; Alexander Ivanov, MD; Sanghamitra Sahoo, PhD; Gautam Shah, MD; Massiah Mukohda, PhD; Erin Bruce, PhD; and Sathnur Pushpakumar, MD, PhD.

Annual Council on Hypertension Conference New Investigator Award Sponsored by the Council on Hypertension Trainee Advocacy Committee: Isha Dhande, Jorge Quirzi, PhD, Tao Yang, Luciana Varitas.

Trainee Advocacy Committee Report

The activities of the Trainee Advocacy Committee would not be successful without its dedicated members. Therefore, it is quite appropriate to begin this report with a few words and announcements about our TAC members. I want to thank outgoing members Matt Zimmerman, PhD (Nebraska) and Rudy Ortiz, PhD (UC Merced) for their service to our mission on behalf of the trainees. Their work and perspective on the committee has been an invaluable resource. Likewise, I want to welcome our two newest members to the TAC, Amy Arnold, PhD (Vanderbilt) and Yumei Feng, PhD (Nebraska). We look forward to their leadership, input and participation. Finally, I am happy to announce that Augusto Montezano, PhD (Glasgow) is now serving as TAC Vice Chair and will take over as Chair at the end of my term next year. Congrats, Guto!

The TAC has been working diligently to better serve our Council trainee and early career investigators. Building upon our successful joint program this past year, the TAC and the International Society of Hypertension New Investigator Committee are exploring ways to further collaborate at the upcoming Hypertension Scientific Sessions 2016. Furthermore, we plan to continue our new mentoring program, CHAMP, after its first successful year. Please check our TAC website and be on the lookout for announcements regarding additional details and information on how you may become involved.

As always, if you have any feedback on this or anything else trainee related, please feel free to contact me or any member of the TAC. We look forward to seeing you at the Council meeting in Orlando, Florida.

Aaron Trask, MD, FAHA
Membership Report

Please note that starting Jan. 1, dues for Fellowship in the Council for Hypertension will be the same as your Premium or Premium Professional Membership. Thus, if you have dropped your Fellowship status, please consider reinstating the additional fee for Journal access. If you have any questions or need assistance with your Fellowship reinstatement or application, please contact them if you have any questions or need assistance with your Fellowship reinstatement or application.

Advertising Report

Every 5 years the American Heart Association (AHA) and American College of Cardiology (ACC) release hypertension guidelines, which drive any guideline revisions. Decisions about the guidelines are made by the ACC/AHA/Get With The Guidelines—Heart Failure and Acute Coronary Syndromes Writing Committee in consideration of any guideline revisions.

AHA/ACC/CDC Hypertension Treatment Guidelines from 2014: The guidelines are based on current best evidence and were developed by an expert panel of the ACC/AHA/Get With The Guidelines—Heart Failure and Acute Coronary Syndromes Writing Committee including 26 subject matter experts. The guidelines are intended to guide clinical care and provide a framework for clinical decision-making in the management of blood pressure, hypertension and cardiovascular risk factors.

Systolic Blood Pressure Intervention Trial (SPRINT) supports recommendations for keeping blood pressure low. The final results of SPRINT were presented at the AHA’s Scientific Sessions and indicated that reducing systolic blood pressure to 120 mm Hg among study participants markedly reduced the combined rate of having a heart attack, acute coronary syndrome, heart failure or stroke and reduced mortality. The carefully done study was sponsored by the National Institutes of Health and examined more than 9,300 people. AHA President Mark Creager, MD, FAHA, said the SPRINT data is being systematically examined by the AHA/ACC Hypertension Guideline Writing Committee in consideration of any guideline revisions.

Advocacy Report

Council on Hypertension proudly sponsors numerous awards, honorary lectureships and travel grants to the sponsors. Numerous awards, honorary lectureships and travel grants to the sponsors. The council honors outstanding and notable researchers, early career investigators or medical students. For more information and to apply, visit my.americanheart.org/councilawards. Please mark your calendars so you can submit award applications and nominate your colleagues for Council on Hypertension Awards and Lectures when the application opens! Visit the conference website for additional details.

National Health Associations Issue Call to Prioritize Blood Pressure Control

On Nov. 9, the AHA and the American Medical Association announced a new nationwide initiative aimed at addressing the growing burden of high blood pressure in the U.S. “Target: BP” will support physicians and care teams in helping their patients with high blood pressure reach a blood pressure goal of lower than 140/90 mm Hg, based on current AHA guidelines. Although “Target: BP” is the first major collaborative initiative between the AHA and AMA, both organizations have long recognized high blood pressure as a major health threat. Both already have a number of practice-based and community-based initiatives and online tools that are helping physicians improve blood pressure control among their patients and helping people understand and improve their high blood pressure. They’ll now synergize these efforts into a campaign that will further assist both providers and patients by enhancing high blood pressure awareness, understanding and management. As part of “Target: BP,” hospitals, medical practices, practitioners and health services organizations will work with the AHA and AMA to raise awareness about high blood pressure and commit to high levels of control in their patient populations. Participants will work with the latest AHA guidelines on blood pressure, aiming for readings of lower than 140/90 mm Hg for the vast majority, with goals adjusted as new data drives any guideline revisions in the future. The AHA and AMA will provide these groups with tools and resources, including the AHA/ACC/CDC Hypertension Treatment Algorithm, for achieving this goal and will recognize those who attain high levels of control. Even prior to the official launch, more than 50 healthcare systems or clinics serving nearly 18 million people quickly committed to participate in “Target: BP” and additional ones are poised to join.

Data from the landmark Systolic Blood Pressure Intervention Trial (SPRINT) supports recommendations for keeping blood pressure low. The SPRINT study validate the association’s position on blood pressure that a lower goal is better.