American Heart Association.

CONNECTIONS

SERVING SCIENTIFIC COUNCILS Fall 2020



American Stroke Association. International Stroke Conference

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14 2020 Distinguished Scientists

One World. Together for Science.

Register now for a front row seat!

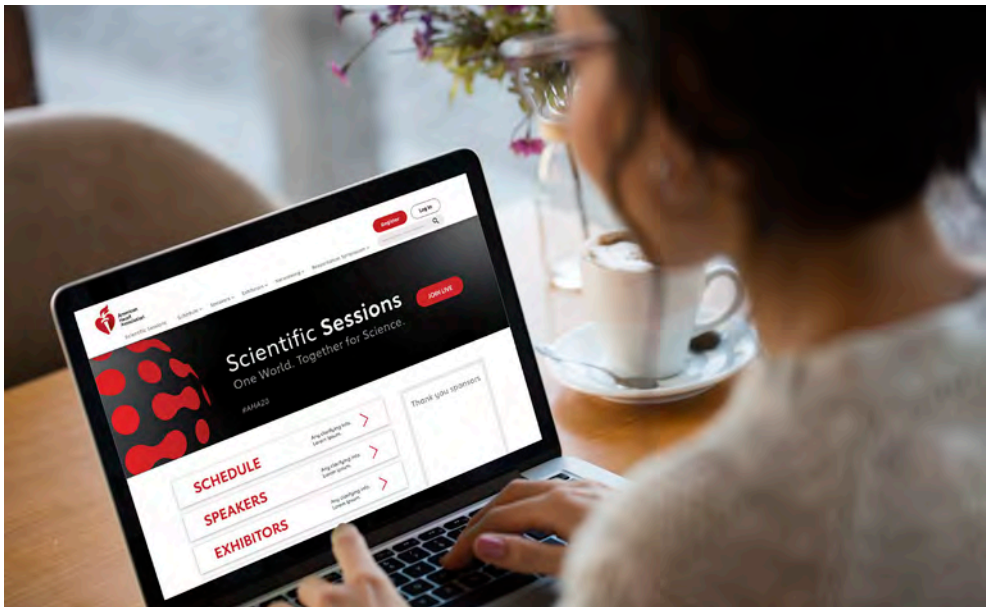
For the first time ever, AHA Scientific Sessions 2020 will take place virtually from Friday, Nov. 13, to Tuesday, Nov. 17. Join your cardiovascular leaders and peers from around the world – from your own home!

This is one unified conference spanning basic, clinical, and population science in cardiovascular and resuscitation research.

You will find more opportunities for making connections, growing your career, learning and discovering more than ever before.

Be sure to mark these can't-miss sessions featuring the hottest topics and controversies in cardiovascular health on your meeting itinerary:

- Notable Sessions include:
  - A conversation with true legends in cardiology: Drs. Eugene Braunwald and Nanette Wenger
  - Structural Racism as a Public Health Crisis (an American Heart Association and Association of Black Cardiologists session)
- Main Sessions on COVID-19 include:
  - Latest insights with special guest Anthony S. Fauci, MD
  - A global conversation with international leaders



- How To Use Behavioral Interventions To Advance Equity in Cardiovascular Health
- The Presidential Session: Dr. Mitch Elkind & others will inspire your dedication to the AHA mission
- 500 educational sessions available OnDemand through Jan. 4, 2021
- **NEW** Including 3-day Resuscitation Science Symposium (Nov. 14–16)
- 35 CME and MOC credits available
- Networking opportunities such as live chat and group meetings

Click here to view the full Online Program Planner.

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Council News

professional.heart.org

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From the COC Chair
Making Virtual Connections Through Scientific Sessions



Tracy Y. Wang
MD, MHS, FAHA
Chair,
Council Operations
Committee

It's a privilege to serve as the incoming Chair of the Council Operations Committee (COC). I have both served and benefited from the AHA since starting as a Quality of Care and Outcomes Council (QCOR) Young Clinician and Investigator Committee member 14 years ago as a fellow in training. I spent two years as a member of COC and continued to interact with this committee as chair of QCOR, learning from committee members and other council leaders about how to continually invigorate and engage our council partners. Under the remarkable leadership of Past COC Chair Walter Koch, PhD, FAHA, I was part of the Strategic Value Proposition development group; the deliverables from this initiative will boost AHA's position as the leading voluntary organization on cardiovascular and brain health.

In the past year, whether we have welcomed the change or not, we have stepped into a more virtual world. For AHA partners, our flagship Scientific Sessions in November will take place virtually as well. Some of you may be disappointed, having looked forward to catching up with old friends and meeting new ones in AHA's back yard, Dallas. But, based on my experience attending our virtual QCOR subspecialty conference earlier this year, I believe the upcoming virtual experience can make Scientific Sessions much more accessible to our partners as well as attract new attendees and speakers with and from whom we can learn. I know

More than a member, you are a partner in our mission.

the conference planners have been working hard to reimagine how we can disseminate the latest cardiovascular and stroke science, leveraging technology to its fullest potential so that our community across the world can better connect and collaborate.

Early career partners have been increasingly involved in many of the initiatives across the association; this is so critical to the AHA's goals of advancing cardiovascular science and bringing science to life for our global community. New to the COC this year is a mid-career subcommittee that will focus on building a program to promote the transition from early career to mid-career, to help councils nicely set up succession planning through leadership opportunities, and to ensure the unique needs of mid-career partners are being met. As always, diversity, equity, and inclusion is a key theme across initiatives.

On a final note, I also encourage you to explore the professional volunteer search tool that will help partners connect with each other, mentees find mentors, and the AHA to more effectively identify expertise for leadership opportunities.

I look forward to seeing your all virtually in November!

Professional Partners Save on Sessions Registration

Did you know that as an American Heart Association Professional Partner you can **save $50 on Scientific Sessions registration**?

Did you also know that we are offering the first 1,200 Partners who register for Scientific Sessions **a special Stay Safe Kit**?

Our AHA professional volunteers are more than just members, they are our partners in being a relentless force for a world of longer, healthier lives. **Learn more about becoming a Professional Partner today at professional.heart.org/partners.**

Register for Scientific Sessions 2020 today at **scientificsessions.org**.

(continued from page 1)

New Virtual Opportunities

- Instant access – view all hot-topic sessions from anywhere in the world!
- Join the discussion – engage using live chat and grow your professional network
- Participate in live e-Poster presentations – create meaningful dialogue and share your ideas with the authors
- Connect with your community – easily identify with your peers and prioritize programming based on your specialty
- Explore all of Scientific Sessions 2020– more time to navigate the event and discover new areas of interest.

NHLBI Company Showcase

For the first time ever, the AHA and the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH) are convening at this year's Scientific Session to host a live virtual pitch exhibition featuring six NHLBI companies. This special event will take place from 5-6:45 p.m. on Sunday, Nov. 15. Attendees will have the opportunity to learn about the latest innovative cardiovascular technologies from each NHLBI company.

These companies are part of a larger portfolio of companies that are supported by the NHLBI Small Business Program. These companies receive funding, coaching and partnering support as part of this program.

Attendees will be able to network and engage with each company through a series of virtual one-on-one meetings after the session.

Early Career Programming

Programming focused on career advancement strategies.

- Developing Your Career as an Academic Physician
- How to Land Your First Job in Cardiology
- Surviving and Thriving in the Early Career
- Electrophysiology Making the Fellow to Attending Transition
- Lessons Learned in Developing a Career in Cardiometabolic Health
- Career Choices in Pediatric Cardiology: Paths, Tips and Tidbits

COVID-19

Join us from 10:30-11:30 a.m. on Tuesday, Nov. 17, as Anthony S. Fauci, MD, presents “COVID-19: Public Health and Scientific Challenges.”

Rapid Fire Sessions

The engaging sessions for this year are as follows:

- Cardio-oncology topics include:
  - Cardiovascular risks associated with cancer therapy
  - Nutritional- and exercise-based interventions throughout cancer treatment
- Preventive cardiology topics include:
  - Diagnostic testing using Coronary Artery Scanning in patients with Familial Hypercholesterolemia
  - Who should have Lipoprotein (a) testing
  - Drug therapy controversies: Aspirin and Omega 3



Key Dates

Registration CLOSES
Nov. 17

Scientific Sessions 2020
Nov. 13–17

Resuscitation Science Symposium
Nov. 14–16

Resuscitation Science Symposium

This year, ReSS will be a three-day virtual experience. Resuscitation clinicians and researchers will have the opportunity to participate in lively discussion on recent advances related to treating cardiopulmonary arrest and life-threatening traumatic injury, in an intimate environment, with the ability to network with mentors and peers.

Communities

Scientific Sessions now has 27 Communities to assist you in navigating the meeting. These communities are divided into three categories (basic, clinical and population science), allowing you to focus your education in your specialty or expand your knowledge in other areas.

Basic Science

- Arteriosclerosis, Thrombosis, Vascular Biology
- Cardiac Development, Structure and Function
- Cellular Biology
- Drug Discovery
- Genetics and Genomics
- Metabolism and Physiology
- Signaling

Clinical Science

- Acute Coronary Syndromes
- Cardio-Oncology
- Congenital Heart Disease and Pediatric Cardiology
- Electrophysiology and Arrhythmias
- Gerontology
- Heart Failure and Cardiomyopathies
- Hypertension and Nephrology
- Imaging and Nuclear Medicine

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(continued from page 3)

- Interventional Treatments
- Nursing Research and Clinical
- Pulmonary Hypertension and Critical Care
- Stroke and Neuroscience
- Surgery and Anesthesia
- Vascular Disease and Thrombosis

Population Science

- Cardiometabolic Health and Diabetes
- Epidemiology, Big Data, and Precision Medicine
- Health Tech
- Lifestyle and Behavioral Medicine
- Prevention Health & Wellness
- Quality of Care
- Go Red For Women and Special Populations

Heart Hub

For this year's virtual Sessions, we've reimagined a virtual Heart Hub.

HeartQuarters

A lounge for all things AHA.

Council Connect

A lounge for Scientific Council award highlights and other live council activities.

Early Career & FIT

Gather career-building education and network with your peers and leading health care experts. In addition to on-demand FIT and Early Career educational programs, this lounge will host a series of live Fire-Side chats and networking events for trainees and early career participants from 5-7 p.m. CST.

FAHA Lounge

This lounge will offer a new listing of 2020 FAHAs as well as various networking opportunities and times to meet with 2020 Distinguished Scientists.

Go Red™ Women in Science and Medicine Lounge

Exchange stories and strategies from female clinicians and researchers around the world and at all stages of their careers. Educational sessions geared toward supporting your professional and personal development will be offered on demand as well as live from 5-7 p.m. CST thanks to the support of the Go Red Women in Science and Medicine Committee.

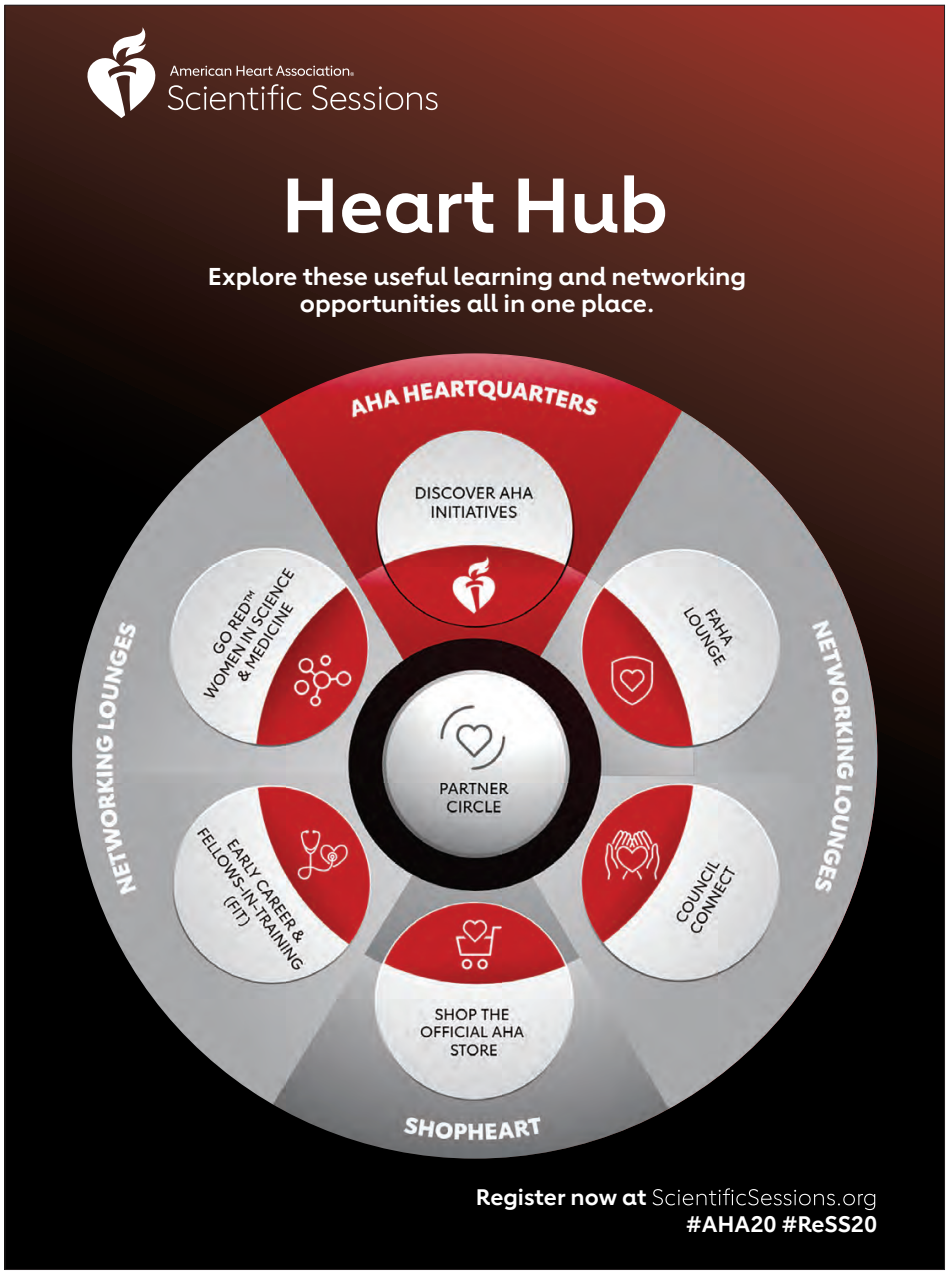
Partner Circle

Learn more about AHA Partner opportunities and join or renew as an AHA Professional Partner. All those who sign up through this page will receive a $25 ShopHeart gift card.

ShopHeart

Shop the official store of the AHA.

At Scientific Sessions 2020, we're taking cardiovascular discovery and practice to new heights. Don't wait! Register today at **bit.ly/AHA20Registration**.



Pricing

Partners: $49

Non-Partners: $99

Fees for AHA science events/products enables more funding for AHA research and lifesaving programs.

At the American Heart Association you are more than a member, you are a partner in our mission.

Why YOU should have a front row seat at Scientific Sessions 2020



1 Groundbreaking science

Be first in the know about the most impressive late-breaking science, the latest research breakthroughs and pre-publication discoveries.

2 Unparalleled education

Scientific Sessions offers 500 OnDemand educational sessions, organized into 27 communities, so that you can get the most out of the five days of learning.

3 Can't-miss career development

Early career professionals and Fellows in Training can further their futures through more than 30 hours of educational sessions, networking and mentorship events. Plus, a Career Fair provides the opportunity to interview with key cardiovascular institutions.

4 Innovative products and services

Learn about health innovations and medical technology from a variety of companies in the Exhibit Hall.

5 Elite networking opportunities

Global thought leaders and key decision-makers from all over the world will connect, learn and share best practices. All of the top cardiovascular professionals will be there. Will you?

Connect With Experts

Discover the newest research featuring the latest breakthroughs in patient care. Spark scientific inquiry and lively conversations via chats.

Meet the Trialist: A series of virtual conversations discussing current discoveries and up-to-date data in clinical trials.

Fire-Side Chats: Continue the conversation of research and science with conference attendees. Thirty-minute conversation for a selected group of professionals.

500
SESSIONS

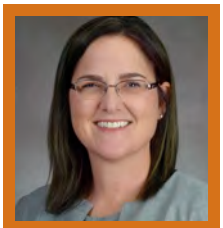
4,000
ABSTRACTS

65 featured sessions broadcast live over five days

Also available OnDemand through Jan. 4, 2021

Register now at ScientificSessions.org

ISC-21: Marking an *Exhilarating* time in Cerebrovascular Discovery



Louise McCullough
MD, PhD, FAHA
Chair, International Stroke Conference 2021 Program Committee

Dear Colleagues: This is an unprecedented time in the field of cerebrovascular disease and brain health with the stroke landscape evolving at an ever-increasing rate. COVID-19 has also impacted us in all areas, including how we provide medical care and understanding how COVID-19 affects the brain and vasculature. Learn about all the latest exhilarating advances in cerebrovascular science and receive the most up-to-date stroke and brain health education by being a part of the International Stroke Conference (ISC) – connecting the world to stroke science. On behalf of the American Stroke Association, a division of the American Heart Association, and the Stroke Council Program Committee, we warmly welcome you to join us. The program emphasizes basic, clinical and translational sciences as they evolve toward a more complete understanding of stroke pathophysiology with the overall goal of developing more effective prevention and treatment. Stroke systems of care, the newest clinical trials, quality and outcomes are also key parts of the conference.

The International Stroke Conference is the world's premier meeting dedicated to the science and treatment of cerebrovascular disease. It provides unique opportunities to network with colleagues from around the world with wide-ranging research interests and expertise in stroke prevention, diagnosis, treatment, and rehabilitation. We are truly dedicated to the international nature of this conference with science, attendees, presenters, and faculty coming from all corners of the world and a myriad of exhibitors displaying exciting new stroke products and services. We are planning many new forums to bring you the best science, clinical information, educational, and networking opportunities. From forming multiple, life-long collaborations with the best minds in the profession to hearing late-breaking trial results, to the exceptional education and science, if you are involved in the stroke medical profession, ISC is an essential meeting.

The 2021 program offers sessions from the State-of-the-Science Stroke Nursing Symposium and the ISC Pre-Conference Symposium: HEADS-UP: Health Equity and Actionable Disparities in Stroke: Understanding and Problem-solving: Community Awareness & Stakeholder Engagement. The main conference will include compelling invited symposia; rousing debates; provocative oral scientific abstract presentations; intriguing scientific abstract posters; and special lectures on recent advances and state-of-the-science technologies. This premier conference is intended for adult and pediatric neurologists; neurosurgeons; neuroradiologists and interventional radiologists; physiatrists; endovascular specialists; emergency medicine specialists; primary care physicians; hospitalists; nurses and nurse practitioners; rehabilitation specialists; physical, occupational, and speech therapists; pharmacists; and all levels of trainees. Additionally, the ISC is just as much of a home for basic scientists, clinical scientists, stroke program coordinators, policy makers and public health officials who work in the stroke field.

Stimulating symposia, debates and abstract presentations will focus on numerous topics from 17 stroke-related categories including several new tracks for 2021: Brain Health; Advanced Practice Providers and Therapists; Neuroendovascular; and Cerebrovascular Manifestations of COVID-19. Sessions in clinical categories will center on neuro-endovascular treatment; risk factors and prevention; cerebrovascular systems of care; imaging; acute non-endovascular treatment; non-acute large vessel disease from veins to artery; in-hospital care, from the ICU to discharge; clinical rehabilitation and recovery; and health services, quality improvement, and patient-centered outcomes. Sessions in basic science categories focus on translational and basic science. Further specialized topics include pediatric cerebrovascular disease; intracerebral hemorrhage; cerebrovascular nursing; advanced practice providers and therapists; aneurysms and vascular malformations; subarachnoid hemorrhage; and ongoing clinical trials.

In addition to unparalleled education, you will have the opportunity to network with thousands of cerebrovascular research and practice experts from around the globe. Join us for specialized online networking groups. Decide the area that interests you most, click a link, and find yourself in direct online conversations with leaders in the stroke field. Who knows what partnerships could result from these informal chats; perhaps we will see the science these collaborations result in at one of our future International Stroke Conferences!

Please join us for the incomparable International Stroke Conference 2021. We look forward to sharing this compelling science with you. **ISC 2021 – A New Era for Stroke Science and Brain Health**

We're here to help!

Contact AHA Partner Services for any questions about your partnership benefits:

(800) 787-8984 (inside U.S.) • (301) 223-2307 (outside U.S.)

ahacustomerservice@lww.com

American Stroke Association®
International Stroke Conference

Present Your Stroke and Brain Health Science from *ANYWHERE!*

- International Stroke Conference 2021
- State-of-the-Science Stroke Nursing Symposium 2021
- ISC's Pre-Con III: HEADS-UP: Health Equity and Actionable Disparities in Stroke: Understanding and Problem-solving 2021

NEW Submission Categories for 2021 include Cerebrovascular Manifestations of COVID-19; Neuroendovascular; Brain Health; Translational Basic Science; and Advanced Practice Providers and Therapists.

Call for Science: **May 20 – August 25** (This deadline will not be extended)

Late-Breaking Science and Ongoing Clinical Trial Abstract Submission: **October 7 – November 4**

Accepted abstracts are:

- **Published in *Stroke***, an AHA scientific journal.
- **Promoted to a global audience** with almost 3 billion media impressions.
- **Presented either in-person or virtually** at the world's premier stroke science and brain health event.

Submit your science at **StrokeConference.org**
#ISC21 #StrokeNursing21 #HeadsUp21

20-122

AHA Recognizes Top National Volunteers

The American Heart Association recently honored its top national volunteers at the annual National Volunteer Awards, held virtually Oct. 27. Those honored included the following civic leaders, medical professionals and your fellow AHA Professional Partners.

Morgan Stark Memorial Award

This annual award — whose namesake was a highly respected investor, financier, philanthropist and friend to the American Heart Association — honors an individual for outstanding stewardship of Association resources and leadership in human resources, finances or operations.



Christine P. Gustafson

Christine P. Gustafson

Senior Vice President, Wealth Management, UBS Financial Services, Inc.

Combining her passion for numbers and her dedication to heart health, Christine Gustafson has helped improve the balance sheet of the American Heart Association over the past decade.

"To help provide financial peace of mind for an organization that is doing groundbreaking work like the AHA is personally rewarding," said Christine, a longstanding member of the investment committee and a volunteer for the annual Phoenix Heart Ball.

Born with a heart abnormality and having lost her grandparents and several other family members to heart disease, the AHA mission is personal. Her involvement began in the early 1990s when a friend invited her to serve on the Phoenix Heart Ball committee.

In 2003, she chaired the committee, which raised $1.8 million for the AHA.

Shortly after the so-called Great Recession, in 2010, Christine joined the AHA's investment committee and later served a three-year term as chair. She advocated for diversifying the committee to better reflect the population the AHA serves and implementing an investment strategy that improved returns and eased liquidity concerns.

She was instrumental in converting a portion of the AHA's stock holdings into cash, locking in $35 million in gains over the past three years. The funds have helped the AHA weather the economic impact of the COVID-19 pandemic and resulting turbulence in the financial markets.

"I'm thrilled to be able to work with some of the best and brightest people I've ever known," she said. "And my work with Heart Ball has led me to some of my dearest friends."

Louis B. Russell Jr. Memorial Award

He was the 34th person to undergo a heart transplant, surviving more than six years — a world record in the 1970s. Louis B. Russell Jr., a Black teacher from Indianapolis who passed away in 1974, is the namesake for this annual award that honors outstanding service to communities of color and under-resourced populations.



LAPD Sgt. Clement Toscano (left) with community volunteer Natisha Francis

Los Angeles Police Department

Harvard Park Community Safety Partnership Team

For years, drug dealing and shootings at Jackie Tatum Harvard Park in South Los Angeles scattered fearful residents.

But it's a refuge today, with a swimming pool, tennis courts, auditorium and other amenities. The turnaround began in 2017, when the Los Angeles Police Department's 77th division started a community safety partnership program with the Department of Recreation and Parks and others in the community.

Later that year, the 77th division teamed up with the American Heart Association and the Urban League to start Community S.T.E.P.S. — Strategic Dialogue That's Empowered by Public Safety.

In addition to slowly earning the community's trust, "we were able to drop crime, violence and gangs by 80% to 90%," said Clement Toscano, police sergeant and team leader of the program.

One of 110 submissions for AHA CEO Nancy Brown's "Culture of Health Community Innovation Challenge," S.T.E.P.S. won $100,000 to implement an initiative that can be duplicated to improve health in local communities.

As a part of S.T.E.P.S., the officers and the AHA lead a bi-weekly community walk through the park. The kickoff event attracted more than 700 people and included activities such as a 40-yard race, a tennis clinic and an "Adopt a Cop" tent where residents asked officers questions.

Subsequent events have included group bike rides, a nighttime walk illuminated by glow sticks, holiday celebrations, skate jams, produce giveaways, cooking demonstrations and free health screenings.

"We try to be very active and teach people about eating healthy food," said Officer V. De La Torre, who teamed with the AHA and the Girl Scouts to start a local chapter.

"We can never take away the negative things they have seen, but we encourage them to vent and learn," Clement said.

Ron Haddock International Impact Award

Named in honor of Ron Haddock, the 2012-13 chairman of the American Heart Association, the International Impact Award recognizes an individual or group for outstanding contributions to our global efforts.



Tore Laerdal

Tore Laerdal

CEO, Laerdal Medical

When he was 2, Tore Laerdal's father found him face-down in water, unconscious and cold. This near-death accident in 1954 had a profound influence on his family and became the catalyst for his lifetime of service as an adult.

The event also motivated his father, Asmund S. Laerdal, then a toy manufacturer, to start producing the first lifelike manikins for resuscitation training.

"The experience of very nearly losing me had a strong impact on him," Tore said. "It changed the course of the company. My father was determined to make a difference. I was always inspired by him."

That inspiration continues today as Tore serves as CEO for the company his father started, now called Laerdal Medical, based in Stavanger, Norway.

He is the executive director of the Laerdal Foundation, which has funded 2,000 research projects in acute medicine and global health. Another initiative, Laerdal Global Health, is a nonprofit he established to provide affordable and culturally sensitive training to help reduce maternal and newborn deaths.

(continued on page 10)

American Heart Association.
Scientific Sessions

Register now at
ScientificSessions.org
#AHA20 #ReSS20

Attendee Engagement

Scientific Sessions virtual experience provides a number of innovative opportunities for you to connect and engage with your peers.

- Connect with attendees via live chat
- Engage in Live and Digital Q&A for featured Sessions and Industry Sessions
- Relax and connect with your peers in Heart Hub lounges
- Find tips to help navigate your day from expert Co-Pilots
- Customize your experience with the AI Matchmaking Tool
  (Opt in for this tool when you register for Scientific Sessions)
- Share information and collaborate with 1:1 and small group meetings



Eat Smart with Chef Richard Blais







Move More Fitness and Dance Breaks

(continued from page 8)

In 2005, Laerdal Medical became the first American Heart Association Board Approved Strategic Alliance. Through this partnership, more than 12 million students have used specialized self-training stations to improve their skills in basic and advanced cardiac life support.

Other alliance projects include Hands-Only CPR training kiosks in nearly 30 U.S. airports, development of CPR Anytime kits, HeartCode eSimulation courses and expansion of the Resuscitation Quality Improvement (RQI) program.

"I'm proud of the work my father started," he said. "I work every day to continue his legacy for the next generation."

Award of Meritorious Achievement

Since 1952, the American Heart Association annually bestows the Award of Meritorious Achievement on individuals or organizations for a specific accomplishment or project that supports our national programs.



Mike Bolen

Mike Bolen

Chairman, McCarthy Building Companies

Since he was a kid growing up in Phoenix, Mike Bolen has loved building things. First, toy blocks. Then, mobile radar (electronic surveillance) sites in the Air Force after the Vietnam War. And now, multimillion-dollar hospital projects as chairman of McCarthy Building Companies.

"My dad and uncles were carpenters, so it's all I've known all my life," said Mike, who joined the 155-year-old company in 1981 as a carpenter superintendent.

According to the American Heart Association, 1 in 25 construction workers has cardiovascular disease, 1 in 4 is obese, 1 in 4 uses tobacco and 1 in 25 has diabetes.

"It's a serious situation in our industry," said Mike, who created Hard Hats with Heart, which promotes CPR education for construction workers and provides companies free resources to improve employee health.

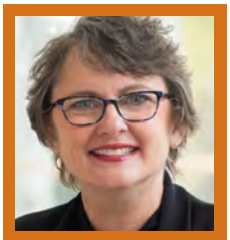
Founded in 2009, the initiative now spans 17 markets and raises millions of dollars to fund heart and stroke research, health consumer education and community outreach.

"Last year, Orange County marked $10 million raised since the program's inception," he said. "But it's not just about Orange County — it's six major cities across the country all competing with each other under the McCarthy banner."

Mike attributes local success, in part, to longtime $100,000-level sponsor Sasco Electric. But the real secret sauce is his leadership by example.

McCarthy Building Companies is a Platinum-level Fit-Friendly Worksite — AHA recognition for helping employees embrace wellness at work and at home. Since 2004, Orange County employees have raised more than $1.2 million for Heart Walk and the corporation has sponsored over $2.9 million.

"This year's fundraiser will look a little different, but we are no less hopeful," he said. "Everyone and every institution has been blindsided by COVID-19. It calls us all together to support each other, fight back, and not allow the fear to win."



Mary Cushman
MD, FAHA

Mary Cushman, MD, FAHA

Professor, Larner College of Medicine, University of Vermont

Over the last three decades, Dr. Mary Cushman has emerged as a national leader in cardiovascular health.

But the journey hasn't been easy — she's had to overcome more obstacles than most of her male counterparts.

"I've learned we're not gender blind," said Mary, a hematologist and professor of medicine and pathology at the University of Vermont. "It's nobody's fault. Unconscious biases are just baked into you.

"But as we create a pipeline of future leaders, we have to make sure women in science overcome these biases and have every possible opportunity to grow their careers."

Mary has worked on dozens of AHA committees, co-authored countless papers and won a case full of awards. She has also made far-reaching contributions on the local, regional and national levels, serving as chair of council operations and as a national board director.

Currently, she is chair of the Go Red for Women in Science and Medicine Task Force, where she pilots programs to help women better understand their risk for heart disease.

Her significant work in gender and racial diversity for the AHA and the University of Vermont's Larner College of Medicine is changing the dialogue and making an impact. As a pioneer for AHA early-career development programs, she has set up programs that guide, counsel and inspire the next generation of scientific leaders.

"It's gratifying to see so many early-career professionals who want to be involved and want to feel like they're part of something larger," she said.



Tom Greco

Tom Greco

CEO, Advance Auto Parts

When Advance Auto Parts CEO Tom Greco showed up at one of his company's stores recently, an employee greeted him by unbuttoning his shirt to reveal a surgical scar from his clavicle to his belly button.

"This is a great cause!" the man said, referring to the American Heart Association's Life Is Why We Give fundraising campaign, which Tom invites his customers at more than 5,900 Advance Auto Parts and independently owned Carquest stores nationwide to support.

In addition to chairing the Triangle Heart Walk in North Carolina in 2018 and 2019, Tom encourages Advance Auto Parts employees to learn Hands-Only CPR.

"Heart disease is the No. 1 killer across the globe and it really impacts our 70,000 employees," he said. "Working with the AHA helps us make a difference for our work family and in our communities."

Focusing on health is a family tradition for Tom, whose Italian immigrant grandmother laid down the law for her 10 children.

"She told my uncle, 'You're going to be a dentist.' She told my father, 'You're going to be a doctor.' And my eight aunts all became nurses."

Even though Tom didn't follow his family's footsteps into medicine, he does whatever he can to improve public health.

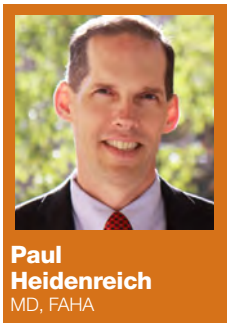
Asking his employees to learn Hands-Only CPR "is probably the single biggest thing we can do to build a generation of

Visit the AHA Lounges within the Sessions Heart Hub!

Register today: scientificsessions.org

lifesavers," Tom said. More than 356,000 out-of-hospital cardiac arrests occur each year in the U.S., and nearly 90% of them are fatal, according to the AHA.

"That training is critical," he said. "If we can get more people to learn Hands-Only CPR, we can definitely reduce those rates."



Paul Heidenreich
MD, FAHA

Paul Heidenreich, MD, FAHA

Professor, Stanford University

First jobs often involve flipping hamburgers, bagging groceries or taking tickets at a movie theater.

Dr. Paul Heidenreich landed his first job as a hospital phlebotomist — drawing blood from patients and asking cardiologists to explain how to insert a catheter into a heart.

He was 16.

Decades later, the professor of medicine and health research and policy at Stanford University is leading a mission to help others and improve science.

"I was fortunate to get that early experience where I could see the combination of scientific rigor and the ability to benefit others," he said.

Paul has chaired the AHA Council on Quality of Care and Outcomes Research, the Steering Committee of the Get With the Guidelines program and the American College of Cardiology/AHA Task Force on Performance Measurement. He's also held ACC/AHA leadership positions in committees on atrial fibrillation and cost/value methodology.

In 2013, his devotion to improving health services led him to chair the AHA policy statement, "Forecasting the Impact of Heart Failure in the United States," which has been cited more than 1,000 times.

In recent years, he has studied new ways economic modeling can more accurately predict health care costs and help experts get optimal medical results with limited dollars. He's particularly interested in innovations that allow doctors to use computer-assisted analysis of imaging and other medical data.

He also wants to research new ways to use artificial intelligence to catch undetected disease or identify illnesses early on – sometimes before patients even know they have a problem.

"I don't ever see AI as replacing physicians," he said. "But I do think it would allow physicians to take care of patients more efficiently and quickly and improve the quality of care."



William Mahle
MD, FAHA

William Mahle, MD, FAHA

Professor of Pediatric Cardiology and Director of Cardiology

Emory University School of Medicine and Sibley Heart Center Cardiology

Co-chief, Children's Healthcare, Atlanta Heart Center

Dr. William Mahle was just five years into his career as a pediatric cardiologist when he heard another pediatrician's baby had died after a missed diagnosis.

Bill didn't know the doctor or the baby, but he was especially shaken because the tragedy was avoidable.

"It was a completely reparable lesion," he said.

That incident further sparked his passion to save as many babies as possible through congenital heart screenings. Through his research, advocacy and other work, Bill has done just that.

He is the Marcus Professor of Pediatric Cardiology and division director of cardiology in the Department of Pediatrics at Emory University School of Medicine and Sibley Heart Center Cardiology in Atlanta. He is also co-chief of the Children's Healthcare of Atlanta Heart Center.

His passion also shines through in his nearly 20 years as an AHA volunteer. First, he joined the Council on Cardiovascular Disease in the Young — now the Council on Lifelong Congenital Heart Disease and Heart Health in the Young (Young Hearts) — because the group needed an early-career representative.

He was lead author of a Young Hearts 2006 statement that supported creating a formal nationwide screening program to identify neonates with critical congenital heart disease. In the ensuing years, he spearheaded collaboration among public health experts, patients and families, and governmental agencies to develop a screening plan.

Now, newborns get a pulse oximetry screening as part of their routine evaluation.

Besides exemplary leadership as chair and co-chair of Young Hearts, Bill was co-founder and co-chair of the Early Career Mentoring Committee and a member of the National Research Committee.

"The AHA is a powerful organization in a good way, making it possible for big things to happen," he said.

Healthcare Volunteer of the Year

The Healthcare Volunteer of the Year Award celebrates outstanding contributions to our achievements in cardiovascular diseases or stroke patient care, or improvements in the delivery of healthcare. The recipient is a healthcare professional or lay administrator, as well as a volunteer at the division, affiliate or national level.



Lynn Hundley
APRN, ANVP-BC, FAHA

Lynn Hundley, APRN, ANVP-BC, FAHA

Director, Clinical Effectiveness for Stroke Care, Norton Healthcare

Lynn Hundley's father tried to steer her toward business and economics, but she knew she was cut out for science and medicine.

When her dad died from heart disease when she was 20 years old and just starting nursing school, it impacted her deeply.

"Having lost him at such a young age continues to fuel my passion to decrease the burden of cardiovascular disease," said Lynn, who is now director of clinical effectiveness for stroke care at Norton Healthcare in Louisville, Kentucky.

She gets to see the impact of her work at the annual survivors' dinner she founded at her hospital, though it had to be canceled this year because of the coronavirus pandemic.

"Not every stroke has a positive outcome — but holding on to the happy endings helps you go on," she said.

In addition to her work at Norton Healthcare, Lynn serves on a steering committee of the Kentucky Stroke Systems of Care group, providing education and tools to hospitals throughout the state.

The group — a collaboration of the American Heart Association, the Kentucky Department of Public Health and several hospitals in northern Kentucky — shares the newest advances, best practices and scientific guidelines for stroke care.

Lynn began volunteering with the AHA more than a decade ago, implementing Get With the Guidelines-Stroke in her hospital. She loves being an AHA volunteer because it allows her to work with people who share her passion.

(continued on page 12)

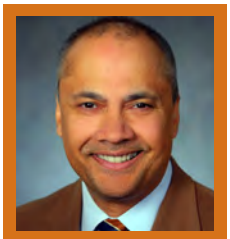
(continued from page 11)

But the best part is being able to make tangible progress and know she's made a difference.

"It shouldn't matter who you are or where you are, you should be able to get the best stroke care," she said.

AHA Physician of the Year

This award is presented annually to a practicing physician who has rendered outstanding contributions to fulfill the American Heart Association's mission.



Paul Mather
MD, FAHA

Paul Mather, MD, FAHA

Professor, Division of Cardiovascular Medicine, University of Pennsylvania

Some people might rest on their laurels after helping get a citywide sugary beverage tax passed that led to sweeping health improvements.

Not Dr. Paul Mather.

For one thing, the Philadelphia cardiologist remains vigilant about the beverage industry's efforts to overturn the 3-year-old tax, which research suggests cut adults' monthly soda consumption by 31% and children's daily sugar intake by 22%.

For another, he spearheaded an effort at a West Philadelphia church to address social determinants of health — conditions where people live, learn, work and play that affect their health risks and outcomes. He is also seeing patients, many of whom have heart disease that makes them particularly susceptible to complications if they contract COVID-19.

He first volunteered with the AHA because he was grateful the organization had funded his research as a young investigator in 1993. He also believed in the AHA's public health mission.

"To me it's important to give back to the community and to be cognizant of the needs of the community," said Paul, who was twice president of the AHA's regional boards of directors.

At Victory Christian Church in West Philadelphia, one of the city's high-poverty areas, Paul worked with other health care professionals who checked local residents' blood pressure and taught them about diabetes, nutrition, exercise and yoga. The church even established a farmer's market to promote healthier eating.

The coronavirus crisis has brought to light racial and ethnic health inequities, he said. He's hopeful, though, that the pandemic will spur people to rethink what it means to be human and a member of a community.

"I think we are obligated to make each other's lives as good as possible," he said. "Nothing can make our lives or the lives of other people more beautiful than perpetual kindness. It's not something people talk about, but I think that's at the root of who we are and who we can be."

Gold Heart Award

This award is the American Heart Association's highest volunteer honor.



Mark Creager
MD, FAHA

Mark Creager, MD, FAHA

Director, Heart and Vascular Center at Dartmouth Hitchcock Medical Center

Professor of Medicine and Surgery, Dartmouth College's Geisel School of Medicine

Forty-six years after he graduated from the Temple University School of Medicine, renowned vascular specialist Dr. Mark Creager still approaches each day with the enthusiasm of a student.

"I wake up in the morning and look forward to the day's opportunities. I love what I do," Mark said.

His distinguished career includes pioneering the Heart and Vascular Center at Dartmouth in 2015, leading vascular initiatives at Brigham and Women's Hospital for 31 years prior and advancing medical understanding of atherosclerotic vascular disease through research.

As an American Heart Association volunteer for over three decades – including a term as president in 2015-16 – he transformed the research enterprise and embedded peripheral vascular diseases into its construct.

"I love medicine. I love the patient care involved in cardiology. I love serving through science," he said.

In 2005, AHA leadership formed an interdisciplinary working group on peripheral vascular disease (now the Council on Peripheral Vascular Disease) and reached out to Mark to chair the group.

"It was my first leadership position in the American Heart Association," he said.

He went on to chair the Atherosclerotic Peripheral Vascular Disease Symposium II in 2008 and the National Research Committee in 2011-13. In 2012, he co-chaired the AHA Research Summit, which produced the bold vision known as the 12 Essential Elements of Research.

Mark's transformative leadership of the AHA's research enterprise made him a natural choice for president. He took office on July 1, 2015, with an ambitious to-do list that included ensuring the AHA's interaction with scientists, clinicians and health care professionals hit the proverbial mark.

He remains passionate about the promise of medical research during the COVID-19 pandemic.

"I am optimistic that we will have a vaccine to reduce contagion, and targeted therapies to address the downstream effects," he said. "With the breadth of research being performed, including that funded by the AHA, I am hopeful."

Distinguished National Leadership Award

This award is presented annually to outgoing officers of the American Heart Association.



Robert Harrington
MD, FAHA

Robert Harrington, MD, FAHA

Arthur L. Bloomfield Professor of Medicine, Chairman of the Department of Medicine, Stanford University

By his seventh year overseeing the Duke Clinical Research Institute, Dr. Robert Harrington had grown it into the world's largest academic research organization. He felt things were running smoothly enough that he could take on another big role: a two-year stint as the top organizer for the American Heart Association's flagship meeting, Scientific Sessions.

Then Stanford University School of Medicine lured him west as chair of its Department of Medicine.

Things went so well for both Stanford and the AHA that Bob followed his Sessions role with two terms on the AHA's board of directors and a year as president-elect. Then, last summer, he became the organization's 83rd president.

In his Presidential Address, Bob repeatedly used the phrase "evidence matters." He linked it to every aspect of the fight against the world's top killers — heart disease and stroke.

Then came March and the coronavirus. Bob scrambled personally and professionally, including trying to deal with COVID surge planning in Stanford HealthCare, shutting down research labs and projects, ramping

up COVID-related research and protecting the health of students, residents and fellows.

Once the coronavirus turned into a pandemic, he touched many parts of the AHA's response. His fingerprints are most evident on the funding of $2.5 million in Rapid Research Grants for fast-tracked studies of the effects of COVID-19 on the heart and brain.

Considering that the hallmark of his career involves overseeing clinical trials, Bob was the right person for the job. Still, the circumstances were extraordinary, as was the workload. Within a month, 750 applications were culled to those dozen recipients.

"He read each one and led the discussions around which we should fund," said Mariell Jessup, MD, FAHA, AHA's chief science and medical officer. "He thought strategically about including a diverse group of scientists and science topics. I think this was really his shining moment."

Bob said he hopes that when people look back on his year in charge, they'll recall "a leader who cared passionately about the science (from discovery to population health) that informs what we do as a clinical community, who cared deeply about the people who do that science and clinical care, and who left the organization with some good memories."



A stroke changes a survivor's life — and their loved ones' lives — in an instant. Whether it's in person, online or on the phone, the American Stroke Association is here to support your journey to recovery.

Find a stroke support group to connect with others with similar experiences, learn helpful information and help ease the depression and isolation that's common after stroke. **stroke.org/SupportGroup**

Join our FREE online Support Network to be a part of a community of survivors and caregivers that knows what you're going through and can help you find your footing on the path to better health. **supportnetwork.heart.org**

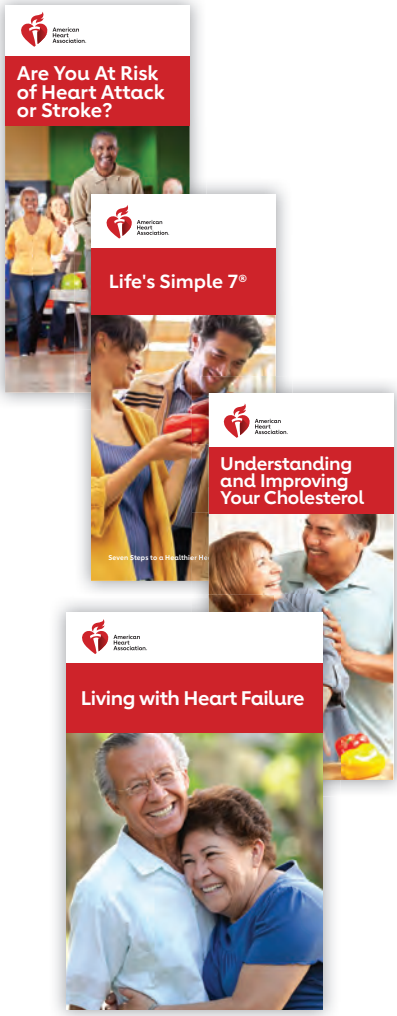
Call our Stroke Family Warmline to talk with our trained specialists who can provide helpful information, connect you to local services or just be a listening ear. 1-888-4-STROKE (1-888-478-7653) or **stroke.org/SpeakWithUs**

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AHA Selects Seven Distinguished Scientists

The American Heart Association designates the Distinguished Scientist award to AHA Professional Partners who have significantly advanced the understanding of cardiovascular, stroke or brain health. The 2020 awardees will be honored during Scientific Sessions in November, joining the ranks of other eminent professionals.



Joan Heller Brown
PhD, FAHA

Distinguished Professor and Chair, Department of Pharmacology
University of California San Diego, School of Medicine
La Jolla, California

Dr. Heller Brown grew up in Beachwood, Ohio, graduated with honors from Cornell University and did her PhD training in the Department of Pharmacology at Albert Einstein College of Medicine (AECOM). In her doctoral studies she discovered that the dopamine receptor couples to adenylate cyclase and is the target of antipsychotic drugs. After a postdoctoral fellowship in the Department of Pharmacology at the University of Colorado, Dr. Heller Brown moved to University of California, San Diego (UCSD) where she extended her studies on how G-protein coupled receptors (GPCRs) regulate cellular responses. Her work led to the finding that muscarinic GPCRs inhibit adenylate cyclase, explaining cholinergic-adrenergic antagonism in the heart; that GPCRs that activate RhoA contribute to vascular smooth muscle proliferation and ischemic cardioprotection; and that GPCRs that activate Gq and stimulate phospholipase C regulate cardiac hypertrophy and heart failure. Her extensive work on the calcium regulated CaM kinase II using transgenic and knockout lines revealed that CaMKII activation mediates decompensation to heart failure through initiation of inflammatory responses in cardiomyocytes. Dr. Heller Brown's research has been consistently funded by NIH and reported in 250 peer reviewed papers.

Dr. Heller Brown has served on multiple editorial boards and as editor of the flagship American Society for Pharmacology and Experimental Therapeutics (ASPET) journal *Molecular Pharmacology*. Her scholarly work incorporates multiple disciplines including pharmacology, cardiovascular physiology, and molecular biology and also includes a series of studies on neuroinflammation and cancer biology. Dr. Heller Brown has served as chair of UCSD's Department of Pharmacology since 2002. She has mentored more than 60 pre- and postdoctoral trainees and directed the largest NIH T32 training grant in Pharmacological Sciences since 2008. Her honors include receipt of the first Distinguished PhD Alumna Award from AECOM, the Lucchesi Award from ASPET, the AHA Basic Cardiovascular Sciences Distinguished Achievement Award, the PhRMA Award in Excellence and the Ruffolo Career Achievement Award in Pharmacology.



Robert M. Carey
MD, FAHA

Dean, Emeritus and Professor of Medicine
University of Virginia School of Medicine
Charlottesville, Virginia

A cardiovascular endocrinologist, Dr. Carey received his MD from Vanderbilt University. He is a leader in the hormonal control of sodium excretion and blood pressure. In the 1970s, he first identified a functional intrarenal renin-angiotensin system independent of the circulating system. He pioneered the expression, signaling mechanisms and physiologic actions of dopamine D_1-like receptors (D_1R) in vasculature and kidney, helped identify a renal D_1R-G protein coupling defect in hypertensive humans and spontaneously hypertensive rats (SHR) and generated data critical for the introduction of fenoldopam, a selective D_1R agonist, in human hypertensive emergencies. Dr. Carey is commonly regarded as the father of the angiotensin (Ang) type-2 receptor (AT_2R). He identified its expression, distribution, regulation, preferred endogenous agonist (Ang III), principal signaling pathway (bradykinin-nitric oxide-cyclic GMP) and physiologic role anchoring the "protective arm" of the renin-angiotensin system that opposes the detrimental actions of Ang II via AT_1Rs. Recently, he identified a primary renal AT_2R defect in SHR leading to sodium retention and hypertension. Dr. Carey also discovered the importance of extracellular renal cyclic GMP in mediating pressure-natriuresis.

Author of over 450 scientific papers, Dr. Carey is an elected member of the National Academy of Medicine, the Association of American Physicians and the American Society for Clinical Investigation. He served as president of the Endocrine Society and the American Clinical and Climatological Association. He was vice-chair of the 2017 ACC/AHA Blood Pressure Guideline Writing Committee and was senior author and chaired the 2008 and 2018 AHA scientific statements on resistant hypertension, respectively. He made major contributions to the control of aldosterone secretion in normal and hypertensive humans and primary aldosteronism, and co-authored two widely recognized clinical practice guidelines for the disease. In addition, Dr. Carey transformed academic medicine during his highly successful 16-year medical school deanship at the University of Virginia.



Glenn FIshman
MD, FAHA

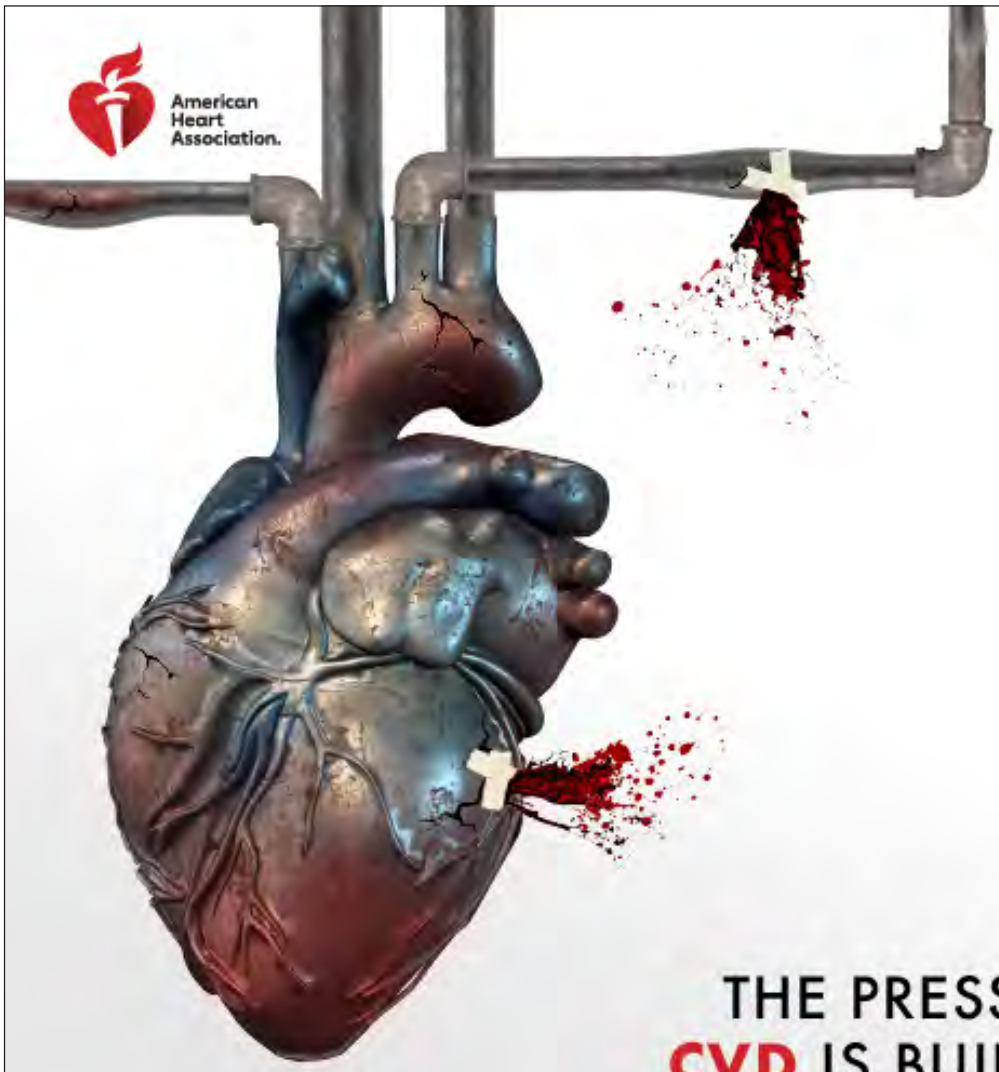
William Goldring Professor of Medicine and Director, Leon H. Charney Division of Cardiology, Vice Chair for Research, Department of Medicine
NYU Grossman School of Medicine
New York, New York

Dr. Fishman received his BA in chemistry from Cornell University College of Arts and Sciences and his MD from Stanford University School of Medicine. He completed his internal medicine residency at Massachusetts General Hospital, followed by fellowships in clinical cardiology at Columbia-Presbyterian Medical Center and molecular cardiology at Albert Einstein College of Medicine. Dr. Fishman first joined the faculty at Einstein and served as director of Molecular Cardiology. He was recruited to Mount Sinai School of Medicine as the Fishberg Professor and Director of the Section of Myocardial Biology. In 2001, Dr. Fishman joined the faculty at NYU School of Medicine as director of cardiology, William Goldring Professor of Medicine and professor of neuroscience &

(continued on page 16)

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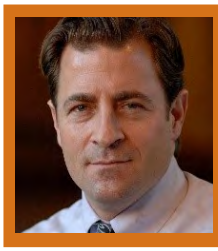
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physiology and biochemistry & molecular pharmacology. He was subsequently appointed vice-chair for research for the Department of Medicine.

Dr. Fishman is internationally known for his research on cardiac electrophysiology and arrhythmia mechanisms. He is the recipient of numerous grants and awards, including the Louis Katz Basic Science Award for Young Investigators, the Established Investigator Award, and the Basic Research Prize from the American Heart Association, the Clinical Scientist Award in Translational Research from the Burroughs-Wellcome Fund, and the Gordon K. Moe Award from the Cardiac Electrophysiology Society. Dr. Fishman has been inducted into the American Society for Clinical Investigation, the Association of American Physicians, the Association of University Cardiologists and the American Clinical and Climatological Association. Dr. Fishman has served on the editorial boards of many biomedical journals and is currently an associate editor of *Circulation: Arrhythmia and Electrophysiology*. He has served as chair of the Research Committee and as a member of the Board of Trustees of the AHA Founders Affiliate, chair of the NIH Electrical Signaling, Ion Transport and Arrhythmias (ESTA) Study Section and as president of the Cardiac Electrophysiology Society.



Mark T. Gladwin
MD, FAHA

Jack D. Myers Distinguished Professor and Chair
Chairman, Department of Medicine
University of Pittsburgh and UPMC
Pittsburgh, Pennsylvania

Dr. Gladwin currently serves as chair of the Department of Medicine at the University of Pittsburgh. He maintains an active research group and is currently PI of the SCD-CARRE UG3, two R01 awards, a P01 award, a pulmonary vascular translational medicine T32 training grant, and a Burroughs Wellcome training award. He has published more than 440 manuscripts since 1996, which have had a significant impact on the fields of vascular and nitric oxide biology. He characterized the role of the molecule nitrite (NO_2^-) as an intrinsic signaling molecule that regulates physiological and therapeutic hypoxic vasodilation, and defined chemical reaction pathways that catalyze nitrite reduction to nitric oxide (NO) by the hemoglobin superfamily (hemoglobin nitrite reductase and anhydrase activities). His work on the nitrite anion has led to the development and licensing of intravenous, oral and inhaled nitrite as a human therapeutic, and patents directed to the use of nitrite salts in cardiovascular diseases are now licensed to Globin Solutions and Hope Pharmaceuticals.

In addition to studies of nitrite, he characterized a novel mechanism of disease, hemolysis-associated endothelial dysfunction. This work has described a state of resistance to NO in patients with sickle cell disease, malaria, transfusion of aged blood, and other hemolytic conditions, caused by scavenging of nitric oxide by hemoglobin that is released into plasma during hemolysis. These studies translated to clinical, and epidemiological description of a human disease syndrome, hemolysis-associated pulmonary hypertension.

Dr. Gladwin is also a co-inventor of patents directed to the use of recombinant neuroglobin and heme-based molecules as antidotes for CO poisoning. Dr. Gladwin has served as PI on four multicenter phase II-III clinical trials in SCD patients, the DeNOVO trial of NO therapy for acute pain crisis in patients with sickle cell disease, the Walk-PHASST trial of sildenafil for PH secondary to sickle cell disease, the EPIC trial of poloxomer 188 for vaso-occlusive painful crisis, and the current STERIO-SCD, a clinical trial of the sGC stimulator Riociguat for patients with SCD and cardiopulmonary risk factors.

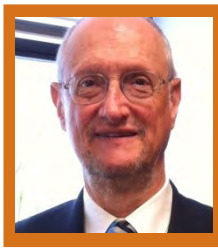


Jeffrey D. Molkentin
PhD, FAHA

Professor, Howard Hughes Medical Institute, Division Director, Molecular, Cardiovascular, Biology, Executive Co-Director, The Heart Institute
Cincinnati Children's Hospital Medical Center
Cincinnati, Ohio

Dr. Molkentin is a professor in the Department of Pediatrics, University of Cincinnati and Cincinnati Children's Hospital. He received his BS from Marquette University in Milwaukee Wisconsin (USA) in 1989. He then received his PhD from the Medical College of Wisconsin in 1994, after which he performed postdoctoral training with Dr. Eric Olson in Texas (USA) from 1994-1997, followed by his first faculty appointment in 1997 at the Cincinnati Children's Hospital Medical Center of the University of Cincinnati (USA). Dr. Molkentin has published over 400 original articles during this time; he has a Scopus H-index of 109. Dr. Molkentin was a Pew Scholar early in his career and is now a full investigator of the Howard Hughes Medical Institute in the USA since 2008. He has also won several awards such as the Louis N and Arnold M Katz Award for Young Investigators and more recently the Basic Research Prize, both of the American Heart Association. Dr. Molkentin also won the Lucian Award from McGill University. He has also served on NIH study section and was an organizer of various national and international scientific meetings. Finally, Dr. Molkentin has placed 33 of his past trainees into academics as laboratory principle investigators.

Dr. Molkentin's research program continues to focus on the identification of candidate genes and signaling pathways involved in cardiac hypertrophy, contractility, cell death, heart failure, fibrosis, regeneration and muscular dystrophy, as well as mitochondria-dependent necrosis.



Frank M. Sacks
MD, FAHA

Professor of Cardiovascular Disease Prevention, Departments of Nutrition, and Molecular Metabolism
Harvard T.H. Chan School of Public Health
Professor of Medicine, Harvard Medical School
Boston, Massachusetts

Dr. Sacks has been distinguished by sustained high accomplishment and impact, primarily in two fields, clinical trials of diet and cardiometabolic health, and human lipoprotein metabolism and risk of CHD.

Dr. Sacks led the committee that designed the DASH Study, which crafted a healthful eating pattern and demonstrated that it lowered blood pressure more effectively than previous dietary treatments. Subsequently, Dr. Sacks led the DASH-Sodium study, which determined the steep dose-response effect of dietary sodium on BP, and major beneficial additive effects of low salt and a dietary pattern rich in fruits and vegetables on BP. The DASH trials led

to guidelines for prevention and treatment by many organizations, including the American Heart Association.

Dr. Sacks led the seminal PoundsLost trial which showed the similar effectiveness of diets containing variable percentages of calories from fat, protein or carbohydrate for long term weight loss, adding much needed flexibility to individualize weight loss diets. Participation in the behavioral program, rather than the macronutrient content of the diets, predicted extent of weight loss.

Dr. Sacks is acclaimed for discovering new species of human lipoproteins that differentially predict CHD. He authored over 35 research papers on apoC-III and apoE. A major finding was that the concentration of LDL that contains apoC-III is the strongest predictor of CHD among VLDL and LDL particles.

Currently, Dr. Sacks's laboratory is studying HDL. He conducted the first in vivo studies of the metabolism of 4-5 HDL sizes and found that all are secreted into the circulation. He showed that HDL that contains apoE is especially active in flux pathways pertaining to reverse cholesterol transport such as particle expansion. These flux pathways are suppressed by apoC-III. Finally, in epidemiological studies, he found in four prospective US cohorts that HDL that contains apolipoprotein C-III predicted higher rates of CHD and diabetes.



Gregg L. Semenza
MD, PhD, FAHA

C. Michael Armstrong Professor of Genetic Medicine, Pediatrics, Oncology, Medicine, Radiation Oncology and Biological Chemistry
Johns Hopkins University School of Medicine
Director, Vascular Program
Johns Hopkins Institute for Cell Engineering
Baltimore, Maryland

Dr. Semenza received an AB in Biology from Harvard College; MD and PhD (in Genetics) degrees from the University of Pennsylvania; pediatrics residency training at Duke University Medical Center; and postdoctoral training in medical genetics at the Johns Hopkins University School of Medicine, where he has spent his entire career. He is currently the C. Michael Armstrong Professor of Genetic Medicine at the Johns Hopkins University School of Medicine and founding Director of the Vascular Program in the Johns Hopkins Institute for Cell Engineering.

Dr. Semenza discovered hypoxia-inducible factors (HIFs), which direct transcriptional responses to decreased oxygen availability in all metazoan species. His lab has shown that HIFs play important roles in the pathophysiology of cardiovascular disorders, cancer, and other chronic diseases. HIF stabilizers and HIF inhibitors are currently in clinical trials for treatment of anemia and cancer, respectively.

Dr. Semenza is a Founding Fellow of the American College of Medical Genetics and an elected member of the Society for Pediatric Research, American Society for Clinical Investigation, National Academy of Medicine and National Academy of Sciences. He has received numerous awards including the Canada Gairdner International Award, Lefoulon-Delalande Prize of the Institut de France, Wiley Prize in Biomedical Sciences, Albert Lasker Basic Medical Research Award and the Nobel Prize in Physiology or Medicine. He has published more than 400 papers that have been cited over 150,000 times.

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Our AHA professional volunteers are more than just members, they are our partners in being a relentless force for a world of longer, healthier lives. **Learn more about becoming a Professional Partner today at professional.heart.org/partners**.

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Login at **professional.heart.org**.

Leadership Gift Campaign to Run Through January

The AHA Council Leadership Gift Campaign focuses on using our current Scientific Council leaders as pacesetters in the giving, promotion and participation in our campaign.

This is one of many opportunities that council volunteers have to show their financial support to AHA and to make it clear that their council supports the broad mission of the organization.

It shows the commitment of science volunteers serving at the highest level to promote the mission of AHA/ASA. Each year we attempt to set our goals for something that is attainable but also something that causes us to reach a bit. Our goal is to have 100-percent participation from all our leadership.

100-percent participation by our leadership sends a powerful message

Our 2020-2021 campaign kickoff was Monday, Oct. 5, and runs through Sunday, Jan. 31, 2021.

It's online. It's easy! Log your contributions today: **professional.heart.org/leadershipgiftcampaign**.

Institute for Precision Cardiovascular Medicine Seeks Your Input

Respond with Provocative Scientific Questions by Dec. 1

AHA partners are invited to help shape the overall strategic research plan of the Institute for Precision Cardiovascular Medicine over the next five to ten years.

In 2019, the American Heart Association's Institute for Precision Cardiovascular Medicine established the Institute Research Advisory Task Force to look at funded research to date in order to create the roadmap and goals for innovative research going forward. The task force proposed using the Provocative Questions blueprint, modeled after the National Cancer Institute's, to guide the strategic plan on the Institute's innovative research.

We are seeking your input on identifying the most provocative scientific questions that help us identify crucial gaps in our field.

As a partner of the American Heart Association, your input is essential in defining questions that fall in these three categories:

- Intriguing but older observations that have never been adequately explored
- Perplexing, often paradoxical, findings that exemplify current gaps in our knowledge
- Questions we never thought we could answer – but now are within our reach with new technologies

Please follow **this link** to provide your feedback.

The **AHA Mentoring Program** provides a unique opportunity for young partners to connect and benefit from the experience and knowledge of our most passionate partners.

Learn more at **professional.heart.org/mentoring**.



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Highly competitive, election as a Fellow of the American Heart Association (FAHA) recognizes the recipient's scientific accomplishments, volunteer leadership and service. Earning the FAHA credential demonstrates to colleagues and patients that the recipient has been welcomed into one of the world's most eminent organizations of cardiovascular and stroke professionals. Please join us in celebrating the accomplishments of your colleagues.

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Fall 2020 News from Research Operations

Additional $400K awarded for fast-tracked COVID-19 heart and brain health research

Four more scientific research teams received special grants from the American Heart Association for rapid response scientific studies on cardiovascular/cerebrovascular correlations with COVID-19

The American Heart Association has awarded an additional $400,000 in research grants focused on the cardiovascular impact of COVID-19. The awards go to four more teams who submitted proposals for the **COVID-19 and Its Cardiovascular Impact Rapid Response Grants** during the original submission process in March:

- Cleveland Clinic, led by Mina Chung, MD, Professor of Medicine — **Testing of SARS-CoV-2 Infectivity and Antiviral Drug Effects in Engineered Heart Tissue, Microglial Cell Models, and COVID-19 Patient Registries**: This team will use a multidisciplinary approach to 1) study the interaction of SARS-CoV-2 spike protein in cardiac and brain cells, 2) screen possible candidate drugs targeting mechanisms of viral infection in these cells, and 3) assess these drugs using AHA's COVID-19 registry. Expected outcomes include identification of drugs that can be repurposed and advanced toward clinical trials for treatment of COVID-19.
- Johns Hopkins University, led by Daniela Cihakova MD, PhD, associate professor and director of the Immune Disorders Laboratory — **Pathogenesis of Cardiac Inflammation During COVID-19 Infection**: This team will seek to identify a potential peripheral biomarker of cardiac inflammation in COVID-19 and address possible mechanisms that lead to cardiac infection and subsequent injury. The results of these studies will also significantly contribute to the knowledge of the immune response in COVID-19 patients.
- Cedars-Sinai Board of Governors Regenerative Medicine Institute at the Cedars-Sinai Medical Center, co-led by Clive Svendsen, PhD, director of the institute, Kerry and Simone Vickar Family Foundation Distinguished Chair in Regenerative Medicine and professor of biomedical sciences and medicine, and by Arun Sharma, PhD, senior research fellow — **Human iPSCs and Organ Chips Model SARS-CoV-2-Induced Viral Myocarditis**: This team will investigate whether SARS-CoV-2 can directly infect human cardiomyocytes, assess resulting effects and seek to establish a cardiomyocyte-specific antiviral drug screening platform against SARS-CoV-2. The findings potentially may lead to development of novel therapeutics for the cardiac-specific effects of COVID-19.
- New York-Presbyterian/Columbia University Irving Medical Center, led by Emily J. Tsai, MD, Florence Irving Assistant Professor of Medicine — **Elucidating the Pathogenesis of COVID-19 Cardiac Disease Through snRNA-Seq and Histopathological Analysis of Human Myocardium**: This team will compare single nuclei RNA sequences and histopathological findings between the hearts of COVID-19 non-survivors with and without suspected COVID-19 cardiac disease. Understanding the viral and host factors that drive cardiac injury in COVID-19 will help determine appropriate therapeutic strategies.

More than 750 scientific research proposals were submitted this spring during the call for proposals for the COVID-19 and Its Cardiovascular Impact Rapid Response Grant initiative. It is one of the Association's largest submissions ever to a single topic request for applications.

The research projects are considered fast-tracked to report results as quickly as possible to address the COVID-19 pandemic. Research projects are already underway, with findings expected in less than six to nine months for most of the studies. The American Heart Association has now funded 20 research grants focused on learning more about COVID-19 — 16 of these fast-tracked projects and four special awards to centers of Association's Health Technologies and Innovation Strategically Focused Research Network.

Two Online Learning Modules in Development

Team Science and *Science for Everyone* to be introduced at Scientific Sessions

A series of interactive online modules will teach AHA learners how to successfully work on a multi-disciplinary team in a scientific setting. The ***Team Science*** modules will be accessible via the AHA lifelong learning platform and will consist of brief online courses, quick review articles, podcasts, and AHA-volunteer video recordings.

The AHA is also placing increased importance on helping lay people understand the research we fund. To support this effort, the AHA is partnering with TCU/University of North Texas Health Science Center to develop ***Science for Everyone***, a series of interactive learning modules to help science and medical professionals — and anyone in a highly specialized occupation — explain complex and technical concepts to non-scientists.

Certificates of completion will be issued to those who complete the courses.

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GWTG-CORE Aims to Drive a New Wave of Cardiovascular Research

Scientific research is at the core of the American Heart Association's efforts for fighting cardiovascular disease and stroke. The strength of this mission is greatly valued by clinical and implementation study sponsors and investigators. In response to these parties' interest in AHA programs as well as the ever-growing demands for research-ready institutions, the AHA has built upon its Get With the Guidelines® (GWTG) suite of programs by launching the Get With The Guidelines® Collaborative Research Network (GWTG-CORE).

With nearly 3,000 hospitals participating in at least one GWTG program, GWTG-CORE provides an avenue for these hospitals to get involved in clinical research and implementation studies. When active GWTG hospitals register and participate in GWTG-CORE, the AHA can quickly identify and recruit research-ready sites across the nation.

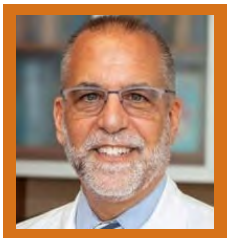
This unique program serves as a domain for engaging hospitals that might not otherwise consider participating in research. This is especially the case for hospitals with limited staffing resources since data collection can be easily incorporated into the existing GWTG registry tool that hospital staff are already comfortable navigating.

GWTG-CORE will provide an environment where hospitals, clinics, and community partners can collaborate through shared research experiences and interests. Participating sites have access to exclusive networking and engagement opportunities that might include PI roundtables, best practice webinars, early access to new research opportunities, and consultation on research publication development.

GWTG-CORE enhances the real-world research coming out of GWTG programs and holds promise for being a significant repository for groundbreaking cardiovascular disease and stroke research. Visit **http://www.heart.org/qualityresearch** to learn more about AHA's quality research.

Stroke

Sacco Is New Editor-in-Chief



Ralph L. Sacco
MD, FAHA

Ralph L. Sacco, MD, FAHA, became the new editor-in-chief of *Stroke*, one of the 12 American Heart Association (AHA) scientific journals, at the beginning of July.

Celebrating the journal's 50th anniversary in 2020, *Stroke* is the premier journal in the field. The journal is focused on stroke and cerebrovascular health.

"I am honored and excited to succeed Marc's (Dr. Fisher's) incredible tenure as editor-in-chief," Dr. Sacco said. "We have an outstanding foundation to build upon to move *Stroke* into the next decade.

"Our mission will be to drive innovative interdisciplinary research, influence patient care, and enhance our understanding of disorders of the cerebral circulation while striving to be an indispensable, inspiring, and trusted source of high-quality scientific knowledge for all disciplines," Dr. Sacco continued. "We are expanding the editorial team and have many ideas for broadening the impact of *Stroke* on our field."

Dr. Sacco shared his vision for the journal in an article in the March 2020 issue (**https://www.ahajournals.org/doi/10.1161/STROKEAHA.120.028423**) and an editorial in the July 2020 issue (**https://www.ahajournals.org/doi/10.1161/STROKEAHA.120.030570**).

Dr. Sacco is chair of the department of neurology of the Olemberg Family Chair in Neurological Disorders and executive director of the Evelyn F. McKnight Brain Institute at the University of Miami Leonard M. Miller School of Medicine, in Miami, Florida.

Before becoming editor-in-chief, Dr. Sacco served as a senior consulting editor and an editorial board member for the journal. He has published more than 1,040 scientific publications in many of the highest-ranking stroke- and neurology-focused medical journals, as well as serving as author on American Heart Association clinical guidelines for stroke-related topics.

Dr. Sacco is a past president of the American Heart Association (2010-2011) and the American Academy of Neurology (2017). He is a Professional Partner of the AHA's Stroke Council and the Council on Epidemiology and Prevention. Dr. Sacco is also the winner of the inaugural American Stroke Association Edgar J. Kenton III Lecture Award, which was presented to him during the 2020 International Stroke Conference.

"Dr. Sacco is uniquely qualified to build on the 50-year legacy of *Stroke* as the premier journal in cerebrovascular health. As the editor-in-chief, he has recruited an experienced and talented editorial board team that will continue to advance publication of the most trusted and highest quality science. The AHA Scientific Publishing Committee enthusiastically supports his innovative vision for the journal. We are confident that *Stroke*, like the other 11 journals in the AHA publication portfolio, will be a relentless force to improve patient outcomes from cardiovascular disease and stroke, the #1 and #2 causes of death worldwide," said Mark Estes, MD, chair of the AHA's Scientific Publishing Committee, and director and professor of medicine at the New England Cardiac Arrhythmia Center at Tufts University School of Medicine in Boston.

You can follow Dr. Sacco on Twitter at: **@DrSaccoNeuro**.

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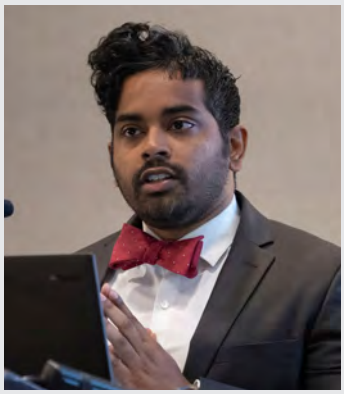
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Looking Forward to Exciting Content at Virtual Sessions



CONNECTING WITH THE CHAIR

Fumito Ichinose
MD, PhD, FAHA

These are challenging times for the AHA community, but especially challenging for the 3CPR community, with many of our partners serving on the front lines of the COVID-19 pandemic. Our council includes among its partners emergency department physicians, critical care intensivists and nurses, cardiologists and pulmonologists managing COVID-19 in health systems across the globe.

Despite the challenges brought upon the AHA and 3CPR communities by the COVID-19 pandemic, our programming at Scientific Sessions 2020 (**scientificsessions.org**) will feature exciting science ranging from basic science to clinical research in an exciting virtual format that will make the science accessible to a wider audience worldwide.

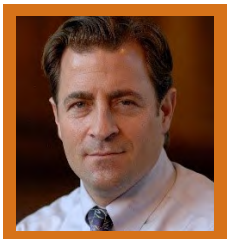
We have planned an exciting array of sessions that include oral invited sessions from world-renowned scientists, a talented pool of early career investigators who will share their science in virtual oral and poster formats, and a diverse panel of seasoned experts to provide high-level feedback as well as career guidance and mentorship.

While COVID-19 has impacted all aspects of our lives, this is an exciting time of scientific advancement in 3CPR, especially in the field of pulmonary vascular disease. With the recent announcement that sotatercept is a potentially effective treatment for pulmonary arterial hypertension in the PULSAR trial, we are now entering into an era of non-vasodilator anti-remodeling therapies for PAH. The 2020 3CPR program will cover many promising new targets that could represent successful anti-remodeling strategies, as well as innovative trial designs and strategies for characterizing the phenotypes and prognosis in the diverse conditions described by PAH, PH-HFpEF, and PH-ILD.

Highlights of the sessions organized by 3CPR will include topics such as "Aging and pulmonary hypertension," "Novel Imaging Modalities for PAH," "Controversies in the management of Group 2 and Group 3 PH," "State of the art clinical trial design, biomarkers and endpoints for novel PAH therapies," and "Clinical trials of mechanistically novel agents in PAH." These are all presented by a distinguished panel of leading international clinical and translational scientists. The council's program will include the annual Cournand and Comroe Early Career Investigator Award competition, featuring the top submissions from a record number of submissions from early career scientists. The Dickinson W. Richards Memorial Lecture will feature a keynote from an internationally renowned investigator in the field of cardiopulmonary disease, as well as top-scoring oral presentations from submitted abstracts. We have slotted more than 80 abstracts from across the globe to be featured in our virtual sessions. Moreover, networking sessions are planned to engage early career investigators and provide them with opportunities to meet senior investigators in the field to provide critical career guidance, which is especially critical in these uncertain times.

The leadership of 3CPR is excited to welcome all of you "virtually" as we ensure that we continue to maximize scientific advancement in these times when new scientific knowledge is desperately needed!

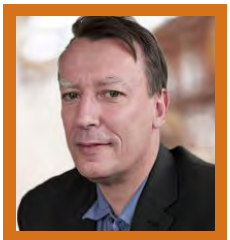
Distinguished Scientist Award



Mark T. Gladwin
MD, FAHA

Mark T. Gladwin, MD, FAHA

Amongst the 2020 AHA National Award winners, Dr. Gladwin is a current 3CPR Professional Partner and the past chair of 3CPR. He is currently the Jack D. Myers Distinguished Professor and Chief of the Pulmonary, Allergy and Critical Care Medicine Division at the University of Pittsburgh School of Medicine and the Director of the Pittsburgh Heart, Lung, Blood, and Vascular Medicine Institute. The AHA Distinguished Scientist Award is given annually to an individual who has made major contributions to research anchored in cardiovascular, stroke or brain health, and is the highest honor bestowed upon a science volunteer by the AHA.



Marc Humbert
MD, PhD

Within 3CPR, **Marc Humbert, MD, PhD,** was given the meritorious 3CPR Distinguished Achievement Award. This award is given out by 3CPR every three years and recognizes individuals who have made major contributions to the affairs of the council over a continuing period, and who have made substantial professional contributions to the field represented by the council. Dr. Humbert is currently the professor of respiratory medicine and director of the Inserm Unit 999 at the Université Paris-Saclay in Le Kremlin-Bicêtre, France. He is a Fellow of the European Respiratory Society (FERS Foundation Fellow) and has received several distinctions including the 2006 Cournand Lecture Award, the 2009 Descartes-Huygens Award from the Royal Netherlands Academy of Arts and Sciences, the 2016 Rare Disease Award of the Fondation de France, the 2018 ERS Award for Lifetime Achievement in Pulmonary Arterial Hypertension, and the Excellence 2019 Award from the Fondation du Souffle.

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Call for Science: **May 20 – August 25** (This deadline will not be extended)

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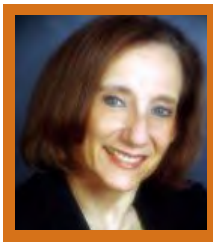
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20-122

Vascular Discovery: Looking Back, Looking Ahead



CONNECTING WITH THE CHAIR

Kerry-Anne Rye
PhD, FAHA

On setting out to write this, my inaugural *Connections* contribution as chair of ATVB, I thought it sensible to review what my very effective predecessor, Mary G. Sorci-Thomas, PhD, FAHA, from whom I am privileged to be taking over, wrote when in the same position. However, it was immediately obvious to me that the world in which I write, and you read, this short communication is vastly different from the one we inhabited just two short years ago. This changed world in which we now live and work reflects the fact that we are now caught up in a pandemic caused by the highly contagious and potentially lethal virus, SARS-CoV-2, that causes COVID-19, and for which there is no current cure.

While many of us now regard our homes as combined safe havens and workplaces, and the global economy has taken a massive hit. This means most governments are treading a delicate line to keep the economic wheels turning while trying to control the escalating morbidity and mortality of COVID-19. We are all challenged by the realization that there is no end in sight for this change in circumstances.

Nevertheless, we are hugely fortunate to live in an age where unrestricted access to electronic and social media platforms means that we continue to stay in touch with each other and we continue to have unrestricted access to the latest scientific advances. Despite this, I am sure that most of us wonder with increasing frequency how long can we keep everything running "as usual" without normal access to what are the essential tools of our trade: our laboratories, our vivaria and probably most important of all: the day-to-day interactions with colleagues that we took for granted for so many years. Personally, what I miss most of all are those casual conversations with colleagues over a cup of coffee that spark an out-of-left field idea that can lead to a new research direction, a new collaboration or just something as simple as sorting out a problem that has been bugging you for weeks.

Equally, and possibly more importantly, is the emerging need to develop new strategies to maintain and extend our professional networks. This has previously been rather straightforward and could be considered as a natural evolution that occurs when attending major scientific meetings where we have unlimited opportunities to catch up with old friends, make new acquaintances, develop new collaborations and generally obtain an oversight into what everyone is doing and thinking. We can no longer do this, or at least we can't do it for the rest of this year and likely well into 2021. In the meantime, we have pivoted to spend a significant proportion of our waking hours videoconferencing with Zoom, Teams, Slack and a few other obscure platforms that I had no idea even existed a few short months ago.

I have also discovered that there are some incredibly valuable resources out there that have been waiting to be turned to our advantage. For example, when it became clear that the annual face-to-face *Vascular Discovery 2020: From Genes to Medicine* meeting in Chicago, Illinois, was not going ahead, it rapidly transitioned into a virtual meeting. While I initially found it difficult to envision how this would work, especially for delegates that are not U.S.-based, with all the talks and poster sessions being held at impossibly difficult times (starting around midnight in my case). As it turned out this was not an issue because everything was recorded and could be watched on demand, making where you live and work suddenly irrelevant. This extraordinarily rapid transition from a face-to-face meeting to a virtual meeting in a matter of weeks required a huge effort by AHA staff and the Vascular Discovery 2020 Program Committee chaired so ably by Lars Maegdefessel, MD, PhD, and to whom we owe a huge debt of gratitude. Dr. Maegdefessel's summary of the meeting, which will always bear his indelible stamp, is below.

Equally importantly, this event opened up unlimited possibilities for ongoing engagement with far-flung colleagues around the globe and for trainees that may not have the opportunity to travel, to access the quality science for which Vascular Discovery 2020 is so renowned. While I hope that these positive aspects of Vascular Discovery 2020 stay with us indefinitely, I nevertheless still miss the face-to-face catchups with friends and colleagues that I am sure will be resurrected at some stage in the future. In the meantime, we can look forward to attending the inaugural virtual AHA Scientific Sessions 2020 in November, which promises to be just as fulfilling as Vascular Discovery 2020.



Ann Marie Schmidt
MD, FAHA

Other notable news is that one of the longest standing and most distinguished partners of ATVB, Ann Marie Schmidt, MD, from the NYU School of Medicine, is the recipient of the AHA Basic Research Prize Award for 2020. Dr. Schmidt has made multiple seminal discoveries in the area of diabetes accelerated atherosclerosis. She is a Senior Deputy Editor of the ATVB journal and has made a huge contribution to the field, as well as ATVB itself, over many years. It is difficult to think of a more appropriate awardee for this honour. Huge congratulations, Dr. Schmidt. ■

We're here to help!

Contact AHA Partner Services for any questions about your partnership benefits:

(800) 787-8984 (inside U.S.)

(301) 223-2307 (outside U.S.)

ahacustomerservice@lww.com

Virtual Vascular Discovery 2020



Lars Maegdefessel
MD, PhD

Our past spring meeting, Vascular Discovery 2020: From Genes to Medicine was the AHA's first fully virtual conference. Within four weeks, the meeting was transitioned from a face-to-face conference held in Chicago, Illinois, to an online-only meeting. After a short period filled with a certain disappointment within the council and the Program Committee, we worked very hard to deliver an experience that would not only display great science, but also keep the interactive format alive that makes the Vascular Discovery meeting a highlight in our conference calendars.

We all agree that during the current Covid-19 pandemic, the virtual meeting format was the only possible way of keeping the conference alive and to give our council a chance to display and discuss the most compelling science in the vascular medicine research. Based on the feedback provided to the Program Committee, most participants were pleasantly surprised about the experience of their first virtual cardiovascular meeting. However, we all agree that certain issues can, and need to, be improved to enhance the interactive components of an online-only conference.

An outlook and perspective to the next spring meeting of our council, Vascular Discovery 2021, is difficult at this current stage. We expect that most partners of our council, and the Program Committee, hope to deliver a face-to-face meeting next May. However, we will closely monitor the development and possible global resurgence of Covid-19 and need to make sure that it will be safe and practical for our international audience to attend the meeting.

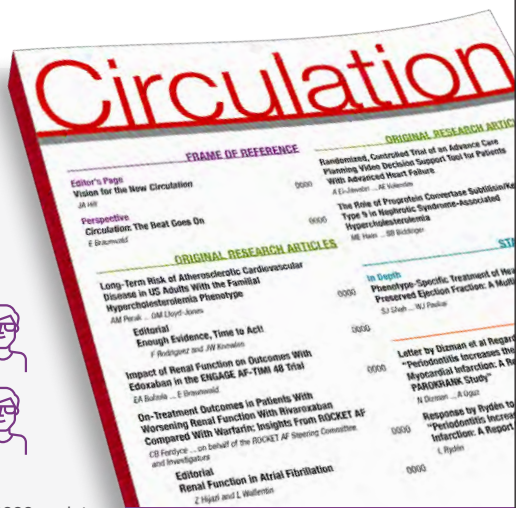
The current pandemic may shift future meetings towards virtual platforms – or at least installing a hybrid format, in which participants can choose whether they want to travel or attend sessions from their labs or homes. Most scientists are certainly concerned about missing out on international collaborations and the opportunity to exchange technologies and ideas in a more personal setting. On the other hand, a substantial benefit of virtual conferences is enabling a global audience that otherwise would never be able to attend a high-profile meeting like Vascular Discovery, to have unlimited access to the content.

On behalf of the Program Committee, I can certainly assure you that we will once again try to organize a compelling meeting that will cover the most exciting and timely science within our fields of atherosclerosis, thrombosis and vascular biology research.

Keep checking your inboxes and **professional.heart.org/vasculardiscovery sessions** for the most up-to-date information on dates and location for **Vascular Discovery: From Genes to Medicine Scientific Sessions 2021**

American Heart Association.

Heart Disease & Stroke Statistics 2020 Update



1 in 6 males and in 8 females

in the United States are current smokers, based on 2017 data.



Virani et al. Heart disease and stroke statistics—2020 update. *Circulation*. doi: 10.1161/CIR.0000000000000757

AHAjournals.org/StatUpdate

Virtual Sessions Format Drives New Collaboration



CONNECTING WITH THE CHAIR

Elizabeth McNally
MD, PhD, FAHA

What a year! This is my first report as I begin my term as chair of the Council on Basic Cardiovascular Sciences. In a year where nothing has been quite like we expected, I am amazed, every day, at how much we have been able to do. I would like to gratefully acknowledge the dedicated work of my predecessor Joseph C. Wu, MD, PhD, FAHA (Director of Stanford University's Cardiovascular Institute), as he guided us through the past two years. Ronglih Liao, PhD (Stanford University), who was the BCVS chair before Dr. Wu, has also remained highly committed to advancing our council's mission and deserves special recognition for her continued work on behalf of BCVS and especially her efforts for women in science. We are now joined by Jianyi (Jay) Zhang, MD, PhD, FAHA (Chair of Biomedical Engineering at University of Birmingham Alabama), as he as graciously accepted the position as BCVS vice chair. As the American Heart Association's second largest council, with nearly 5,500 partners, we are indeed in good hands!

In late July, many of you participated our BCVS Scientific Sessions 2020. In a completely virtual format, the BCVS meeting came from all over the world to each of our computer screens. The BCVS meeting had 1,070 registrants and presented nearly four days of state-of-the-art cardiovascular science. The conference organizers, Jil C. Tardiff, MD, PhD, FAHA (University of Arizona), Sakthivel Sadayappan, PhD, FAHA (University of Cincinnati), and Loren E. Wold, PhD, FAHA (Ohio State University), relied on their wizardly-like organizational skills to successfully reconstruct this meeting to be a tour-de-force. This team worked so successfully together to create the BCVS Scientific Sessions 2019 in Boston, Massachusetts; they were able to draw on this experience and create a novel and exciting platform that featured so many of the same BCVS events we expected and yet were able to add new features.

Especially exciting was the live chat that accompanied the presentations. Each session moderator would initiate the chat, and quickly the speakers themselves were answering questions during their presentations. The chat function allowed for real-time Q & A and grew to become a favorite aspect of the virtual format. With the size and breadth of the meeting, the BCVS summer meeting has moved to having concurrent sessions. With the virtual format, the content remains available for 90 days after the meeting, so nothing is missed! Learn more about how you can catch up on lectures you missed, on demand, at **bcvs.hub.heart.org**.

The keynote lecture from Heinrich Taegtmeyer, MD, FAHA (University of Texas Health Science Center at Houston), masterfully reviewed cardiac metabolism, providing insight for both the novice and expert alike, and highlighted the critical questions facing the field. Each session in the meeting was crafted to focus on clinically important topics, for example cardio-oncology and heart failure with preserved ejection fraction. The speakers covered novel approaches being taken to define mechanisms and identify key regulatory points. In addition to the oral presentations, over 400 abstract posters were presented, often with voice overs from the first authors. A subset of posters was included as presentations, giving trainees a change to present in the virtual format.

As we prepare for a virtual Scientific Sessions 2020 in November, council meetings like the BCVS Sessions have shown that we can have meaningful interaction through our virtual connections. Although we miss the human contact that is typical of our meeting, the new format still drives new collaboration and advance cardiovascular investigation, as we have come to expect.

We had several important recognitions during the BCVS meeting including the second Joseph Loscalzo Award, which recognizes an outstanding paper published in *Circulation* for Basic/Translational Science. This award was given to Rajat M. Gupta, MD, for his paper, "Single-Cell Analysis of the Normal Mouse Aorta Reveals Functionally Distinct Endothelial Cell Populations."

The BCVS Leadership Committee held its face-to-face meeting virtually in July 2020, just before the BCVS meeting. Jane E. Freedman, MD, FAHA, Editor-in-Chief of *Circulation Research*, was among those presenting updates. In her first year as editor, the journal has substantially increased its social media presence, spearheaded by Nicole H. Purcell, PhD, along with podcasts by Cynthia St. Hilaire, PhD. The goal is to more broadly promote the outstanding original investigation in *Circulation Research* and to extend its reach further in its role as the pre-eminent journal for basic and translational cardiovascular research.

COVID-19 has impacted science and publishing profoundly. Most journals experienced an uptick in submissions in the spring of 2020. An AHA COVID-19 Compendium (**professional.heart.org/covid-19**) has been put together to help keep cardiovascular providers and researchers up to date. As we have seen, COVID-19 has a range of cardiovascular adverse outcomes ranging from myocardial injury and thromboembolic phenomenon. A flurry of research is now aimed at understanding the molecular pathophysiology and better deploying or developing rapidly new approaches to treat these complications. The AHA responded to the urgent need through new funding initiatives. Eleven new grants were awarded to study anti-viral activity using engineered heart tissues, to profile cardiac inflammation in COVID-19 and define new biomarkers, evaluate viral myocarditis and to using single cell RNA sequence to understand myocardial pathology in COVID-19. The AHA rapid funding mechanisms jumpstarted cardiovascular COVID-19 research.

The growth of BCVS Professional Partnership remains a highlight for us, particularly among our international and early career partners. We count on the Leadership Committee and encourage you to contact us with concerns, questions or feedback. In addition, our council currently has 588 FAHAs, and we welcomed nine new FAHAs in 2020. For those of you interested in attaining FAHA status, we strongly encourage your application; learn more on the BCVS page at **professional.heart.org/fellowship**.

2020 has been a year like no other, and we have responded to the challenges of this global pandemic in ways we could not imagine. As we look forward to the virtual Scientific Sessions, including the Louis N. and Arnold M. Katz Basic Research Prize and Melvin L. Marcus Early Career Investigator Award, we encourage all your participation and continued support for our young investigators and rising cardiovascular research stars.

I wish all of you good health and productivity. Be well and stay strong!

An Unprecedented Time in Clinical Cardiology



CONNECTING WITH THE CHAIR

Eldrin F. Lewis
MD, MPH, FAHA

As clinical cardiologists, we are dealing with an unprecedented time. COVID-19 has changed how we practice medicine, how we provide care in a safe and compassionate way, and how we learn. There have been considerable challenges, and the American Heart Association and CLCD have been steady partners. As the chair of CLCD, I am proud of all of the hard work that our partners have done over the past few months in concerted effort with AHA staff. I would like to thank Rebecca Garcia, council manager; Denise Levy, senior council manager; Anne Leonard, senior science and medicine advisor; John Ponzio, vice president, professional membership and engagement; and our Immediate Past Chair Randal J. Thomas, MD, FAHA, and Vice Chair Kristen K. Patton, MD.

From a clinical perspective, we recognize that many of our patients are at risk for adverse outcomes with pre-existing cardiovascular disease. It is imperative to educate our patients on strategies for social distancing and to ensure a safe work space in our hospitals, clinical offices, and testing facilities. There is fear among some patients about going to the hospital and this has led to patients potentially delaying seeking medical attention in the midst of acute symptoms. We should urge our patients to call 911 at the first signs of a heart attack or stroke as in the midst of an emergency, hospitals remain the safest place. AHA has an ongoing educational piece to help communicate the importance of this fact. We also have to emphasize the importance of getting active and managing stress while staying safe at home during this social distancing. Given the number of digital platform-based meetings, exercising could diminish. We should stress exercise and healthy eating for all of us and our patients.

CLCD has been at the forefront of research helping us during this pandemic. The COVID-19 CVD registry was created to build on 20 years of successful hospital quality and is powered by Get with the Guidelines. This no-cost registry will inform the medical community through the Institute for Precision Cardiovascular Medicine. Here's the link for more details: **heart.org/en/professional/quality-improvement/covid-19-cvd-registry**. AHA also established a $2.5 million rapid research fund to fast track scientific research to better understand COVID-19 and its impact on cardiovascular and cerebrovascular disease. Several grants have been given out to CLCD partners, including the following:

- Michelle Albert, MD, MPH, "COVID-19 Infection, African-American Women and Cardiovascular Health"
- Mina Chung, MD, "Testing of SARS-CoV-2 Infectivity and Antiviral Drug Effects in Engineered Heart Tissue, Microglial Cell Models, and COVID-19 Patient Registries"
- Paul Wang, MD, AHA COVID-19 Rapid Response Supplemental Award

Social injustice in the country has been palpable. Responses have cropped up across the country and medical professionals are no exception. The AHA remains focused on diversity, equity and inclusion. Our mission is to build healthier lives, free of cardiovascular diseases and stroke for all, regardless of race, ethnicity, gender, religion, age, language, sexual orientation, national origin, and physical or cognitive abilities. The Diversity report provides details on the many efforts of the AHA which we encourage you to engage. The link is: **https://www.heart.org/idc/groups/heart-public/@wcm/@icom/documents/downloadable/ucm_427469.pdf**. There is a redesigned Diversity Committee of the Council Operations Committee that has been created and this gives our partners a chance to become more active in shaping some of our diversity efforts as we move forward. There are also several forums to discuss unconscious bias, structural racism, and the impacts on cardiovascular health.

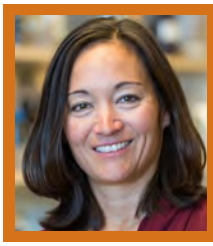
Given the ongoing pandemic affecting so many people across the country, the Committee on Scientific Sessions Program decided to make the entire Scientific Sessions 2020 virtual. Instead of the traditional three days, it will take place over five days — Nov. 13-17. This robust and meaningful scientific exchange in a virtual format will help ensure the health and safety of all while using innovative ways to exchange information. CLCD will still plan to have meetings. Mark your calendars and ensure that you can participate in these interactive sessions. This also gives an opportunity for many others to attend who may not have been able to attend in the past. We are excited about the late break in clinical trials that are coming and we still have our prestigious awards that will be announced during the scientific sessions. The James B. Herrick Award for Outstanding Achievement in Clinical Cardiology will be announced and we look forward to the lecture along with Herrick Award, Laennec Master Clinician Award, Women in Cardiology Mentoring Award, CLCD Distinguished Achievement Award, Willerson Award, and Samuel A. Levine Early Career Clinical Investigator Award competition. Please take note of the time given multiple time zones for people attending.

I would like to welcome anyone who is interested in participating in our many subcommittees on clinical cardiology. We certainly need you more than ever! We are at a time when it is easy to forget to renew partnerships and to remain engaged with many events transitioning to virtual, including the Heart Walk, Go Red for Women luncheons, and Heart Balls. Please go online and ensure that your Professional Partnership is current. In addition, select the clinical cardiology council as your primary council and you can be a part of more than one. We have nominations for subcommittees and we want you to be more involved. When you pay your dues, be sure to specify what you would like to do, including speaking engagements, committee participation, and writing groups. We also would like to increase the number of women and UREGs on our various committees. In addition, you can reach out to me directly if you have an interest in our subcommittees and activities.

Is it time to renew your Professional Partnership?

professional.heart.org/partners

Recognizing Contributions by Young Hearts Partners



CONNECTING WITH THE CHAIR

Shelley D. Miyamoto
MD, FAHA

It is a pleasure to greet all of you as the new Chair of the Lifelong Congenital Heart Disease and Heart Health in the Young (Young Hearts) Council! We extend a heartfelt thank you to our outgoing Chair, Sarah De Ferranti, MD, MPH. Dr. De Ferranti led our council through some particularly exciting times over the past two years, which included a council name change, two outstanding Scientific Sessions, 16 council-related publications (with an additional 11 council publications in the MOC-approved pipeline), enhanced collaboration with our international partners (Japanese Society of Pediatric Cardiology and Cardiac Surgery, the Great Wall International Congress of Cardiology, and the International Kawasaki Disease Symposium), and growth in council partnership. Thanks to Dr. De Ferranti's leadership, we are well positioned to continue promoting our mission of reducing disease risk and improving outcomes across the lifespan through transformative research, education, prevention, and advocacy.

Of course, the COVID-19 pandemic has dominated headlines over the past several months, and partners of Young Hearts have been important advocates for advancing the early understanding of implications of SARS-CoV-2 infection and the COVID-19 pandemic on children and young adults with and without underlying heart disease. Young Hearts partners are actively working to raise awareness, advance the scientific understanding of the pathophysiology, and identify efficacious treatment approaches for the Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19. In one of the earliest efforts at raising awareness, Ravi R. Thiagarajan, MBBS, Jane W. Newburger, MD, FAHA, Mary Beth Son, MD, Jane C. Burns, MD, and Adriana H. Tremoulet, MD, participated in a Pediatric Intensive Care-COVID-19 International Collaborative webinar. Matthew Oster, MD, MPH, FAHA, and Dr. Tremoulet have also worked directly with the Centers for Disease Control and Prevention to disseminate the most updated information on diagnosis and treatment of MIS-C.

To address the unique needs of adults with congenital heart disease, the ACHD subcommittee participated in the AHA Clinical Guidance series, which is a series of podcasts hosted by the AHA centered on providing clinical guidance and patient advice related to COVID-19. Young Hearts Vice-Chair, Anitha John, MD, PhD, FAHA, and Eric Krieger, MD, recorded a podcast directed at medical providers regarding the implications of COVID-19 for adults with congenital heart disease. Shortly thereafter, in partnership with the Adult Congenital Heart Association, the subcommittee chairs (Drs. Kreiger and John) engaged partners Yuli Y. Kim, MD, and Aarthi Sabanayagam, MD, to record a second podcast providing patient advice related to COVID-19 for adults with congenital heart disease. Collaboration with our patient partners allowed for an additional opportunity to address patient needs and concerns during this pandemic.

Links relevant to this rapidly evolving situation can be found at **professional.heart.org/covid-19**. We are very proud of the dedication and efforts of our council's Professional Partners in contributing to improving care and outcomes related to the COVID-19 pandemic.

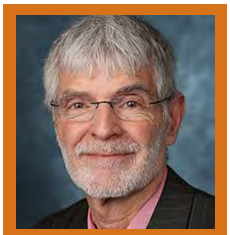
While 2020 has been a year of unprecedented challenges, it has also provided an opportunity to expand and diversify the way in which we care for patients, perform research, and promote scientific discoveries. The entirely virtual format of Scientific Sessions 2020, to be held Nov. 13-17, will allow optimal participation in a time when funding, travel restrictions and competing commitments may have otherwise limited the experience. The AHA and program committees have worked tirelessly to ensure an immersive and interactive meeting.



Jane W. Newburger
MD, FAHA

We are excited that Dr. Newburger will be providing the Alexander S. Nadas Lecture.

Following the 2019 format, the William J. Rashkind Memorial Lecture will be delivered during the Early Career Investigator Abstract Competition session. Please plan to attend this session to support our early career partners who were selected to present their original science. The Early Career Luncheon and Young Hearts Council reception will also be held virtually, with council awards being presented during the reception to acknowledging the important work of our friends and colleagues. One of those being recognized at the 2020 Scientific Sessions will be William (Bill) T. Mahle, MD, who has been selected to receive the prestigious AHA Meritorious Achievement Award for his work promoting cyanotic congenital heart disease screening). Congratulations, Dr. Mahle!



Stuart Berger
MD, FAHA

On one more positive note, Stuart Berger, MD, FAHA, from Lurie Children's Hospital has been awarded the Young Hearts Visiting Professorship and will be visiting Primary Children's Hospital in Salt Lake City, Utah. Congratulations, Dr. Berger!

I am looking forward to seeing you all virtually in November (**scientificsessions.org**). ■

Join the scientific conversations on Twitter!

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Honoring William T. Mahle, MD

The Council on Lifelong Congenital Heart Disease and Heart Health in the Young (Young Hearts) is proud to congratulate William T. Mahle, MD, a former Chair of the council, on his 2020 American Heart Association Award of Meritorious Achievement. He will be honored virtually in Dallas, Texas, on Oct. 28 during the AHA's national volunteer awards luncheon, which will be **livestreamed**.



William Mahle
MD, FAHA

Dr. Mahle was just five years into his career as a pediatric cardiologist when he heard a story that changed his life. A pediatrician's baby had died after a missed diagnosis. Dr. Mahle didn't know the doctor or the baby, but he was especially shaken because the tragedy was avoidable. "It was a completely reparable lesion," he said. "With surgical repair, the child could be expected to live a normal and healthy life."

That incident further sparked his passion to save as many babies as possible through congenital heart screenings. Through his research, advocacy and other work, Dr. Mahle has done just that, helping make those exams routine at hospitals across the country.

"Each day we care for individual patients and their families is rewarding," he said.

That energy and commitment in times of need help fuel Mahle's dedication. He is the Marcus Professor of Pediatric Cardiology and division director of cardiology in the Department of Pediatrics at Emory University School of Medicine and Sibley Heart Center Cardiology in Atlanta, Georgia. He's also co-chief of the Children's Healthcare of Atlanta Heart Center. His passion has especially shined through in his nearly 20 years as an AHA volunteer. First, he joined the Council on Cardiovascular Disease in the Young – now the Council on Lifelong Congenital Heart Disease and Heart Health in the Young (**Young Hearts**) – because the group needed an early-career representative.

Through a combination of his clinical experiences and his involvement with the AHA he recognized the increased national and global demand for newborn congenital heart disease screening. "We needed something more comprehensive about neonatal screenings," Dr. Mahle said. "So I volunteered to look into it."

That he did.

- In 2006, he was lead author of a Young Hearts statement that supported creating a formal nationwide screening program to identify neonates with critical congenital heart disease.
- In 2009, he led the writing group that published a statement summarizing evidence to support a screening program.
- In the ensuing years, he spearheaded collaboration among public health experts, patients and families, and governmental agencies in the U.S. and other countries to develop a screening plan.

"I wanted to make sure we could marry the narrative of the families with the data," Dr. Mahle said. "Giving policymakers data with no story never works. These individual events could demonstrate a way to profoundly impact the congenital heart population. If you can influence national policy, your impact can be far more profound."

Today, all 50 states and Washington, D.C., have either enacted laws requiring the screening, promoted regulations, or provided guidance. Through the AHA, Dr. Mahle advocated strongly for these measures and his upcoming recognition is well-deserved. ■

This report submitted by Matthew Oster, MD, MPH, FAHA.

American Heart Association.
Professional Heart Daily

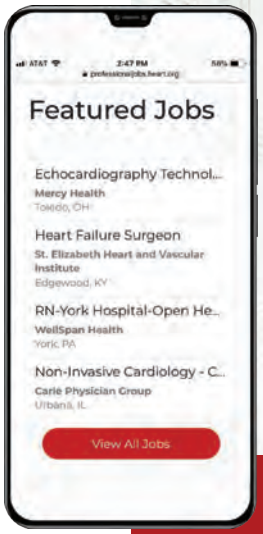
Your next cardiovascular career opportunity is right at your fingertips.

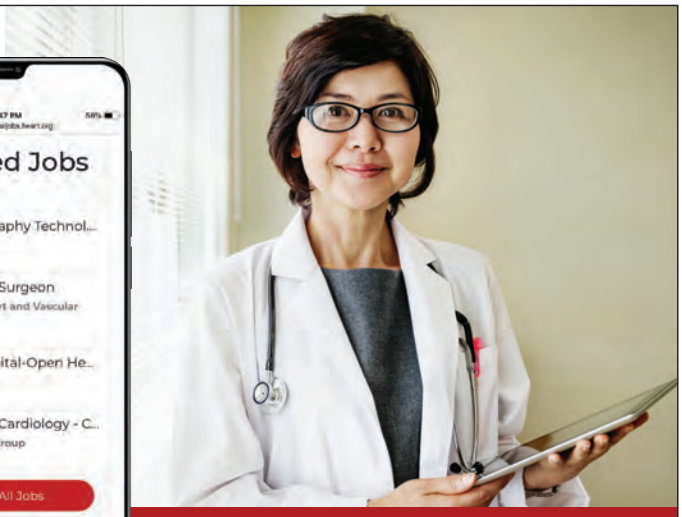
Search and apply to jobs in all aspects of the cardiology field at organizations that value your credentials.

Upload your resume so employers can contact you. You remain anonymous until you choose to release your contact information.

Create job alerts and receive an email each time a job matching your criteria is posted.

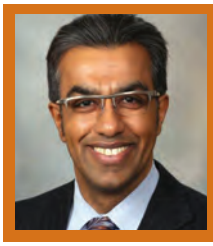
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Scientific Sessions 2020: Reimagined Format!



CONNECTING WITH THE CHAIR

Sanjay Misra
MD, FAHA, FSIR

Welcome to the fall CVRI *Connections* update. I hope everyone is staying safe.

The AHA's Scientific Sessions 2020 is right around the corner, and I would like to thank the CVRI Committee on Scientific Sessions Program Committee chaired by Gautham P. Reddy, MD, MPH, for their hard work! Sessions will take place as a virtual experience, and the dates have been expanded to Nov. 13-17. The format will allow interaction and live chat and more time to navigate the event. We will offer our council topics as planned, though the dates will be slightly different. We look forward to these imaging sessions:

- "Hype or Hope? Artificial Intelligence and Machine Learning in Imaging" (Main Event/Plenary)
- "Ischemia after ISCHEMIA: CT vs. Stress Testing"
- "Acute Chest Pain: Imaging Controversies"
- "Imaging of the Thoracic Aorta: Before and After (Surgery)"
- "Seeing Clearly: Addressing Health Disparities in Cardiovascular Imaging"
- "Success in Failure: Novel Applications of Imaging in Heart Failure with Preserved EF"
- "Imaging the Hypertrophic Heart: Old Wine in New Bottles"
- "Go with the Flow: Clinical Applications of 4D Flow"
- "Imaging the Inflamed Heart: Myocardial Inflammation from Soup to Nuts"

In addition, plan now to attend:

- Electronic scientific poster sessions, including a moderated format for some posters
- Roundtable discussions for early career attendees with leading imaging experts or abstract presentations at the Melvin Judkins Early Career Clinical Investigator Award competition or after the Charles T. Dotter Memorial Lecture.

Attending Sessions virtually means you will hear from and interact with your AHA colleagues from around the world! Get more information and register at **scientificsessions.org**.

Council Science News



Mario J. Garcia
MD

One of the goals of the council is to promote science. I would like to congratulate Mario J. Garcia, MD, on the July publication of a paper "State of the Art: Imaging for Myocardial Viability: A Scientific Statement From the American Heart Association" in *Circulation: Cardiovascular Imaging*.

The council has been busy working on new statements. The council endorsed a paper in development on chronic aortic dissection chaired by Dominik Fleischmann, MD. There are also council-sponsored telehealth and artificial intelligence documents being developed. If you are interested in participating please let me know.

I look forward to "seeing" you at Sessions! In the meantime, I hope everyone stays safe and healthy.

ReSS at Sessions

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Fees for AHA science events/products enables more funding for AHA research and lifesaving programs.

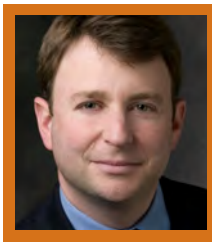
What To Expect

- 3 days of resuscitation science sessions live and on-demand
- Networking events include live Q&A, Young Investigator Event, and much more!
- Late-breaking resuscitation science
- Plenary sessions: Survivorship, Revisiting Basic Life Support, Pushing the Boundaries of Resuscitation, and Resuscitation Science Year in Review
- Access to all Scientific Sessions 2020 with 5 days of highly anticipated live and on-demand programming across 4 channels
- All programming will be available on-demand for 45 days post-event

American Heart Association.

20-127

Fall Council Updates



CONNECTING WITH THE CHAIR

Michael Fischbein
MD, PhD, FAHA

Thank you for the opportunity to serve as the Chair of the Cardiovascular Surgery and Anesthesia Council (CVSA). CVSA strives to uphold the mission of the AHA to reduce morbidity and mortality due to cardiovascular disease. We also strive to improve the application of established surgical procedures and anesthesia techniques, increase awareness of new issues in the field of cardiovascular surgery and anesthesia, and disseminate new knowledge to increase the number of patients who may benefit from safer and more effective surgical treatment.

Sessions Update

As you know, AHA Scientific Sessions 2020 will be virtual. I want to thank Sessions 2020 CVSA Program Co-Chairs Pavan Atluri, MD, FAHA (also council vice chair) and Linda Shore-Lesserson, MD, for their hard work and dedication. I encourage all CVSA partners to participate and help create an interactive meeting.

We are honored to have Pedro del Nido, MD, FAHA, William E. Ladd Professor of Child Surgery, Harvard Medical School, Chairman, Department of Cardiovascular Surgery, Boston Children's Hospital as the 2020 William W. L. Glenn Lecturer. The William W. L. Glenn Lecture was established in 1989 in honor of William W. L. Glenn, MD, a pioneer cardiac surgeon who made important contributions to the treatment of congenital and acquired heart disease.

Other meeting highlights include the Vivien Thomas Early Career Investigator competition acknowledging the accomplishments of early career investigator partners of CVSA who are focusing on fundamental and applied surgical research. Finally, the 5th Annual STS at AHA meeting will discuss "Cardiac Surgery During the COVID-19 Pandemic: Lessons Learned."

Early Career Committee Update

CVSA is excited to invite the following cardiac anesthesia and cardiothoracic surgery residents/fellows/medical students to the new CVSA Early Career Committee: Melissa Vogelsong, MD (Cardiac anesthesia fellow, Stanford); Elizabeth Magdycz, MD (Cardiac anesthesia fellow, Brigham & Woman's Hospital); Jarvis Mays (U of Penn medical student); Marko Boskovski, MD (Cardiothoracic surgery resident, Brigham & Woman's Hospital); Nick Shea, MD (Cardiothoracic surgery resident, Columbia); Albert Pedroza, MD (Cardiothoracic surgery resident, Stanford); Jason Han, MD (Cardiothoracic surgery resident, U of Penn); Xiaoying Lou, MD (Cardiothoracic surgery resident, Emory); Kendall Lawrence, MD (General Surgery resident, NY-Presbyterian/Weill Cornell). We believe the engagement of the future leaders will strengthen our council and ensure that we highlight and discuss issues relevant to our young partners. Our first goal is to create a series of AHA/CVSA virtual panel discussions for medical students and cardiothoracic surgery and cardiac anesthesia residents.

Partnership and Communications Committee Update

We have made tremendous progress over the calendar year in our development of ways to engage colleagues in related specialties, including perfusion and critical care. We are also working on ways to increase resident and fellow participation in the AHA. Strategies actively considered include joint society conferences and fee schedule adjustments.

We have an excellent group of FAHA candidates that will increase council participation and engagement.

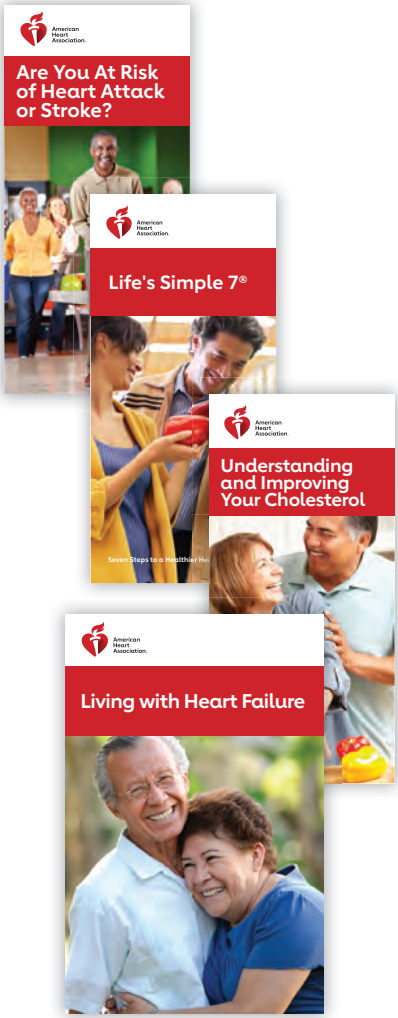
We have a twitter hashtag this year again, **#CVSA20**, to help CVSA partners and Scientific Sessions attendees be aware of CVSA academic contributions and awards.

Please remember to renew your Professional Partnership at **professional.heart.org/partners** and to apply for FAHA from the CVSA page at professional.**heart.org/fellowship**. Check in on our council anytime at **professional.heart.org/cvsacouncil**

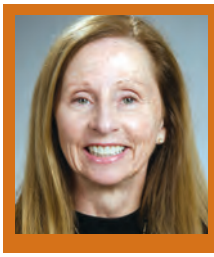
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Council Needs Input From Partners



CONNECTING WITH THE CHAIR

Cynthia M. Dougherty
PhD, ARNP-BC, FAHA

Welcome to the beginning of a new fiscal year in the American Heart Association. I am excited to be working with all of you over the next year as your chair, as well as Terrie Black, DNP, FAHA, the chair-elect, and Nancy Artinian, PhD, FAHA, chair of the Nominating Committee. These are unprecedented times that we are in, working, collaborating, and moving cardiovascular science forward. We are mindful of both the impact and spread of COVID-19 and of racism as it impacts our cardiovascular health, our families, our communities, and our patients. With these issues on the forefront, the AHA stands strong to advance its goals and mission to equitably increase healthy life expectancy for all.

For the next two years, the chairs of standing CVSN Committees are:

Nominating: Dr. Artinian

SCILL: Corrine Y. Jurgens, PhD, RN, FAHA

Communications and Membership: Leslie L. Davis, PhD, ANP, FAHA

Early Career: Ruth Masterson Creber, PhD, RN

Development: Margaret M. McCarthy, FNP, PhD, FAHA

Research Mentoring: Rebecca Gary, PhD, FAHA

International: Tina Hansen, PhD, RN

Stroke Nursing: Norma D. McNair, PhD, RN

Complex Care: Lucinda J. Graven, PhD, ARNP, FAHA

Pediatric: Nancy A. Rudd, PNP, RN, FAHA

Awards: Victoria V. Dickson, PhD, FAHA

What to look for at the virtual 2020 Scientific Sessions

The 2020 Scientific Sessions are going virtual! As we re-imagine the virtual sessions, we have added some new and exciting opportunities to grow your professional network and share your ideas including:

- Instant access to sessions from around the world
- Real-time chat discussions with global colleagues
- Live e-Poster sessions
- COVID-19 Hot Topic sessions
- Cardio-oncology seminar
- More time to navigate all the Scientific Sessions have to offer

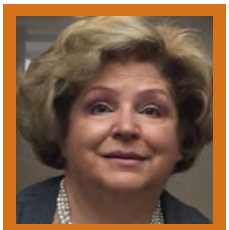
We will continue to include old favorites like late-breaking science, early career & FIT programming, and CME/MOC credits. Keep an eye on our website and your email for more details as they become available.

Here is where we need your important input:

- CVSN will be making recommendations about how we as a council can assist the AHA to meet its goals. Below is the link to goals as originally stated for 2030; please send strategies and actions to one of the committee chairs listed above. **https://www.heart.org/en/about-us/2030-impact-goals**
- CVSN has an opportunity to contribute research ideas to the Provocative and Innovative Questions model that AHA will use to prioritize research in the future. Please send your ideas to the committee chairs in the following areas:
  - Intriguing but older observations that have never been adequately explored
  - Perplexing, often paradoxical findings that exemplify current gaps in knowledge
  - Questions we never thought we could answer, but now with new techniques, are within our reach ■

Gayle Whitman, PhD, RN, FAHA

Join CVSN on congratulating one of our own on a career of outstanding service to the field



Gayle Whitman
PhD, RN, FAHA

As cardiovascular clinician, educator, researcher and administrator, Gayle Whitman, PhD, RN, FAHA, was both broadly and significantly involved in cardiovascular nursing over her 45-year career. Concurrent with these roles, Dr. Whitman was an active science volunteer partner serving on over 100 CVSN and AHA national committees and groups ranging from tasks forces at the regional level, chair of CVSN Council to the National AHA Board of Directors. She joined the staff at AHA, rising to the role of executive vice president, where she oversaw the science operations for the AHA, research enterprise, scientific publishing, professional education, lifelong learning activities, scientific statements and guidelines, and AHA's scientific conferences.

Dr. Whitman retired as the executive vice president at the AHA in June 2020. CVSN salutes her important contributions to cardiovascular nursing and the AHA! ■



CVSN Early Career Corner

Early Career Perspectives: Flexibility During a Pandemic

There is not likely an early career nurse scientist among us that will be sad to see 2020 in the rear-view mirror. The COVID-19 pandemic pushed us to the limit as we readjusted research plans, juggled work and family life, and debated going after new research questions. This issue's Early Career Corner highlights the perspectives of two early career nurse scientists and how they have used creativity and flexibility to continue to move their research forward during this difficult time.

Kelly Wierenga, PhD, RN, at Indiana University School of Nursing was preparing to launch a pilot study when the COVID-19 pandemic necessitated a change in plans. This pilot tests the eMotion app, a remotely delivered adaptation of her in-person intervention, which reduces anxiety and depression for people recovering after a myocardial infarction. She fully embraced remote research which unfortunately meant delaying the launch of her study. While working through adjustments to her study, she partnered with Scott Emory Moore, PhD, APRN, AGPCNP-BC, at Case Western Reserve University, to identify how psychosocial predictors may impact self-management behaviors needed for SARS-CoV-2 transmission mitigation. The initial nationwide cross-sectional survey of 1,380 adults completed enrollment and analyses are underway to compare self-management behaviors between those with and without cardiovascular disease during the first three months of the pandemic. Dr. Wierenga and team are continuing longitudinal data collection from 506 individuals from across the US.

During the pandemic, Ruth Masterson Creber, PhD, in the Department of Population Health Sciences at Weill Cornell Medicine has pivoted her research in multiple ways. To continue enrolling participants in existing studies, she has developed strategies for entirely virtual recruitment and consent. These strategies are working well even with the older adult population that she typically recruits. In addition, she has partnered with researchers at Boston Scientific and New York-Presbyterian Hospital to examine remote data collected from patients using cardiac devices, such as pacemakers and defibrillators. Data from cardiac devices, including heart rate, heart rhythm, temperature, and thoracic impedance, may enable researchers to explore detailed cardiac changes that occur from when the patient is first infected with COVID to hospitalization to discharge, as well as the long-term sequalae. The team is in the process of analyzing data from more than 1,000 patients over the course of a year and hopes the findings will improve management and outcomes of patients with cardiac disease who become infected with COVID-19.

Each of these examples showcases how early career nurse scientists have been flexible in their research pursuits and will ultimately improve our knowledge of the impact of COVID-19 on patients with cardiovascular disease. ■

Caregiving Among Minority Women and the Superwoman Schema



Barbara Lutz
PhD, RN, CRRN, PHNA-BC, FAHA, and McNeill Distinguished Professor

At Scientific Sessions 2019, I was honored to be included as part of the symposium: *Superwoman Syndrome: Racial and Ethnic Disparities in Cardiovascular Disease in Minority Women*. Moderators Trudy Gaillard, PhD, RN, FAHA, and Gayenell Magwood, PhD, RN, FAHA, opened the symposium by describing the "Superwomen Schema." Mercedes Carnethon, PhD, then discussed "Cardiovascular Risk and Outcomes in Minority Women" and Michelle Albert, MD, MPH, compelled the audience to consider the "Biology of Adversity." My talk, addressing the impact of "Caregiving among Minority Women" within the context of the Superwoman Schema, concluded the symposium and is the focus of this article.

The links between stress and cardiovascular disease (CVD) and stroke are well-documented. Further, several studies have shown increased rates of chronic illness among minority women and increased risk of CVD and stroke in African American women. Over the last decade, research has recognized the relationship between the role of the "strong black woman" or "superwoman" and the stress experience. According to this work, superwoman schema is defined by five areas that contribute to increased stress among minority women[1]. These areas are the:

- Obligation to manifest strength
- Obligation to suppress emotions
- Resistance to being vulnerable or dependent
- Determination to succeed despite limited resources
- Obligation to help others
- Survival is perceived as dependent on "superwoman" behavior, which can negatively affect health, including the increased risk for CVD and stroke[1].

Family caregivers, who are commonly women providing care for their spouses or other family members, are at increased risk for negative health consequences, often feel overwhelmed, experience more stress, anxiety and depression than non-caregivers[2]. In the United States, a greater proportion of those identifying as caregivers are from a minority population (e.g., 21% of Hispanics identify as caregivers compared to 20% of African Americans and 17% of whites)[2]. Minority caregivers tend to be younger with mean age for Hispanic, African Americans, Asian Americans, and white Americans at ages 42.7, 44.2, 46.6, and 52.5, respectively[2]. African American and Hispanic caregivers provide more hours of care and care that is considered higher burden. Many African American caregivers provide care to more than one person for an average of 20.6 hours per week while maintaining employment[3].

These facts, taken in the context of the superwoman schema, increase the risk of poor cardiovascular-related health outcomes for minority caregivers. Cultural and social norms and expectations cannot be ignored as we consider this portion of our population. A plethora of evidence supports the negative impact of stress on cardiovascular health. If minority women caregivers feel they need to be strong; not be emotional, vulnerable, or

(continued on page 38)

(continued from page 37)

rely on others; and feel obligated to help others without regard to self and self-care and succeed against all odds, their cardiovascular health can be negatively affected. There are key strategies that can be employed by health care providers to improve cardiovascular health and reduce stroke risk in minority women caregivers including:

- Understanding and respecting the differences in cultural and social norms and expectations
- Carefully assessing the impact of caregiving and other life stressors on health
- Developing individualized care plans that are tailored specifically to the needs of minority women, while understanding these cultural perspectives and expectations
- Identifying "real" (e.g. affordable, accessible, and acceptable) options for self-care such as physical activities, culturally sensitive dietary options, and respite services, while encouraging and normalizing use of these resources
- Facilitating opportunities to share concerns within the health care system (e.g. access to social workers, mental health counselors, and support groups)

As healthcare providers and advocates, it is critical to recognize and address disparities that exist within our practice settings and communities at-large. Institutional racism must be systematically addressed at the organizational, community, and public policy levels to tackle disparities and improve equity in health care and support services for minority caregivers. A more culturally conscious health care system could help to reduce poor CVD and stroke outcomes among our minority caregiver superwomen.

References:

[1] Wood-Giscombe, C.L. (2010). Superwoman Schema: African American women's views on stress, strength, and health. *Qualitative Health Research*, 20(5), 668-683

[2] Family Caregiver Alliance (2019). Caregiver statistics: Demographics. Retrieved from: **https://www.caregiver.org/caregiver-statistics-demographics** [caregiver.org]

[3] Family Caregiver Alliance (2016). Caregiver statistics: Health, technology, and caregiving resources. Retrieved from: **https://www.caregiver.org/** [caregiver.org]

American Heart Association.
Professional Heart Daily

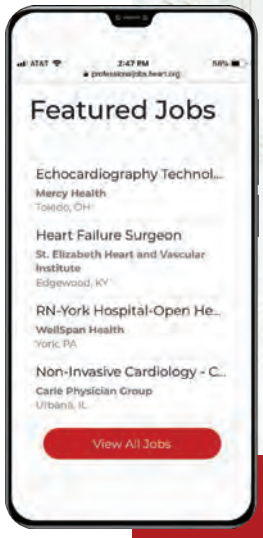
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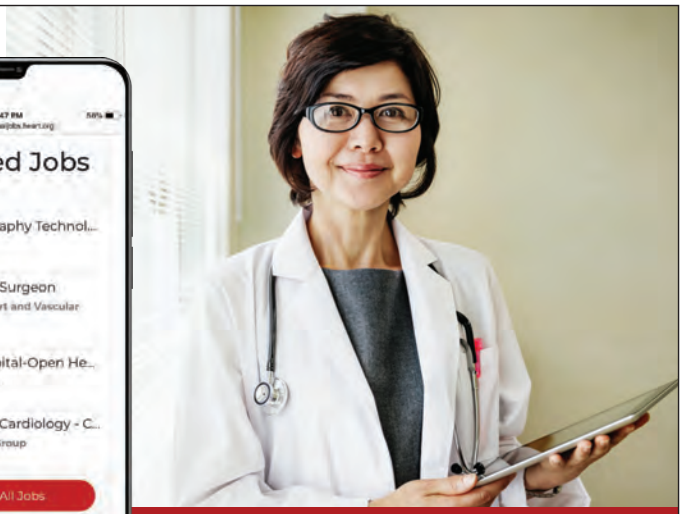
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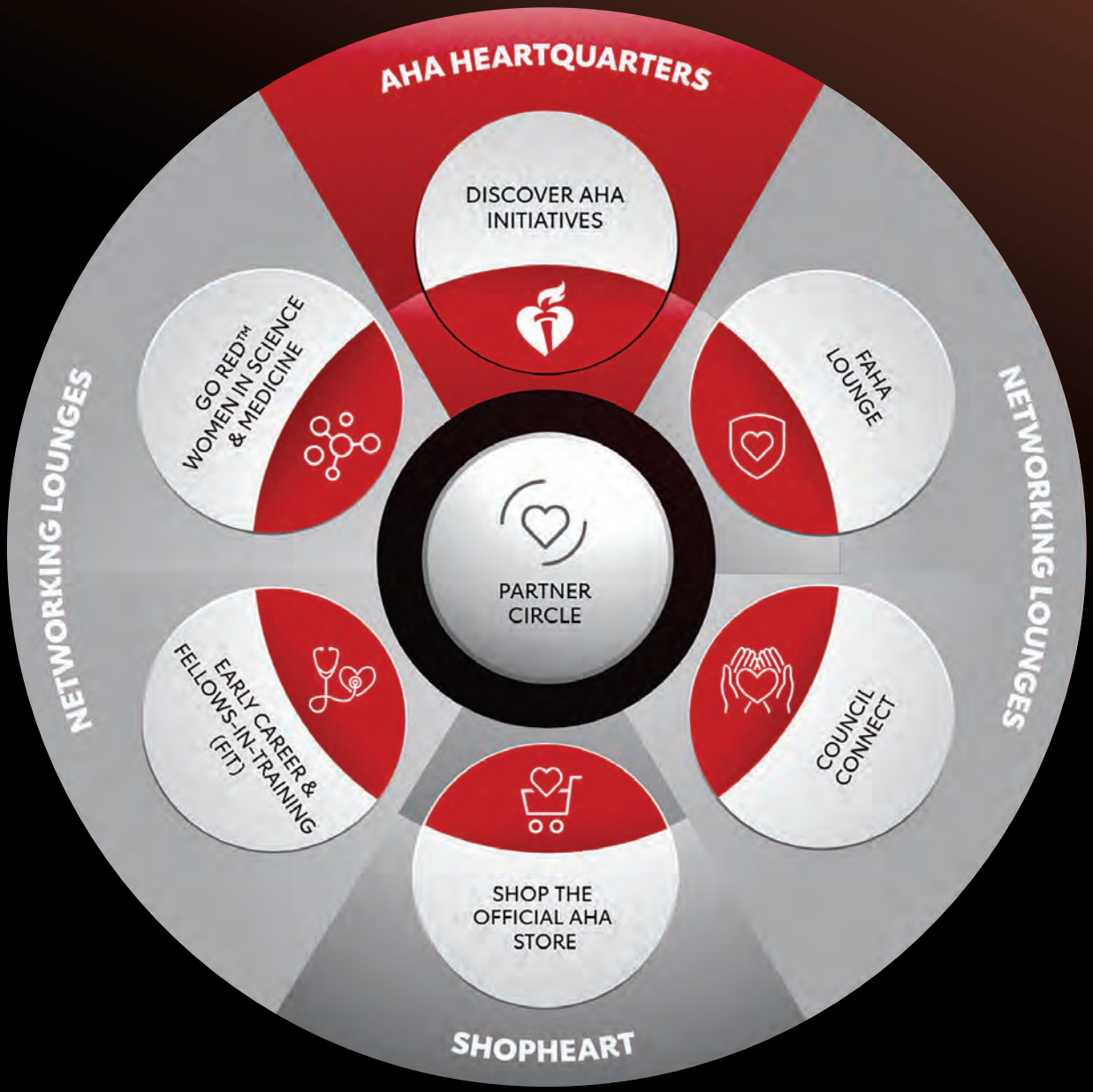
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CONNECTING WITH THE CHAIR

Cheryl Anderson
PhD, MPH, FAHA

Before we usher in the 2020-2021 year, let's reflect on a few noteworthy events of 2020. On the heels of several lively discussions about whether to change EPI's name, public health and epidemiology became commonly used household words in 2020 as we experience the effects of pandemic SARS-CoV-2 and the resultant COVID-19.

The pandemic has caused a lot of uncertainty, but we can be sure that 2021 will bring unprecedented challenges to how we remain connected and productive as a council. The pandemic response has highlighted the importance of prevention, epidemiologic research, disease surveillance and health policies that are based on data obtained in real time. We have witnessed the value and significance of public health measures for the control and mitigation of SARS-CoV-2 and COVID-19, and how early and effective public health actions reduces burden on healthcare systems. These measures included physical distancing, self-isolation, banning of public events, school closures and policies for face coverings.

During the pandemic there has also been a national conversation about structural and systemic racism, specifically anti-Black racism. Those who work in public health have long acknowledged the intersection of epidemiology and social justice, and the American Heart Association and our council will continue to lead the important work on social determinants of health and health equity. The pandemic response has resulted in the interruption of primary school education; school nutrition programs; access to healthcare including essential mental health services, vaccinations, and medicines; and increased use of telemedicine. We need epidemiology and other public health research now more than ever to better understand the long-term implications of these changes.

Although the road ahead will be challenging, I remain excited about the opportunity to serve the constituents of this council for the next two years. My gratitude to Veronique L. Roger, MD, MPH, FAHA, and Donald M. Lloyd-Jones, MD, FAHA, for their dedication, service and mentoring over the past two years while they served as chair and immediate past chair. I look forward to seeing you virtually as we work on our strategic plan for growth and the equitable advancement of cardiovascular health and well-being.

For the latest news on the Council on Epidemiology and Prevention, visit **professional.heart.org/epicouncil**. Contact Melvin Templeton at **Melvin.Templeton@heart.org** if you wish to get involved in the council, or visit **professional.heart.org/volunteerform** to indicate your activity preferences.

Please mark your calendars: **EPIILifestyle 2021 Scientific Sessions**

March 2–5, 2021 | Chicago, Illinois

professional.heart.org/epilifestylesessions

Updates on Sessions 2020 and EPIILifestyle 2021

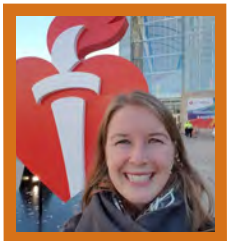
Thank you to council partners for contributions to the epidemiology, big data and precision medicine content for Scientific Sessions 2020. Please follow them on Twitter for **#AHA20** updates:

- Donald Lloyd-Jones, MD, FAHA, Chair (and former EPI council chair) **@dmljmd**
- Norrina B. Allen, PhD, MPH, FAHA **@NorrinaA**
- Catherine P. Benziger, MD, MPH, FAHA **@DrBenzigerHeart**
- April P. Carson, PhD, MSPH, FAHA **@AprilCarsonPhD**
- Matthew J. Feinstein, MD **@MattFeinsteinMD**
- Randi E. Foraker, PhD, FAHA **@randi_epi**
- Carmen R. Isasi, MD, PhD **@CarmenIsasi**
- Kiarri N. Kershaw, PhD, MPH, FAHA @ **KiarriKershaw**
- Ambarish Pandey, MD, FAHA **@ambarish4786**

Join us Nov. 13-17 at the new five-day virtual Scientific Sessions to hear from top experts in the field and have the latest science delivered directly to your home office. You can connect with other conference attendees and get meeting updates by following **@AHAMeetings** and using the hashtags **#AHA20**, **#cvEPI**, **#cvPrev**, **#HealthDisparities**, **#SDOH**, and **#cardiotwitter**. For programming details and to register, visit **scientificsessions.org**.

In addition, registration for EPI|Lifestyle 2021 opens in winter 2020. As of press time, the submitter for abstracts for our spring meeting was scheduled to close on Oct. 14, and the conference was planned to be both virtual and in person at the Hilton Chicago in Chicago, Illinois. For the latest information, visit **professional.heart.org/epilifestylesessions**.

Connecting with the Chair of the Membership and Communications Committee



Catherine Benziger
MD, MPH, FAHA

We welcomed new council leadership as of July 1, 2020:

- Cheryl Anderson, PhD, MPH, FAHA (Chair)
- Wayne Rosamond, PhD, FAHA (Vice Chair)
- Veronique Roger, MD, MPH, FAHA (Immediate Past Chair and Nominating Committee Chair)

Congratulations to the winners of awards presented at the EPI|Lifestyle meeting in March 2020:

- Joshua D. Bundy, PhD (Jeremiah and Rose Stamler Research Award for New Investigators)
- Jiun-Ruey Hu, MD, MPH (Epidemiology and Prevention Early Career/Trainee Travel Award)
- Nilay S. Shah, MD, MPH (Epidemiology and Prevention Early Career/Trainee Travel Award)
- Sbaraini Da Silva, MD (Epidemiology and Prevention Early Career/Trainee Travel Award)
- Qingxue Zhang, PhD (Epidemiology and Prevention Early Career/Trainee Travel Award)
- Oluremi Ajala, MD, MPH (Epidemiology and Prevention Minority Travel Grant)
- Yamnia Ivelisse Cortés, PhD, MPH, FNP-BC (Epidemiology and Prevention Minority Travel Grant)
- Liliana Aguayo, PhD, MPH (Epidemiology and Prevention Minority Travel Grant)
- Luis A. Rodríguez, MPH, RD (Epidemiology and Prevention Minority Travel Grant)
- Anika L. Hines, PhD, MPH (Epidemiology and Prevention Minority Travel Grant)
- Catherina C. Martinez, RN, ARNP, PhD (Epidemiology and Prevention Minority Travel Grant)
- Angela Malek, PhD, MPH (Sandra A. Daugherty Award for Excellence in Cardiovascular Disease or Hypertension Epidemiology)
- Russell V. Luepker, MD, FAHA (Epidemiology and Prevention Mentoring Award)
- Tanika N. Kelly, PhD, MPH (Roger R. Williams Memorial Award for Genetic Epidemiology and the Prevention and Treatment of Atherosclerosis)
- Frank Qian, MPH (Trudy Bush Fellowship for Cardiovascular Disease Research in Women's Health)
- Duke Appiah, PhD (Trudy Bush Fellowship for Cardiovascular Disease Research in Women's Health)
- Jewel Scott, FNP, RN (Trudy Bush Fellowship for Cardiovascular Disease Research in Women's Health)
- Qingxue Zhang, PhD (Roger R. Williams Memorial Award for Genetic Epidemiology and the Prevention and Treatment of Atherosclerosis)

Congratulations to council partners who achieved the status of Fellow of the American Heart Association (FAHA) in spring 2020:

- Michael D. Shapiro, DO, MPH, FAHA
- Jane E. Reusch, MD, FAHA
- Ambarish Pandey, MSCS, MBBS, FAHA
- Tracy Baynard, PhD, FAHA
- Amelia K. Boehme, PhD, MSPH, FAHA
- Philimon N. Gona, PhD, MPH, FAHA
- Morgana Mongraw-Chaffin, PhD, MPH, FAHA
- Sakima A. Smith, MD, MPH, FAHA

Congratulations to the EPI National award winners as well; they will be recognized at the Presidential Address at AHA's upcoming Scientific Sessions, to be held as a virtual experience in November:

- Michelle A. Albert, MD, MPH (Population Research Prize Award)
- Sonia Y. Angell, MD, MPH, DTM&H (Chairman's Award)

We encourage all our partners to learn more about becoming a FAHA! For details, visit the EPI page at **professional.heart.org/fellowship**.

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Honoring a Legacy of Extraordinary Council Leadership



CONNECTING WITH THE CHAIR

Carolyn Ho
MD, FAHA

Welcome to a new fiscal year with the American Heart Association! I am excited and honored to start my term as chair of the Council on Genomic and Precision Medicine (GPM). Our mission is to advance discoveries in genetics, omics, and translational biology and to foster their application to improve global cardiovascular health and disease. We've enjoyed a legacy of extraordinary leadership that has allowed GPM, one of the newest councils of AHA, to grow and flourish.

I am enormously grateful for the steady, thoughtful and forward-looking guidance of Thomas Wang, MD, FAHA, for the past two years. As a testament to Dr. Wang's remarkable administrative and leadership skills, he has recently transitioned from leading the Division of Cardiovascular Medicine at Vanderbilt University Medical Center to now chairing the Department of Internal Medicine at the University of Texas Southwestern Medical Center in Dallas, Texas.

I am also delighted to introduce the incoming vice chair of GPM, Dan M. Roden, MD, FAHA. Dr. Roden is a Professor of Medicine and Pharmacology and Interim Director, Division of Cardiovascular Medicine at Vanderbilt University. He is well known to our community for his important and ongoing contributions to inherited arrhythmias, pharmacogenomics, and advancing personalized medicine. He has been a staunch advocate for GPM's agenda, and I am sure that we will benefit enormously from his leadership over the next years.

By way of introduction, I am currently an associate professor of medicine at Harvard Medical School and medical director of the Cardiovascular Genetics Center at Brigham and Women's Hospital. I have been driven to better understand the genetic basis of human heart disease, as insights gained provide remarkable opportunities to more precisely predict and prevent disease. My research integrates clinical translational research, observational cohort studies, and clinical trials of novel therapies for genetic cardiomyopathies. By identifying at-risk individuals before a clinical diagnosis is established, improving understanding of disease pathobiology, and developing novel therapies intended to modify and ultimately prevent phenotypic expression, genetic discoveries can help transform the practice of medicine.

I have been grateful to be part of GPM for nearly a decade. I vividly remember attending my first Leadership Committee meeting and feeling like I had truly found "my people" within the larger AHA community. GPM is a vibrant and dynamic council; over the next two years I look forward to expanding our efforts in clinical genetics, precision medicine, big data and implementation science. Recognizing our responsibility to improve genetic literacy in cardiology, we have also been developing a Certificate Program in Cardiovascular Genomics. This project is entering the final stages and will hopefully go live within this academic year.

I am also keenly interested in increasing diversity and inclusion within the council by expanding our ranks, improving communication about council activities, and engaging as many partners as possible. One of the great strengths of GPM is our agile size and accessible leadership opportunities. We welcome early career and all other partners to get involved. We are eager to hear your thoughts!

Here are our committee chairs. Please reach to them and to me with your ideas:

- **GPM & EPI Molecular Determinants of Cardiovascular Health:** Myriam Fornage, MD, PhD
- **GPM Early Career:** Jennie Lin, MD, FAHA
- **GPM Membership and Communications:** Pankaj Arora, MD, FAHA
- **GPM Nominating Committee:** Thomas Wang, MD, FAHA
- **GPM Professional/Public Education & Publications:** Sharon Cresci, MD, FAHA
- **GPM Scientific & Clinical Education Lifelong Learning:** Neal K. Lakdawala, MD, FAHA ■

GPM's Interactive Programming at Sessions Includes Boot Camps



Neal Lakdawala
MD, FAHA
Chair, Scientific & Clinical Education Lifelong Learning

Our council has embraced interactive sessions for the past several years, which has positioned us to transition smoothly to the format of this year's Scientific Sessions. GPM's programming will include a reprise of two "boot camp" sessions: clinical genomics (GE.CVS.673) and single cell RNA sequencing (GE.EC.515). These well-received sessions are designed to prepare clinicians and researchers to utilize contemporary tools through a case-based interactive format.

High-scoring original science will be highlighted in award presentations, oral abstract presentations, moderated digital posters and digital poster formats.

We have also prepared content ranging from clinical management of genetic diseases through cutting-edge research in precision medicine and genome editing. A state-of-the art session on hypertrophic cardiomyopathy (GE.CVS.629) will cover the 2020 consensus guidelines, paradigm shifting clinical trials and contemporary mechanistic insights. Engaging and interactive rapid-fire cases will be used in the clinical dilemmas in cardiovascular genetics (GE.CVS.626) session. In the Best Science in Cardiovascular Genetics and Genomics (GE.CVS.639) session, therapeutic applications of genome editing will be presented alongside the future of multi-omic research, and applications of polygenic risk score.

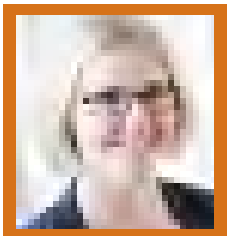
Visit scientificsessions.org for the latest program details and to register. We look forward to "seeing" you there! ■

Young Investigator Awards Are Important Part of GPM at Sessions

By Pankaj Arora, MD, FAHA, Membership & Communications Committee Chair

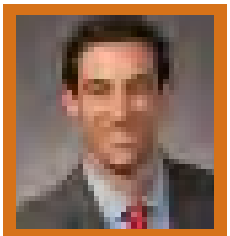
Every summer is the time to welcome new faces in the various different council committees of the unprecedented times we are in, we welcome all our Genomic & Precision Medicine Council Professional Partners and leaders and would like to extend a special recognition to the committee members who are rolling off; we truly and sincerely appreciate your service for furthering the mission of the AHA and our council.

All of us in GPM are excited about the upcoming AHA Scientific Sessions, as we have expanded robustly in terms of offered activities and programming. Even though Sessions will be virtual, we promise that it will be a lot of fun! The most exhilarating part of Sessions for me personally is GPM's Early Career Investigator Awards. Details of the presentation time and location will be shared soon, but do plan to join and listen to the best science and see the finest in business compete with each other at Sessions in November. Meet our exciting finalists below.



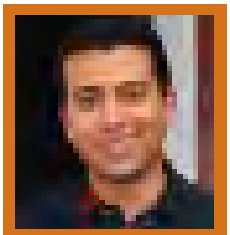
Maléne Lindholm
PhD

Maléne Lindholm, PhD, from the Stanford University who will presenting her work on the Mono- and biallelic structural variants in alpha-actinin 2 cause contractile dysfunction and cardiomyopathy in humans.



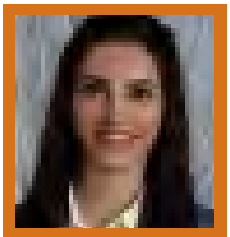
Daniel Katz
MD

Daniel Katz, MD, from the Beth Israel Deaconess Medical Center will be presenting his work on Biracial Proteomic Profiling Reveals Novel Candidate Pathways in LVH and Incident HF Specific to Black Individuals.



Rédouane Aherrahrou
PhD

Rédouane Aherrahrou, PhD from the University of Virginia who will be presenting his work on the Genetic regulation of atherosclerosis-relevant phenotypes in human vascular smooth muscle cells.



Minoo Bagheri
PhD

Minoo Bagheri, PhD, from the Vanderbilt University Medical Center who will be presenting her work on the genetic architecture of plasma kynurenine points to mechanisms underlying its association with cardiovascular diseases.

Keep checking your inboxes and **professional.heart.org/vasculardiscoverysessions** for the most up-to-date information on dates and location for **Vascular Discovery: From Genes to Medicine Scientific Sessions 2021**

Professional Partners Save on Sessions Registration

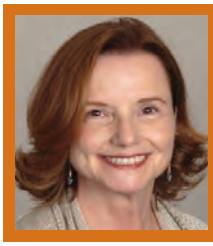
Did you know that as an American Heart Association Professional Partner you can **save $50 on Scientific Sessions registration**?

Did you also know that we are offering the first 1,200 Partners who register for Scientific Sessions **a special Stay Safe Kit**?

Our AHA professional volunteers are more than just members, they are our partners in being a relentless force for a world of longer, healthier lives. **Learn more about becoming a Professional Partner today at professional.heart.org/partners**.

Register for Scientific Sessions 2020 today at **scientificsessions.org**.

A Successful Hypertension Scientific Sessions



CONNECTING WITH THE CHAIR

Karen A. Griffin
MD, FAHA

This year's virtual Hypertension Scientific Sessions, Sept. 10-13, was once again a premier scientific meeting, not only focused on recent advances in basic, clinical, and population research on hypertension, but also on the most effective means for detecting, evaluating, and treating high blood pressure across diverse populations. Going virtual allowed attendees to experience our annual Hypertension Scientific Sessions from the comfort of their home or office with the advantage of viewing many of the presentations during times convenient to them. As an added bonus, the AHA has allowed attendee-access to the content of our meeting "on demand" for a total of 90 days. The use of a virtual platform allowed individuals from all over the globe easier access to our meeting without the need to travel during the present COVID-19 pandemic. And, believe it or not, utilizing a virtual platform results in a greater number of travel awards as the award was limited to the cost of registration.

I would like to thank Curt D. Sigmund, PhD, FAHA (Program Committee Chair), and Daichi Shimbo, MD (Vice-Chair of Clinical Programs), in addition to the other members of the scientific programming committee for their dedication and great talent in putting together this outstanding conference. This year's Keynote Lecture "Genetics of Primary Aldosteronism" was given by Ute Scholl from the Berlin Institute of Health and was followed by our Recent Advances Sessions consisting of three organ-directed sub-studies from SPRINT, a lively debate on bedtime dosing of antihypertensive therapy, a focus on Women's Health Issues, BP Genetics 2.0: Beyond Monogenetic Investigation, and a timely session looking at the links between the Renin-Angiotensin System and Coronavirus. This year's Excellence in Hypertension Research Award went to Giuseppe Mancia, Professor Emeritus at the University Milano-Bicocca.



Giuseppe Mancia, Professor Emeritus, University Milano-Bicocca, Chairman European Society of Hypertension Foundation and Hypertension Center, Policlinico di Monza

On the business front, we have formed a clinical workgroup to ensure that we are able to continue to integrate physician scientists and practitioners into our Council operations such that we can successfully continue in our efforts to address hypertension as a national health issue, both as a professional forum for scientific investigators and clinicians, and from the viewpoint of effective treatment strategies for patients.

If you would like to get more involved with the Council on Hypertension, please visit **professional.heart.org** and complete the Science Volunteer Form linked on your dashboard or by visiting **professional.heart.org/volunteerform**.

American Heart Association and American Medical Association urge broader adoption of self-measured blood pressure monitoring



Eric George
PhD

WASHINGTON, D.C., June 22, 2020 — Self-measured blood pressure (SMBP) offers clinical benefits and the potential for being cost-effective over blood pressure (BP) monitoring conducted in a medical office, but improvements in patient education, provider training and insurance coverage are needed for broader adoption of the practice, according to a **new policy statement** by the American Heart Association and American Medical Association.

The statement was published in the journal **Circulation**, the flagship medical journal of the American Heart Association.

"With fewer patients visiting medical offices during the COVID-19 pandemic, SMBP monitoring is more important than ever for people at risk for hypertension and uncontrolled BP," said Daichi Shimbo, MD, associate professor of medicine at Columbia University Medical Center and the statement's lead author. "SMBP monitoring is not only convenient for patients – it is superior to in-office BP measurements for predicting cardiovascular events and is potentially cost-effective."

"SMBP monitoring has the potential to improve the detection and control of hypertension through cost-effective means," Dr. Shimbo said. "Barriers to implementation of self-measured BP monitoring should be addressed through effective education and integration of patients, providers and health care systems."

A detailed description of SMBP monitoring technique and device accuracy, including guidance for patients, was included in the American Heart Association's 2019 scientific statement, "Measurement of Blood Pressure in Humans," published in the AHA journal **Hypertension**.

Self-measured BP is a major focus area of **Target: BP™**, a national initiative launched by the American Heart Association and the American Medical Association in response to the high prevalence of uncontrolled BP. Target: BP helps health care organizations and care teams, at no cost, improve BP control rates through the evidence-based MAP BP Program and recognizes organizations for their ongoing commitment to their patients' cardiovascular health.

Is it time to renew your Professional Partnership?
professional.heart.org/partners

Trainee Advocacy Committee Awardee Spotlight



Thiago Bruder do Nascimento
PhD

Thiago Bruder do Nascimento, Ph.D., Assistant Professor of Pediatrics, University of Pittsburgh School of Medicine, Assistant Professor, Center for Pediatric Research in Obesity and Metabolism (CPROM), Assistant Professor, R.K. Mellon Institute for Pediatric Research, UPMC Children's Hospital of Pittsburgh and member of the Vascular Medicine Institute.

How did you become interested in research related to hypertension and cardiovascular disease?

As many Brazilians, I always dreamed to become a professional soccer player. As a youth, I dedicated much of my time and efforts chasing this goal. Later, as an undergraduate student, I was advised by my wife, who was my girlfriend at the time, that a professor at the University of Sao Paulo State-Brazil was looking for undergraduate students to join a research project related to physical exercise and androgenic-anabolic steroids, as a student of physical education, this advertisement caught my attention. I contacted Cordellini the same day and joined her laboratory. After an adaptation period, I saw myself very passionate in doing something that was very pleasant. That's when I figured where I want to be. Today, I cannot see myself doing anything other than cardiovascular research. Luckily, I had the pleasure to mentored by amazing people such as Cicogna, Tostes, Sibinga, Touyz, and Belin de Chantemele. Each one of them inspired and, still inspire the way I feel about the cardiovascular research.

Describe the big picture of your research program.

It is well-known that the quality and amount of adipose tissue are very important on cardiovascular function, especially in the context of obesity and lipodystrophies, but the exact mechanisms by which adipose tissue contributes to cardiovascular function are still to be understood. Currently, my lab is investigating how adipose tissue-derived molecules control vascular function and arterial blood pressure. We are not only interested on pathological conditions such as obesity, lipodystrophy, and hypertension, but also how adipose tissue assists cardiovascular system maintenance in healthy conditions.

What do you consider to be your most substantial scientific contribution so far?

I consider the data reported in *Hypertension* and *Circulation* manuscripts are the most important. In Hypertension, we showed that leptin replacement, an FDA approved therapy for metabolic disease associated with congenital lipodystrophy, provides vascular protection in a mouse model of congenital lipodystrophy. In addition, we dissected the molecular mechanisms showing that leptin improves endothelial function in lipodystrophy by acting directly in endothelial cells. Whereas, in *Circulation* we showed that aldosterone induces vascular damage by activating NLRP3 inflammasome in immune cells. Furthermore, circulating immune cells from patients with aldosteronism present an exacerbated inflammasome activation, which might be one of the contributors to the cardiovascular risk in those patients.

- Leptin Restores Endothelial Function via Endothelial PPARγ-Nox1-Mediated Mechanisms in a Mouse Model of Congenital Generalized Lipodystrophy. *Hypertension*. 2019;74(6):1399-1408. (PMID: 31656096)
- NLRP3 Inflammasome Mediates Aldosterone-Induced Vascular Damage. *Circulation*. 2016 6;134(23):1866-1880. (PMID: 27803035)

What impact did the Stephanie Watts Career Development Award telemetry system have on your research program?

Since one of my goals is to investigate the effects of adipose tissue-derived products (adipokines) on vascular resistance and blood pressure control, I already had in mind that the telemetry system would be essential for my laboratory and research progress. This system will permit us to check how adipokines infused or withdrawn influence blood pressure control. Actually, the telemetry is already deeply helping my research progress, we collected some preliminary data, but unfortunately, we had to pause our data acquisition due the COVID-19 pandemic. Furthermore, this apparatus will help me to have competitive grant applications and publish in top-tier journals. In addition, this is a prestigious award provided by the AHA TAC and it was a lifetime opportunity.

How did you learn about the AHA TAC and its activities?

I learned from colleagues and the AHA TAC website.

How was your experience at Hypertension Scientific Sessions Meeting?

I love this meeting. I have attended it many times and always had a great experience. Attending it is always a great opportunity to meet colleagues, network, gain further knowledge in hypertension and related areas, it also helps to develop new ideas, and interact with leaders in the field. Furthermore, Hypertension Scientific Sessions Meeting always has a very nice program with interesting topics, poster and oral presentations, and offers several award opportunities at different levels.

How does your involvement in the AHA help to support your research and career development?

Yes, AHA helps me a lot. I was an AHA grant recipient during my postdoctoral fellowship. In addition, AHA also provided me financial support through the Career Development Award (CDA). Moreover, AHA awarded me with an "Onsite Trainee Poster Award" at Hypertension Scientific Sessions meeting in 2018 and supported me in the form of the Stephanie Watts Career Development Award in 2019.

What are your scientific goals?

My goals are to contribute to understanding the connection between adipose tissue and vascular biology and generate possible pharmacological targets, and a new therapeutic drug, to minimize the cardiovascular damage in diseases associated with changes in the quality and quantity of adipose tissue such as obesity, lipodystrophy, and hypertension. I also wish to inspire other young scientists, as my mentors did with me.

Do you have any advice for early career investigators and trainees?

Listen and focus. Listening is a critical exercise for our career development. I always tried to listen my colleagues, co-workers, and my mentors. They place questions, and also answers, from different angles, which help me to expand my criticism and maturity. Another very important point in our career is to pick the right mentors. I am fortunate to have had excellent mentors, although they worked using different philosophies, they always gave me advice. Actually they are still advising me. Their advice is always helpful in choosing the best strategy towards our goals. Once you have your strategy and goals delineated, the main player in this game is "focus." We have to keep focused on our aims and strategies, distractions and obstacles always show up, and we need to be focused in order to go through them.

Hypertension Journal Report



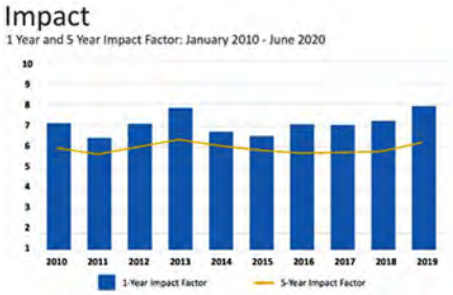
Anna Dominiczak
MD, FAHA

Hypertension, *an American Heart Association Journal*

The editors appreciate the time and effort council partners have spent reviewing manuscripts, submitting the best research to *Hypertension*, and providing feedback that has improved the journal. Thank you.

Journal Metrics

In today's publishing environment, it takes more than a single metric to evaluate where to publish your work. To flourish, science has many needs: from speed of publication and reach in academic, research, and healthcare institutions to worldwide recognition and Open Access options.



Your journal, *Hypertension*, is the highest impact journal serving the hypertension community, with a 1-Year Impact Factor of 7.713 and a 5-Year Impact Factor of 7.206 (2019 *Journal Citation Reports® Clarivate Analytics*, 2019). Multiple Open Access options are available and copy-edited, author-approved articles are published online one month after acceptance (average for previous 12 months).

Additionally, *Hypertension* offers a quick turnaround, with just 12.3 days (average for previous 12 months) from submission to first decision. Why not submit your manuscript to *Hypertension* today!

Impact
2018 JCR Scientific Impact Factor (released June 2019)

	1 Year	5 Year
Hypertension	7.017	6.786
Journal of Hypertension	4.209	4.887
Current Hypertension Reports	3.606	3.503
Hypertension Research	3.217	2.824
American Journal of Hypertension	2.530	2.882
Journal of Clinical Hypertension	2.444	2.505

Impact
2019 JCR Scientific Impact Factor (released June 2020)

	1 Year	5 Year
Hypertension	7.713	7.206
Journal of Hypertension	4.171	4.15
Current Hypertension Reports	3.856	3.459
Hypertension Research	2.941	2.778
American Journal of Hypertension	2.669	3.105
Journal of Clinical Hypertension	2.719	2.696

In Case You Missed It…

- *Hypertension* Top Paper Award recipients were honored virtually at the beginning of September at the Joint Hypertension 2019 Scientific Sessions. Visit our website (http://hyper.ahajournals.org/content/TopPapers) to read the award-winning articles.
- We continue to add to the Journal's library of Clinical-Pathological Conference videos and articles. Visit *Hypertension*'s website (http://hyper.ahajournals.org/content/clinical–pathological-conferences) to view or read the most recent clinical cases. ■

See the live and on-demand activities available to you in the AHA Lounges at the Sessions Heart Hub!

Council Connect • Early Career & FIT • FAHA Lounge

Go Red™ Women in Science and Medicine Lounge

Register today: **scientificsessions.org**

Message From the Editor



Brett Mitchell
PhD, FAHA

I want to encourage everyone in the Council on Hypertension to get involved in a local and/or virtual AHA Heart Walk. There are numerous ways to contribute through donations and volunteering your time. Find a **Heart Walk** near you. Stay safe and well!

Partnership Report



Keisa W. Mathis
PhD, FAHA

Please encourage your colleagues to join the Council on Hypertension. Partnership with our Council provides valuable opportunities including:

- Discounted publication charges for accepted articles in *JAHA*
- Savings on registration for the annual Hypertension Scientific Sessions and other AHA Meetings/Conferences
- Complimentary or discounted courses through the Lifelong Learning Center
- Notification of research funding opportunities and waiver of grant application fee
- Access to all 11 AHA/ASA scientific journals online

Consider applying for Fellowship in the American Heart Association (FAHA). Fellowship status recognizes an individual's outstanding contributions in basic, clinical, or epidemiological hypertension research and their volunteer leadership and service to the American Heart Association. If you are interested in becoming a Fellow of the Council on Hypertension, the nomination process is simple. Please see the information regarding the submission process on the Council on Hypertension website under Fellowship or contact me for additional details. The next deadline for nomination is Jan. 10. ■

American Heart Association.
Scientific Sessions

Register now at
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Attendee Engagement

Scientific Sessions virtual experience provides a number of innovative opportunities for you to connect and engage with your peers.

- Connect with attendees via live chat
- Engage in Live and Digital Q&A for featured Sessions and Industry Sessions
- Relax and connect with your peers in Heart Hub lounges
- Find tips to help navigate your day from expert Co-Pilots
- Customize your experience with the AI Matchmaking Tool
  (Opt in for this tool when you register for Scientific Sessions)
- Share information and collaborate with 1:1 and small group meetings



Eat Smart with Chef Richard Blais

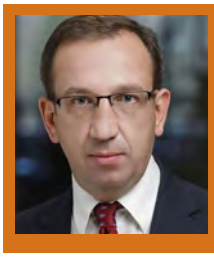






Move More Fitness and Dance Breaks

Council Events Move Forward in Fall 2020



CONNECTING WITH THE CHAIR

Alexander Staruschenko PhD, FAHA

It is a great pleasure to greet you as the new chair of KCVD. I am truly honored to lead the council, with tremendous help from the KCVD Leadership Committee and immediate past chair, Vivek Bhalla, MD, FAHA. Under Dr. Bhalla's leadership we have seen a number of changes, including preparing of new strategic plan for the council, establishment of the KCVD Kidney in Heart Disease Science Committee (several scientific statements were prepared under leadership of Janani Rangaswami, MD; these statements are critical for increasing of the awareness of the role of the kidney in cardiovascular diseases), setting up tighter connections with the Council on Hypertension, and many others. All these initiatives resulted in significant partnership growth, including early career, and we have witnessed the continued enhancement of our scientific and educational profile at the national level.

KCVD worked closely with the Council on Hypertension in preparation for the Hypertension Scientific Sessions in September, which was held virtually this year! KCVD was a co-sponsor of the meeting and presented this year a symposium titled "BP Genetics 2.0: Beyond Monogenetic Investigation." KCVD also sponsored a number of New Investigator Awards and the KCVD Donald Seldin Lecture, which will be presented by Susan M. Wall, MD, FAHA, from Emory University. KCVD also recognized Donald Kohan, MD, PhD, FAHA, from University of Utah as recipient of the 2020 AHA KCVD Distinguished Achievement Award and sponsored 2019 Nobel Prize Winner Gregg Semenza, MD, PhD, from the Johns Hopkins University for the 2020 AHA Distinguished Scientist award.

The KCVD Early Career Committee, headed by Susan Gurley, MD, PhD, will organize the yearly Young Investigator Symposium at the upcoming American Society of Nephrology (ASN) meeting, and we invite all partners to attend this event (it might be easier this year since it is also going to be virtual!). Furthermore, KCVD and ASN co-sponsor the Donald W. Seldin Young Investigator Award, which will be awarded this year to Anna Greka, MD, PhD, from Harvard Medical School. My sincere congratulations to all awardees!

This is an exciting time for our council, and I encourage participation from our partners with an interest in the kidney and cardiovascular disease. Please also follow us on Twitter: **@KidneyInCVD**.

American Heart Association.

HFX Heart Failure Expo

On September 16th, 2020 a 20+ session virtual Heart Failure Expo was held by the American Heart Association which enhanced collaboration across the continuum of care to discuss improving heart failure patient outcomes utilizing evidence-based guidelines and included educational content on in-patient guideline-directed medical therapies, multidisciplinary care,and post-acute care.

- Watch on-demand session recordings
- Download hand-outs and materials
- Get With The Guidelines® - 360° Poster Showcase
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KCVD Professional Partner Profile

Using Rare Diseases to Inform Normal Physiology



James McCormick
PhD, FAHA

James McCormick, PhD, FAHA, Associate Professor of Medicine, Division of Nephrology and Hypertension, OHSU School of Medicine

After completing graduate studies on glucocortiocid receptors in the brain, I joined the lab of David Pearce, MD, FAHA, at University of California San Francisco. As a J-1 visa holder at the time, I am very thankful to the AHA for providing postdoctoral fellowship support that helped launch my career in the United States and has allowed me to support KCVD's mission. My time working in the Pearce lab was productive and I gained valuable experience in the use of genetically modified mice.

In 2005 I joined the lab of David Ellison, MD, FAHA, in the Division of Nephrology at OHSU, and established protocols to study renal physiology in mice. Approaches we use include radiotelemetry, real-time GFR measurement, metabolic cage studies, and cutting-edge optical tissue clearing. My work with Dr. Ellison, and now as an independently funded investigator, has focused on regulation of the thiazide-sensitive NaCl cotransporter (NCC). Besides being a first line target for treating hypertension, NCC is also dysregulated in the rare disease Familial Hyperkalemic Hypertension (FHHt). Studying mechanisms underlying FHHt has revealed a complex NCC regulatory pathway that ends with NCC activation by the kinase SPAK.

My early work as an independent investigator exploring the physiological roles of SPAK was partly funded by a Beginning Grant-In-Aid from the AHA. I identified truncated, inactive forms of SPAK that are highly expressed in the kidney and exert dominant-negative effects on SPAK. Upstream of SPAK are the WNK kinases, which are tagged for degradation by the Cullin3-KLHL3 ubiquitin ligases. My lab is currently focusing on how mutations in Cullin3 cause FHHt. Mohammed Ferdaus, PhD, a former postdoctoral trainee in my lab, received an AHA postdoctoral Fellowship for this project. This allowed him to continue his work, culminating in 12 publications over the five years we worked together. A major finding was that while mutant Cullin3 induces its own ubiquitination and degradation, it exerts other effects to cause FHHt, likely on KLHL3. A particularly exciting part of this work has been the opportunity to collaborate with Curt D. Sigmund, PhD, FAHA, and incoming chair of the Council on Hypertension, who works on Cullin3 in the vasculature.

A new direction for my lab explores how hypomagnesemia exacerbates hypokalemia, a commonly seen clinical problem that is poorly understood. Using FHHt as a starting point, my collaboration with the Ellison lab and the lab of Wenhui Wang, MD, at New York Medical College, has identified the WNK-SPAK-NCC pathway as a sensor of serum potassium levels. My recent data suggest that hypomagnesemia can override the ability of hypokalemia to activate NCC, which is necessary for downstream segments of the nephron to preserve potassium. The effects of magnesium deficiency on renal function is an overlooked topic that I hope to pursue further. ■



James McCormick, PhD, FAHA and Mohammed Ferdaus, PhD



McCormick lab in July 2020 - Yujiro Maeoka, MD, PhD, James McCormick, PhD, FAHA, Avika Sharma

Council Activities Receive Extraordinary Evaluation



CONNECTING WITH THE CHAIR

Frank Sacks
MD, FAHA

This is my first Chair's Report to *Connections*. I've often been asked how I began a career in nutrition research. Here, I would like to write about my early years in research and some of the directions that our council is focused on. For a subsequent issue, I will describe my work in lipoprotein metabolism in humans, to advance the view that human mechanistic research is essential and informative beyond basic science. I also asked the subcommittee chairs to write about themselves for this or subsequent quarterly issues.

I don't know just what was the spark that ignited a career in nutrition research, but I had an interest since my college years at Brown University. Some friends there were trying strict vegetarian or pescatarian diets (macrobiotics), which I enjoyed and continued for a few years. I took time between college and medical school for research at the Channing Laboratory at Boston City Hospital, under the director, Edward H. Kass, MD, PhD. There, I completed an "after hours" project on blood pressure and lipoproteins in mostly strict vegetarians in Boston, Massachusetts, leading to the 1974 Predoctoral Research Award from the Society for Epidemiological Research and a publication in New England Journal of Medicine in 1975. That research evolved into the DASH hypothesis that dietary patterns similar to what vegetarians eat lower blood pressure and LDL-cholesterol to a much greater extent than had been generally understood, and in proportion to the degree of dietary adherence.

After my internship, I went back to nutrition research at the Channing Laboratory, now at Brigham and Women's Hospital. The DASH and DASH-Sodium studies further established strongly additive effects of the DASH dietary pattern with only a small amount of sodium to an extent that would eliminate the age-related rise in blood pressure and hypertension itself. The DASH series of trials, having 50% Black participants, found great sensitivity of the Black participants to the benefits of DASH and low sodium. Finally, these and other trials demonstrated that dietary lowering of LDL-cholesterol has the potential of statin-like benefits on coronary heart disease and stroke. The key to such success is adherence, hence the case for now prioritizing multi-level application and implementation of the established nutrition science with cutting-edge behavioral and societal measures.

In 1992, I followed Walter Willett, MD, DrPH, to the Nutrition Department, Harvard School of Public Health, as he assumed the chair. I have been a long-time member of the AHA's and now the Lifestyle Council's Nutrition Committee, progressing to chair the committee from 2010-2012. I find that the leadership, the volunteers, and staff are full of enthusiasm and esprit de corps, reflected in the many manuscripts and projects completed or in the works. I look forward to working with all of you, and in particular Deborah R. Young, PhD, FAHA, the council's new vice-chair.

Council Operations Committee

In May 2020, Council Operations Committee (COC) reported the results of its biennial review of the Lifestyle Council. The COC consists of chairs of the AHA's 16 Scientific Councils, other Professional Partners, and senior AHA leadership. The summary our council received was outstanding:

"The COC was very impressed by the summary of the Council on Lifestyle and Cardiometabolic Health's activities. The council's leadership is to be commended for the success and fiscal stability of your specialty conference and the accompanying partnership with the Council on Epidemiology. The council's impact on AHA's mission extends across the spectrum, and your collaboration with other councils is commendable."

To say the least, this is an extraordinary evaluation. It in turn reflects the extraordinary tenure of Penny Kris-Etherton, PhD, RD, FAHA, as council chair, now immediate past chair, and vice-chair of the Nominating Committee.

Awards for Scientific Sessions 2020

I was elected Distinguished Scientist of the American Heart Association. Awardees are nominated by one or more councils, in my case Lifestyle and ATVB, and elected by a committee of current partners who have received this distinction.



Neil J. Stone
MD, FAHA

Neil J. Stone, MD, FAHA, received the Robert Levy Memorial Lectureship from the Lifestyle Council. He will give his award lecture at the Scientific Sessions in November. ■

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Please mark your calendars: **EPIILifestyle 2021 Scientific Sessions**

March 2–5, 2021 | Chicago, Illinois

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Meet the Subcommittee Chairs



Sergio Fazio
MD, PhD, FAHA

Sergio Fazio, MD, PhD, FAHA, Chair, Awards Committee

Previously a basic scientist, over the past 15 years I have retooled my competencies and interest to target more and more precisely the human subject both in clinic and in research. I currently direct a center for preventive cardiology that fully represents my philosophy to cardiac health maintenance and cardiac risk management: a patient-centered team approach where procedures, drugs, natural supplements, dietary counseling and lifestyle interventions all play a critical role in helping the appropriate patient maximally reduce her/his risk of a heart attack or stroke.

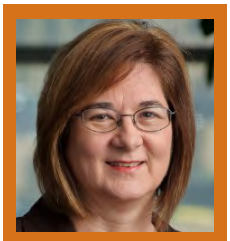
As the chair of the subcommittee on awards, I will take a close look at the most promising young minds in the field and help identify those deserving of recognition for bringing the science of lifestyle change implementation to a new, translational and pragmatic level.



Kristie Lancaster
PhD, RD, FAHA

Kristie Lancaster, PhD, RD, FAHA, EPI/Lifestyle Scientific Sessions Program Committee

I am an associate professor of nutrition at New York University. My research focuses on nutrition, cardiovascular disease, and health promotion in Black communities. This is the fourth year of my term as an officer of this committee. I will work with the committee to create an informative and provocative 2021 meeting focused on health equity and social justice.



Jo Ann S. Carson
PhD, RDN, FAHA

Jo Ann S. Carson, PhD, RDN, FAHA, Chair, Lifestyle SCILL Committee

I recently retired from the clinical nutrition faculty at the University of Texas Southwestern Medical Center in Dallas, Texas. My research has included community interventions with nutrition components to reduce cardiovascular disease risk. Many of the projects focused on ethnically diverse, underserved populations. I chaired the AHA Nutrition Committee of our council from 2016-2018.

In my second year as the chair of the Lifestyle SCILL (Science and Clinical Education Lifelong Learning) Committee, I will work to maximize available resources to offer educational opportunities that meet partner needs, including opportunities to access content on-line with interactive methodology. Lifestyle SCILL will utilize evaluation data from our spring conference to develop ideas for future programming and will serve as a means for two-way communication with the national AHA SCILL Committee.



Gerald J. Jerome
PhD, FAHA

Gerald J. Jerome, PhD, FAHA, Chair, Physical Activity Committee

I am focused on promoting regular physical activity as a cornerstone of cardiovascular health. Regular physical activity plays a critical role in achieving AHA's goals for equitable increases in healthy life expectancy. My committee will continue to advocate for physical activity as a key strategy for primordial prevention of cardiovascular disease, a first-line treatment for low-risk groups, and an adjunctive treatment for those with elevated risk. The role of physical activity in prevention and treatment of chronic conditions has never been more important.

The committee is excited about our upcoming advisory statement on built environment approaches to increase physical activity. We are working closely with other committees and organizations on policy efforts, research, continuing education, and scientific statements supporting the practice and promotion of regular physical activity for better cardiovascular health.



Christopher C. Imes
PhD, RN

Christopher C. Imes, PhD, RN, Chair, Membership & Communications Committee

I am an assistant professor at the University of Pittsburgh School of Nursing. My research focuses on the role of sleep and physical activity on cardiovascular health in numerous populations including adults engaged in shift work and individuals with sleep disorders.

I am excited to be the chair of the Membership & Communications Committee. Our goal is to grow the council's premium professional and international partnerships. Although the COVID-19 pandemic has created numerous challenges, the emergence of virtual conferences represents new opportunities to engage and collaborate with our national and international partners. I am looking forward to working with my fellow committee members, Nour Makarem, PhD, Vice-Chair, Jaya P. Gnana-Praksam,PhD, and Michael Grandner, PhD, FAHA, Immediate Past Chair.



Anne N. Thorndike
MD, MPH, FAHA

Anne N. Thorndike, MD, MPH, FAHA, Chair, Nutrition Committee

I am the director of the Metabolic Syndrome Clinic in the Massachusetts General Hospital Cardiovascular Disease Prevention Center and an Associate Professor of Medicine at Harvard Medical School. I am board-certified in internal medicine and a Fellow of the American Heart Association. My clinical and research interests are the prevention and treatment of obesity and cardiometabolic disease through lifestyle modification. My research focuses on behavioral strategies and policies to improve dietary intake, health-related social needs, and health in workplace and community-based settings.

As the incoming chair of the Nutrition Committee, my goal is to advance the committee's work to achieve healthy dietary intake for all by emphasizing the importance of dietary patterns, behaviors, and health-related social factors.

Join the scientific conversations on Twitter!

Follow:

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Diversity is Key to Achieving AHA Mission



CONNECTING WITH THE CHAIR

Naomi Hamburg
MD, FAHA

This year calls on our capacity for courage. The sorrow, fury and shame generated by the violent deaths of George Floyd, Breonna Taylor and Ahmaud Arbery move us to say and do something. We have also been witness to the devastating impact of COVID-19 in our Black communities. In the words of the late John Lewis, "I urge you to answer the highest calling of your heart and stand up for what you truly believe." From our enormous capacity for compassion, I believe that we can be a relentless force as individuals and as organizations to disrupt the systems that perpetuate racism and undermine health.

Racism contributes to excess vascular risk. A recent ProPublica investigation highlighted what we see daily. Black patients are three times more likely to have a leg amputation. Black lives matter. Black limbs matter. I urge you to support efforts by the AHA along with the Association of Black Cardiologists and the newly formed Congressional Peripheral Artery Disease Caucus to prevent amputations and combat disparities in care. In an interview with PVD council partner Olamide Alabi, MD, she comments about our tendency to hold patients responsible for late presentations with advanced peripheral artery disease. But she points out how often it is our failure to get patients to the right doctors who can save legs. We need to start with ourselves to get patients preventive care and to vascular specialists in a timely fashion.

I strongly believe that we will only be successful in our mission to be a relentless force for a world of longer, healthier lives if we build diverse and inclusive communities. A number of recent publications have brought to light how far we have to go in this area. One paper, now retracted, came from my institution and published in the *Journal of Vascular Surgery* displayed hurtful ideas about what it means to be "professional" that were conformist and damaging to the critical mission of welcoming all to our vascular field. The second in the *Journal of the American Heart Association*, written by Norman C. Wang of the University of Pittsburg Medical Center, was a diatribe against inclusion labeled as a scientific piece about diversity in cardiology. This article is not who we aspire to be. But it shows how much work we have left to do. The AHA published a response to this article and issued a retraction notice. The AHA response and official retraction notice can be found here: **AHA response** and **retraction notice**.

I am working to be better at becoming a relentless force to combat racism in our vascular field. Please communicate with me your ideas about how we can move forward to a future that is more inclusive. Thank you all for your commitment and for sharing your ideas.

Scientific Sessions Preview

Scientific Sessions this year offers a complete virtual experience, allowing colleagues worldwide to connect around the latest cardiovascular science. Sessions, to be held Nov. 13-17, features programming of interest to both clinicians and researchers. Join us for topics including the post-pulmonary embolism syndrome and perioperative antithrombotic management.

Apply for Fellowship

PVD council partners who've been active AHA volunteers should apply for council fellowship. Applications for the spring review cycle are due on Jan. 10, just a few short months away. FAHA status recognizes partners for their sustained contributions in scholarship, practice, and leadership, and is open to any Premium Professional or Premium Professional Plus partner of the council who has been an AHA member for at least two years. Candidates must be proposed by a FAHA and must obtain a letter of recommendation from their proposer. For more details, visit the PVD page at **professional.heart.org/fellowship**.

Keep checking your inboxes and professional.heart.org/vasculardiscoverysessions for the most up-to-date information on dates and location for Vascular Discovery: From Genes to Medicine Scientific Sessions 2021

PVD Early Career Profile: Olamide Alabi, MD



Olamide Alabi
MD

PVD caught up with Olamide Alabi, MD, assistant professor of surgery in the Division of Vascular Surgery and Endovascular Therapy at Emory University.

How did you choose a career in vascular disease?

I grew up part-time in Nebraska and part-time in Washington, D.C., to parents who were Nigerian immigrants, so I'm first-generation American. I went to medical school at the University of Nebraska Medical Center. The University of Nebraska is like any other major university in a rural state, training the majority of physicians who care for the state's population. So my experience provided a strong foundation in primary care. I was also involved in mission trips to Mexico and Haiti that helped cultivate my love of using my hands.

When I went to general surgery residency, vascular surgery was always the least favorite rotation among my resident colleagues because the patients are sick and the procedures seem palliative. However, it was those patients and procedures and the amazing faculty I worked with and learned from who guided me into choosing vascular surgery as a career. It's mostly because of the longitudinal care that we provide for patients with vascular disease. It's kind of like population health for a surgeon. That's what I really love about it.

Tell us about your research.

If I could say it in just two words, it's health equity. My major interest started in looking at racial and socioeconomic health disparities. I think it is important for us to consider the chronic disinvestment that we as a society, from policy-makers on down, have had in certain communities and how that can affect vascular outcomes, from lack of appropriate risk factor modification to lack of family involvement in care to poor health literacy. Population health has everything to do with how I attack this issue from a clinical as well as a research standpoint.

When you think about the perfect world with regard to health equity, what's the one thing that you want to change?

Earlier recognition for the non-vascular specialist. I always think, where do you start first? There's a specific reason why I chose the Southeast for my first job. There are higher rates of amputation here. There are more communities that are black and brown and higher rates of comorbidities in those communities. So, I felt like this was an opportunity to see how I could better understand the issues and see what I could do about it.

The majority of the people that I see with chronic limb-threatening ischemia who come in with a gangrenous toe or a wound have had it for months. It didn't just start in the last couple of weeks, and before coming here, I was told by many physicians and many vascular surgeons that these people just come in too late, meaning that it's the patient's problem and they don't care about themselves. Since being here I've found that that's not the case at all. These people are often under the care of a physician for months or years but didn't get the care that they needed because they didn't get to the specialist who could lay eyes on them and immediately say, "You need a procedure or you're going to lose your leg." I think if we can start with ourselves first, meaning our medical community, and improve the way we triage people and get them to a vascular specialist early even if they don't have a wound, that would make a huge impact.

Tell us about your involvement in AHA and PVD.

I just joined a few months ago! Since that time different people have reached out to me, more so than any other organization I've been a part of. Without even having been to a meeting I already feel more that I'm part of a community than other institutions I've been a part of. Sometimes in other organizations you feel as if you're not sure where you fit in. It doesn't matter what institution I'm involved with, I want to feel like I'm actively involved and I want to be a good citizen, and it hasn't been difficult at all with this council.

You've lived and trained all across the country. Where do you consider home?

Nebraska is home because my entire immediate family lives there. When I grew up there, I lived in "the city." I went to college in Lincoln, Nebraska, and medical school in Omaha, Nebraska, and I'd never even seen a cornfield or the plains. Medical school required a rural rotation for family medicine so I went to western Nebraska. It was the first time I ever lived on a farm. While there in my off time I worked with the only general surgeon there. He had a big part in why I went into surgery because he literally did everything. He knew the entire community and took care of them. He is the surgeon's surgeon, he's taking care of everything, and I wanted to be that person.

What do you like to do in your free time?

Before medicine I was a musician. I was classically trained as a pianist. I sang backup and played piano for various artists and for friends. I still try to do that. I'm a little bit newer to Atlanta, Georgia, so I'm just trying to understand the music scene here. That's the time when I don't have to think about work and atherosclerotic plaque. It's nice to have a reprieve.



Dr. Alabi sings at a wedding

Council Puts Cardiovascular Science Into Action



CONNECTING WITH THE CHAIR

William Borden
MD, FAHA

With the autumn upon on us and looking ahead to the American Heart Association's Scientific Sessions 2020 in November, I am excited to hear the latest science and the insightful surrounding discussions. Even in these challenging times when we can't gather in person, we have much we can learn from one another, as we did at the virtual QCOR conference this past spring. I encourage all of you to attend the QCOR sessions at this fall's Scientific Sessions and to be active participants in the chats and social media discussions.

I'd like to take this opportunity to highlight the QCOR community focus on putting cardiovascular science into action. Our partners have always placed an emphasis on applicable research and being responsive to the needs of the time. In our time, that need is around COVID-19.

To that end, several QCOR partners serve on the volunteer steering committee for AHA's COVID-19 CVD Registry, in partnership with Get With the Guidelines. This multicenter registry collects clinical data and biomarkers linked to cardiovascular outcomes, aimed at understanding both the direct and indirect cardiovascular complications of COVID-19. With much hard work, the registry was launched less than four weeks from announcement. After nine weeks, more than 130 sites had been enrolled with more than 4,000 records. Through the Precision Medicine Platform, researchers are able to more easily and securely access the data and run analyses to answer their own research questions.

This COVID-19 CVD Registry represents the best of what our cardiovascular scientific community can do to respond to an urgent public health need by laying the foundation for ongoing research. I look forward to seeing the many studies that will come from the COVID-19 CVD Registry and hope that those insights will be directly applied to improving cardiovascular care and outcomes for people with COVID-19. ■

Scientific Sessions to Increase Quality Debates



Umesh N. Khot
MD

The Council on Quality of Care and Outcomes Research looks forward to the all-virtual American Heart Association Scientific Sessions 2020 in November. Having pioneered a virtual conference in May of this year, the council is confident that virtual programming will allow for the dissemination of critical advances in cardiovascular care to a broad audience.

QCOR council partners are dedicated to understanding how we can provide effective, safe, timely, equitable, efficient, and patient-centered care and improve patient outcomes and population health. Programming at Sessions will focus on understanding the health and outcomes of populations, supporting practical, real-life implementation science and quality improvement, and navigating healthcare value and policy. Also, highlights will include a focus on early career activities to enhance networking opportunities and career development.

Examples of programming include a series of debates on critical cardiovascular topics.

- As there is an increased focus on ensuring value in diagnostic testing, what is the best initial test for the management of chest pain?
- Traditionally, stress testing has been the mainstay of initial diagnostic, but anatomic imaging, particularly with computed tomography, has increasing evidence on its benefits.
- Artificial intelligence has been a hot topic, but will it revolutionize healthcare or have minimal use?
- Ensuring drug discovery is essential to improve care outcomes but must be balanced with safety. How well does the Food and Drug Administration manage this balance?
- Fee for service payment models have been the most common payment model for decades but have been criticized for increasing volume without enhancing value. Does capitation address these issues or simply introduce other challenges?

All of these debates will allow attendees to hear both sides of these critical issues to enable them to make their determination of the best path forward.

Scientific Sessions is one of the most prestigious venues for sharing new knowledge in cardiovascular care. Learning about the latest in quality of care and outcomes research remains an important initiative within the event. QCOR welcomes all to take part in these engaging sessions to advance the field of cardiovascular care. Learn more and register at **scientificsessions.org**. ■

American Heart Association.
Quality of Care & Outcomes Research

Please mark your calendars:

Quality of Care and Outcomes Research
2021 Scientific Sessions
May 14-15, 2021
Reston, Virginia

professional.heart.org/qcorsessions

Council Partners Recognized with QCOR Awards



Tracy Y. Wang
MD, MHS, FAHA

At our virtual QCOR conference earlier this year, we honored Dr. Paul A. Heidenreich, MD, FAHA, with the American Heart Association's Council on Quality of Care and Outcomes Research (QCOR) Outstanding Lifetime Achievement Award. This award recognized Dr. Heidenreich's significant long-term contributions to outcomes research and the improvement of cardiovascular care. Dr. Heidenreich's research has focused on cost effectiveness of new cardiovascular diagnostics and therapeutics, and he has extensively studied interventions to improve the quality of care for patients with heart disease. Most recently, Dr. Heidenreich led a team to rapidly respond to the AHA's call for research to address emerging questions during the COVID-19 pandemic, developing a project studying ACE/ARB use in patients with hypertension and diabetes.

As a former chair of QCOR and longstanding leader of the Get With The Guidelines Registry Steering Committee, Dr. Heidenreich has had substantial influence on the field and shaped the careers of many cardiovascular outcomes researchers.

We also had a record-breaking slate of FAHA candidates approved during the last cycle. Each of the following individuals were recognized for their outstanding professional accomplishments and selfless hours of voluntary service. I'm sure many of you will recognize several of these names and faces, as they have all contributed significant leadership in our field. Congratulations to all!

Suzanne V. Arnold, MD, FAHA
Saint Luke's Mid America Heart Institute
Kansas City, Missouri

Justin M. Bachmann, MD, MPH, FAHA
Vanderbilt University Medical Center
Nashville, Tennessee

Nakela L. Cook, MD, MPH, FAHA
National Heart, Lung and Blood Institute
Bethesda, Maryland

Stacie L. Daugherty, MD, MSPH, FAHA
University of Colorado Denver
Aurora, Colorado

Jennifer Hornung Garvin, PhD, FAHA
The Ohio State University
Columbus, Ohio

James R. Langabeer, PhD, EdD, FAHA
The University of Texas Health Science Center
Houston, Texas

Steven V. Manoukian, MD, FAHA
HCA Healthcare
Nashville, Tennessee

Bimal R. Shah, MD, FAHA
Livongo Health
Durham, North Carolina

Rashmee U. Shah, MD, FAHA
University of Utah
Salt Lake City, Utah

Khung Keong Yeo, MBBS, FAHA
National Heart Centre
Singapore

Zugui Zhang, PhD, FAHA
Christiana Care Health System
Newark, Delaware

Quality Research At Scientific Sessions 2020



Peter W. Groeneveld
MD

AHA's 2020 Scientific Sessions will be virtual for the first time in its 96-year history, and the QCOR community will be taking advantage of this unique format to present a diverse and innovative array of offerings during what is now planned to be a five-day online conference.

QCOR's sessions will include the ever-popular "Great Debates," in which experts will spar on controversial clinical and policy topics. QCOR will also present a focused update on recently released cardiovascular clinical guidelines; this session has been extremely well-attended and highly regarded in past meetings.

In addition, we are planning a (very!) timely session titled "The Day After: How the 2020 Presidential Election Results will Shape Cardiovascular Care" to give a "hot take" on the upshot of the national election for U.S. health care in the 2020s. Another timely session is "Closing the Gap: Evidence-Based Strategies to Reduce Disparities in Cardiovascular Care," which will provide evidence-based methods of improving the equity of health care delivery.

QCOR is pleased to present an update on AHA's Value in Healthcare initiative, as well as a session on the business of cardiovascular healthcare in the rapidly changing payment model environment. We are particularly excited about the session "Encouraging Cardiovascular Innovation Without Breaking the Bank," which will address the double-edged sword of technological innovation and the critical policy issues faced by both payers and regulators when these innovations come to market.

For our trainees, QCOR will be presenting "How to Land Your First Job in Cardiology" to provide highly practical advice to first-time jobseekers in cardiovascular medicine.

We look forward to the QCOR sessions at AHA's November meeting producing an extraordinary quantity of fabulous content, key insights, and robust discussions.

In addition to these invited-speaker sessions, AHA received a very large number of high-quality scientific abstracts with QCOR-related themes. We are pleased to have 19 distinct sessions where this science will be presented, including an oral abstract session on social determinants of health and another on using real-world data to drive clinical decision-making. We will have five moderated digital poster sessions including sessions on coronary artery disease treatment quality and outcomes, innovative cardiovascular technologies, vulnerable populations, health economics and policy, and clinical risk prediction. Finally, we will have 12 poster sessions with topics including telemedicine, artificial intelligence, re-engineering healthcare delivery, emerging technologies, patient-centered outcomes measurement, and patient-physician shared decision-making.

We are anticipating a total of over 200 QCOR-related presentations, representing the very best cardiovascular outcomes, health services, and health policy research in the world. Learn more and register at **scientificsessions.org**.

Council Puts Cardiovascular Science Into Action

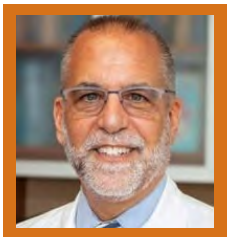


CONNECTING WITH THE CHAIR

Peter D. Panagos
MD, FAHA

It seems clear that we are all living through a major turning point in history with the future now full of uncertainty and hope. The COVID-19 pandemic, global economic collapse, historic unemployment and wide-spread protests for racial justice and institutional reform have forced us all to reevaluate our lives and our collective ability to persevere while promoting impactful change. Stroke and cardiovascular diseases have been dramatically affected by these events.

Going into my second year as council chair, it's been my honor to lead a vibrant council on Stroke that has been busy addressing the impact of COVID-19 on the stroke system of care while also recognizing how this pandemic has further highlighted the racial and socioeconomic disparities leading to impaired health care access.



Ralph L. Sacco
MD, FAHA

The Stroke journal, led by the new editor Ralph L. Sacco, MD, FAHA, former AHA President (first-ever neurologist to hold this position!), and the AHA/ASA's COVID compendium have published extensively on the effects of COVID-19 on stroke and brain health.



George Howard
DrPD, FAHA

George Howard, DrPH, FAHA, from the University of Alabama was awarded the 2020 Stroke Council Award & Lecturer by the American Heart Association's Council on Stroke. The lecture will be presented during the AHA's Scientific Sessions Annual Conference Nov. 14–16. This lecture will highlight Dr. Howard's remarkable career as he discusses the debate for targeted interventions to reduce stroke disparities focusing on both prevention and treatment.



The 2021 International Stroke Conference (ISC) is planning a hybrid conference, Feb. 10-12, with in-person and virtual sessions and new abstract categories: COVID, brain health, neuroendovascular, advanced practice providers and translational basic science. The onsite meeting will be held in Denver, Colorado. Keep up with all the latest news and register to attend at **strokeconference.org**.

The important work of the council could not be accomplished without committees and their chairs who commitment selfless hours to advancing the mission of the AHA/ASA. The following are the 2020-21 Stroke Council Committee Chairs:

- **Brain Health:** Eric Smith, MD, MPH
- **Early Career:** Enrique Leira, MD, FAHA
- **Emergency Neurovascular Care:** Charles Wira, MD
- **Interprofessional Health:** Michelle L. Nelson, PhD
- **Nominating:** Karen L. Furie, MD, MPH, FAHA
- **Membership and Communications:** Tanya N. Turan, MD, FAHA
- **Minority Affairs:** Hugo Aparicio, MD, MPH
- **Neurovascular Intervention:** Mayank Goyal, MD, PhD, FAHA
- **Performance Measures Oversight:** Koto Ishida, MD
- **Professional Education:** Charles Kircher, MD
- **Quality and Outcomes:** Irene L. Katzan, MD, FAHA
- **Rehabilitation and Recovery:** Richard D. Zorowitz, MD, FAHA
- **Scientific and Clinical Education Lifelong Learning:** Enrique C. Leira, MD, FAHA
- **Scientific Statement Oversight:** Joseph P. Broderick, MD, FAHA
- **Telestroke:** Andrew M. Southerland, MD, FAHA

American Heart Association.

Heart Disease & Stroke Statistics 2020 Update

Free Access to the Newest and Nationally Representative US and Global Data

AHAjournals.org/StatUpdate





On average, someone in the US dies of CVD every **37 seconds**



On average, someone in the US has a stroke every **40 seconds**



On average, someone in the US dies of a stroke every **3.59 minutes**

Virani et al. Heart disease and stroke statistics—2020 update. *Circulation*. doi: 10.1161/CIR.0000000000000757

Stroke Council Professional Partner Spotlight



Anjail Z. Sharrief-Ibrahim
MD, MPH, FAHA

Anjail Z. Sharrief-Ibrahim, MD, MPH, FAHA, is the vice chair, Stroke Council Minority Affairs Committee. She is an associate professor of neurology at the University of Texas McGovern Medical School and is director of stroke prevention for the Institute of Stroke and Cerebrovascular Disease.

Tell us a little about yourself.

I am a Michigan native, but I grew up in Jackson, Mississippi, and Atlanta, Georgia. I am the daughter of a nurse and a chef, and the middle child of nine. I grew up in a household where education was cherished and social responsibility was nurtured. As an associate professor of neurology and a stroke prevention neurologist, I am committed to improving access to equitable and quality care for stroke prevention and recovery. I direct the stroke clinic and the stroke prevention program in the Stroke Institute at UTHealth.

How is COVID-19 having an impact on your job? And what AHA/ASA resources have you found most helpful during this time?

COVID-19 has transformed the way I care for patients and the way we care for our communities. In the clinic that I run, we rapidly transitioned our care to telemedicine. Many patients have found this to be beneficial, however, I fear that patients who lack access to devices, internet, or the know-how to engage in telehealth visits are not receiving the chronic care that they should. In the hospital, our care for hospitalized stroke patients has also been impacted. I oversee our transitions of care initiatives and recognized early on that many of the safety nets that protect our stroke survivors from readmission, recurrent stroke, and poor outcomes following hospital discharge have been disrupted. Finally, within communities, organizations that previously provided care to lower income and minority groups are not able to do so because of funding, personnel challenges, and social distancing restrictions. I am concerned about the secondary effects of the pandemic that we may see on the health of these communities.

In late April, I was appointed by the Mayor of Houston to the Medical Care Subcommittee of the Health Equity Response Task Force. As co-chair of this committee, I have had the opportunity to engage with community leaders in Houston, including within the American Heart Association. AHA/ASA is supporting the Task Force by providing information about chronic disease management and care to diverse communities. AHA/ASA is also supporting the local communities by getting involved in food and PPE distribution events within high risk communities.

When did you become a partner of the Stroke Council, and what attracted you to become a partner?

I have been a Professional Partner since 2013. I became a partner just after starting my first faculty appointment in the Department of Neurology at UTHealth. I attended the Houston Heart Walk that year and was eager to become more involved in the American Heart Association on the national level.

What do you see as the greatest benefit of your AHA/ASA Professional Partnership?

The greatest benefit has been the opportunity to network and work with others who are passionate about cardiovascular disease prevention and healthcare disparities. My attendance at the AHA conference in the Epidemiology and Prevention of Cardiovascular Disease was one of the early activities that connected me to leaders in the field and showed me the many opportunities for leadership in AHA/ASA.

As the new vice chair for the Stroke Council Minority Affairs Committee, what are some of the objectives of the committee that you hope to achieve?

I am thrilled to be vice chair of the MAC. I hope to support the current chair in meeting the MAC's goals for the current initiatives which include increasing the number of applicants for the minority travel awards, improving and establishing networking opportunities for awardees, increasing MAC involvement in the high school pipeline initiatives during the International Stroke Conference, and submitting proposals for symposia at the International Stroke Conference. I am personally deeply committed to developing strategies to increase the number of underrepresented minority partners of AHA/ASA and partners who attain FAHA status. Finally, I would like to develop initiatives to increase the number of underrepresented minorities who submit science to ISC and who are invited speakers at ISC.

Through the leadership of this committee, how do you harness the tremendous amount of passion that council volunteers have for AHA/ASA's visions for diversity and inclusion?

I have found the Stroke Council's Professional Partners to be tremendously devoted to diversity and inclusion efforts. I hope to harness the energy of partners by developing and supporting focused, transparent, and results-oriented initiatives to achieve these goals. ■

Present your stroke and brain health science from anywhere!

- International Stroke Conference 2021
- State-of-the-Science Stroke Nursing Symposium 2021
- ISC's Pre-Con III: HEADS-UP: Health Equity and Actionable Disparities in Stroke: Understanding and Problem-Solving 2021

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American Heart Association.

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