



# CONNECTIONS

SERVING SCIENTIFIC COUNCILS 2022 Volume 2



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## New AHA President Michelle Albert's Lived Experiences Make Her the Right Person in the Right Place at the Right Time

**D**r. Michelle A. Albert is one of those people who seemingly does it all.

As the founding director of the NURTURE Center, she seeks innovative ways to curb heart disease and other health problems that stem from adversity, particularly among women and people from underrepresented racial and ethnic groups.

As a researcher, she leads studies about the physical, social and economic challenges facing people struggling with their weight, and the impact of COVID-19 on the cardiovascular health of Black women.

As a cardiologist, she sees critically ill patients, many of whom may not otherwise see a heart doctor who looks like them and can relate to them.

As a medical school dean of admissions, she's helping create a more diverse workforce of doctors.

As a mentor, she's highly sought by trainees, faculty and practicing doctors.

Then there's her leadership.

She's involved at the highest levels of several federal agencies. She just finished overlapping terms as president



On July 1, Michelle A. Albert, M.D., MPH, FAHA, became the 86th person and first Black woman to serve as American Heart Association president. (AHA photo)

of two organizations. And, on July 1, she began perhaps her most prominent role yet: president of the American Heart Association.

"It's another way to make a difference," said Albert, the 86th person to serve as the AHA's top science volunteer, and the first Black woman to hold the job. "This is

an excellent time to create meaningful change across barriers that are visible and invisible."

While Albert's many achievements clearly paved her path to this role, what makes her so perfectly suited to thrive in it now is something more valuable – her lived experiences.

At a time when the AHA is advancing cardiovascular health for all, including identifying and removing barriers to health care access and quality, Albert can relate to many of those barriers.

Because of what happened to her grandfather, she knows what happens when people get caught in a spiral that begins with a lack of resources and accelerates with a lack of access to quality care.

She understands fearing everything from physical safety to the emotional insecurity of being treated as "less than" because she's faced those fears herself.

She can empathize with anyone who believes they must build an impeccable resume simply to be considered adequate by others. She also knows all too well the sensation of feeling like an outsider.

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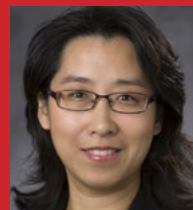
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From the COC Chair

## Saying Farewell and Looking to the Future



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

I hope your summer is off to a great start. It's becoming quite clear that many of us are eager to put the pandemic behind us. In-person meetings are starting up again, and the pure joy of seeing old friends and

colleagues face-to-face again is palpable. The AHA Scientific Sessions isn't too far away; this year it will be nice to return to Chicago. I do want to remind you that many councils offer early and mid career awards as well as travel awards that you might be interested in ([visit our awards and lectures site](#)).

We talk a lot about early career opportunities, and AHA remains firmly committed to supporting these clinicians and investigators as they launch their careers. But it remains obvious that there is a "leaky pipeline," and many mid-career clinicians and investigators also need greater support. Unlike early career, mid career can be a little harder to define – it may

include professionals emerging from early career, or established mid-career professionals striving to progress to more senior leadership. Of course, these definitions and criteria vary across academia and more clinically based practice, as well as across disciplines and institutions. Strategic priorities for the AHA include providing more targeted funding opportunities, as well as more educational programming and career mentorship to help members transition from one career phase to another. This is a crucial time to recognize and recruit talent, so establishing recognition awards and leadership opportunities are key goals for retention. Finally, a culture that fosters diversity and inclusivity is a necessary ingredient to fixing the leaky pipeline. Our council leaders welcome your ideas in support of this strategic priority.

Finally, I would like to share the fantastic news that Cheryl Anderson has graciously accepted the role of COC Chair starting in July. Many of you might know (of her already, she is a well-known

epidemiologist whose research has helped us really understand nutritional do's and don'ts for cardiovascular prevention. She is the founding Dean of the University of California San Diego's Herbert Wertheim School of Public Health and Human Longevity Science, and has been an active leader in too many to count AHA committees and task forces. Cheryl and I share some North Carolina roots, in addition to co-serving in various AHA roles, and I can assure you that you will be in great hands with her chairing COC. Welcome, Cheryl!

For my part, it has been a privilege serving as the COC Chair for the past 2 years. This has been a special experience that has really opened my eyes to the power AHA has in making the world healthier and more equitable. Despite the isolation of pandemic, it has been a balm to hear all the diverse voices of our councils and their members. As always, I want to thank you for all you have done for our community in the last year. ●

(New AHA President continued from page 1)

"Michelle is a brilliant scientist who is truly devoted to improving and extending lives for all people," AHA CEO Nancy Brown said. "Her relentless drive, her empathy and her determination to improve health disparities caused by historical and systemic problems – those are the characteristics forged on her unique journey that shine the brightest."

This is the story behind it all, both personally and professionally.

And it begins in Georgetown, Guyana, the capital city of a South American country that gained its independence from Britain only a few years before she was born.



Charles Albert was a dockworker. His wife, Caroline, worked as a seamstress. Like everyone they knew,

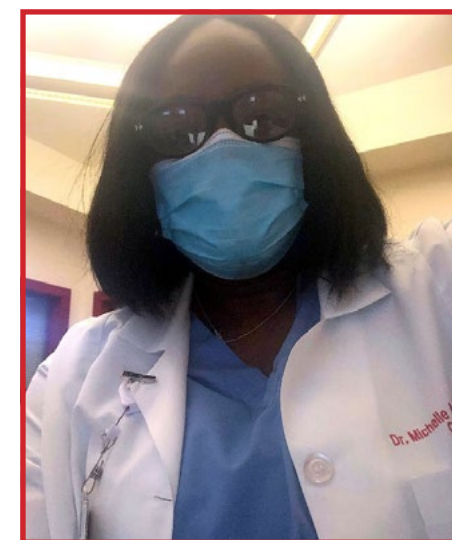
the Alberts lived a meager life in a developing country.

This meant enduring long lines for food and gas. Wet newspaper sometimes sufficed as toilet paper. Televisions were rare; Guyana didn't get its first television station until Michelle was in college.

Charles and Caroline had two children: Volda, who became a social worker, and Michael, who was such a math wiz that the government sent him to pursue actuarial studies at the London School of Economics.

Michael and his wife, Carmen, left their 2-year-old, Michelle, and an infant, Maxine, to be raised by his parents, whom the girls called Grandfather and Granny.

"Everyone says I'm very serious," Michelle said. "It stems from them."



Despite numerous commitments, Dr. Albert continues to see critically ill patients, many of whom may not otherwise see a heart doctor who looks like them and can relate to them. (Photo courtesy of Michelle Albert)

(continued on page 4)



(New AHA President continued from page 3)

Michelle grew up so eager to learn that she dreamed about it. Often.

Many nights in her child and teen years, she envisioned herself approaching a tree with a rough, thick trunk. A door magically slid up. She stepped inside and the door closed. When it opened again, she'd step into a lush place where everyone gathered to study.

"I remember feeling complete awe," she said. "The environment offered so many possibilities."

Michelle went to school by day, then spent her afternoons taking additional lessons. Grandfather walked her to all of it, usually wearing torn sandals that slapped against the soles of his feet.

Guyana followed the British education system. So when Michelle finished primary school, she tested for secondary school. She earned a spot at one of the top institutions, Bishops' High School.

The students were the children of the president and the minister of finance, as well as others born into wealth and privilege. This included the girl who became Michelle's best friend. Her affluent family gave Michelle rides to and from school as well as exposure to sports.

"That definitely shaped me," she said. "It made me industrious and focused."

As much as Michelle liked and excelled at math and science, her favorite subject was history.

She loved reading stories about the past because they gave her insight into the present. She found herself drawn to tales about the roughly 3 million Africans brought to Guyana by the British between the mid-1600s and the early 1800s as slaves.

"It was important learning for me because I knew I was living the ramifications," she said. "I realized how deep the roots were for the way we lived."

Michelle could connect the dots between herself and them in only a few strokes.

Granny's grandmother was believed to have been enslaved. That meant Michelle's great-grandmother, a woman she met several times and whose funeral she attended, was

among the first generation in the family born free.

Grandfather retired when Michelle was 8. He remained active most days, until a stretch where he did a lot more sitting around. Granny also noticed that his legs were swollen.

One day when Michelle was 13, he announced that he was headed out for groceries. It seemed like a sign that he was feeling better.

The next thing Michelle remembers, a neighbor came running in with the news: Grandfather was dead. About 10 blocks away, his heart stopped. There was no CPR or defibrillation.

"It wasn't until I was in medical school that I realized he'd probably been in heart failure," she said. "If only we'd had more information then."

When Michelle was 9, her parents returned to live in Guyana.

Several years later, once they'd fulfilled obligations to the government, Michael and Carmen took the next step in a grand plan to better their family.

The couple moved to Brooklyn, securing jobs (Carmen had a master's degree in economics) and setting up a home. The final step was bringing Michelle and her sister. That happened a few months after Grandfather died.



Dr. Albert addresses AHA leaders including outgoing President Dr. Donald Lloyd-Jones (left) in late June on the eve of her term as AHA president. "AHA leaders not only want to make a difference in the world, they make it happen," she says. (AHA photo)

Both girls, along with Granny, moved to the East Flatbush neighborhood.

Back in Guyana, a quirk of Michelle's childhood was that she lived about a mile from a zoo. Many mornings, a lion's roar awoke her. Now, in her new home, a different sound rang out: gunfire. Drive-by shootings were common; on her first day of school, cops stormed onto campus to arrest classmates for carrying guns.

"Guyana and Brooklyn had the same desperation," she said. "In both places, I saw people with little who were just trying to make it."

Michelle was so advanced in her studies that she enrolled as a senior in high school despite being only 15.

She attended Erasmus Hall, a school with a proud history but a bleak present. More importantly, it was part of the Bridge to Medicine program, which allowed talented students from under-represented racial and ethnic groups to take advanced science classes and college prep classes at the main campus of City College of New York.

The program was a game-changer for her. And, as with her experience at Bishops' High, some of her most indelible lessons came outside the classroom.

First off, there was the daily commute, a two-hour train ride each day. Stop

by stop, she went from a gritty Black neighborhood to the "chichi" crowd of Park Slope to the business types swarming Wall Street to people of every background in midtown, then a Latino area in upper Manhattan.

"It opened a whole new world to me," she said. In time, she could look up from whatever she was working on and know where the train was merely by observing who was getting on and off.

Another perk of the program was getting to travel outside the city. A trip to Washington, D.C., marked the first time she stayed in a hotel. Then there were the college campus visits.

On a bus ride to the area outside Philadelphia that includes the liberal arts schools Bryn Mawr and Haverford, Michelle looked out the window and could hardly believe her eyes. This was the spectacular educational environment she'd dreamed about seeing when she was inside the magical tree and the door lifted.

Suddenly, everything that seemed impossible now seemed possible.

She chose Haverford, a Quaker liberal arts college, in part because of how much the school revolved around its Honor Code. (To this day, students set and police all rules; exams are given without anyone monitoring them.) Alas, Michelle encountered a freshman-year housemate who didn't uphold high moral standards.

The housemate accused Michelle of stealing food, even though one of their other roommates was to blame. To Michelle, it was a harsh reminder of the fact that, for the first time, she was living "in an environment where people didn't all look like me." A saving grace was that it led her to find solace in the Black Students' League.

A full academic scholarship was a core reason she went to the University of Rochester Medical School. She also was attracted by an approach to medicine that was a bit ahead of its time.

Called the biopsychosocial model, it looked at how each of those disciplines – biology, psychology and socioeconomics – impacts health and disease.

Between being one of three Black students in a class of 110, and living in upstate New York, Michelle felt isolated. Yearning to get back to the big city, she was fortunate to land



Dr. Albert speaks last month in East Palo Alto, California, at the Bay Area Go Red at Night event promoting women's heart health. As the founding director of the University of California San Francisco NURTURE Center, Dr. Albert aims to curb adversity-related health risks, particularly among women as well as underrepresented racial and ethnic populations. (Photo courtesy of Michelle Albert)

an internal medicine residency at Columbia University Medical Center.

During her third year, she became a chief medical resident. She also began eyeing cardiology fellowships. Johns Hopkins topped her list.

Then she heard Dr. Paul Ridker of Harvard Medical School and Brigham and Women's Hospital speak about what would become his landmark work. It involves using molecules in the context of population health, a concept she didn't even know existed. Having majored in chemistry at Haverford, Michelle yearned for a way to incorporate that knowledge into public health.

"What he's doing is what I want to do," she thought.

As soon as Ridker finished, Michelle introduced herself. By the end of their conversation, Ridker said, "You should come to the Brigham. I could mentor you in my lab."

Ridker empowered her from the start.

As she went from cardiology fellowship to Harvard Medical School faculty member, Ridker named her science director of a large clinical trial. He chose her to be the lead author of a paper published in the Journal of the American Medical Association.

Michelle expanded her interest in the intersection of molecules and

race-socioeconomic status to more avenues involving under-resourced communities.

Today, that area is known as "social determinants of health," which are the conditions where someone is born and lives. She was studying it long before that phrase was commonly used. So was Dr. David Williams, a scientist of social and behavioral health at Harvard School of Public Health. His mentorship steered Michelle to her first major independent research funding.

"At that time, people in medicine knew things like race, ethnicity and socioeconomic status mattered to health outcomes, but they didn't traditionally consider those things very important," she said. "It wasn't seen as 'serious science.'"

So even though she was now inside the world of research, she still felt like an outsider.

"I knew people were always going to question me and my qualifications, so I wanted to create, as best as I could, a solid background," she said. "I had to be classically trained."

She earned a master's in public health from Harvard, then went through the Brigham Leadership Program, seven months of executive training done in conjunction with Harvard Business School.

(continued on page 6)



(New AHA President continued from page 5)

After nearly 15 years at Harvard, Michelle was ready for a change. She became chief of cardiology at Howard University in 2012.

She enjoyed the atmosphere of a historically Black college. She especially enjoyed living in Washington, D.C., because her parents happened to have settled there, too. The timing was meaningful because her father was battling a form of bone marrow failure called aplastic anemia.

Michael died in 2014. The next year, Michelle was on the move again.

The University of California San Francisco offered her a place to start studying the biology of adversity. She became the founding director of the Center for the Study of Adversity and Cardiovascular Disease, which goes by the name NURTURE Center.

Under her guidance, researchers study how adversity affects social, behavioral and physiologic factors across the lifespan, with the aim of turning those insights into therapies and treatments for cardiovascular disease and more. The center's mission includes teaching and mentoring people interested in this field.

A few years ago, she also became the admissions dean for the UCSF School of Medicine. It's a unique role for a cardiologist, particularly one who is still practicing.

"We need a deep pipeline to diversify the workforce," she said. "I see medical school as mid-pipeline."

Through it all, Michelle has continued to stretch her expertise across the scientific community.

Her research accomplishments led to her election into the prestigious National Academy of Medicine and the American Society of Clinical Investigation.

The Centers for Disease Control and Prevention recently named her to the advisory board for its director. She's a member of the Board of External Experts for the National Heart, Lung, and Blood Institute.

She served for the past two years as president of the Association of Black Cardiologists, Inc. For the last year, she also was president of the Association of University Cardiologists.

And, of course, she remained a steadfast AHA volunteer.

Over the years, Michelle held many roles at all levels of the organization, from being president of her local board to serving on multiple national committees. In 2016, she received the AHA's Women in Cardiology Mentoring Award.

In 2018, she flew to a hotel at the Dallas-Fort Worth airport to make a presentation for the AHA's Merit Award, a \$1 million, five-year commitment for a visionary project.

She happened to be the final presenter. Just before she entered the room, the weary judges agreed that two candidates stood above the others. Dr. John Warner – then the AHA president and thus the leader of the panel – even acknowledged out loud that it was going to be hard to change their mind.

Michelle proposed a clinical trial focused on weight wellness and the social determinants of health. Participants would come from the San Francisco YMCA. While healthier weights and cardiovascular wellness would be the endpoints, they'd also learn about economics, job readiness and legal services.

Her idea was so compelling that the judges immediately reshuffled their rankings. Michelle became the first woman, and the first Black woman, to win the award.

In 2020, the AHA responded to the COVID-19 pandemic by creating Rapid Response Grants. Michelle was chosen to lead a study at UCSF and Boston University focused on how the new virus impacts Black women. Months later, she received the Population Research Prize, another award chosen by a panel headed by the AHA president, who was then Dr. Mitch Elkind, himself a population researcher.

"She's an inspiring person and a sophisticated thinker about how to address what's missing for a lot of people," said Warner, who remains on the AHA's board of directors. "She's an academic powerhouse. Every time I see her, I'm more and more impressed."

As she settles into the role of AHA president, what excites Michelle most is the organization's reach.

By addressing issues at every level, the result is healthier communities – all communities.

"AHA leaders not only want to make a difference in the world, they make it happen," she said. "That's what attracts people to the AHA. It's a very dynamic group of folks at the top of their game in every sphere."

She'll continue juggling her many roles at UCSF, as well as her other obligations. That includes spending quality time with her husband, Edward Brown.



Michelle Albert and her husband, Edward Brown, share a love of travel. (Photo courtesy of Michelle Albert)

They loved traveling pre-pandemic. Nowadays, they venture to waterfront places near where they live in Northern California; Half Moon Bay and Carmel are their favorite hangouts.

One of the fun facts about her personal life is that she's a party planner extraordinaire. The roots of that trace to her youth in Guyana. She's gone from throwing fashion shows as a child with her sister to hosting elaborate tea parties.

"Everyone knows that when they come to my house, there's going to be a well-decorated table," she said.

Beyond her mentors in science, Michelle is inspired by the life of Michelle Obama and the words of Maya Angelou. She's also part of the Beyhive of Beyonce fans.

Her favorite line penned by Angelou also serves as a fitting description of the way Dr. Michelle Albert leads her own career: *Try to be a rainbow in someone else's cloud.*



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access to comprehensive guides on hypertension, and so much more! Many of these courses provide CME/CE credits, some offer up to 30 credits! In addition to providing opportunities for CME/CE credit, AHA's Lifelong Learning Center provides free case-based presentations designed to educate providers on evidence-based practices during grand rounds at healthcare institutions. These presentations are delivered by AHA approved and trained experts in the field of cardiovascular health. View our comprehensive catalog today by visiting [learn.heart.org](https://www.heart.org/learn).

## FAHA Update

In 2021, a FAHA task force was created to review the FAHA criteria and recommend revisions to provide clarity and promote consistency among all councils. The task force made changes to criteria that was piloted during the application cycle that closed on January 24th. Feedback on the new criteria was collected from applicants, potential applicants, council leadership and FAHA reviewers and shared with the task force. They reviewed the feedback and data and are finalizing a revised set of criteria. Final edits of the newly revised criteria were made during the month of June in order to open the fall cycle in early July.

If you are interested in applying to become a FAHA, check the [FAHA web page](#) for updates on when the Fall cycle will open.

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## Acute Stroke Care for People with Pre-existing Disability or Dementia

*AHA/ASA statement reviews treatments and research*

A new American Heart Association/American Stroke Association scientific statement reviews research on acute ischemic stroke treatments for people with pre-morbid disability or dementia and discusses how to approach care for these patients. Thrombolysis or endovascular therapy (EVT) work as safely and effectively for patients with pre-existing neurological deficits as those without such conditions, according to the statement published in the journal *Stroke*. These treatments help prevent further disability but may be delayed or denied because of hesitance by health care professionals or caregivers.

The statement recommends care that includes advance discussions, managing a stroke if one occurs and care after stroke. It also advises including this patient population in clinical trials.

**See statement on acute stroke care for people with pre-existing disability or dementia.**



## Join Us in Congratulating This Year's Council Engagement Card Winners

Councils are annually evaluated on their progress toward their strategic goals, which drive AHA's mission. These goals and related metrics are captured in the Council Engagement Report Card. Dr. Wang announced and recognized this year's Engagement Card winners and thanked them for their outstanding work and leadership at the February SACC meeting.

**Council on Cardiovascular and Stroke Nursing (CVSN)**  
**Council on Genomic and Precision Medicine (GPM)**  
**Council on Lifestyle and Cardiometabolic Health (Lifestyle)**  
**Council on Quality of Care and Outcomes Research (QCOR)**





## ACC/AHA/HFSA 2022 Heart Failure Guideline



# New ACC/AHA/HFSA Guideline Emphasizes Prevention of Heart Failure

## Stages A-D revised to include 'pre-heart failure'

**A** just-released guideline from the American College of Cardiology, American Heart Association and Heart Failure Society of America refines heart failure stages to focus on prevention, updates treatment options and emphasizes care coordination with a heart failure specialty team.

It revises the four stages of heart failure, from A to D, to identify risk

factors in advance (stage A) and to provide early treatment for "pre-heart failure" (stage B), when tests indicate structural heart disease or heart muscle injury but HF symptoms have not developed.

People with Type 2 diabetes or established CVD or at high risk are advised to consider SGLT2i medicines. The guideline addresses other issues in

managing HF, including implantable devices and advanced therapies for people with stage D heart failure.

**See details on the 2022 Heart Failure Guideline.**

## International Focus On Quality Care



**O**ver the past 20 years in the US, the American Heart Association has made quality improvement a priority. To date, nearly half of US hospitals have implemented the AHA's quality improvement programs like Get With The Guidelines® (GWTG), treating over 11 million patients. With AHA Healthcare Certification for stroke and cardiac care, patients and hospitals alike benefit from improved, coordinated systems of care across settings regarding standardized assessment, identification, monitoring, management, and performance improvement.

### Global Quality Improvement

We recognize the need for high-quality patient care worldwide and expanded our global cardiovascular and stroke quality improvement programs. Since 2015, patients in the Middle East, China, and Brazil have benefitted from these programs' most up-to-date guideline-based quality care.

Patient outcomes improve when hospitals and medical professionals implement the most up-to-date treatment guidelines quickly and efficiently. GWTG helps transform hospitals and systems of care so that patients receive consistent, high-quality treatment, and hospitals see improved patient outcomes, reduced costs, and more efficient processes. Working together with the healthcare

systems in Brazil, China, the United Arab Emirates, and the Kingdom of Saudi Arabia, GWTG has been implemented in hospitals benefitting over 250,000 patients.

Together with our regional counterparts, chest pain and stroke center certification has been implemented in the United Arab Emirates. At both primary and comprehensive stroke and chest pain centers, AHA is helping participating hospitals improve the community's health by integrating and elevating stroke and STEMI management across prevention, acute, and post-discharge care in hospitals.

Based on the success of these existing efforts, AHA quality improvement programs are now being implemented in Asia and Mexico, providing tools, resources, education, and expertise to strengthen systems of care.

### Network of Heart Leaders Emerging in Southeast Asia

Heart Failure A.S.I.A. (Adhere to Science Implementation in Asia) is a three-year program that will develop a quality improvement model for hospitals and healthcare systems to improve the quality of heart failure care for patients. Several hospitals from seven nations will participate, spanning Singapore, Taiwan, Thailand, Vietnam, Indonesia, Philippines, and Malaysia.

The initiative's goal is to accelerate the adoption of evidence-based, guideline-directed medical therapies that can be tailored and implemented to address a patient's unique medical needs. Webinars and other educational resources for participating facilities establish a foundation of shared knowledge. From there, expert-led consultations will identify site improvements at each participating location and assist in creating action plans for facilities that will help them deliver a higher quality of care for their heart failure patients. Information sharing will be facilitated throughout the program, ultimately building a multi-national network of providers that can champion best practices in their region. These learnings will help develop and reinforce quality healthcare solutions for heart failure across Southeast Asia. ●

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## Resuscitation Science Symposium 2022

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# New Grant Awarded to Dr. Greg Roth



**Greg Roth**  
MD, MPH, FACC, FAHA

**A** new grant has been awarded to Dr. Greg Roth which will allow him to test the impacts of social determinants of health risks and outcomes. It is widely recognized

that health disparities are largely influenced by social determinants. Social determinants of health (SDOH) are the *structural determinants and conditions in which people are born, grow, live, work, and age that affect health, functioning, and quality of life*<sup>1</sup>. There are typically five key domains of SDOH, including economic stability, neighborhood and built environment, education, social and community context, and health and health care. Each of these domains

may have relevance at the individual, the neighborhood, and environmental level. It is widely recognized that health disparities are largely influenced by social determinants. Given that social factors represent the soil upon which health impact is experienced, data about social determinants of health have been generally assessed and addressed in isolation of one another, leading to widely disparate forms of data and data collection strategies. The absence of a standard approach to collecting these data is a potential barrier to our ability to compare, extrapolate, and apply evidence-based findings to larger populations.<sup>2,3</sup> **At the American Heart Association, equity and science are at the center of everything we do.** As the recipient of this grant, Dr. Roth will help create better understandings of how SDOH can be analyzed with the goal of addressing unmet health

needs and disparities in health and economic relationships.

1 Commission on Social Determinants of Health (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization. Available at: [who.int/social\\_determinants/final\\_report/csdh\\_finalreport\\_2008.pdf](http://who.int/social_determinants/final_report/csdh_finalreport_2008.pdf)

2 Office of Disease Prevention and Health Promotion. Healthy People 2020. Social Determinants of Health. Available from: [healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health](http://healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health)

3 Havranek, E. P., Mujahid, M. S., Barr, D. A., Blair, I. V., Cohen, M. S., Cruz-Flores, S., Davey-Smith, G., Dennison-Himmelfarb, C. R., Lauer, M. S., Lockwood, D. W., Rosal, M., Yancy, C. W., & American Heart Association Council on Quality of Care and Outcomes Research, Council on Epidemiology and Prevention, Council on Cardiovascular and Stroke Nursing, Council on Lifestyle and Cardiometabolic Health, and Stroke Council (2015). Social Determinants of Risk and Outcomes for Cardiovascular Disease: A Scientific Statement From the American Heart Association. *Circulation*, 132(9), 873–898. [doi.org/10.1161/CIR.0000000000000228](https://doi.org/10.1161/CIR.0000000000000228)

## Spotlight Interview: Dr. Greg Roth

### What can you tell us about yourself and the work that you do?

I'm an academic cardiologist and physician-scientist at the University of Washington who works on cardiovascular health metrics, where we develop new methods to measure population health, related to cardiovascular diseases and its risk factors. We apply these methods broadly for projects like the Global Burden of Disease Study and our US Cardiovascular Health Disparities Project, where we combine all available population data to produce consistent, comparable estimates of disease burden. This includes computationally intensive approaches using statistical modeling. We also have an interest in developing forecasts of disease burden and simulating the effect of different public health and health system interventions.

### What drew you to apply for this grant?

Our interest in measuring and forecasting cardiovascular diseases has led us to increasingly consider the earliest drivers of health disparities. And the primordial and most proximate causes include what

we call the social determinants of health, which are at the center of this grant. We have also been involved in projects that evaluate the impact of health programs in diverse and resource-limited settings around the world. This grant was a perfect fit, building on our work on measuring social determinants of cardiovascular diseases and experience evaluating health programs.

### Can you tell us about the team you will work with?

At the Institute for Health Metrics and Evaluation, our work is always highly multidisciplinary, and this project will be no different. I'm a cardiologist and clinical epidemiologist and will be joined by Professor Bernardo Hernandez Prado who brings extensive experience in public health and health system evaluation. The team will also include Professor Emmanuela Gakidou with experience in social determinants and health evaluation research, and a core group of researchers from our Cardiovascular and Evaluation teams here. And we will be collaborating closely with our colleagues at the American Heart Association who work on this program.

### What are you most excited about?

I'm really excited about shifting attention to these earliest drivers of disease, where we can consider interventions earlier in the causal process and, potentially, at a point where big impacts can be seen.

### What do you hope will be the outcome of your work?

Our goal is to help build a toolkit for evaluating programs that want to improve the social determinants of cardiovascular disease and create a framework that can be used to measure progress. In the long run, we hope to reduce cardiovascular disparities and help contribute to a long healthy life for everyone. ●

## DID YOU KNOW?

AHA Premium Professional Members can earn their Fellow of the AHA credentials. [Learn more.](#)

# Exciting News About Scientific Sessions 2022

**T**he planning for exceptional learning and interactive opportunities for Scientific Sessions 2022 is accomplished by the Committee for Scientific Sessions Programming. The committee chair, Dr. Manesh Patel, and vice chair, Dr. Amit Khera, are planning an impactful can't miss event. Reconnect face to face with colleagues, experience breakthrough

basic, clinical and population science updates, and advance your career as we celebrate the accomplishments and innovations in cardiovascular and stroke science. This is only made possible by dedicated AHA professional volunteers and every AHA Scientific Council representing 28 communities in cardiovascular science and medicine.

Come experience the latest developments for transforming patient care and influencing health with cardiovascular leaders and peers in Chicago, IL, or online, for Scientific Sessions November 5-7.

**NEW for #AHA22** – Don't miss the Pre-Sessions Symposia and Early Career Day, Saturday, November 4. ●



## A Mark Backed by Science

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# Congratulations to AHA's Newest Research Awardees

The American Heart Association recently offered \$30M in funding for more than 150 awards that began on April 1st. These research dollars support the below programs:

**AHA Institutional Research Enhancement Award (AIREA):** Awards to support small-scale research projects related to cardiovascular and cerebrovascular diseases at educational institutions that provide baccalaureate or advanced degrees but that have not been major recipients of National Institutes of Health (NIH) support.

**Career Development Award:** Research dollars to support highly promising healthcare and academic professionals in the early years of first professional appointment to assure the applicant's future success as a research scientist in the field of cardiovascular and/or cerebrovascular disease research.

**Research Supplement to Promote Diversity in Science:** Under the mentorship of current AHA awardees, this mechanism supports research experiences for predoctoral and postdoctoral fellows from underrepresented racial and ethnic groups in science.

**Mechanisms Underlying Cardiovascular Consequences Associated with COVID-19 and Long COVID:** These projects will help us better understand the mechanism(s) underlying cardiac, vascular and cerebrovascular effects of COVID-19 and Long COVID, as well as mechanisms that contribute to differential susceptibility to Long COVID. The awardees are:

- **Cyndya Shibao, MD**, Vanderbilt University Medical Center, "Cardiovascular Autonomic and Immune Mechanism of Post-COVID-19 Tachycardia Syndrome"
- **Lina Shehadeh, PhD**, Miller School of Medicine, University of Miami, "Defective Cholesterol Homeostasis Causes Systemic Endothelial Dysfunction in Long COVID"
- **Mark Kahn, MD**, University of Pennsylvania, "Mechanisms underlying COVID-19 associated vascular thrombosis"

- **Brian O'Rourke, PhD**, Johns Hopkins University School of Medicine, "Prolonged Electrophysiological Effects of the Cardiac Innate Immune Response to RNA Virus"
- **Daniel Kim, BS, PhD**, Northwestern University - Chicago Campus, "Rapid Cardiovascular MRI for Quantifying Coronary Microvascular Dysfunction in COVID-19 Survivors"
- **Sol Schulman, MD**, Beth Israel Deaconess Medical Center, "Role of SARS-CoV-2 ion channel ORF3a in COVID-19-associated thrombosis"
- **Michael Widlansky, MD**, The Medical College of Wisconsin, "Role of TLR9 and mitochondrial DNA in regulating microvascular and immune cell dysfunction post-COVID-19"
- **Xuebin Qin, PhD**, Tulane University Health Sciences Center, "SARS-CoV2 infection and type I interferon signaling in COVID-19 and long COVID-associated endothelial cell dysfunction"
- **Joseph Loscalzo, MD, PhD**, Brigham and Women's Hospital, "Systems and Network Medicine Approach to Cardiovascular Complications of SARS-CoV-2 and their Personalized Treatment"
- **Jeffrey Hsu, MD, PhD**, University of California, Los Angeles, "The Role of Viral Fragments in Long-Term Cardiovascular Sequelae of COVID-19"
- **Andriy Yabluchanskiy, PhD**, Board of Regents of the University of Oklahoma, Health Sciences Center, "Vascular mechanisms leading to progression of mild cognitive impairment to dementia after COVID-19"

## Did You Know?

You can generate reports on AHA awardees since 2006 using our interactive portal, [reSEARCH@Heart](https://research.heart.org). Access current data on AHA-funded investigators and their institutions, awards and resulting publications. [Click for reSEARCH@Heart details and instructions.](https://research.heart.org)

# Brain Disease is On the Rise and Shares Risk Factors with Heart Disease

## AHA Statistical Update Confirms the Connection

According to the new AHA Statistical Update, brain diseases, such as Alzheimer's and dementia, are substantially increasing, and they share risk factors with heart disease, including high blood pressure, obesity, diabetes and tobacco use. Conversely, heart-healthy behaviors can preserve or improve brain health.

[Learn more about brain and heart disease.](#)

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# AHA Fall Research Funding Deadlines

**P**roposal deadlines have been announced for training and early career funding to commence in 2023. ProposalCentral will open eight weeks prior to each deadline for submissions. Applicants can prepare documents that will be required in advance. [View required application documents.](#)

More award offerings with deadlines after January 1, 2023, will be posted at [AHA Application Information.](#)

**AHA Predoctoral Fellowship** – Proposals due by Wednesday, September 7, 2022

Enhances the training of promising students in pre-doctoral or clinical health professional degree training programs and who intend careers as scientists, physician-scientists or other clinician-scientists, or related careers aimed at improving global health and wellbeing. Funding begins on January 1, 2023.

**AHA Postdoctoral Fellowship** – Proposals due by Thursday, September 8, 2022

Enhances the training of postdoctoral applicants who are not yet independent. The applicant must be embedded in an appropriate investigative group with the mentorship, support, and relevant scientific guidance of a research mentor. Funding begins on January 1, 2023.

**Institutional Award for Undergraduate Student Training** – Proposals due by Tuesday, September 13, 2022

This award is made to qualified institutions that can offer a meaningful research experience that supports the AHA mission that encourages undergraduate college students from all disciplines to consider research careers. Funding begins on January 1, 2023.

**Career Development Award** – Proposals due by Thursday, December 8, 2022

Supports highly promising healthcare and academic professionals in the early years of first professional appointment to assure the applicant's future success as a research scientist in the field of cardiovascular and/or cerebrovascular disease research. Funding begins on April 1, 2023.

Special opportunity for current AHA grantees: The **Research Supplement to Promote Diversity in Science** gives current AHA awardees a mechanism to mentor predoctoral and postdoctoral fellows from underrepresented racial and ethnic groups in science. The next deadline will be in early 2023.

## COUNCIL MEMBERSHIP UNLOCKS ACCESS TO CAREER-ENHANCING AWARDS.



## Stroke Underrepresented Racial and Ethnic Travel Grant and Bernard J. Tyson Career Development Award

2022 Stroke Underrepresented Racial and Ethnic Groups Travel Grant winners.

For a complete list of award opportunities, visit [professional.heart.org/en/partners/awards-and-lectures](https://professional.heart.org/en/partners/awards-and-lectures).



## FIT Young Investigator Awardee Spotlight: Sasha Prisco, MD, PhD Fellow



Sasha Prisco  
MD, PhD Fellow

Cardiovascular  
Medicine  
University of  
Minnesota

Sasha Prisco is the 2021 recipient of the Cournand and Comroe Award which acknowledges

the research and accomplishments of early career investigator members of the Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation (3CPR) and encourages them to continue their research in biomedical sciences.

### Your research focuses on RV function in PH. What led you to this area of interest within Cardiology?

We currently have many effective therapies that target multiple different pathways for left ventricular (LV) dysfunction. However, we do not have any pharmacologic treatments that directly target the failing right ventricle (RV) and the drugs used for LV dysfunction have not been shown to work in RV dysfunction. RV function is the greatest predictor of survival in pulmonary arterial hypertension (PAH), which is a lethal disease with a median survival rate of 5-7 years despite multiple drugs that work on the pulmonary vasculature. In addition to trying to improve outcomes for PAH patients, improving RV function will help with multiple cardiovascular diseases (e.g. other pulmonary hypertension patients, patients with biventricular failure, LVAD patients, etc.).

### Can you describe for us your research that led you to receive the Cournand and Comroe Early Career Investigator Award?

Our lab is interested in determining ways to improve RV function and survival in PAH. We became interested in intermittent fasting since this has been shown to have survival

benefits from single cell organisms to mammals. Using a rat model of PAH (the monocrotaline rodent model), we tested whether intermittent fasting improves RV function and survival. Using a variety of molecular and physiological approaches (proteomics, metabolomics, assessment of the gut microbiome, histology, echocardiography, and invasive hemodynamics), we observed that intermittent fasting augmented RV function and enhanced survival without changing the severity of the pulmonary hypertension, showing that this is an approach that directly improves RV function. In our gut microbiome analysis looking at stool samples, we saw that intermittent fasting increased abundance of the bacteria Lactobacillus. We then supplemented Lactobacillus (which is in probiotics) to the monocrotaline rats and this was able to recapitulate the benefits on the RV that we observed with intermittent fasting. We are excited about this work since it provides a novel way to improve RV function and Lactobacillus supplementation may be easier for patients compared to intermittent fasting.

### What has been the most challenging and most rewarding aspect of conducting this research?

My long term goal as a physician scientist is to do translational research and bring our lab findings to the bedside. This research has provided me with a lot of opportunities to learn how to do translational research. Our next steps are to bring our lab findings to a larger animal model (pigs) and to begin pilot clinical trials. My training as a physician scientist has been long and arduous (8 years in a MD/PhD program, residency, and now 5 years as a cardiovascular physician-scientist with protected research time built into my cardiology fellowship training). The days are long, but the years are short. There was a lot of troubleshooting that was needed for the experiments. There is always

a lot of learning. I never thought as a cardiology fellow that I would be looking at the gut microbiome and jejunum histology! I love what I do and hope to be able to improve outcomes for our patients!

### What advice would you give to FITs considering pursuing research in this field?

My advice for anyone doing research is to find good mentors and sponsors - people who care about you personally and professionally. Learn how to do rigorous science and write often. If any of you are interested in RV clinical or translational research opportunities, **please come check out our lab!** ●

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#### Unmet Needs in Hypertension Treatment Options

Hypertension increases with age and treatment-resistant hypertension exists within the US population. Participants in this course, supported by an independent medical educational grant from Medtronic, will learn about treatment and management options for patients with resistant hypertensive, how to address health care disparities in treatment and management, and shared decision-making strategies to improve health equity. Earn CE and ABIM MOC credit.

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# A New Hope Awakened



CONNECTING WITH THE CHAIR

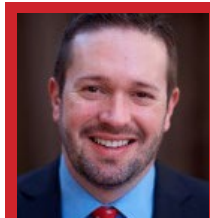
Sébastien Bonnet  
PhD, FAHA

Despite the ongoing challenging times worldwide between a terrible war in Ukraine and the

pandemic, more than ever it is time for all of us to stand as one and rebuild a better world with peace and health for everyone. The scientific communities have been a great example over the past two years of working together to lead to major discoveries such as an RNA vaccine that opens new hope for many diseases. I hope that all of you will enjoy a peaceful and healthy summer and get ready for our exciting upcoming 3CPR meetings.

In this *Connections* edition, it is our pleasure to highlight the world of critical care cardiology with Dr. Sudarshan Rajagopal's interview with Dr. Chris Barnett, professor of medicine and chief of the Section of Critical Care Cardiology at the University of California San Francisco (UCSF) and director of the Cardiac Intensive Care Unit at the UCSF Medical Center. ■

## The Transformation of Critical Care Cardiology Spotlight: Christopher Barnett, MD, MPH



Christopher Barnett  
MD, MPH

The 3CPR Council is a big tent, with members across a wide span of cardiology, cardiopulmonary disease and critical care. Recently, there has been a transformation in the third C

of 3CPR: Critical Care Cardiology. Cardiac intensive care units (CICUs) were originally designed for the rapid resuscitation of patients from complications of acute myocardial infarction. Over time with improvements in reperfusion therapies and medical therapies for coronary artery disease, there has been a shift in the patient populations that require cardiac critical care. Now, the modern CICU provides care to patients with cardiogenic shock from a wide range of underlying cardiovascular diseases, right heart failure and pulmonary hypertension, as well as patients with non-cardiac primary diagnoses, such as sepsis, acute kidney injury and liver disease. Modern critical care cardiologists must be well-versed in the interpretation of pulmonary artery catheter waveforms, the management of mechanical circulatory support and mechanical ventilators, and with clinical acumen and training that extends beyond that of a typical cardiologist.

To answer our questions about these exciting developments in critical care cardiology, we have turned to Dr. Christopher Barnett, MD, PMH, a professor of medicine and the chief of

the Section of Critical Care Cardiology at the University of California San Francisco (UCSF) and director of the CICU at the UCSF Medical Center. He is a specialist in cardiology and critical care medicine. He completed medical school and internal medicine residency training at Northwestern University and then completed fellowships in critical care medicine at the National Institutes of Health and in cardiology at the University of California, San Diego. Dr. Barnett studies complex heart disease in the intensive care unit (ICU), such as cardiogenic shock. His goal is to better organize care and management by teams of specialists to improve patient outcomes. He is also interested in medical education, training the next generation of critical care cardiologists. Dr. Barnett also serves on the 3CPR Council Leadership Committee.

### What factors led to the transformation in critical care cardiology?

Chief among them is the aging of the population and improvements in medical care for conditions that would have previously been fatal. Improved survival in myocardial infarction and heart failure means that patients present with more advanced, complex disease. Progression of chronic cardiovascular disease and other organ dysfunction complicates patient management. Innovative technologies, such as temporary percutaneous mechanical circulatory support (MCS) devices, have also increased survival, but require clinicians skilled in the management of

these devices as well as the associated complex medical problems and device complications such as hemolysis, infections and kidney injury.

### What does your typical clinical day as a critical care cardiologist entail?

A defining characteristic of critical care medicine (CCM) specialists is that they are present in the ICU, and this is also true of critical care cardiologists. Our mornings are typically spent leading multidisciplinary team rounds that include trainees, nursing, respiratory therapists, as well as perfusionists or any other team members participating in the patient care. The rest of the day is spent performing procedures, meeting with patients and families, coordinating care with other specialists as well as responding to the emergencies that are frequent in CICU patients. Diligence and constant attention to detail is needed to advance the care of CICU patients in a safe but efficient way to minimize the period of critical illness and ensure that there is always capacity to accommodate patients who newly develop CICU needs.

### What type of patients do you take care of in the CICU?

Patients admitted to a CICU typically have an underlying complex cardiovascular condition requiring ICU care but also complex comorbidities. For example, our CICU service recently managed a young man with acute heart failure requiring temporary MCS but who also had dysfunction of

# Lay Rescuers Who Do CPR are Heroes and Survivors, New Statement Addresses Their Perspective

## Statement Highlights

- New American Heart Association scientific statement reviews data on the experience of lay people who have performed cardiopulmonary resuscitation (CPR), assessing their perspectives on what it is really like to respond and perform CPR to save someone's life, the impact of training and dealing with the residual impact of witnessing a cardiac arrest.
- Witnessing and responding to a cardiac arrest can be a very traumatic event and may cause lingering psychological impact regardless of the outcome. Lay responders may need support and resources to help process their experience.
- The statement also identifies the need to address factors that may

impact a layperson's willingness to respond to a cardiac arrest, including misunderstanding the signs of an arrest and myths about CPR credentials and the potential for litigation.

[Learn more about lay responders and out-of-hospital cardiac arrests.](#) ■

### The Transformation... (continued)

nearly every other organ system. In addition to MCS care, we also had to manage his mechanical ventilation, renal replacement therapy, multiple complex infections, nutrition as well as sedation and pain control. Another example is a patient with heart failure awaiting advanced heart failure therapies whose CICU course was complicated by recurrent upper GI bleeding, cytopenias and respiratory failure. In these patients there is little room for error and optimal outcomes require robust communication and coordination of care.

Just as important is the management of acute medical problems is the management of end-of-life care. Despite our best efforts, we cannot extend the life of many of our patients. In these cases, we provide care focused on supporting the patient and their family as they cope with this reality while ensuring that the patient dies with peace and dignity and without discomfort.

### What are some of the important research questions in critical care cardiology?

One of the most active areas of research in critical care cardiology is cardiogenic shock, a condition associated with poor survival despite modern CICU care. The Critical Care Cardiology Trials Network (CCCTN) has been instrumental in describing the epidemiology and treatment of shock in our CICUs and defining questions for ongoing study. Much remains to be learned about how to optimally phenotype cardiogenic shock so that we can best match the patient and treatment. For example,

it is still unclear when to initiate MCS therapies and, later on, how to deescalate these therapies. In addition, we are also still learning how to design studies that answer these questions. The complexity of CICU care makes trial design particularly challenging. Work by CCCTN will be important to both determining how to perform research in the CICU, identify the most important questions to ask and then find the answers. The AHA has recently announced a new cardiogenic shock registry powered by Get With The Guidelines that will contribute to these efforts!

### Tell us more about your training experience.

I was interested in both critical care and cardiology as a resident. When I discovered that the CCM program director and other faculty at the NIH were critical care cardiologists, I was inspired to follow the same training pathway. I completed three years of clinical and research training in CCM at the NIH followed by a fellowship in cardiology at the University of California, San Diego. The NIH continues to be a leader in training critical care cardiologists; however, other training pathways are emerging including fellowship programs with an additional year of CCM following cardiology fellowship. These programs provide a multidisciplinary ICU experience including experience in the medical, neurologic, general surgical as well as cardiac and vascular surgery ICUs. This provides the opportunity to manage complex multisystem organ dysfunction and temporary and durable MCS devices, but also how to lead the multidisciplinary ICU team and how to provide compassionate

end-of-life care. Here at UCSF, we anticipate launching a critical care cardiology fellowship in July 2023.

### What advice regarding training do you give to trainees interested in critical care cardiology?

I think that this is a great time to enter the field of critical care cardiology. Because the field is young and growing rapidly, there are tremendous opportunities for professional growth as well as opportunities to make a positive impact on the patients for whom we care.

### Tell us about some of the upcoming critical care cardiology programming at AHA Scientific Sessions 2022.

We have some exciting programming lined up for AHA Scientific Sessions 2022 in Chicago. We are expecting to have some outstanding speakers discussing the history of the modern CICU, CICU complications, team-based approaches to cardiogenic shock, and a discussion of the training pathway for critical care cardiologists. It will be great to be in the room engaged with everyone discussing these important topics.

### Any final thoughts?

I feel privileged to be a member of 3CPR at this time when critical care cardiology is emerging as a new subspecialty of cardiology. The mentors and colleagues in this field are truly remarkable and there is tremendous opportunity to advance science and make discoveries that will improve patient care. I am excited to find out what lies ahead for our specialty! ■



## What to Expect at Scientific Sessions and Resuscitation Science Symposium 2022

November is approaching and with that Scientific Sessions 2022, November 5-7, to be held virtually and in person in Chicago. Despite the challenges brought by the COVID-19 pandemic upon the American Heart Association and the Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation (3CPR) communities, our programming at Scientific Sessions 2022 ([scientificsessions.org](http://scientificsessions.org)) will feature the usual spectrum of exciting translational cardiopulmonary programming ranging from cutting-edge basic science to breaking updates from clinical trials in an exciting combined in-person/virtual format that will make the science accessible to everyone worldwide. We are all looking forward to reconnecting in person with those who will attend on-site!

The array of sessions programming will include oral invited sessions from world-renowned scientists and clinicians, a talented pool of early-career investigators who will share their science in virtual oral and poster formats, updates from clinical experts on state-of-the-art cardiac intensive care practice, and a diverse panel of established investigators to provide high-level feedback as well as career guidance and mentorship for early investigators in diverse academic research tracks.

The 2022 3CPR program will feature a traditionally strong cardiopulmonary basic and translational science program, including sessions on "Novel Omics-derived insights into the pathophysiology of PAH," "Beyond the Genetic Code: The Role of Epigenetics in Pulmonary Hypertension," an innovative session entitled "Beyond the Pill: Nonpharmacological Approaches in PAH," and an exciting Pro-Con debate covering "Controversies in RV Dysfunction and Management." The popular "Clinical Trials in Pulmonary Hypertension: Novel Biomarkers and Endpoints" returns this year with breaking updates from ongoing and future trials of PAH therapies using innovative trial strategies. For junior and mid-career investigators attending in person,

a Speed-Mentoring session will provide an opportunity to meet with established mentors in small breakout groups to discuss challenges and solutions for establishing a robust translational research program and maximizing competitiveness for funding. In addition, the 3CPR will host its annual Cournand and Comroe Early Career Investigator Award competition, featuring the top submissions from a traditionally strong pool of early-career scientists. The program will cover promising novel therapeutic targets for pulmonary vascular disease and right ventricular dysfunction from pre-clinical proof of concept to late-stage clinical development, as well as new approaches to phenotyping and prognosis for the diverse conditions described by PAH, PH-HFpEF, and PH-ILD.

The 2022 3CPR program will also offer innovative programming for established and early career cardiac intensive care practitioners and scientists. Highlights will include an overview session entitled "Evolution of Critical Care Cardiology and the State-of-the-Art Contemporary Cardiac Intensive Care Unit," which will describe the history behind the

development of the modern CICU and the development of evidence-based cardiac critical care therapies. Two sessions bridging cardiopulmonary and critical care entitled, "Pulmonary Vascular Emergencies in the CICU," and "Clinical and Surgical Management of End-Stage PAH" will offer updated guidance on treating the most severely affected patients with cardiopulmonary disease with interventional, pharmacologic, mechanical support and transplantation interventions. Finally, a session addressing "Myocardial Injury after Noncardiac Surgery" will discuss the important prognostic and clinical management implications of this increasingly recognized clinical syndrome.

The leadership of 3CPR has prepared an innovative and provocative slate of topics for attendees and is excited to welcome all of you in person and virtually as we ensure that we continue to maximize scientific advancement in these times when new scientific knowledge is most desperately needed, and in which collaboration and networking will continue help bridge these gaps to improve our understanding and treatment of these important and unmet clinical needs. ■



**Resuscitation Science Symposium 2022**

Chicago, IL | November 4-6, 2022

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## New Beginnings



**CONNECTING  
WITH THE  
CHAIR**

**Kerry-Anne Rye**  
PhD, FAHA

As we all know, everything must come to an end sooner or later. In this instance, it is my term as chair of the ATVB Council, which finished on June 30.

I would like to extend a huge welcome to Phil Tsao as incoming ATVB Council chair. It is reassuring to know that I am leaving the council in extremely competent hands. Phil is already known to many of you as the former chair of the Program Committee for the Vascular Discovery meeting and is extremely well placed to move the ATVB Council into its next phase of growth and evolution.



**Phil Tsao**  
PhD

In her role as immediate-past ATVB Council chair, and current chair of the ATVB Council Nominations Committee, Mary Sorci-Thomas has also been an enormous support and incredibly generous in sharing her extensive "corporate knowledge" about the council and its operations over the past two years.

I'd also like to thank Roxana Rashid and Denise Levy, AHA staff members who have supported me so steadfastly over the past two years. It has been a pleasure working with them and other AHA staff during this time. Thank you all!

While I expect that all outgoing council chairs reflect on their achievements, I'm quite certain that the current cohort, myself included, will look back on their time in these

roles with mixed feelings. In my case, I know I am leaving the council in a healthy position and in highly capable hands. However, being council chair during a pandemic came with significant challenges. For example, just prior to taking on the role of council chair, the concept of a virtual meeting in lieu of the usual face-to-face meetings in the spring (Vascular Discovery) and fall (Scientific Sessions) was not something I had even considered. Back then, Zoom was something I used maybe once or twice a week. When I thought about what I valued most at that time, it was the enormously rewarding opportunities for face-to-face interactions with other council members, meeting new council members and, possibly most important of all, the strong sense of community that underpinned all of these interactions. As a result, prior to starting my term as chair, I planned to spend two years expanding these interactions and the overall footprint of the council. Unfortunately, due to COVID-19, global travel and face-to-face interactions were at a complete standstill for almost all of the time I held the position. This unprecedented turn of events led to the development of sophisticated virtual platforms for meetings, webinars became common place and Zoom took over all of our lives. It also meant that my role as chair of the ATVB Council ended up being completely different from what I had envisaged, with the interactions that we have valued so highly with each other and new council members (especially early and mid-career members) becoming challenging to initiate and difficult to maintain.

Despite these difficulties, we held highly successful and well-attended virtual Vascular Discovery meetings in 2020 and 2021 and finally, after two long years, had the opportunity to meet face-to-face last month in Seattle at Vascular Discovery 2022. Because of this enforced hiatus, there was huge excitement about the

meeting, and it was an enormously rewarding experience. This was in large part due to the hard work of the program committee ably chaired by Katey Rayner, as well as to the AHA staff, especially Julie Green and her highly dedicated behind-the-scenes team. In addition to long-awaited updates on the latest discovery and translational science, the meeting attendees were treated to a spectacular group of top line speakers who delivered truly inspirational talks, including Michelle Albert, current president of the AHA, and Manu Platt, both of whom provided us with thought-provoking insights into current disparities in cardiovascular health, as well as Jeffrey Berger who spoke on current insights into COVID-related thrombosis.

Other activities of the ATVB Council over the past two years that warrant highlighting include the publication in 2021 of a scientific statement on Lp(a) that was written collaboratively by several ATVB Council members, including Gisette Reyes-Stoffer and Marlys Koschinsky. (**Read the full paper here.**) This paper has already achieved an extraordinarily high Altmetric score of 76, which places it in the top 3% of all papers published at around the same time.

The ATVB Council also co-sponsored an additional 44 scientific statements in collaboration with other councils during 2020-21. This is a huge achievement that highlights the central, ongoing contribution of the council and its members to the AHA.

Now that we are back on the road to resuming our pre-pandemic activities, the next major item on the program for the ATVB Council is Scientific Sessions in Chicago on November 5-7. The ATVB Council will have a high profile at this meeting and a brief overview of the outstanding events you will be seeing there has been provided below by the chair of the Scientific Sessions Program Committee, Yabing Chen.

## What's Coming up at Scientific Sessions



**Yabing Chen**  
PhD, MBA, FAHA

In the upcoming AHA Scientific Sessions in Chicago, the ATVB Council Program Committee, chaired by Dr. Yabing Chen, University of Alabama at Birmingham, would like to invite ATVB members, particularly our early career members, to participate in this first in-person event since 2019.

In addition to the ATVB award lectures, Russell Ross, Sol Sherry and George

*New Beginnings (continued)*

Although abstract submissions for the meeting are now closed, there will be an opportunity for late-breaking science abstracts to be submitted from June 27 to August 23. This is definitely an opportunity not to be missed. Apart from hearing a lot of quality science, it will also be a chance to catch up with friends and colleagues that you may not have seen in a long time.

The final thing I want to share with you before signing off is a tribute to Shoba Gosh, a long-standing and highly valued member of the ATVB community, and a good friend to many of us. Shoba passed away at the end of 2021 after having made enormous contributions to the council over many years. In addition to being the recipient of the ATVB Distinguished Achievement Award in 2020, Shoba was a highly effective advocacy ambassador for the ATVB Council, the liaison for the International Atherosclerosis Society and a member of the ATVB Council Leadership Committee. She was always there to help when something needed to be done and will be hugely missed by everyone that knew her. ■


Duff, this year's ATVB sessions will be highlighted by a Main Event basic science session featuring the best science published in the ATVB journal on the Emerging Genomic Based Therapies on Cardiovascular Disease.

For our early career investigators, we will again have the Elaine Raine Young Investigator Award competition, as well as two additional sessions to promote science of early career investigators and their career advancement. There will also be a designated session highlighting the achievements of our young scientists in honor of the late Dr. Shoba Gosh, a dedicated ATVB member, great

mentor and advocate for the AHA. Eight Cardiovascular Symposium sessions and two Frontiers in Science sessions have been planned to present the hot topics on the cutting-edge scientific discoveries in the areas of arteriosclerosis, thrombosis and vascular biology. With these basic, clinical and population science sessions presented by investigators representing diverse ethnic, demographic and career stages, we hope to capture the best science in our community, and create a great opportunity for networking, mentoring and career development. ■

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# Reflecting on Tremendous Progress



**BCVS Early Career Committee Highlights**  
Our Early Career Committee (ECC), led by Sean Wu (Stanford), has been busy organizing virtual mentorship sessions on topics essential for trainees and junior faculty as they navigate to become established researchers. The committee has also conducted virtual programming events for middle and high school students in its STEM outreach program. So far in 2022, we've had two well-attended virtual mentorship seminars and one STEM outreach program:

On March 23, the ECC hosted a seminar titled "Scientific Failures of Great Scientists: What Do We Learn?" Over 300 people registered and over 150 attended the meeting. The seminar included a short presentation followed by open conversations with five invited panelists representing different career stages on "resilience and failure" in scientific careers. Our panelists included Drs. Manuel Rosa Garrido (University of Alabama), Jennifer Davis (University of Washington), Pilar Alcaide (Tufts University), Jeff Molkentin (Cincinnati Children's Hospital) and Litsa Kranias (University of Cincinnati). The session was moderated by Drs. Susmita Sahoo (Mount Sinai, New York) and Sarah Schumacher (Cleveland Clinic) and co-organized by Drs. Nicole

Purcell (HMRI) and Sean Wu (Stanford). The panel shared their personal stories of failures, how they chose not to give up and the valuable lessons they have learned that kept them going. The discussions closed with a focus on how failure is an integral part of science careers and that success is possibly because of the failures.

On April 13, the ECC organized a virtual "Meet-a-Scientist" STEM outreach session for five middle and high schools (four in Northern California and one in Southern California) to connect with members of the BCVS ECC. The ECC members described their roles as physician-scientists or basic and translational scientists in cardiovascular research. Lindsie Campbell, AHA vice president for the youth market in Washington, Oregon and Northern California, facilitated the event and introduced heart-healthy activities for teens and AHA student programs such as Kids Heart Challenge.

On June 8, the ECC hosted a second seminar of the series titled "The Road Less Traveled: Beyond-the-Lab Career Choices for Scientists." The seminar presented a broad perspective on alternative career choices for early career scientists. The event included senior and early career panelists who are professionals representing diverse non-academic careers that included pharmaceutical companies, government, publishing and non-profit organizations. Drs. Chen Gao (University of Cincinnati) and Kevin Alexander (Stanford) moderated the session that was co-organized by Drs. Sean Wu and Susmita Sahoo.

For the first time in three years, we are thrilled to have in-person Early

Career Committee events at the 2022 BCVS Scientific Sessions. As in previous years, we will showcase talks from early career investigators in two morning sessions on July 25, followed by a keynote lecture by Dr. Ivor Benjamin (Medical College of Wisconsin), former president of the AHA and a physician-scientist in redox regulation of myocardial function. We will also host a ticketed early career luncheon on July 26, where trainees will have opportunities to mingle with senior investigators to discuss career challenges and job search strategies. To recognize scientific excellence and effective communication by young investigators, the ECC will conduct a poster competition and announce winners at the annual BCVS dinner. Finally, the highly anticipated ECC-sponsored BCVS Social Mixer will return on July 26 so trainees can connect with friends and colleagues.

We hope these BCVS ECC activities will offer opportunities that are useful to our early career colleagues and connect them with those who want to hear from these early career investigators. Please contact us if you have suggestions or would like to join us in planning these ECC activities.

**BCVS Membership Update**  
We are excited to report that BCVS membership has increased, making it the second largest AHA scientific council to date. States with the highest membership numbers include California, New York and Massachusetts. Please keep your BCVS membership active and encourage colleagues and early career investigators to join. In addition to recruiting additional new members from all career levels, we'd like to

increase representation from the Great Plains states such as Montana, North Dakota and Wyoming. It is easy to get involved in BCVS — just contact any of us or the council manager.

In addition, the BCVS Council made diversity, equity and inclusion a top priority, and because of these continued efforts we've had over a 13% increase in underrepresented and racial ethnic groups participating in our activities since last year.

**Fellowship Report Council on Basic Cardiovascular Sciences**  
Submitted by the Membership Committee, Dr. Jennifer Davis

**Fellowship Slate – Spring 2022**  
**Background:** The Membership/Communications Committee reviewed the applications and has elected the following candidates as Fellows of the American Heart Association (FAHA) conferred by the BCVS Council:

**Priscila Yurica B. Sato, PhD, FAHA**  
Drexel University College of Medicine Philadelphia, PA

**Danish H. Sayed, MBBS, MSc, PhD, FAHA**  
Rutgers New Jersey Medical School Newark, NJ

**Carmen Sucharov, PhD, FAHA**  
University of Colorado Anschutz Medical Campus Aurora, CO

**Chao-Yung Wang, MD, FAHA**  
Chang Gung Memorial Hospital Taoyuan TWN

**Yajing Wang, MD, PhD, FAHA**  
Thomas Jefferson University Philadelphia, PA

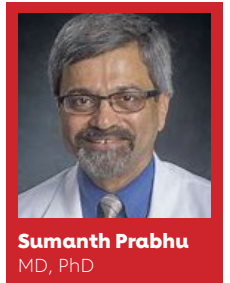
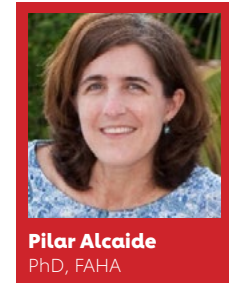
**Melanie Y. White, PhD, BSc, FAHA**  
University of Sydney Sydney NSW AUS

Finally, we'd like to welcome incoming AHA President-Elect Joseph C. Wu, MD, PhD, FAHA. Dr. Wu's term begins July 1. For years, he has been a loyal and dedicated BCVS member and champion. When Dr. Wu takes his position as AHA president for the 2023-24 fiscal year, he will be the third BCVS Council member to do so within the last seven years. Please offer your congratulations to this outstanding cardiovascular scientist and BCVS member.

**BCVS 2022 Scientific Sessions is Back in Person!**

The 2022 BCVS annual meeting will be held July 25-28 in Chicago. In this fantastic city, sitting on Lake Michigan and with beautiful architectural landmarks, BCVS 2022 will once again be in person after two years of virtual meetings. It will be a wonderful venue to catch up with colleagues, learn the most recent updates in basic and translational cardiovascular research, and establish new contacts and collaborators.

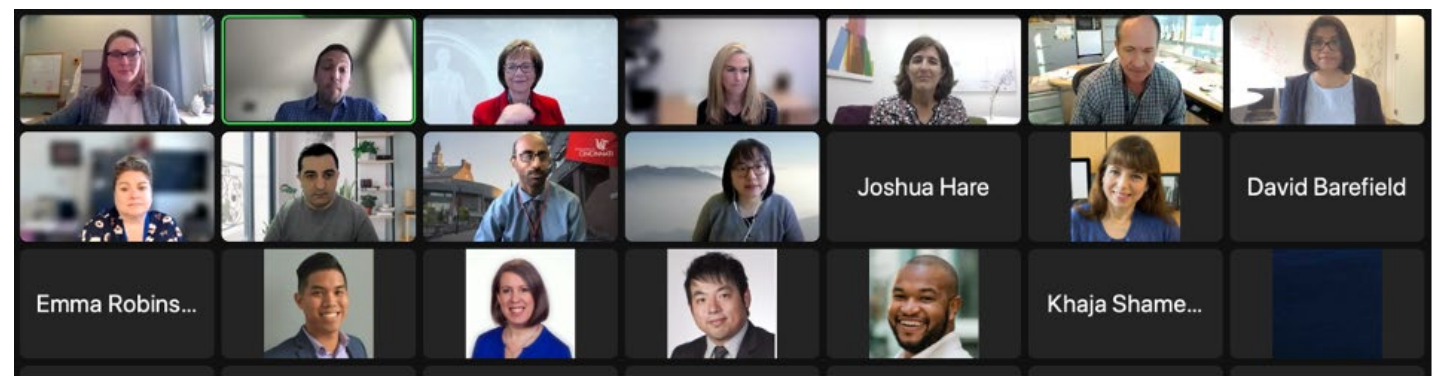
This year's theme, "Bridging Basic and Translational Science in Cardiovascular Disease," will feature four days of rich scientific programming and several networking events to support the career development of early career trainees (whom we are sure can't wait to network in person). Pilar Alcaide,



PhD, FAHA (Tufts University School of Medicine, Boston), and Sumanth Prabhu, MD, FAHA (Washington

University, St. Louis, Missouri), chair and vice chair of the BCVS 2022 program, have been working tirelessly with the Program Committee and the Early Career Committee to bring you the most recent advances in the cardiovascular disease field and new opportunities to translate basic research findings from bench to bedside. The conferences will kick off with two sessions featuring research by early career scientists, and an Early Career Keynote lecture by Dr. Ivor J. Benjamin, MD, FAHA (Medical College of Wisconsin). This will be followed by 14 oral sessions and three poster sessions with both well-renowned scientists and rising stars in cardiovascular research in four days of exciting science and networking opportunities. The Keynote Lecture will be given by Dr. Leslie Leinwand, PhD, FAHA (University of Colorado), a leader in the area of cardiac and skeletal muscle adaption to stress. The Women in Science breakfast will take place with the editors-in-chief of top cardiovascular journals. And last but not least, the Asian Cardiovascular Symposium will take place as a satellite meeting on July 24, highlighting work from the Japanese, Chinese, Korean and South Asian cardiovascular societies.

With this exciting programming in person, you can't miss out! ■



A few of the "Scientific Failures of Great Scientists: What Do We Learn?" seminar attendees.



## Basic Cardiovascular Sciences 2022

# Registration now open for #BCVS

Chicago, IL  
July 25-28

LEARN MORE





# CLCD Champions the Mission of the AHA Through Multidisciplinary Engagement



**CONNECTING WITH THE CHAIR**

**Kristen K. Patton**  
MD, FAHA, FACC, FHRS

The Council on Clinical Cardiology (CLCD) is grounded in its committees, which have been hard at work developing content and championing the mission of the American Heart Association.

CLCD committees' work on AHA-sponsored publications is particularly deserving of attention. A range of scientific statements published over the last year include:

- "Engaging Families in Cardiovascular Care" and "Obstructive Sleep Apnea and Cardiovascular Disease" (CLCD leadership)
- "Management of Hypertension in Patients with Ventricular Assist Devices" and "Guidance for Timely and Appropriate Referral of Patients with Advanced Heart Failure" (Heart Failure and Transplant Committee)
- "Cardio-Oncology Drug Interactions" (Clinical Pharmacy Committee)
- "Future Perspectives of Cardiovascular Biomarker Utilization in Cancer Survivors" and "Impact of Hormonal Therapies for Treatment of Hormone-Dependent Cancers on the Cardiovascular System" (Cardio-Oncology Committee)
- "Clinical Implications for Exercise at Altitude among Individuals with Cardiovascular Disease" (Exercise, Cardiac Rehabilitation, and Secondary Prevention Committee)

- "Evidence-Based Practices in the Cardiac Catheterization Laboratory" and "Invasive Management of Acute Myocardial Infarction Complicated by Cardiogenic Shock" (Interventional Committee)
- "Managing Atrial Fibrillation in Patients with Heart Failure and Reduced Ejection Fraction," "Recognition, Prevention and Management of Autonomic Disorders in Cardio-Oncology Patients" and "Psychological Health, Well-Being, and the Mind-Heart-Body Connection" (ECG and Arrhythmia Committee)
- "Mechanical Complications of Acute Myocardial Infarction" (Acute Care Committee)
- "Harnessing Mobile Health Technology for Secondary Cardiovascular Disease Prevention in Older Adults" (CVD in Older Populations Committee)

Reflecting the new standards for AHA statements, each focuses on more concise and clinically centered publications, configured so that they can easily convert to mobile apps and slides. They represent the collective experience and commitment of hundreds of CLCD members.

An equal number of statements are in process for the coming year.

Similarly, CLCD committees have been instrumental in crafting policy statements. These include "Systems of Care for ST-Segment Elevation

Myocardial Infarction" and "Maternal Health and Saving Mothers."

These scientific and policy statements engage multidisciplinary, diverse writing panels, comprised primarily of national and international experts as well as early career members. The statements fuel content for the annual Scientific Sessions and help focus care, prioritize future research and inform policy.

CLCD members and future members are encouraged to engage committee chairs about publication ideas and a desire to participate.

- [CLCD home page](#)
- [CLCD committees page](#)
- [Contact information for committee chairs](#)

Members can also indicate their interest in serving on committees by selecting this in their [PHD profile](#). ■



**Larry Allen**  
MD



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This is an extended opportunity for AHA Professional Members to access all the education, data, and expert perspectives from #AHA21 – wherever and whenever they choose. Features include:

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- Early Career professional development content
- The latest from ReSS 2021 and QCOR 2021
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# CVRI Continues to Grow



Welcome to the Council on Cardiovascular Radiology and Intervention *Connections* summer update!

Thank you Melvin Templeton, our AHA council administrator, CVRI leadership, including Laura Findeiss, MD, vice-chair, and Sanjay Misra, MD, FAHA, immediate past chair, and all the committee chairs and members.

If you'd like to become more active in the council, please contact Melvin at [melvin.templeton@heart.org](mailto:melvin.templeton@heart.org).

During the past two years, the council has continued to grow and published new AHA science related to cardiovascular imaging. I am excited to announce that in the coming months the council will launch webinars and podcasts on topics ranging from telehealth to leadership/volunteerism to diversity, equity and inclusion. If you have ideas for a webinar or podcast, please reach out to Melvin.

Please remember to save the date for AHA Scientific Sessions 2022 on November 5-7 in Chicago. A big thank you to the Committee on Scientific Sessions Planning and Garth Beache, MD, Imaging Track lead. Attendees will have the opportunity to learn about cutting-edge science and clinical practice and to connect and network with colleagues from around the world. The council anticipates a large turnout in Chicago after holding

virtual meetings in 2020 and 2021. I hope to see you there!

**Highlights of the Imaging and Nuclear Medicine community include:**

**Main Event**  
Not Your Father's Heart Disease

**Cardiovascular Seminars**  
Cardio-oncology  
Peripheral Arterial Disease  
Nano-imaging  
Amyloid  
Valvular Disease  
Chest Pain Guidelines: AI

**Two Award Sessions**  
**Two Early Career Sessions**

Please attend Scientific Sessions — and meet and network with your colleagues from around the world! ■

# The Strength of the CVSA Community



It is my pleasure to provide you with an exciting report from the Council on Cardiovascular Surgery and Anesthesia (CVSA).

Unfortunately, it appears that all facets of our lives have been affected by the COVID pandemic. As we are all well aware, this also affected our ability to gather in person as a community. While we were all disappointed to have to miss another in-person opportunity to connect at Scientific Sessions 2021, the virtual meeting was a wonderful opportunity to interact with the larger organization. CVSA had a very strong presence at this year's Sessions, showcased by four strong and impactful surgical talks comprising the late breaking clinical trials session on the first day of the meeting. Topics ranged from coronary disease to complex decision making in valvular heart disease with numerous prospective, multicenter trials.

The CVSA scientific program was once again highly impactful with both invited lectures and submitted abstracts. The early career committee put together another highly successful career development session which was highly attended as a live web meeting. One of the highlights of the CVSA program was the William W. L. Glenn Lecture. This year's lecturer, Ralph Damiano, MD, FAHA, Everts A Graham Professor of Surgery, and Chief of Cardiothoracic Surgery at the Washington University School of Medicine, delivered a world-class presentation on atrial fibrillation. Additionally, as has been seen in previous years we received numerous excellent submissions for both the resident award competition as well as the prestigious Vivien Thomas Early Career Investigator Award. It is wonderful to see the energy and drive for clinical and translational research that is so evident within our community. I strongly encourage all of you involved in research to encourage your trainees to consider applying for these awards and travel

grants in the future. This is a first-rate, prestigious opportunity to present research amongst a high-level, broad-based cardiovascular community. Perhaps more than any of our other organizations, the AHA allows the interaction amongst all aspects of cardiovascular science and hence the ability to have a wide-reaching impact and recognition.

To that end, I am very excited by the rapidly growing diversity that we have witnessed within our council with respect to international membership, gender, race, and level of training. The CVSA scientific program is a testament to this growth, providing access to wide diversity of speakers that enable us to put together a first-rate and thought-provoking program. We are striving to continue to raise the bar as we plan future activities and Scientific Sessions 2022, schedule for November 5-7 in Chicago. Planning for Sessions is already underway, so please submit your ideas.

Along parallel lines, we have similarly incorporated these aspects into the leadership council of the CVSA — having incorporated both medical student representatives as well as residents into the leadership body. It is vital that we continue to involve our young members so that we can ensure a bright future for our council, medical specialty, and organization in order to minimize the morbidity and mortality associated with cardiovascular disease. I encourage you to get your trainees and residents involved early within CVSA, and make them aware of the numerous opportunities for members at all stages of their career.

Several of our esteemed members have recently been honored by AHA. Joseph Woo, MD, FAHA, the Norman Shumway Professor of Surgery and Chair of Cardiothoracic Surgery at Stanford University, was awarded the prestigious AHA Clinical Research Prize. This award is presented to recognize an individual who is making outstanding contributions to the advancement of cardiovascular science and who currently heads an outstanding cardiovascular clinical research laboratory. Additionally, Linda Shore-Lesserson, MD, FAHA, Vice Chair of CVSA, was awarded the CVSA Surgery and Mentoring Award. This award recognizes senior scientists who have a

record of providing exceptional support for scientists in cardiothoracic and vascular surgery or anesthesiology.

Our council continues to push forward with many initiatives aligned with AHA. For the past two years we have been highly focused on enhancing CVSA involvement in scientific statements and collaborations. As such, significant focus has been provided by CVSA's Education and Publication Committee, led by Dr. Shore-Lesserson and Mario Gaudino, MD, FAHA. Thanks to the activities of this committee, we have seen numerous publications including: Mechanical Complications in the Current Era of Acute Myocardial Infarction (Joint CLCD Acute Care Committee and CVSA – June 2021) and Considerations for Risk Reduction of Perioperative Stroke in Adult Patients Undergoing Cardiac and Thoracic Aortic Operation (CVSA and Stroke Council – August 2020). We currently have an additional six active statements underway with numerous others in consideration. There are certainly multiple other areas of investigation that deserve CVSA involvement. Please reach out to either myself, Dr. Shore-Lesserson, or Dr. Gaudino if there are any areas of particular interest that you would like to propose.

For the next 12 months, I will be very focused on increasing surgical involvement within the AHA at all levels. We will maintain focus on enhancing membership, increasing opportunities for surgeons to impact cardiovascular care within the AHA, and enhancing mentorship and career development of our early career members. Consider joining CVSA and/or encouraging your colleagues to join and make an impact on global cardiovascular health through involvement in the AHA.

It is extremely impressive how successful AHA has been with regards to public health advocacy, research funding, and fund raising even through the challenges of the pandemic. I am very excited to be a Fellow of the American Heart Association, as I hope you are/will be. The future of CVSA is extremely promising for making an impact on cardiovascular health and career development. It is my sincere hope that you share my enthusiasm and will continue to support the activities of our council. I look forward to seeing you all at the Sessions in Chicago. ■

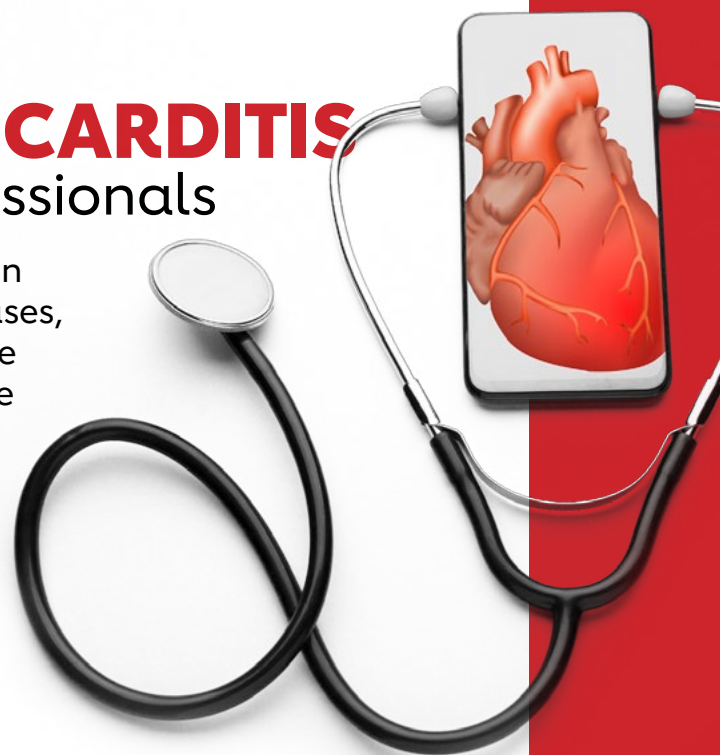


## RECURRENT PERICARDITIS Podcast Series for Professionals

In this podcast series from the American Heart Association, learn about the causes, complications, and treatments of acute pericarditis to prevent an initial episode from becoming recurrent.

Hear from expert presenters Dr. Christine L. Jellis, Dr. Tim Simpson, and Dr. Sadeer Al-Kindi.

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# CVSN Celebrates Its Accomplishments



As I write this message, there is much to appreciate as we move forward with the worst of the pandemic hopefully behind us. I am optimistic that brighter times are ahead and that we can look forward to connecting in person once again. I want to highlight and recognize the many accomplishments the CVSN Council has achieved during this unprecedented time.

First, earlier this Spring, CVSN successfully submitted a proposal for consideration for the Strategically Focused Research Network (SFRN) opportunity. Kudos to the CVSN task force that worked on this submission: Dr. Cynthia Dougherty, Dr. Nancy Pike, Dr. Cynthia Arslanian-Engoren and Dr. Laura Rossi. Thank you for your hard work and dedication to our council!

### Engagement card

CVSN was one of four councils to receive the council engagement card award from AHA. Each of the councils is evaluated annually on their progress towards their strategic goals. The goals for each council include aspects such as diversity, membership, conference abstracts and attendance, science productivity and other collaboration efforts. This was the second year in a row in which the CVSN council has won and we hope to continue this success in the future. Thank you to all who help support the council through committee work, leadership, engagement and other activities!

### New Science Subcommittee

Earlier this year, the Council Operations Committee (COC) and the Science Advisory and Coordinating Committee (SACC) approved a new science subcommittee for Primary Care. This subcommittee will be a joint one shared by the CVSN and QCOR Councils. The committee will be interdisciplinary in nature and be comprised of primary care clinicians and other interested health

professionals and researchers to address science-based issues related to the delivery of primary care in a variety of health care settings.

The committee will promote the dissemination, implementation and optimization of AHA clinical practice guidelines to primary care health care professionals regarding the prevention and treatment of CV risk factors. This committee will also focus on how health equity, social determinants of health and health disparities impact access to, and the delivery of, primary care to individuals throughout the lifespan from pediatrics to older adults.

### State of the Science Stroke Nursing Symposium

There were nearly 1000 nurses who attended the virtual + live State of the Science Stroke Nursing Symposium which was held in New Orleans, LA on February 8. The Keynote session, "Cultivating Self-Care and Preventing Burnout" delivered by Dr. Gabrielle Abelard DNP, PMHNP, PMHCNS-BC, RN was very timely. The morning plenary sessions included "Nursing's Role in Successful Stroke Care Transitions Across the Continuum: From Acute Care Into the Community" and "Diversity in Nursing: Nursing Leadership and Bedside Nursing". The stroke nursing symposium is a precursor to the International Stroke Conference which drew over 6000 attendees worldwide in February. Please mark your calendar for next year's event which will be February 8-10 in Dallas, TX.

### Strategic Plan Update

Although it has been less than a year since the implementation of our Council's 2021-2024 strategic plan, we have made significant gains toward our goals. As a reminder, the strategic plan has as its foundation a culture of Diversity, Equity and Inclusion (DEI). The CVSN Council engages members as well as patients, families, care partners and communities in our work. The fundamental key elements to our Strategic Plan include

- Engagement & Mentoring
- Science and Translation to Practice
- Advocacy
- Lifelong Learning and Leadership Development

To coincide with the 2021-2024 strategic plan, the CVSN council mission statement (below) was updated to support the AHA 2024 Impact Goal.

*The CVSN Council relentlessly pursues optimal health outcomes for all through innovative nursing science and practice, lifelong learning, and a culture of diversity, equity, and inclusion in health care.*

Some of the tactics we have completed to meet goals of our strategic plan include:

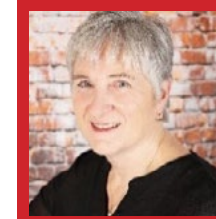
- Invited Chairs and Vice-Chairs to CVSN Operational meetings to facilitate succession planning
- Updated criteria for CVSN article of the year awards for consistency
- Held two Early Career "brown bag" mentoring sessions
- Offered CVSN Mentoring "office hours"
- Updated the CVSN International Committee commission
- Created a Twitter account for CVSN (@CVSNHeart)
- Separated the Membership and Communications Committees into 2 distinct committees
- Utilized software in monitoring appointments to committees to foster engagement opportunities for more members to become involved with CVSN
- Ensured there were nurse representatives in the writing of scientific statements and papers

Updates on the progress of our strategic plan initiatives will be communicated in the monthly CVSN emails (be sure to opt in to receive these!), at CVSN Operational meetings, and in future issues of Connections. Thank you to our members for making the CVSN Council a success! ■

Learn more about the benefits of joint membership with the World Stroke Organization (WSO)

[professional.heart.org/strokecouncil](https://professional.heart.org/strokecouncil)

# CVSN International Committee Update



Teri Green  
PhD, RN, FAHA

I have the privilege of chairing, along with our vice-chair Nancy Pike PhD, RN, FAHA, the Cardiovascular and Stroke Nursing (CVSN) International Committee and am delighted to be working with esteemed and dedicated nursing colleagues from across the globe. These nurse researchers and academics are committed to improving care and outcomes for people living with cardiovascular disease and stroke across the lifespan. Given the extraordinary global challenges faced over the past few years, their dedication and commitment to CVSN is extremely timely and highly valued. Current committee members include:

- Sabina De Geest (Switzerland)
- Samar Nouredine (Lebanon)

- Boyoung Hwang (South Korea)
- Marianne Klink (Iceland)
- Gianluca Pucciarelli (Italy)

As we have been unable to hold in person meetings, we have been meeting virtually to put together ideas to highlight and support these contributions to CVSN. We have collaboratively submitted a seminar session for consideration at the AHA Scientific Sessions to be held in Chicago, November 5-7 2022, with topics highlighting variability in practice, navigation of health systems, and challenges/experiences of caregivers and patients with cardiovascular, congenital heart disease, and stroke from a global perspective. Some of our committee members contribute annually to the AHA International Stroke Conference with oral or poster presentations and others have served on writing committees for scientific statements from the AHA. Members of the

international committee are active in their respective countries, with manuscripts and education sessions in their respective areas of practice. Over the coming year, we would like to build on these contributions with active networking and inclusion in CVSN council activities.

If you would like to become involved in the CVSN International Committee, please complete the Science Volunteer Form and specify the CVSN council and this committee. ■



The AHA Mentoring Program provides a unique opportunity for young members to connect and benefit from the experience and knowledge of our most passionate members. Whether you choose to become a mentor or mentee, you will be involved in goal-setting and the creation of an action plan to reach those goals. Learn more at [professional.heart.org/mentoring](https://professional.heart.org/mentoring).

## Education Resources to help you meet Get with the Guidelines<sup>®</sup> Achievement, Quality, and Reporting Criteria Measures for Patient Education.

[Learn More >>](#)

This educational resource is made available through a collaboration between the American Heart Association and The Wellness Network to empower heart and stroke patients to live healthier, longer lives.



## FAHA Member Spotlight: Ruth Masterson Creber, PhD, MSc, RN, FAAN, FAHA

Associate Professor of Population Health Sciences and Cardiothoracic Surgery at Weill Cornell Medicine



**Ruth Masterson Creber**  
PhD, MSc, RN,  
FAAN, FAHA

### Please describe your research interests.

My research focuses on improving the quality of life, cognition, physical and mental health symptoms for patients with

heart failure and coronary artery disease. I also focus on evaluating novel care delivery systems for patients with advanced cardiac conditions.

### Tell us about your current roles and involvement with CVSN.

I have had the privilege of working closely with early career CVSN members as the Chair and formerly Vice Chair of the CVSN Early Career Committee. Previously, I

served on the CVSN Membership & Communications Committee.

### What does being a FAHA and involvement in the CVSN council mean to you?

Being a FAHA has helped me connect with leaders in cardiovascular science and provided meaningful opportunities to mentor the next generation of nurse scientists. The pandemic has highlighted the vulnerabilities of early career members. Suggestions for multi-level system changes to support early career members are described in a viewpoint I wrote for the *Journal of Cardiovascular Nursing*, "Time to Tune In: Early Career Nurses Are at a Tipping Point." I'm grateful for the opportunity to be inspired by the early career nurses who are making an impact on the field of cardiovascular and stroke nursing. ■

# DID YOU KNOW?

AHA Professional Members have full access to all 13 AHA Journals. [Learn more.](#)

## 2021 Martha Hill Early Career Investigator Award Winner Spotlight: Martha Abshire Saylor, PhD, RN



**Martha Abshire Saylor**  
PhD, RN

### Please tell us about you, your background, and your area of research focus?

I am an Assistant Professor at Johns Hopkins School of Nursing. My

research is grounded in my experiences as a critical care nurse and advanced heart failure ventricular assist device coordinator and informed by my own experiences with caregiving and navigating end-of-life decision making in my family. My research encompasses stress, coping, palliative care and shared decision-making for patients and families managing advanced heart failure. Recently, I have focused on social and psychosocial support interventions for caregivers.

### How did you first become involved in CVSN?

As a PhD student, I was introduced to CVSN when I watched my friend and colleague, Yvonne Commodore Mensah, earn the Martha Hill award.

### How has being part of CVSN positively influenced your early career?

In the last year, I have been delighted to share our work through the Martha Hill competition. I currently serve on the Scientific Sessions planning committee and have learned the prioritization placed on diversity and inclusivity in AHA conference planning.

### What is one piece of advice you would give other CVSN early career nurse scientists?

My collaboration with the international BRIGHT study team, especially Dr. De Geest, has helped

me advance my thinking about social support, multi-site trials, and implementation science. My advice is to be brave enough to pursue connections with amazing thought leaders in CVSN and to be generous with opportunities. ■

### We're here to help!

Contact AHA Member Services for any questions about your membership benefits:

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

(301) 223-2307  
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[ahacustomerservice@lww.com](mailto:ahacustomerservice@lww.com)

## EPI Congratulates Award Winners



One of the most anticipated council activities of the year is our annual conference featuring scientific abstracts on the

### Congratulations to our award winners.

#### Jeremiah and Rose Stamler Research Award for New Investigators

**Winner:** Natalie Cameron

**Finalists:** Hao Ma, Wendy Wang, Andrew Agbaje, Amelia Wallace

#### Epidemiology and Prevention Early Career/Trainee Travel Award

**Winners:** Lily Yan, Pablo Martinez-Amezcu, Oluwabunmi Ogungbe, Haley Parker

#### Sandra A. Daugherty Award for Excellence in Cardiovascular Disease or Hypertension Epidemiology

**Winner:** Timothy Plante

epidemiology and prevention of heart diseases and stroke, and novel science on lifestyle and cardiometabolic health. This year, the EPI/Lifestyle Scientific Sessions was held in person in March 2022 in Chicago, IL with the conference theme being "Green World, Heart-Healthy Living". Our keynote speakers were Dr. Christopher Gardner and Dr. Sanjay Rajagopalan who delivered riveting presentations on two timely topics: "Addressing Food Sustainability Globally and Nationally

in Relation to Cardiovascular Disease" and "Air Pollution and Climate Change: Convergent Solutions for Sustainable Cardiovascular Health". Thank you to the conference co-Chairs Dr. Kristie Lancaster and Dr. Pamela Lutsey for their hard work and dedication in the planning process. It was also great to celebrate with Epidemiology Council's own Dr. Donald Lloyd-Jones who served as AHA President from 2021-2022.

**Finalists:** Kelsie Full, Yacob Tedla, Jessica Reese

#### Epidemiology and Prevention Minority Travel Grant

**Winners:** Hamdi Adam, Jonathan Ruiz-Ramie, Lola Ortiz-Whittingham, Janiyah Sutton

#### Epidemiology and Prevention Mentoring Award

**Winner:** Tiffany Powell-Wiley

#### Trudy Bush Fellowships for Cardiovascular Disease Research in Women's Health

**Winners:** Nour Makarem, Bhavya Varma, Mary Rooney

#### Roger R. Williams Memorial Award for Genetic Epidemiology and the Prevention and Treatment of Atherosclerosis

**Winner:** Leo Buckley

#### Richard D. Remington Methodology Lecture

**Lecturer:** Miguel Hernán

#### William B. Kannel MD, Memorial Lectureship in Preventive Cardiology

**Lecturer:** Dan Roden ■

 **EPI|Lifestyle 2023**

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Abstracts open  
August 3, 2022.



## Concepts to Practice



**CONNECTING WITH THE CHAIR**

**Carolyn Ho**  
MD, FAHA

The AHA is embarking upon an ambitious goal – to create the first comprehensive curriculum in cardiovascular genetics. This curriculum, named *From Concepts to Practice: A Guide to Cardiovascular Genomics*, has been developed to address the growing need for genetic and genomic fluency among cardiovascular healthcare workers.

Targeted to a broad, multidisciplinary array of providers, *Concepts to Practice*, seeks to provide world-class, expert-created, educational content to introduce key concepts in cardiovascular genetics/genomics for cardiologists, pediatric cardiologists, advanced practice providers, genetic counselors, and trainees, among others. The backbone of the curriculum are video-based modules in which a diverse set of international experts introduces the learner to a core curriculum include topics such as pre- and post-test genetic counseling and genetic variant interpretation. A customizable endeavor, the learner can then select from more specialized topics such as channelopathies,

cardiomyopathies, cardiac syndromes, and pharmacogenomics, to tailor their educational experience to their specific needs. Finally, the curriculum includes a variety of means by which these concepts can be integrated into case-based education, facilitated by experts in field. These opportunities include Clinical Genomics Bootcamps, live/interactive Webinars, and recorded/asynchronous panel discussions accessible through AHA's Lifelong Learning repository. In sum, this first-in-kind curriculum will serve as an educational benchmark in the field and an invaluable resource to support the healthcare worker who is caring for cardiovascular disease patients in the genomic age. ■

## GPM Spotlight: From Concepts to Practice: A Guide to Cardiovascular Genomics



The American Heart Association is developing a curriculum program consisting of a series of educational modules on Cardiovascular Genomic and Precision Medicine, a rapidly advancing area of health care. Through these modules, the learner will explore the impact of genomic and precision medicine on cardiovascular health.

*From Concepts to Practice: A Guide to Cardiovascular Genomics* consists of online modules, interactive tools, and corresponding resources. Continuing education credit will be offered for these courses. Instruction is approximately one hour per module. The anticipated launch date is Spring 2022. A certificate of completion will be provided upon successful completion of designated modules and practical sessions.

The inaugural launch will include the following modules in the series:

- Introduction to scope of CV genetics and genomics
- Counseling, risk assessment in probands and family members

- Variant interpretation
- Cardiomyopathies
- Channelopathies and sudden death
- Aortopathies and associated connective tissue diseases

**Pharmacogenomics is no longer an idea for the future... it is happening now. Health systems are implementing pharmacogenetic testing, and patients are getting their pharmacogenetic test results direct-to-consumer. This course will give clinicians & scientists the foundation they need to be ready for pharmacogenetics.**

*Jasmine Luzum (formerly Talameh), PharmD, PhD, BCPS, FHSA, FAHA*

- Familial dyslipidemias
- Pharmacogenomics with an emphasis on clinical utility
- Multi-factorially inherited and complex disorders, and polygenic risk scores

- Cardiac disorders with a genetic component and multi-system disorders in which there is cardiac involvement
- Congenital and conditions with presentation in childhood
- Establishing a Specialized Clinical CV Genetics Program

After completion of the course, learners will:

- Feel more comfortable clinically reviewing an inherited CV case.
- Learn methods to counsel patients and family members.
- Understand appropriate use and ordering of tests.
- Order and interpret genomic tests appropriately.
- Provide consultation to non-cardiovascular specialists on a patient found to have clinically important cardiovascular variants.
- Learn how to seek help from specialists in inherited cardiovascular conditions. ■



## Looking Forward with Excitement to 2022 Hypertension Scientific Sessions Conference



CONNECTING  
WITH THE  
CHAIR

Curt D. Sigmund  
PhD, FAHA

After two years of virtual conferences locked in our homes or offices, we are busy making plans to return to an in-person conference. We are pleased to announce that the 2022 Hypertension Scientific Sessions Conference will be held in San Diego, California on September 7-10.

We have an exciting conference planned — leading off with the second annual Nobel Laureate Lecture by Dr. Brian Kobilka from Stanford University School of Medicine.

Dr. Kobilka received the 2012 Nobel Prize in Chemistry for his groundbreaking studies on the structure of G protein coupled receptors.

The Recent Advances in Hypertension Program will be highlighted by the Kidney Council Symposia entitled “Sodium-Potassium Ratio: Effects and the Implications for the Public,” the Council on Hypertension Symposia entitled “Editing the Genome and Epigenome: Implications for Translational Medicine,” and a symposia entitled “Adipose Biology in the Cardiovascular System: Advances, Tools and Context in Hypertension.” The program will also include the first symposia by the Health Equity Research Network (HERN) on the Prevention of Hypertension, also known as RESTORE. The RESTORE Network’s goal is to address social determinants of health to prevent hypertension (see accompanying article in this issue of *Connections*).

As always, we will feature our Excellence, Corcoran, Dahl, Seldin, Dustan, Goldblatt, Page/Bradley, Moser and Mid-Career awardees, and a new Mid-Career award sponsored by the Kidney Council. Early career awardees will also be featured.

Also, we will restore a separate Clinical Practice/Clinical Science and Primary Care Track (previously known as Concurrent D).

Networking events will include Meet Dr. Kobilka, Meet the *Hypertension* Journal Editors and the Trainee Advocacy CHAMP Session.

Finally, the Trainee Advocacy Committee Poster Session and Competition will make its triumphant return as we celebrate the fantastic science of trainees and early career stage investigators.

I hope to see you in San Diego in September! ■

## The Health Equity Research Network Report



Gbenga Ogedegbe  
MD, MPH, FAHA



Daichi Shimbo  
MD

The American Heart Association recently awarded \$20 million in grants to fund a Health Equity Research Network (HERN) on the Prevention of Hypertension. The HERN award funds a network of universities to prevent hypertension and reduce racial inequities in cardiovascular disease outcomes among Black people. The HERN is part of the multi-pronged approach of the American Heart Association’s pledge to directly address social determinants of health while working to improve health equity for all communities. About 40% of Black men and women in the U.S. have hypertension.

NYU Grossman School of Medicine is the coordinating center for the HERN on the Prevention of Hypertension. The network, called the RESTORE HERN, comprises an interdisciplinary team of investigators from eight institutions (NYU Grossman School of Medicine; University of Alabama at Birmingham; Columbia University; Johns Hopkins

University; Beth Israel Deaconess Medical Center; Wayne State University; Tuskegee University; and University of California, San Francisco). It’s led by Gbenga Ogedegbe, MD, MPH, the Dr. Adolph and Margaret Berger Professor of Medicine and Population Health and director of the Institute for Excellence in Health Equity.

The goals of the RESTORE HERN are to:

- Partner with Black people in communities across the U.S. to reduce adverse impacts of social determinants of health on blood pressure.
- Develop and evaluate strategies to implement evidence-based lifestyle interventions in Black communities.
- Disseminate findings to policymakers and stakeholders to ensure sustainability of hypertension prevention strategies.
- Train the next generation of early career investigators in health equity and hypertension research.

The RESTORE Network uses a community-engaged, implementation science framework to develop and implement hypertension prevention programs in four urban areas (New York City, Baltimore, Detroit, Boston) and one rural community (Alabama). Investigators at each of the collaborating institutions are examining diverse implementation

strategies to overcome social determinants of health including poor access to health care and food insecurity. The synergy between the five projects provides a combined impact that is far greater than the impact of each individual study. Evaluating implementation strategies in multiple settings and populations enables head-to-head comparisons of the impact of each on lifestyle modification and hypertension prevention. This will inform what interventions should be adapted in communities across the U.S. [Click for more about the projects.](#)

The RESTORE HERN is supported by five cores that provide resources, foster synergy and enhance the reproducibility and rigor of each project:

1. Blood Pressure Measurement Core
2. Statistical and Health Economics Core
3. Intervention Core
4. Community Engagement Core
5. Training Core

The Hypertension Council Planning Committee for the fall 2022 meeting (September 7-10) in San Diego will hold a special session on the RESTORE HERN. You will hear from the investigators about the exciting areas on which they’ve embarked. ■

## Hypertension Journal Report



Rhian M. Touyz  
MBBCh, PhD, FRCP,  
FRSE, FMedSci

### New Leadership

We are happy to confirm the associate editor team under the leadership of Rhian M. Touyz, editor-in-chief, and David G. Harrison, deputy editor. To meet

our upper editorial team, please see our [Meet the Editors page](#). Click for our [complete new leadership list](#), and our Editorial Board will be fully updated in fall 2022.

We hope you will join in our enthusiasm as we look forward to a handful of new initiatives:

- With the help of our newly named education editors, we will be expanding our previous CPC sessions into a Hypertension Education Series: [#HypEdSeries](#). The [#HypEdSeries](#) is an in-person

and virtual webinar with additional topics focusing on multi-disciplinary hypertension as it relates to bench-to-bedside treatments, guideline debates and applications, roundtable discussions and everything in between that would interest scientists and clinicians at every career level. We are looking forward to your participation in our [#HypEdSeries](#) as moderators, speakers and audience members.

- We hope to expand our commitment to early career researchers by offering a two-step mentorship program in which they’ll first be paired with one of our early career editors to learn about the review process and then with one of our editors to learn about the editorial and decision process.
- With the continued support of our social media editors, we are growing and advancing our [#HYPHIP](#) journal club to focus on an extraordinary manuscript for every issue. We

plan to introduce new approaches to social media to ensure we engage with the wider communities including scientists, clinicians, patients and the public at large.

- We are anticipating a July 2022 journal cover redesign, featuring a full-cover figure.
- Clinical implications and structured abstracts will now be included with every article.

### Social Media Initiatives

Our expert social media editors have been diligently and successfully promoting our [#HYPHIP](#) line of live author chats through *Hypertension’s* [@HyperAHA](#) Twitter feed. The interesting live chats are held at varying times and dates with authors from all over the globe. To see what’s new in the conversation, to stay connected for future live chats and to retweet the conversations on Twitter, please follow [@HyperAHA](#) or search for [#HYPHIP](#). ■

## Report from the National Heart, Lung, and Blood Institute (NHLBI)



Young Oh  
PhD

Greetings from the National Heart, Lung, and Blood Institute (NHLBI). I hope you are well and staying healthy. In this issue, I would like to share two topics: Early-Stage Investigator (ESI) status extension and childcare costs supported by fellowship awards.

NIH recognizes that a lot can happen to interrupt the 10-year eligibility

window of your ESI status, such as [childbirth](#), medical concerns, disability, family care responsibilities, natural disasters, military service, the COVID-19 pandemic, and more. Investigators can request an extension of their ESI eligibility directly through eRA Commons via an ESI Extension request button in the Education section of their personal profile. For step-by-step instructions, review the video tutorial [ESI Status Extension Request](#) on the [eRA Videos page](#). You can be granted more than one extension request, should circumstances warrant. For more information, check out the [ESI FAQs](#).

NIH has recently announced a policy update related to childcare costs supporting full-time predoctoral and postdoctoral trainees appointed on NRSA institutional research training awards. Each trainee is now eligible to receive \$2,500 per budget period for childcare costs provided by a licensed childcare provider. For more information, check out the Guide Notice ([NOT-OD-21-177](#)) and visit the [Childcare Costs FAQs](#). Hope this information is helpful. ■



## Trainee Advocacy Committee Report



Jessica Faulkner  
PhD

This is a very exciting time for our trainees and early career researchers in the council as we anticipate our first in-person meeting!

After two years of COVID-induced restrictions and virtual meetings, we will be together at the Hypertension 2022 meeting in San Diego, California. A special thanks to Dr. Curt Sigmund and other members of the council who have been so diligent and focused on encouraging and supporting our new AHA investigators.

This is an especially exciting time for early career members who are newer to the AHA. I have been attending council meetings since my graduate student days at the University of Mississippi Medical Center in 2012. This year, I will bring my own trainees for the first time. I have found this meeting to be an invaluable experience, both as a presenter and attendee, as the members of our council truly embody the "it takes a village to raise a scientist" approach.

The Trainee Advocacy Committee is planning a host of social and structured networking opportunities that are aimed to provide our newer and veteran trainees with the experience that will best foster their needs for networking and career development. I don't like to use the term "make up for lost ground," because I know that all of you have been doing amazing work over the last two years. But my experience as a transitioning faculty member and feedback from other junior investigators indicate that the networking aspect of meetings has been sorely missed. To do our best to fill in this gap, all of us on your TAC has made networking a primary focus for this year's meeting. I encourage everyone to take full advantage of the opportunities to meet not just leaders in your field, but also develop connections with other early career researchers of your generation.

The Early Career Poster Competition on the first night of the meeting provides a low-key social hour(s) with the chance to showcase your

science and potentially win an AHA award. This is a fun meet and greet when everyone is fresh and at peak excitement for the meeting. I have met so many people at these events each year, including NIH program officers, clinical and basic leaders in my field and trainees presenting alongside me — you never know who you will meet! One year, I began a conversation with a postdoc that resulted in a publication a year later — all originating from this poster session. I hope you will all participate.

We are also very excited for the return of the in-person CHAMP luncheon. Please watch your email to register for mentor-pairing. We will play our annual game of "Matchmaker" to pair each trainee/new investigator with a more senior member of the council, using your particular interests and needs to find a "match." We're excited this year to follow with a "speed dating" approach where you will have the opportunity to network with as many leaders and peers as you can! I went to my first CHAMP luncheon as a postdoc in 2017, and while I don't remember what they served for lunch (chicken most likely?), I remember the advice I received and the people I sat with at the table (people I now know on a first name basis). My CHAMP advisor and I kept in touch, even helping me develop my K99 grant submission two years later. This is a great opportunity to really connect, so keep an eye on those emails.

Finally, this year will be the return of the highly anticipated social event of the season, the TAC mixer, which will close out the last evening of our meeting. The TAC mixer is a fun break from the formality of sessions for all council attendees. It will include food and libations, and maybe (certainly) dancing and laughing. In the past, I have seen karaoke, Brazilian line dancing, many Cupid Shuffles and at least one instance of a conga line. Most importantly, we can enjoy fellowship among the members of our council and a community atmosphere (and you never know who may be in the conga line next to you). I hope you'll join us.

Your TAC has some surprises in store to get you involved after the post-COVID meeting drought, so be sure to watch out for the emails. Take care and I can't wait to see you in San Diego! ■

## Message From the Editor

Thanks very much for your dedication and support for the Council on Hypertension. If you would like to get

more involved with the council, please visit [professional.heart.org](http://professional.heart.org) and complete the Science Volunteer Form linked on your dashboard or visit [professional.heart.org/volunteerform](http://professional.heart.org/volunteerform). Other opportunities include participation in the AHA Go Red for Women campaign and the Heart Walk. Please follow [@CouncilonHTN](https://twitter.com/CouncilonHTN) on Twitter to stay connected and informed about our council.



Annet Kirabo  
DVM, MSc, PhD, FAHA

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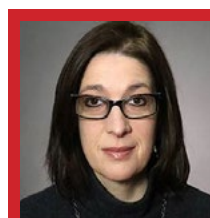
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21-103

## Report from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)



Christine Maric-Bilkan  
PhD

Hello from NIDDK! Despite many challenges that the pandemic has brought to us all, the NIDDK remains committed to supporting basic and clinical research primarily through investigator-initiated grants, career development and training awards, program project and center grants, and cooperative agreements.

The Department of Health and Human Services (HHS), including NIH, operates under the Further Extending Government Funding Act (Public Law 117-70) signed by President Biden on December 3, 2021. The act (CR) continued government operations through February 18, 2022 at the FY 2021 enacted level, with no reduction. This means that until FY 2022 appropriations are enacted, NIH will issue non-competing research grant awards at a level below that indicated on the most recent Notice of Award (generally up to 90% of the previously committed level). See [NOT-OD-21-058](https://www.fda.gov/oc/2021/12/03/notice-award) for details. NIDDK will announce additional details regarding its interim FY 2022 funding policy, including details about funding of competing grant applications as information becomes available.

Are you looking for additional funding opportunities? We encourage all those eligible to periodically peruse our [NIDDK current Funding Opportunity Announcements \(FOAs\)](https://www.fda.gov/oc/2021/12/03/notice-award). Examples of active FOAs include [Catalytic Tool and Technology Development in Kidney, Urologic, and Hematologic Diseases/PAR-20-140](https://www.fda.gov/oc/2021/12/03/notice-award), which supports tool or technology development projects, opening new areas of science or translational research; [the Stephen](https://www.fda.gov/oc/2021/12/03/notice-award)

[I. Katz Early Stage Investigator Research Project Grant/PAR-21-038](https://www.fda.gov/oc/2021/12/03/notice-award), which supports an innovative project that represents a change in research direction for an ESI; and [Institutional Network Award for Promoting Kidney, Urologic, and Hematologic Research Training/PAR-20-220](https://www.fda.gov/oc/2021/12/03/notice-award), which aims to cultivate a highly integrated cohort of trainees and early career investigators and to develop career development resources to accelerate kidney, urologic and hematologic research.

NIDDK is proud to announce the newly minted [Innovative Science Accelerator Program \(ISAC\)](https://www.fda.gov/oc/2021/12/03/notice-award). ISAC aims to provide: 1) seed funding through a highly flexible process for projects targeting discovery (hypothesis-generating) and exceptionally innovative and disruptive (high-risk/high-reward) research in areas of interest and value to the kidney, urology and hematology research communities; and 2) a platform for researchers funded through the program to exchange ideas and resources to enable collaboration and accelerate innovation.

The [Polycystic Kidney Disease Research Resource Consortium \(PKD-RRC\)](https://www.fda.gov/oc/2021/12/03/notice-award) develops and shares investigative resources, reagents and expertise with the broader research community to accelerate innovation and discovery in the field of polycystic kidney disease. Explore their resources and core services to see how they can help you advance your research goals.

Research opportunities and resources also exist through the NIDDK-funded Kidney Precision Medicine Project (KPMP). The goals of the KPMP are to ethically and safely obtain and evaluate human kidney biopsies from participants with acute kidney injury (AKI) or chronic kidney disease (CKD), analyze it using state-of-the-art technologies, and develop next-generation software tools to visualize and share the resulting

data. This will allow us to redefine kidney disease in molecular terms and identify novel targeted therapies. Data from the [KPMP Kidney Tissue Atlas Data Repository](https://www.fda.gov/oc/2021/12/03/notice-award) are available for interrogation. [Check out current funding opportunities through KPMP.](https://www.fda.gov/oc/2021/12/03/notice-award)

The NIDDK is enthusiastically and actively looking to support medical ([F30 fellowships](https://www.fda.gov/oc/2021/12/03/notice-award)) and graduate students ([F31 or F31 diversity fellowships](https://www.fda.gov/oc/2021/12/03/notice-award)), postdoctoral fellows and physician scientists ([F32 fellowships](https://www.fda.gov/oc/2021/12/03/notice-award)) through National Research Service Awards. The NIDDK also supports multiple career development (K) awards. Please visit our website for the comprehensive overview of the eligibility and conditions of NIDDK-supported [K awards](https://www.fda.gov/oc/2021/12/03/notice-award). Also, the Division of Kidney, Urologic and Hematologic Diseases at NIDDK is replacing the Institutional T32 training awards with the Network Award for Promoting Kidney, Urologic, and Hematologic Research Training ([U2C/TL1](https://www.fda.gov/oc/2021/12/03/notice-award)). This exciting new program aims to promote a true trainee community and cultivate a highly integrated cohort of people and resources to accelerate kidney, urologic and hematologic research.

We encourage all interested trainees and investigators to contact us about any of these initiatives and programs. Our (still virtual) doors are always open to you! ■



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## KCVD's Forward Progress During the Pandemic



This has been and continues to be an extraordinary and challenging time in the biomedical field for clinical and basic scientists. Disruptions caused by the COVID-19 pandemic also coincided with my term as a chair of the Council on the Kidney in Cardiovascular Disease.

We all adjusted to the new “virtual” life, I am glad that life did not stop, and the KCVD Council continued to bring together everyone working on the role of the kidney in cardiovascular diseases.

During the last two years, the KCVD Council had several new initiatives. For instance, the KCVD Council significantly improved its presence and prepared several scientific statements of interest to our membership and the broader AHA community (thanks to the establishment of the KCVD Kidney in Heart Disease Science Committee and its past and current chairs, Drs. Janani Rangaswami and Ian De Boer); created a new Mid-Career Award (to be presented at the Hypertension Council Meeting); organized a series of Heart/Kidney Webinars; and supported the Role of the Kidney in Cardiovascular Disease Educational Tools Contest (thanks to the KCVD SCILL Committee and its chair, Dr. Matthew Sparks).

We all look forward to the in-person Hypertension 2022 Scientific Sessions on September 7-10 in San Diego, California. The excellent program is organized by the KCVD Council and our colleagues from the Council on Hypertension. We will continue to support young investigators who will attend the meeting. I hope to see you in San Diego for what will be an exciting and productive meeting!

I also would like to extend a warm welcome to our incoming vice-chair, Dr. Thu Le, and chair, Dr. Janani Rangaswami.

Dr. Le is a professor of medicine and chief of the Division of Nephrology at the University of Rochester. Her clinical practice focuses on the care of patients with hypertension and chronic kidney disease. In addition, she has an active research program in the mechanisms of hypertension and the genetics of chronic kidney disease.

Dr. Rangaswami is an attending nephrologist and professor of medicine at George Washington University. She is the fellowship program director for the Division of Nephrology at GWU and director of the cardiorenal program.

I am excited about these two preeminent dynamic women as leaders of the council. Please welcome our new leaders and support their work on our council activities.

With that in mind, I encourage those with an interest in kidney and cardiovascular disease to join our council. Whether your interest is in research, clinical care, health policy, developing programming for the AHA's Hypertension Scientific Sessions or Scientific Sessions or establishing education programs with our Scientific and Clinical Education Lifelong Learning Committee, we welcome your support.

I also encourage participation from our members in various committees on the KCVD Council and the AHA in general. The AHA has numerous national committee positions for which we were proud to nominate leaders in the field to represent the interests of our members and to help us fulfill our mission. We're also always looking for members from underrepresented groups to serve on our various subcommittees and across the AHA.

In addition, don't hesitate to nominate yourself or your colleagues for various KCVD Council and AHA awards! Feel free to contact me directly if you would like to nominate your peer(s) or yourself or have any questions.

Thank you for the opportunity to be your council chair these past two years, and I look forward to continuing to work with you in other roles in the years to come. ■

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## Editor-in-Chief of *AJP-Renal* Spotlight: Dr. Heddwen Brooks



Heddwen L. Brooks  
PhD

Dr. Heddwen Brooks is a professor of physiology at the University of Arizona. Dr. Brooks has been a member of the *AJP-Renal* editorial board since 2001, and

also served as associate editor for *AJP-Regulatory*, *Integrative and Comparative Physiology* for six years.

She attributes much of her success as a prominent scientist and leader in the field to the strong mentorship she has received throughout her career. After having the pleasure of meeting with her during *Experimental Biology 2022*, it's obvious how much importance she places on passing on that wisdom to the next generation of scientists.

Here is a little peek into the mind and life of Dr. Brooks, editor-in-chief of *AJP-Renal*.

### What inspired you to apply for the *AJP-Renal* editor-in-chief position?

*AJP-Renal* has been my home journal for many years. Though I thoroughly enjoyed serving as associate editor for *AJP-RIC*, when both positions opened at the same time, I knew that the *AJP-Renal* position was a better fit for me. I hesitated about applying; however, great colleagues and mentors encouraged me, including Dr. Merry Lindsey, now editor-in-chief of *AJP-Heart*, and Dr. Jane Reckelhoff. I was also inspired by the thought of being able to build my own team and work with energetic and great scientists.

### Having completed your first year as editor-in-chief, what would

### you say has been the best part of your job?

The people. Our editorial team of associate editors have been excellent to work with, bringing great ideas for new initiatives. They are definitely not a quiet group and we are looking forward to getting together in person at *Experimental Biology*. Our managing editor, Teki Best, has also been incredible and fun to work with. She keeps me on track within APS and their expectations as well as with authors, reviewers and editors. I have also enjoyed making the review process more transparent, communicating with our authors about decisions and clarifying the process of decisions.

### You have always been an advocate for trainees; how did the idea come up for the *Early-Career Editorial Fellowship Program*?

Dr. Kim Barrett is a friend and colleague and she was running a program at the *Journal of Physiology* for middle-career scientists to experience how the journal worked. When designing our program, we wanted to expand the program to provide as many opportunities for as many candidates as possible. We designed the program so that each associate editor would mentor an early career fellow, work with them one-on-one to clarify how to prepare a quality review, how reviewers were selected, how we make decisions, and how to communicate clearly to authors about the decision. The response has been amazing, with five times as many applying as we could accept. In the first year, we accepted 12, and this year we have 11. We also designed the program so that all fellows could work with the whole editorial board, participate in our associate editor meetings and work with the APS Publications Office for training in publishing ethics.

### What major goals do you have for the remainder of your term?

Our term is fairly early on, so we are working on many new programs — we started the First Author Spotlight in the last year and are also working on increasing our social media presence.

### What advice do you have for scientists looking to get more involved with the journal?

Persevere and ask to be involved! Set up a profile on the *AJP-Renal* website, with key words of research you are interested in reviewing. If you are not in the system, we cannot invite you to review. If you are a predoctoral student, work together with your mentor to learn how to review, and sign up for the APS Professional Skills Writing and Reviewing for Scientific Journals Course (hopefully held in person in January 2023). Postdoctoral fellows and faculty can apply for our Early Career Fellows Program. The application for the next cohort will open in fall 2022. Postdocs and faculty can contact me with any questions about the program.

### When you're not doing science, how do you like to spend your time?

I love sports, especially college sports, fastpitch softball being my first love, followed by women's and men's basketball. University of Arizona Wildcat fan, of course! My daughter plays fastpitch and we love traveling to watch her play. I love to read, mostly fiction, and cook.

Stay up to date with *AJP-Renal* (@AJPRenal) and Dr. Brooks (@AJPRenalEIC), along with the Facebook page for the journal, at [facebook.com/AJPRenal](https://facebook.com/AJPRenal). ■

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

Whether you choose to become a mentor or mentee, you will be involved in goal-setting and the creation of an action plan to reach those goals. Learn more at [professional.heart.org/mentoring](https://professional.heart.org/mentoring).



# The Benefits of Active Membership



The Lifelong Congenital Heart Disease and Heart Health in the Young (Young Hearts) Council has been extremely active over the past several months. In addition to highlighting some recent activities, I also wanted to take this opportunity to make sure our members are aware of ways they can become more involved in the Young Hearts Council.

### Partnership with the Japanese Society of Pediatric Cardiology and Cardiac Surgery

On February 10, we co-hosted a webinar with the JSPCCS on "Artificial Intelligence and 3D Imaging in Pediatric Cardiology." Topics included: *Indications and advantages of 3D imaging in the management of congenital heart disease*, Dr. Pei-Ni Jone, University of Colorado, Children's Hospital Colorado; *Future of 3D printing of congenital heart defects for surgical planning and education*, Dr. Isao Shiraishi, National Cerebral and Cardiovascular Center; *Update on wearable technologies in pediatric cardiology*, Dr. Animesh Tandon, Cleveland Clinic Children's Hospital; and *Deep learning applications for ECG and chest radiograph interpretation*, Dr. Shuhei Toba, Mie University Hospital. The talks were insightful and robust, highlighting this exciting new frontier in our field. We are very appreciative of our ongoing partnership with the JSPCCS and look forward to continuing our joint sessions at the annual JSPCCS meetings each summer in Japan and at the AHA Scientific Sessions each fall.

### Update on Future Strategically Focused Research Network Topics

As most of you know, each year the AHA funds two networks comprised of multiple institutions working together on three projects related to a topic area aligned with the AHA mission.

The most recent SFRN topic was "The Science of Diversity in Clinical Trials." As of 2022, the AHA has streamlined the process to propose subsequent SFRN topics. Each council has been asked to present one SFRN topic (or councils can work together to propose a topic), which will then be reviewed by the AHA scientific leadership team. The chosen topic will serve as the focus of the next application cycle of the SFRN. Members of all Young Hearts committees were invited to provide input on the Young Hearts 2022 proposed topic. As this will be an annual process, in the future we would like to encourage anyone interested in contributing to the SFRN topic proposal discussion to reach out to me or any member of the Young Hearts Leadership Committee.

### Committee Membership

Each year, positions on Young Hearts committees open for interested members. All members should have received an email from the AHA in January 2022 announcing committee openings, inviting interested members to complete the Science Volunteer Form located on their dashboard in **Professional Heart Daily** and send their CV to the Young Hearts Council manager. While the deadline has passed for 2022, please keep an eye out for this email early in 2023 and don't hesitate to reach out to me or any member of the Young Hearts Leadership Committee if you have an interest in joining a Young Hearts committee.

### New Fellow of the American Heart Association Application Process

I encourage all Young Hearts members to review the **updated FAHA criteria**. Please consider applying and don't hesitate to reach out to me or our Leadership Committee members with questions.

It has been a pleasure serving as the chair of the Young Hearts Council over the past two years and I am excited to turn the leadership of our council over to Dr. Anitha John. I am encouraged by the strength of our council and I am looking forward to the opportunity to meet all of you again in person at Scientific Sessions 2022 in Chicago.



## Registration now open for #BCVS

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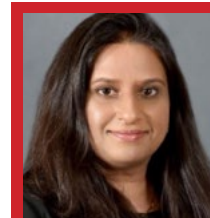
#BCVS22



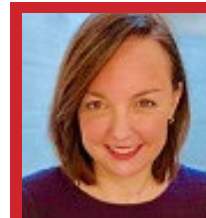
Learn more about the benefits of joint membership with the World Stroke Organization (WSO)

[professional.heart.org/strokecouncil](https://professional.heart.org/strokecouncil)

# 2022 Sessions Update



Anitha John MD, PhD



Sara Pasquali MD, MHSc

As all of us are aware, the COVID-19 pandemic prevented many professional societies from conducting in-person meetings. This was, of course, disappointing for the many investigators who were not able to present their science in person, but a necessity to maintain public health and well-being. The annual Scientific Sessions was held virtually for both 2020 and 2021, requiring our Young Hearts sessions planning team to rapidly pivot meeting content while working within the larger confines of the AHA sessions planning team. The annual meeting has historically been a time

when members network, learn about cutting-edge advances in our field and present new scientific discoveries.

Young Hearts Council leadership has been aware of member concerns regarding decreasing pediatric and congenital heart disease-related content. We have been working actively with leadership to address these concerns and to improve engagement and educational opportunities for our council.

At this time, the AHA Scientific Sessions 2022 will be held in person in Chicago on November 5-7. We are happy to report there will be an additional half-day session of Young Hearts Council programming on November 4 at 2-5:30 p.m. During this time, we plan to present content focused on research and innovation in congenital heart disease, with a focus on looking to the future. This symposium will provide an update on CHD research and innovation, with sessions on the latest findings from CHD clinical trials and multicenter studies, successes

and challenges over the past decade of CHD research and a look to the future of CHD innovation in 2022 and beyond. This session will follow a morning focused on early career content, with additional sessions from the early career committees from Young Hearts and all councils. We hope the day will provide additional networking opportunities, especially for our fellows-in-training and early career members.

We recognize that things can change rapidly in this new era of COVID-19, but we are hopeful that we will be able to meet again in person this November in Chicago. Young Hearts Council leadership has initiated several initiatives in our strategic reorganization process over the past year. We appreciate the input that many of our members have provided, including ways to improve session formatting and content. We will continue to work with our members and AHA leadership to improve opportunities for presenting and learning from novel science.



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# Impact of a Grant for ACHD Research



**Craig Broberg**  
MD, MCR

*Victor Menashe  
Endowed  
Professor of Adult  
Congenital  
Heart Disease  
Director, Adult  
Congenital Heart  
Program  
Knight  
Cardiovascular  
Institute*

*Oregon Health and Science University,  
Portland, Oregon*

The American Heart Association, in conjunction with the Children's Heart Foundation, funded a large multicenter study on patients with a systemic right ventricle in the setting of transposition of the great arteries (TGA). This patient group faces the challenge of waning systolic function of the systemic ventricle over time, but many questions exist about the pace and predictors of this dysfunction leading to clinical heart failure. Therefore, this study included a large cohort of those with either a previous atrial switch operation (Mustard or Senning procedure) or those with congenitally corrected transposition.

The study was initially proposed by the Alliance for Adult Research in Congenital Cardiology (AARCC), a group of early and mid-career adult congenital heart disease (ACHD) specialists across North America. Participation was broadened to include other sites across the world. Led by Dr. Craig Broberg at Oregon Health and Science University in Portland, the study collected data from 29 different ACHD centers to include 1,726 unique patients that met all enrollment criteria — making it the largest collection of such individuals. Thus, the study has become another example of the strength of international collaboration aiming to address the disparate needs of specialty populations. In fact, the project logistics became a springboard for hosting another AARCC international collaborative study into the effects of the novel coronavirus on over 2,000 adult congenital heart patients, published less than 12 months after the start of the pandemic.

The systemic RV study first explored those with prior atrial switch procedures, and a revised manuscript is now under review. Of the 1,168 people with d-loop TGA (average age 30 years at their initial visit), 91, or 9%, had end-stage heart failure 10 person-years. The investigators proposed a multivariate risk model for predicting poor outcome, which gives patients and health care professionals a much-needed tool to assess risk and inform important decisions including timing of transplant referral.

The second analysis has focused on the 558 people with congenitally corrected TGA, age 36 years at initial intake, many of whom have other congenital abnormalities and will also have required prior surgery in childhood for repair. Of these, 13% developed end-stage heart failure over a median eight years of follow-up. From this, a second manuscript is now being finalized.

The study has also been an important early career milestone for numerous young investigators wishing to participate in ACHD research. Foremost, Alexandra Van Dissel, ACHD fellow from Amsterdam, spent several months in Portland dedicated to working on the project, as part of growing experience towards

her PhD. In addition, several young investigators are doing sub-study analyses on additional important topics still to be published:

- Dr. Carla Rodriguez-Monserrate in Boston is exploring the effect of various medications on outcome.
- Dr. Flavia Fusco in Naples is interested in the use of biventricular pacing.
- Dr. Martijn Kauling in Amsterdam is studying the effects of pregnancy.
- Dr. Nael Aldweib in Portland is reviewing invasive hemodynamics.
- Dr. Ari Cedars in Baltimore is doing a deeper look at the impact of tricuspid valve replacement surgery.
- Dr. Luke Burchill in Rochester is reviewing transplant outcomes.
- Dr. Broberg in Portland is quantifying right ventricular volumes by magnetic resonance images in a core lab and studying risk factors for arrhythmia.

The investigators are grateful for the American Heart Association and Children's Heart Foundation's investment for this important study, which will continue to positively impact patients and young investigators endeavoring to keep clinical research alive and well. ■

**EPI|Lifestyle 2023**

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# Connecting Face to Face at the EPI|Lifestyle Conference



An outpouring of happiness and relief was palpable among members at the EPI|Lifestyle Scientific Sessions 2022. The face-to-face meeting underscored the need to connect with friends and colleagues, make new friendships and foster professional relationships. The nightmare of the pandemic, at least for now, is dissipating.

Membership has made an astounding recovery from the pronounced dip that occurred earlier in the pandemic. At this time, our membership numbers are higher than before the pandemic — due to AHA staff and council leadership persistently maintaining and recovering members. Our intentional efforts were the catalyst for the council ascending so quickly out of those pandemic numbers.

## Council Succession

The spring marked the biennial transition to new council leadership, and I welcome Debbie Young of UCLA, whom I have had the pleasure of working with the past two years. She became chair on July 1.

The new vice-chair, who after two years ascends to chair, is Chiadi Ndumele, MD, MHS, PhD, director of Obesity and Cardiometabolic Research in the Cardiology Division and the Robert E. Meyerhoff Assistant Professor at Johns Hopkins. Dr. Ndumele received his undergraduate degree from Johns Hopkins and his MD degree from Harvard Medical School. He completed residency training at Brigham and Women's Hospital, where he was chief medical resident, and cardiology training at Johns Hopkins. He has been active on AHA science and administrative committees, including the EPI-Lifestyle Conference Planning Committee, Scientific Sessions Planning Committee and recently as chair of the Obesity Committee. Currently, he's the chair of the SCILL Committee, which involves education and implementation

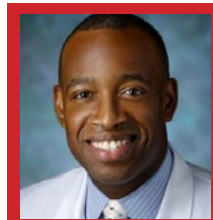
of guidelines. His report on SCILL activities appears later in this report.

## Opportunities to Serve on Lifestyle Council Committees

Positions on the council's science and education committees are greatly sought after by members. The AHA staff welcomes inquiries from council members and can inform you of openings. The council staff and leadership is interested in a wide range of members to foster diversity on the committees.

## Reports from the Committee Chairs

### Lifestyle SCILL Committee



**Chiadi Ndumele**  
MD, PhD  
Lifestyle SCILL  
Committee Chair

SCILL is coordinating with the other council committees to support learning related to lifestyle and cardiometabolic health. Following the efforts of the Obesity Committee

to support clinicians in addressing obesity, the SCILL Committee has assembled a multidisciplinary group of experts to adapt an "obesity toolkit" to support busy subspecialty professionals. Collaborations with other Lifestyle committees will follow. This work is part of a broader initiative to ensure that clinicians and public health officials have the educational resources they need to positively influence the cardiometabolic health of their patients and communities.

### Diabetes Committee



**Darren McGuire**  
MD  
Diabetes  
Committee Chair

The Diabetes Committee remains active in four central areas: 1) developing scientific update manuscripts; 2) promoting diabetes-related content for Scientific Sessions;

3) supporting and contributing to the Know Diabetes by Heart program;

and 4) supporting the AHA's diabetes-related public policy efforts.

Recent publications of committee-initiated updates in *Circulation* include "Clinical Management of Stable Coronary Artery Disease in Patients with Type 2 Diabetes," with lead author Dr. Suzanne Arnold, and "Comprehensive Management of Cardiovascular Risk Factors for Adults with Diabetes Mellitus," led by Dr. Joshua Joseph.

At the invitation of the Diabetes Committee, Dr. Lee-Shing Chang and Dr. Jonathan Newman co-authored an article and presented a podcast on "Diabetes and COVID-19" for the AHA COVID-19 Clinical Guidance Series. The committee has developed several proposals for Scientific Sessions around the breadth of diabetes-related science, with Dr. Jorge Plutzky representing the committee as member of the Committee on Scientific Sessions Planning. Drs. Nathan Wong, Margaret McCarthy and Judith Wylie-Rosett represent the Diabetes Committee on the KDBH Science Advisory Committee, and several members have participated in the KDBH podcast series (Drs. Plutzky, Neha Pagidipati, Darren McGuire and Joshua Joseph). The committee continues to facilitate metrics being developed to measure improvements for diabetes for the AHA 2024 goals, and supports public policy efforts, particularly related to the need for funding for diabetes research for guidance on healthy diets.

### Nutrition Committee



**Anne Thorndike**  
MD, MPH  
Nutrition  
Committee Chair

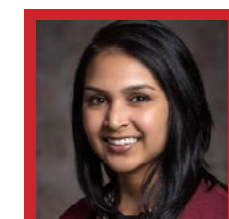
The Nutrition Committee published the "2021 Dietary Guidance to Improve Cardiovascular Health" in *Circulation* in November 2021. The scientific statement,

led by Dr. Alice Lichtenstein, was widely shared in the media and well received among clinical and scientific communities. It provides important updates to the 2006 AHA scientific statement on diet and lifestyle by focusing on an overall dietary pattern

as a determinant of cardiovascular health and emphasizing structural challenges to healthy dietary intake, including targeted marketing, neighborhood segregation, food and nutrition insecurity, and structural racism. The statement also identified opportunities to align food choices with low environmental impact. Forthcoming efforts will include a focus on achieving equity in nutrition security.

The Nutrition Committee submitted several proposals to Scientific Sessions 2022 that highlight the importance of an overall dietary pattern in promoting health and of policies and programs to achieve equity in nutrition security.

### Behavior Change Committee

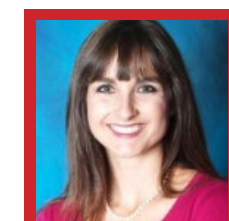


**Deepika Laddu**  
PhD  
Behavior Change  
Committee Chair

Over the past year, the Behavior Change Committee led or was integrally involved in publishing two AHA statements focused on delivering health behavior change interventions in

primary care/community practice and behavior change and cardiovascular disease, respectively. Collaborations between the BC Committee, other Lifestyle Council committees and across the AHA are underway, with BC member representation on at least three approved statement/advisory proposals. Further, the BC Committee this spring submitted one gap analysis proposal on behavior change, mental health and cardiovascular risk.

### Physical Activity Committee



**Bethany Barone Gibbs**  
PhD  
Physical Activity  
Committee Chair

We have worked to advance science and advocacy for physical activity as a component of ideal cardiovascular health. In 2021, we published two scientific statements highlighting key

opportunities for physical activity promotion in clinical and public health settings: 1) "Physical Activity as a Critical Component of First-Line

Treatment for Elevated Blood Pressure or Cholesterol: Who, What, and How?" in *Hypertension*; and 2) "Supporting Physical Activity in Patients and Populations Suring Life Events and Transitions" in *Circulation*.

Statements underway will examine: 1) physical activity as a method to promote equity in cardiovascular health; and 2) the cardiovascular benefits of resistance training.

### Publications

The Council on Lifestyle and Cardiometabolic Health is one of the most active councils in developing and writing AHA advisories and guidelines. Here's the status of publications in development and those published during the past year:

### Lifestyle Publications in Development

- Defining Obesity as a Multifactorial Disease
- Increasing Equity of Physical Activity Promotion for Optimal Cardiovascular Health
- Resistance Exercise in Individuals with and without Cardiovascular Disease: 2022 Update
- Lifestyle Approaches to Prevent and Treat Hypertension

- Alternate Dietary Patterns – Alignment with 2021 AHA Dietary Guidance
- Epidemiology of Diabetes and ASCVD among Asian Americans
- Increasing Equity of Physical Activity Promotion for Optimal Cardiovascular Health (includes technology considerations)

### Publications from Lifestyle Council: 2021 to date

- **January 2022:** Comprehensive Management of Cardiovascular Risk Factors for Adults with Type 2 Diabetes
- **December 2021:** Supporting Physical Activity in Patients and Populations During Life Events and Transitions
- **November 2021:** Health Behavior Change Programs in Primary Care and Community Practices For Cardiovascular Disease Prevention and Risk Factor Management Among Midlife and Older Adults
- **November 2021:** Dietary Guidance to Improve Cardiovascular Health
- **October 2021:** Strategies for Promotion of a Healthy Lifestyle in Clinical Settings: Pillars of Ideal Cardiovascular Health ■



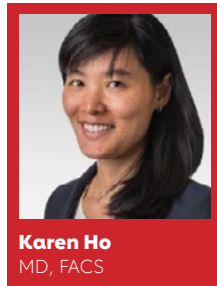
## Notes from the Membership and Communications Committee



**CONNECTING  
WITH THE  
CHAIR**

**Peter Henke**  
MD, FAHA

The Membership and Communications Committee chaired by Dr. Karen Ho, has been working steadily to grow Council on Peripheral Vascular Disease membership and engagement. Through targeted email outreach alone, council membership increased 16% between September 2021 and March 2022. In addition to this, our current fellow Council Members have been actively engaged - in the Spring, we had an enthusiastic response to the email call-out asking for members to self-identify themselves for a chance to serve on one of PVD's Committees. So a BIG THANK YOU to everyone who responded. Additional outreach activities include a recruitment button that was distributed at the Vascular Discovery Meeting (button on the right), which was held jointly with the Vascular Research Initiatives Meeting in Seattle in May.



**Karen Ho**  
MD, FACS

The PVD Council is looking forward to upcoming in-person meetings this year, as well as warmer and nicer weather for those of us in the northern states. While virtual meetings were a necessity, networking and exchanging ideas in person in real time can't be replaced. We're equally happy that Scientific Sessions will also be in person in November. Of course, we are optimistic that the pandemic will continue to become more manageable as an endemic.

We are excited to highlight the Vascular Discovery Meeting (VDM) in Seattle that occurred on May 12-14, with the Vascular Research Innovation Conference (VRIC) on May 11. One of the successful collaborative events

is the VRIC and VDM, which brings vascular surgeon scientists to network and learn from each other. Dr. Katey Rayner and Dr. Kathleen Martin had a wonderful opening session to welcome everyone to the Conference, which featured special guests, President of the American Heart Association, Dr. Donald M. Lloyd-Jones, MD, ScM, FAHA, and incoming president-elect of the AHA, Dr. Michelle Albert, MD, MPH. The main PVD sponsored sessions at Vascular Discovery included the "Translational Science in Vascular Medicine," with the focus on COVID-19-associated thrombosis. Although the omicron wave is behind us, the lessons learned related to how the host and virus interact is valuable. We also had an engaging session on "Health Disparities in Peripheral Vascular Disease," moderated by Jean Ruddy, MD, and Kevin Southerland, MD, with discussions from Chloe Powell, MD, Samantha Minc, MD, and Amy Pollak, MD speaking on relevant issues, such as racial, rural, and socioeconomic disparities on behalf of PAD and PVD. In addition to this, Dr. Pollack provided an update on the PAD Awareness Campaign, which will be releasing soon. Lastly, a debate format highlighted the hot topic "Polygenic Risk Scores for Risk Stratification." Moderated by Iftikhar Kullo, MD, participants Themistocles Assumes, MD, PhD, Pradeep Natarajan, MD, MMSc, Derek Klarin, MD, Khurram Nasir, MD, and Sadiya Khan, MD, MSc, FAHA, FACC debated the uses and pitfalls of this emerging data. We also congratulated the Robert W. Hobson II Early Career Investigator Award to Lucas Marinho, MD, and the Alan T. Hirsch Mid-Career Award in Vascular Medicine to Luke Brewster, MD, PhD, FAHA. We also want to recognize Molly Schieber, MS for being awarded a travel grant for being an early career investigator.

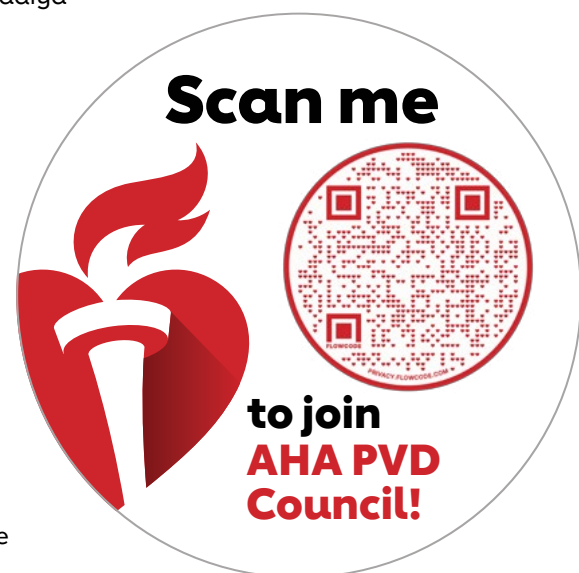
One of the main initiatives that we keep members up to date about are the PAD Summit activities. This initiative also interfaces with the VHAC

Committee, overseen by Dr. Josh Beckman. The summary document is published and the executive summary paper and sub papers are in the works.

Several funders have also supported tactics to bring forth the vision to improve care and outcomes for PAD patients. This has been a huge effort, and much work is yet to come over the next several years.

The PVD FIT Committee is an active and vibrant part of the PVD Council. Several recent well-attended activities include "Developing A Multidisciplinary Approach to Improve Vascular Care" on February 15, led by Dr. Mark Creager, Dr. Lee Kirksey, Dr. Elsie Ross, and Dr. Daniella Kadian-Dodov; and "How to Write A Competitive Abstract" on December 8, led by Dr. Joshua Beckman, Dr. Heather Gornik, Dr. Naomi Hamburg and Dr. Sanjay Misra, and moderated by Dr. Jorge Antonio Gutierrez and Dr. Sreenivasulu Kilari. A huge thank you to the PVD FIT and ECC for being such a robust group constantly making concerted efforts to keep all members of the PVD Council engaged and active. Be on the lookout for more of their future events soon.

It is no secret many councils had a decrease in membership due to COVID-related hardships and institutional limitations on memberships. We are happy to report increasing paying memberships on the PVD Council due to our intentional efforts. ■



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# Connecting in Person at QCOR 2022



It was a thrill to have our Quality of Care and Outcomes Research Scientific Sessions in person May 13-14th at the Hyatt Regency in Reston, Virginia. Talking with colleagues and friends in person was fantastic. Lots of catching up and networking occurred, which has always been a highlight of the meeting. A special thanks to Umesh Khot (Chair of

QCOR Specialty Conference Program Planning Committee) and Emily O'Brien (Vice-Chair), and all members of the planning committee for all their work in putting together a terrific program. We had great sessions on health equity, AMI, stroke, and heart failure, innovation in data science; novel approaches to prevention; and a stimulating debate on healthcare delivery and systems of care.

As always, a particular focus for QCOR is on young investigators. All the early career investigators gave outstanding presentations – congratulations to all. The early career development lunch was a success and a good networking opportunity. Poster sessions were also a great time to network. New this year

was the rapid-fire abstract session where presenters had 3 minutes followed by 3 minutes of questions. A new and fun format for everyone.

The QCOR Council was pleased to honor Dr. Tracy Wang with the QCOR Lifetime Achievement Award. Dr. Adrian Hernandez summarized the numerous and amazing contributions Dr. Wang has made to quality of care and outcomes research over her career. Dr. Wang was recognized as what QCOR embodies.

Being able to connect in person was energizing for the QCOR community. Reflecting on the last two years of virtual meetings, I believe we also need more frequent opportunities, even if virtual, to stay connected. ■

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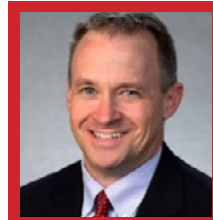
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# AHA Scientific Sessions QCOR Preview



**Peter W. Groeneveld**  
MD, MS, FAHA  
QCOR Lead and Population Health Co-Chair, Committee on Scientific Sessions Planning

The AHA is eagerly looking forward to resuming in-person Scientific Sessions for the first time in three years with the upcoming meeting in Chicago, IL, on the weekend of November 5-7, 2022. In

preparation for the meeting, the AHA's Committee on Scientific Sessions Planning (CSSP) has been working since early January to build a truly extraordinary conference program. The QCOR Council's CSSP Representatives Pete Groeneveld (University of Pennsylvania), Umesh Khot (Cleveland Clinic), and Rebecca Vigen (University of Texas-Southwestern), in collaboration with QCOR members from throughout the U.S. and Canada, have assembled an exciting lineup of Cardiovascular Scientific Sessions focused on cutting-edge topics in cardiovascular outcomes and health care quality for the Chicago meeting. Among the planned QCOR-themed sessions are:

**Shared Decision-Making**  
Partnering to Improve Cardiovascular Health. This session will identify evidence supporting shared decision-making in cardiovascular prevention and management, including (1) the shared decision-making behaviors and skills required of individuals and clinicians, (2) the effect of shared decision-making on CV prevention and management, (3) barriers and facilitators to shared decision-making, (4) interventions and strategies that promote shared decision-making, (5) suggestions for patients and clinicians, and (6) directions for future research.

**Making the Learning Health System a Reality.**  
This session will convene experts in health services research, implementation science, operations research, and quality improvement to demonstrate how these fields can synergize to advance the goals of the 21st-century learning health system.

**Are Social Determinants Permanent? Going Beyond Observation to Intervention.**

This session will highlight and describe the details of interventions to reduce barriers to health and health care access and address adverse social settings and negative circumstances that are critical drivers of adverse cardiovascular health outcomes.

**Mind the Gap: Providing Optimal Cardiac Care for Patients in Life Transitions.**

Patients with chronic cardiovascular disease often face key transition points when their longitudinal care is transferred from one set of providers to another—for example, children with congenital cardiovascular disease transition from pediatric to adult health care teams. This session will focus on maximizing the quality of care during these critical transitions.

**Great Debates in Cardiovascular Quality of Care.**

In a highly energized and reliably entertaining back-and-forth format that has long been a crowd-pleaser, this session will cover controversial issues about the modern role of CABG and the use of diagnostic tests in patients with chest pain, and ethical issues in managing the cardiovascular sequela of COVID.

**Update on 2022 Cardiovascular Clinical Guidelines.**

Attendees will hear from content experts—several of whom were authors of the 2022 guidelines—and learn about the highlights and controversies within recently published guidelines/updates regarding (1) care of STEMI patients, (2) CPR and cardiac arrest, (3) coronary artery revascularization, and (4) chest pain management.

In addition to the superb offerings described above, QCOR anticipates additional outstanding sessions aimed at AHA Sessions' Early Career attendees, including a "how-to" session on building collaborative teams to tackle research, quality, and operational agendas, as well as a session on how cardiology fellowship programs can integrate diversity, equity, and inclusion training into their instructional curricula.

And of course, Scientific Sessions will once again feature cutting-edge science submitted by cardiovascular investigators worldwide, including an anticipated 150+ oral, rapid-fire, and poster presentations in Quality of Care and Outcomes Research.

**General abstract submission for 2022 Scientific Sessions is now open, and the deadline for abstract submission is Thursday, June 9.** Please consider submitting your very best science to the world's premier cardiovascular scientific meeting—AHA's 2022 Scientific Sessions.

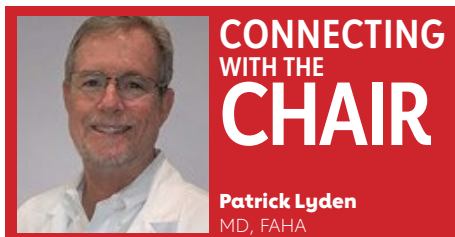
See you in Chicago! ■

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# Stroke Council Looks Beyond COVID



**CONNECTING  
WITH THE  
CHAIR**

Patrick Lyden  
MD, FAHA

**P**lanning is underway for the International Stroke Conference 2023 — slated for February 8-10 in Dallas — and promises to build on the great success of our return to in-person meetings in 2022.

The Program Committee is busy evaluating the great proposals you submitted for symposia, debates and scientific sessions.

The next major deadline is August 23, 2022 for abstract submissions. Now is the time to conduct experiments, have the fellows collect data and bring together the great science that will become your abstract submission.

Standing down from pandemic/crisis mode, many of us are returning to something like normal operations. The virus remains viable and is mutating. We all suspect we may face another wave or surge, perhaps in the winter. Whether we do see more coronavirus, we can count on influenza and other infectious diseases. The saying “flu season is stroke season” will be true once again, but from now on, stroke and myocardial infarction will follow the winter “infectious disease season” regardless of etiology. Given this, it seems more important than ever to find and characterize the mechanistic links between infection/inflammation and thrombosis. Many of you are in positions to contribute: observational studies including descriptions of inflammatory markers; coagulopathy studies in infected patients; pre-clinical studies of preventive treatments; and basic mechanistic studies. Stroke remains an incredibly common cause of disability, but given the link to the coronavirus and other infections, now is the time to think creatively about studies you can do in your research domain.

Numerous special awards and lectures will be part of the ISC 2023 program. These awards recognize the tremendous science achievements and contributions of council members to international stroke science and

clinical care. Please think about your colleagues (and yourself) and contact someone on the Stroke Council Nominations Committee regarding the:

- Thomas Willis Lecture (for basic scientists)
- William M. Feinberg Award for Excellence in Clinical Stroke
- ISC’s Outstanding Stroke Research Mentor Award
- David G. Sherman Lecture (for lifetime achievements in the stroke field)

As has been our pattern in the last few years, there will be abstract-based awards presented in various categories including Junior Investigator Travel and Minority Grant awards. [Click for information on all awards.](#)

The important work of the council could not be accomplished without committees and their chairs who commit selfless hours to advance the mission of the AHA/ASA. The 2022-23 Stroke Council Committee chairs are:

- Philip Gorelick, MD, MPH, FAHA, Brain Health
- Nicole Gonzales, MD, Early Career
- Charles Wira, MD, Emergency Neurovascular Care
- Michelle L. Nelson, PhD, Interprofessional Health
- Peter Panagos, MD, FAHA, Nominating
- Tanya N. Turan, MD, FAHA, Membership and Communications
- Hugo Aparicio, MD, MPH, Minority Affairs
- Sepideh Amin-Hanjani, MD, FAHA, Neurovascular Intervention
- Koto Ishida, MD, FAHA, Performance Measures Oversight
- Charles Kircher, MD, FAHA, Professional Education
- Irene L. Katzan, MD, FAHA, Quality and Outcomes
- Richard D. Zorowitz, MD, FAHA, Rehabilitation and Recovery
- Enrique C. Leira, MD, FAHA, Scientific and Clinical Lifelong Learning
- Joseph P. Broderick, MD, FAHA, Scientific Statement Oversight
- Marcella Wozniak, MD, PhD, Telestroke

## Scientific Sessions Stroke Programming

### Effect of Marijuana on Cardiovascular and Brain Health

There is evidence that the use of marijuana in the general population, particularly in young individuals, is on the rise. In addition, social media tends to emphasize a beneficial effect of marijuana. Thus, the general population may perceive it as a harmless drug. However, epidemiologic data as well as experimental data gathered using animal models suggest that marijuana may have undesired effects in the heart and the brain. Recent AHA statements highlighted the effect of recreational and medical marijuana on cardiovascular health and brain health. This session seeks to cover key aspects linking marijuana use to cardiovascular and cerebrovascular outcomes.

### Controversies in Antithrombotic Therapy After Cerebrovascular Events

Cerebrovascular events such as ischemic and hemorrhagic stroke pose difficult decisions regarding management of antithrombotic therapy. Aspects of when to initiate antithrombotics after large ischemic strokes, for how long to hold them during hemorrhagic strokes, and combinations of agents in patients at risk for atherosclerosis and embolic sources such as mechanical valves, cardiac thrombus, or external cardiac devices will be discussed exposing different views on the subject.

### Cardiovascular Medicine Relevant Updates in the Guidelines for the Prevention of Stroke in Patients With Stroke And TIA

The invited experts will discuss relevant components for cardiologists, cardiothoracic surgeons, critical care specialists and the cardiovascular community in general, of the AHA 2021 updated guidelines for the prevention of stroke in patients with stroke and TIA.

### Contribution of Cardiovascular Disease to Brain Health and Cognition

Vascular dementia and neurodegenerative dementias, such as Alzheimer’s Disease, were historically considered well defined disease processes. However, a wealth of epidemiological, autopsy, imaging, and basic science observations has confirmed that these seemingly distant

entities commonly co-exist. In addition, vascular risk factors have been identified as fundamental contributors to the maintenance of brain health and the pathogenesis of Alzheimer’s Disease. This session will provide a discussion of the clinical-pathological associations between cardiovascular disease and late-life dementia as well as the effect of vascular risk factor control on cognitive decline.

### Neurocardiology Pearls in Stroke Care: Practical Management and Controversies

This session will provide an up-to-date practical perspective on 4 frequent clinical situations within the field of Neurocardiology for stroke physicians. The Stroke-heart syndrome affects 9% of stroke patients. This session will provide an updated approach to its diagnosis and clinical management. Up to 10% of stroke patients have heart failure with reduced ejection fraction (HFrEF), which constitutes a risk factor for stroke recurrence. Currently, different clinical guidelines offer contradicting recommendations in terms of oral anticoagulation in patients with ischemic stroke and reduced left ventricular ejection fraction with sinus rhythm. This session

will provide an up-to-date analysis of current recommendations on the use of oral anticoagulants in this specific population. Electrocardiographic (ECG) abnormalities, including ST-segment elevation, ST-segment depression, unspecified ST-T changes, QT prolongation, T inversion, abnormal T wave morphology, bundle branch block, and pathological Q waves, are frequent among patients with all stroke types. Identifying ECG changes that require urgent care is sometimes challenging for cardiologists and neurologists. This session will provide a practical perspective on identifying and managing high-risk ECG abnormalities in acute ischemic stroke patients. The concept of Atrial Fibrillation (AF) Detected After Stroke (AFDAS) has been proposed as a distinctive type of AF. Recent evidence suggests that AFDAS may be a relatively benign AF type, indicating the need for a tailored approach in its screening and treatment. This session will update the current knowledge on AFDAS and offer an innovative and practical perspective on its diagnosis and management.

**The 6th Link: From Cardiac Arrest Survival to Developing Interventions**

## for Optimal Survivorship

Recent American Heart Association survivorship statement recognizes the unmet needs of cardiac arrest survivors, and families involved in providing initial resuscitation after an out-of-hospital cardiac arrest (OHCA). The 6th link of the Chain of Survival is Survivorship and Recovery, now endorsed by several national and international resuscitation science-related agencies. Survival after OHCA is increasing, thanks to advances in cardiopulmonary resuscitation, and acute critical care management. However, the experience of OHCA survivors and their HRQoL vary greatly and are more complex than what’s measured by mere survival at hospital discharge. The fear of recurrence among co-survivors, prolonged grief and depression in bereaved, reluctance to exercise due to fatigue and fear, hyper-vigilance leading to sleep disturbances, posttraumatic stress and feelings of isolation are very prevalent and need to be intervened as soon as hospital discharge after OHCA. The session will include a discussion of the following areas focused on interventions for optimal OHCA survivorship. ■



## International Stroke Conference 2022

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