

Cardiovascular Oncology Science Subcommittee
Committee Commission

SCOPE

The scope of this Subcommittee is to address science-based issues related to the pathology, epidemiology, prevention, diagnosis, treatment, survivorship and end of life care of patients and their families/ communities experiencing cancer and cardiovascular disease

This committee will be led by the CLCD and GPM Councils with dual Leadership and other council representation. This subcommittee would be considered cross-functional as evidenced by the broad membership within this committee. This committee is also charged with identifying gaps in knowledge that might be addressed through the AHA science dissemination channels such as: Sessions, ISC, Specialty conferences, Science News, and Scientific Publishing.

NUMBER OF MEMBERS:

12-21

MEMBERS: *

- This subcommittee will consist of a Chair and Vice-Chair (alternating positions between the Clinical Cardiology Council (CLCD) and the Genomic and Precision Medicine Council (GPM) every 2 years.
- Members will be from the following Councils/ groups:
 - 4 members from the CLCD Council (this number includes the Chair/Vice Chair)
 - 4 members from the GPM Council (this number includes the Chair/Vice-Chair)
 - 4 oncologists (from various oncology specialties)
 - 1-2 members from each of these Councils: BCVS, CVSN, CVRI, QCOR, CVSA, EPI, Lifestyle, PVD and CVDY.
 - There will be no more than 21 members in total.

* 10% of the subcommittee members must to Early Career and 20% Underrepresented Minorities

REPORTS TO:

Reports to the Leadership Committees on Clinical Cardiology and Genomic and Precision Medicine.

APPOINTMENT TO THE COMMITTEE:

Chair and Vice Chair will be selected by the Chairs of the Clinical Cardiology and Genomic and Precision Medicine Councils. Membership from the other councils will be chosen by the Chair of those councils.

TERM OF SERVICE:

Terms shall be for two-years and shall begin and end with the AHA fiscal year (July-June). Terms shall be staggered in such a way as to assure continuity. Members may be eligible for appointment to one additional term (serving a total of 4 years).

FREQUENCY OF MEETINGS:

The Committee shall meet quarterly or as needed via teleconference, email correspondence and face-to-face annually in the fall during Scientific Sessions or during another other AHA meetings where the majority of the members might already be attending. When face to face meetings are deemed necessary no travel expenses will be covered by the council.

RESPONSIBILITIES/OBJECTIVES:

- Serves as the primary source within AHA for science experts and expertise in cardio-oncology.
 - Provides support and content guidance to AHA science staff.
 - Assists AHA in finding nominations or recommendations of experts for internal (grant and abstract peer review, manuscript authors, faculty, etc.) as well as external requests AHA receives (FDA, NIH, other societies, etc.)
- Develops and executes a strategic plan for the appropriate inclusion of cardio-oncology content and expertise throughout AHA's science enterprise. Examples include, but are not limited to:
 - Identify the primary areas of cardio-oncology focus which are relevant to AHA and where AHA can individually or in collaboration with others make a significant impact in science and clinical practice.
 - Identify gaps in the scientific literature where scientific papers, advisories, etc. could add clarity and direction. Recruit and guide writing groups to effectively and efficiently complete these papers.
 - Create programming related to cardio-oncology topics for AHA's Lifelong Learning platforms. This includes Scientific Sessions, the International Stroke Conference, AHA specialty conferences, on-line programs, etc).
 - In collaboration with the Research Committee and program committees, assures that the categories for cardio-oncology abstracts, grants and programming submissions reflect the current state of the art terms.
 - Provides input and content to the Cardio-oncology Community on Professional Heart Daily.
 - Provides support to AHA science in developing, when necessary, RFAs, 'white papers, etc. which the Association needs.

- Supports the science cardio-oncology needs of the Association that arise from non-science departments (e.g. Advocacy, Communications, Development etc.) Examples include but are not limited to:
 - Providing input and expertise to Advocacy related to policies relevant to the cardio-oncology field.,
 - Collaborating with the Communications Department on messaging, responses, background or interviews being requested of AHA.
 - Provides expertise to departments developing public/ patient/ family educational materials.
- Provides strategic direction to their Councils on the recruitment and retention of experts in cardio-oncology with a special emphasis on outreach to early career, under-represented minorities as well as succession planning into leadership roles.

STAFFED BY:

AHA Science and Medicine Advisor, Paul St. Laurent and AHA Program Manager for CLCD and GPM councils

This commission has been approved, modified or amended shown on dates below

Approved by the AHA Council Operations Committee Jan 2019