



CV network

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Cardiovascular Diseases Are Killing Us!

by Ivan Berkowitz, Winnipeg, Canada

From all indications, we are facing a global pandemic. Cardiovascular diseases (CVD) are the cause of more than 30% of deaths, not only in the developed countries but the World Health Organization (WHO) estimates that low- and middle-income countries are disproportionately affected: 82% of CVD deaths take place in low- and middle-income countries and occur almost equally in men and women. The WHO projects that by 2030, almost 23.6 million people will die from CVDs. These are projected to remain the single leading causes of death. The largest percentage increase will occur in the Eastern Mediterranean Region. The largest increase in number of deaths will occur in the South-East Asia Region.

The costs of CVD involve: **Direct Costs** which include expenditures on hospital care, prescription drugs, physician care, care in other institutions, and additional health expenditures such as for other professionals, capital costs, public health, health research, etc.; plus **Indirect Costs** which include value of economic output lost because of disability, whether short or long-term, or as a consequence of premature mortality; other costs might include value of time lost from work and/or leisure activities by family members or friends who take care of patients.

CVDs are a group of disorders of the heart and blood vessels including:

- coronary heart disease – disease of the blood vessels supplying the heart muscle
- cerebrovascular disease – disease of the blood vessels supplying the brain
- hypertension – high blood pressure
- peripheral artery disease – disease of the blood vessels supplying the arms and legs
- rheumatic heart disease – damage to the heart muscle and valves from rheumatic fever, caused by streptococcal bacteria
- heart failure – a condition in which a problem with the structure or function of the heart impairs its ability to supply sufficient blood flow to meet the body's needs
- congenital heart disease – malformation of heart structure existing at birth
- deep vein thrombosis and pulmonary embolism – blood clots in the leg veins, which can dislodge and move to the heart and lungs.

Heart attacks and strokes are usually acute events and are mainly caused by a blockage that prevents blood from flowing to the heart or brain. The most common reason for this is a build-up of fatty deposits on the inner walls of the blood vessels that supply the heart or brain. Strokes can also be caused by bleeding from a blood vessel in the brain or from blood clots.

The burden of CVDs should not be measured by deaths alone. (The World Health Federation publication *"The Atlas of Heart Disease and Stroke"* graphically presented the Economic Cost of CVD on pages 54/55). CVD leads to overwhelming economic costs as well as human burdens. CVD cost the EU health care systems just under USD 260 Billion, representing a cost per capita of more than USD 500 per annum, which accounts for 10% of the health care expenditure across the EU. Looking at these direct costs grossly underestimated the true costs of CVD. Production losses from death and illness amounted to USD 55 Billion. The cost of informal care for CVD patients is another major non-health cost estimated at just under USD 60 Billion. This is only the economic costs ... the true cost in human terms of suffering and lost lives is incalculable.

"The art of economics consists in looking not merely at the immediate but at the longer effects of any act or policy; it consists in tracing the consequences of that policy not merely for one group but for all groups."
Henry Hazlitt, USA (1894–1993)

The costs of cardiovascular disease are diverse: the cost to the individual and to the family of health care and time off work; the cost to government of health care; and the cost to the country of lost productivity.

We attempt here to quantify some of these costs. However, the value of a human life is beyond our analysis.

Global costs of smoking

Health care costs associated with smoking-related illnesses result in a global net loss of US\$200 billion per year, with one third of those losses occurring in developing countries. Estimated 1994.

USA, Australia and Europe

2002 reports indicate that up to 10% of health budgets are spent on diabetes-related illnesses.

USA

"If just 10% of adults began walking regularly, Americans could save US\$5.6 billion in costs related to heart disease."
– President George W. Bush, 2002.

The direct costs of physical inactivity accounted for an estimated US\$24 billion in health care costs in 1995.

Health problems related to obesity, such as heart disease and type 2 diabetes, cost the USA an estimated US\$177 billion a year.

Cholesterol reducers were the top-selling medications in 2003, generating US\$13.9 billion in sales.

The American Heart Association estimates that stroke will cost a total of US\$53.6 billion in 2004. Direct costs for medical care and therapy will average US\$33 billion and indirect costs from lost productivity will be US\$20.6 billion.

In 2001, the National Stroke Association estimated that the average cost per patient for the first 90 days after a stroke was US\$15 000, although 10% of cases cost more than US\$35 000.

Latin America and the Caribbean

Permanent disabilities resulting from diabetes cost US\$50 billion in 2000, while costs associated with insulin, hospitalization, consultations and care totalled US\$10.6 billion.

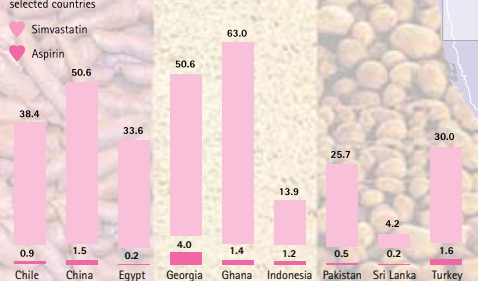
Global costs of diabetes

Between 4% and 5% of health budgets are spent on diabetes-related illnesses. WHO, 2003

Price of weekly dose of medication

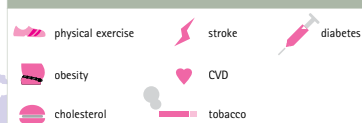
Expressed in kg of cheapest crop available (yam, rice or potato)

2003 selected countries



There is at least one intervention that can be afforded even by low-income countries.

The economics of CVD



Global costs of heart disease medication

The number of people who die or are disabled by coronary heart disease and stroke could be halved with wider use of a combination of drugs that costs just US\$14 a year. WHO, 2002

Singapore

Average hospital costs for stroke were reported in 2000 as US\$5000 per patient. Ward charges accounted for 38%, radiology 15%, doctors' fees 10%, medications 8%, therapy 7%.

United Kingdom

"The direct cost of obesity to the National Health Service is £0.5 billion [about US\$0.9 billion] per year, while the indirect cost to the UK economy is at least £2 billion [about US\$3.5 billion]."
– Liam Donaldson, Chief Medical Officer, 2003

More than 4% of National Health Service spending was on stroke services in 2000.

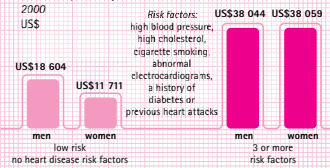
Netherlands

The average total costs of care per patient for six months following a stroke were estimated at €16 000 in 2003.

Stroke was estimated to be responsible for 3% of total health care costs in the Netherlands in 1994, and 7% of costs for the population aged 75 and over. Stroke ranked second on the list of most costly diseases for the elderly, after dementia, and these costs are expected to increase by 40% by 2015.

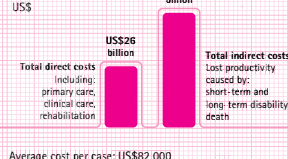
The cost of risk factors

Cumulative Medicare costs of treatment of cardiovascular disease in people aged 65 years to death, in the USA 2000



Lifetime costs of coronary heart disease

Germany 1996

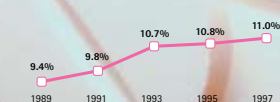


Expenditure on cardiovascular medications

Percentage of total annual drug expenditure

1989–1997

OECD countries



Aspirin remains the least expensive drug for secondary prevention.

The staggering burden of CVD in the United States, including health care expenditures and lost productivity from deaths and disability, was projected to be more than USD 475 Billion in 2009, according to the American Heart Association and the National Heart, Lung and Blood Institute. (A H A graphically presented a breakdown of Economic Cost of Cardiovascular Disease in "Heart Disease and Stroke Statistics – 2009 Update" on Page 14). By comparison, in 2008, the estimated cost of all cancers and benign tumours was USD 228 billion.

The economic load of CVD is no longer of concern only to the affluent, industrialized world. With the exception of sub-Saharan Africa, CVD is the leading cause of death in the developing world. The economic impact is felt both as a cost to health systems as well as loss of income and production of those affected either directly by the disease and caregivers to those with CVD, who stop working. This is exacerbated in the developing world where CVD affects a high proportion of working-age adults. In China, direct costs are estimated at over USD 40 Billion of 4% of gross national income. In South Africa, 25% of the country's health care spending is devoted to CVD. Already, researchers have estimated that between the developing economies of Brazil, India, China, South Africa and Mexico, 21 million years of future productive life are lost each year to CVD.

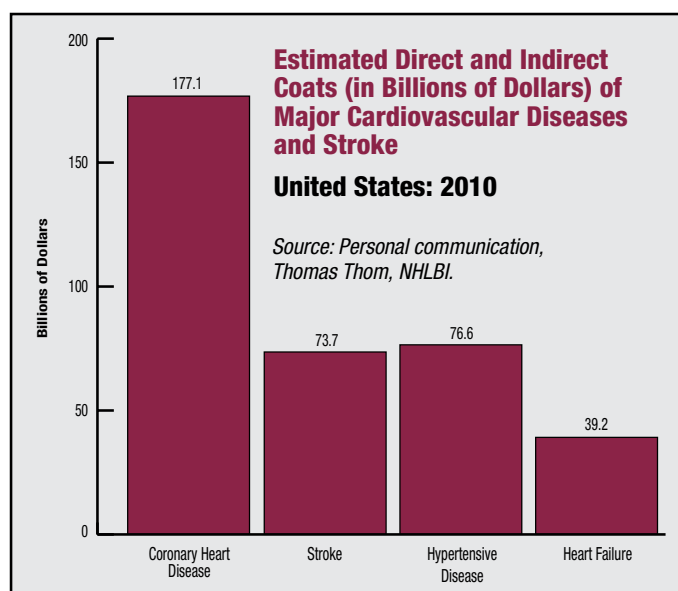
New studies suggest that obesity recently beat out smoking as the "greatest modifiable risk factor" affecting how long and how well we live. Smoking has long been known as the number one cause of cardiovascular disease, lung cancer, emphysema and variety of other health challenges. It's estimated that two-thirds of Americans are overweight, 50 percent of which are actually obese. Obesity is defined by the Mayo Clinic as having "an excessive amount of body fat that is more than just a cosmetic concern." According to the Center for Disease Control (CDC), obesity increases the risk of heart disease, diabetes, cancer, hypertension (high blood pressure), stroke, sleep apnea and osteoarthritis. What's startling is that obesity is gradually becoming a more prevalent risk factor than smoking. For years now, we've heard how smoking is the number one cause of a variety of diseases and life-threatening conditions such as lung cancer, emphysema and heart disease; however, recent studies have suggested that obesity is beginning to eclipse the risks of smoking and drinking combined – and at an alarming rate. In 2008, it was estimated that obesity cost the U.S. \$147 billion and 2010 shouldn't see much of a reprieve. In fact, Thomson Reuters estimates that obese people will spend an average of 40 percent more on health costs – or \$1,429 more per year than people within a "normal weight range", in the coming years.

The most pervasive costs of CVD are related to the incidence of heart failure which increases with age. In 2000, approximately 12.7 percent of the American population was 65 years of age or older. It is estimated that in 2020, 16.5 percent will be in this age group. According to the CDC, among the U.S. residents who have heart failure, 70 percent are 60 years of age or older which indicates a significant increase in the prevalence of heart failure is expected in coming years. Ironically, another factor that has resulted in an increase in the number of people living with heart failure is success in the treatment of heart

Economic Cost of Cardiovascular Disease

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- The total direct and indirect cost of cardiovascular diseases and stroke in the United States for 2010 is estimated at \$503.2 billion. This figure includes health expenditures (direct costs, which include the cost of physicians and other professionals, hospital and nursing home services, medications, home health care and other medical durables) and lost productivity resulting from morbidity and mortality (indirect costs). By comparison, in 2008 the estimated cost of all cancer and benign neoplasms was \$228 billion (\$93 billion in direct costs, \$19 billion in morbidity indirect costs and \$116 billion in mortality indirect costs). (*National Heart, Lung, and Blood Institute. Personal communication.*)



Estimated Direct and Indirect Costs (in Billions of Dollars) of CVD and Stroke: United States: 2010

	Heart Diseases*	Coronary Heart Disease	Stroke	Hypertensive Disease	Heart Failure	Total Cardiovascular Disease†
Direct costs						
Hospital	\$110.2	\$56.6	\$21.0	\$8.5	\$20.9	\$155.7
Nursing home	\$24.7	\$13.0	\$17.1	\$5.1	\$4.7	\$50.8
Physicians/other professionals	\$24.7	\$13.9	\$3.8	\$13.9	\$2.5	\$48.1
Drugs/other						
Medical durables	\$21.5	\$10.0	\$1.3	\$24.7	\$3.2	\$50.7
Home health care	\$8.3	\$2.5	\$5.0	\$2.7	\$3.8	\$18.8
Total expenditures‡	\$189.4	\$96.0	\$48.2	\$54.9	\$35.1	\$324.1
Indirect costs						
Lost productivity/morbidity	\$25.6	\$11.3	\$7.5	\$9.0	...	\$41.7
Lost productivity/mortality‡	\$101.4	\$69.8	\$18.0	\$12.7	\$4.1	\$137.4
Grand total‡	\$316.4	\$177.1	\$73.7	\$76.6	\$39.2	\$503.2

Ellipses (...) indicate data not available.

* This category includes CHD, HF, part of hypertensive disease, cardiac dysrhythmias, rheumatic heart disease, cardiomyopathy, pulmonary heart disease, and other or ill-defined "heart" diseases.

† Totals do not add up because of rounding and overlap.

‡ Lost future earnings of persons who will die in 2010, discounted at 3%.

All estimates prepared by Thomas Thom, NHLBI.

Sources:

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- Data Warehouse, Mortality Statistics Branch, National Center for Health Statistics. *Worktable 291F: deaths from 113 selected causes, alcohol-induced causes, drug-induced causes, and injury by firearms, by 5-year age groups, race, and sex: United States, 1999–2005.* Hyattsville, Md: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2008. Available at: http://www.cdc.gov/nchs/data/statab/mortfinal2005_worktable_291F.pdf. Accessed June 9, 2009.

attacks. According to the CDC more than 20 percent of men will develop heart failure within six years of having a heart attack. An even higher percentage (more than 40 percent) of women will suffer from heart failure within that period of time after having a heart attack. Together, the aging of the population and an improved medical outlook for heart attack victims account for the approximate threefold increase in the yearly incidence of heart failure that has been observed over the past 10 years.

These factors will also increase the economic impact of heart failure. This is true even though survival of patients with heart failure has improved due to treatment with heart medications.

The major factor that determines the cost of treating heart failure is the high incidence of hospitalization. A large percentage of health care costs associated with heart failure are because of the need to hospitalize patients. Patients with heart failure are at high risk for hospitalization. Results of a National Hospital Discharge Survey show that the number of hospitalizations for heart failure has increased substantially, from more than 400,000 in 1979 to more than 1.1 million in 2004, accounting for almost 2 percent of all hospital admissions in the United States. According to the Centers for Disease Control, among people on Medicare, heart failure is the most common reason for hospitalization. Re-hospitalization rates during the six months following discharge are as high as 50 percent. The three main causes of hospitalization in patients with heart failure are fluid overload (55 percent), angina (chest pain) or heart attack (25 percent) and irregular heart rhythms (15 percent). Effective treatment for fluid overload is increasingly needed, not only to improve the prognosis of patients with heart failure but to improve their quality of life. Repeated hospitalizations bode poorly for a patient's prognosis and quality of life and also cause increased health care costs.

In 2009, Dr. Eldon Smith's presentation of Canada's first comprehensive Heart Health Strategy and Action Plan stated "Cardiovascular disease (heart disease and stroke) is Canada's #1 killer and public health threat, costing the economy more than \$22 billion annually." This represents over \$600 for each man, woman and child without attempting to quantify lost years, lost quality of life and lost love.

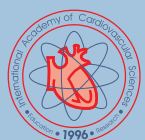
Human Cost

Heart failure extracts a cost from patients and their families in terms of the added difficulty patients have in performing normal daily activities. This human cost was examined in depth in a recent study by scientists from the University of Michigan Health System and the Veterans Administration Ann Arbor Healthcare System, based on survey responses from 10,626 heart failure patients 65 years of age and older.

The study revealed that, compared to people without the condition, people with heart failure were:

- Much more likely to be disabled
- Much more likely to have difficulties with normal daily activities, even things like walking across the room
- More likely to be in nursing homes
- More likely to have been in a nursing home within the previous two years
- More likely to receive home care
- More likely to have experienced clinical conditions that are more prevalent in older adults (such as hurting oneself because of a fall, urinary incontinence and dementia)

With the assistance of the Myles Robinson Memorial Heart Trust, Ivan Berkowitz has been compiling information from around the world as the Academy's Heart Health Scholar. The above on the economics of CVD is the first paper to be followed by analysis of programs which can prevent the diseases.



4th Congress of the International Academy of Cardiovascular Sciences

4th World Congress to be held in India in Vadodara on February 1-3 and Ahmedabad on February 4-6, 2011

We may have total participation of more than 1,500 delegates to the Conference.

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Guru Nanak Dev University In Amritsar Honours Dr. Naranjan S. Dhalla



Dr. Naranjan S. Dhalla, Distinguished Professor of the University of Manitoba at the St. Boniface Hospital Research Centre in Winnipeg, was awarded an Honorary Degree of Doctor of Science at the 36th Convocation of the Guru Nanak Dev University in Amritsar, Punjab on February 27, 2010. Naranjan Dhalla completed his undergraduate studies at Khalsa College Amritsar, one of the major institutions affiliated with the GND University. Dr. Dhalla is Executive Director of the International Academy of Cardiovascular Sciences and Editor-in-Chief of a major medical journal "Molecular and Cellular Biochemistry". He has been engaged in promoting the scientific basis for the practice of cardiovascular medicine all over the world for the past 35 years. He served as Secretary General and then President of the International Society for Heart Research for more than 20 years. He was invited as Chief Guest by the Guru Nanak Dev University where he delivered the following Convocation Address to more than 1,600 people in attendance:

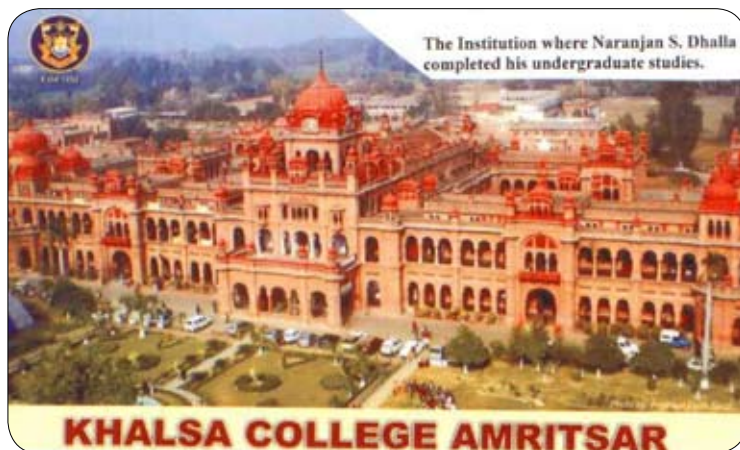
"His Excellency Shivraj Patil, the Governor of Punjab, Vice-Chancellor Prof. Ajaib Singh Brar, Dr. Surjit Singh Patar, Principal Gurbax Singh Shergill, Sardar Gian Singh Chohan, Distinguished Faculty, Graduating Students, Ladies and Gentlemen: It is my singular honour and distinct privilege to have this opportunity to participate in the 36th Convocation of the Guru Nanak Dev University in Amritsar. In fact, I cannot find the appropriate words to express my gratitude for your generosity. This institution with two other campuses in Gurdaspur and Jalandhar as well as 240 affiliated

colleges covers a vast territory in Punjab – a great province which is truly blessed and most respected for its brave, hardworking and compassionate people. From the reports of various governing bodies for evaluating the performance of universities, it is evident that Guru Nanak Dev University has been ranked among the top academic institutions. I am also confident that this University, under the dynamic and capable leadership of Prof. Ajaib Singh Brar, will make further progress and achieve its full potential. His commitment and dedication to promote academic excellence in Punjab are attested by the fact that he left the position of Vice Chancellor of a well established and a highly ranked University in Lucknow to serve the Guru Nanak Dev University. He certainly is a role model for inspiration and I can see great things and events happening at this institution. As you know, this University was established in 1969 to commemorate the 500th Birth Anniversary of Sri Guru Nanak Dev and his name poses a heavy burden of responsibility on the shoulders of those who choose to serve it.

While most of the universities are preoccupied in conventional education and research activities, rapid changes in the economy, health, environment, science and technology are occurring all over the world. Our society is also faced with an increasing number of problems associated with law and order, social injustice, human dignity, climate change and global poverty. These are some of the major issues which pose a special challenge to academic institutions for preparing the new generation to deal with them effectively. Particularly, some novel and innovative approaches and strategies have to be developed for improving human health and welfare in addition to eliminating poverty and stimulating the economy. Although the Province of Punjab has done exceedingly well in the agricultural sector, the storage of food and other products remains to be modernized for realizing its full impact in this country.

It has also been suggested that academic institutions should get engaged in promoting human rights, universal brotherhood, gender equality, ethical conduct and spirituality. These are not easy tasks to accomplish as a new breed of faculty needs to be recruited and additional facilities need to be created. For this purpose, it would be helpful for the academic institutions to establish local, provincial, national and international collaborations for the optimal use of their resources. I can tell you with certainty that there is so much talent and expertise available in this world and all one has to do is have courage and ask for the help. The results could be amazing.

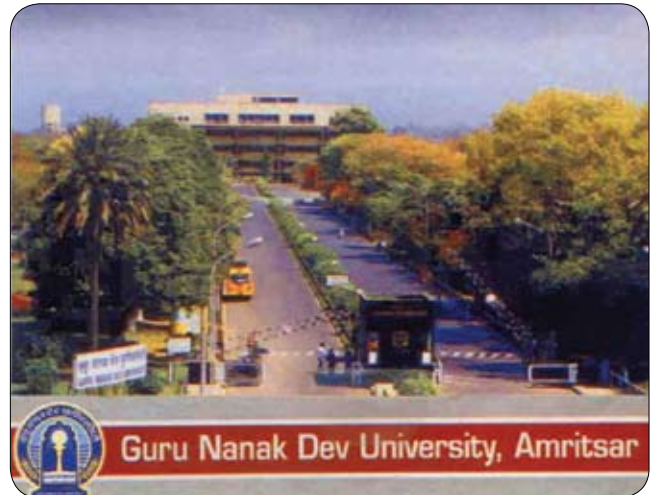
There is no question in my mind when I say that it is the responsibility of universities to sensitize the general public with respect to the urgent need to enhance the existing programs and develop new initiatives to improve the quality of life. Thus it would be necessary to establish partnerships with the private sector to build adequate resources and create highly trained manpower for educational and research activities. Furthermore, in view of the impressive economic growth which India has shown over the past two decades, political organizations should be persuaded to share a significant proportion of new resources with the universities in this country so that these institutions of higher learning can engage themselves in finding solutions to complex problems facing our society. If I dare to say that the time is right now for the Guru Nanak Dev University to establish a Research Park in partnership with



private sector to provide stimulus for generating new wealth. Accordingly, I submit that there is a real challenge to the administration, faculty, and students of Guru Nanak Dev University to formulate a collective strategy to acquire new resources and find the ways and means to build infrastructure both in terms of training young investigators and developing specialized facilities. Such a comprehensive formulation based on innovation and creativity can be seen to have enormous impact on the local, provincial and national economy and will go a long way to affect the welfare of people.

As you are aware, Amritsar was founded as a seat of knowledge for deriving spiritual inspiration and promoting truthful living. In spite of several changes which have occurred over the past, this great city has stood the test of time and has done well in both these areas relating to human qualities. In fact, this city has continued to serve as a Beacon of Light to millions of people around the world. My coming to Amritsar to participate in your convocation is essentially a home coming. Although I was raised in a village, namely Ghanieke Banger near Batala, I had the pleasure of staying in Amritsar for four years while I was a student of Khalsa College – an extraordinary institution known for its magnificent and majestic building as well as for producing great leaders in literature, arts, national defence and athletics. This city was also set up as a business and trading centre and it functioned as such with great strength and popularity in this country. In particular, it was a centre for horse trading and dry fruits and then become popular for textile and jewelry. However, over the past 50 years, other cities in this country have done exceedingly well and thus its position as a business centre has slipped downwards. Thus I see a great challenge for the Guru Nanak Dev University to provide appropriate stimulus to citizens to restore rightful status to Amritsar.

It is a matter of pride for Amritsar that a great man in the name of Dr. Manmohan Singh, who not only became Prime Minister of India but is also known for developing the economic health and strength of this country, spent his younger years and received early education in this city. Furthermore, this city housed the Government Medical College from where several individuals including Drs. Santokh Singh Anand, Tulsī Dass, Pran Nath Chuttani, and Bal Krishan Anand went to other places to provide outstanding leadership in building medical education system at the national level. The achievements of Drs. Daljit Singh and Baldev Singh in the field of healthcare are indeed commendable. Accordingly, it would be rewarding for this University to encourage its applied health science faculty to establish active research collaboration with the faculty at the Amritsar Medical College. In addition, this region has produced numerous personalities such as Waris Shah, Bhai Vir Singh, Bhai Jodh Singh, Prof. Mohan Singh, Shiv Kumar Batalvi, Sobha Singh and Dev Anand, who have distinguished themselves as great scholars, poets and artists in this country. Baba Deep Singh and Sardar Sham Singh Attariwala are most illustrious examples of extraordinary brave people in Punjab whereas Bhagat Puran Singh Pingalwara represents a prime example for the service to human suffering. Thus in view of the greatness of several people in the past, one can easily grasp that there is something special in the air, water and food of this land and that graduating students of Guru Nanak Dev University are bound to promote the name and fame of this institution in the future.



Today this Convocation marks a special day in the lives of all graduating students as each of you will be given a degree or diploma by the Guru Nanak Dev University indicating that you are fully qualified and competent to contribute to society. However, this signed and stamped certificate comes with a barrel of responsibilities for you to become great citizens. The world we live in is truly fascinating and presents each of you with ample opportunities for career development and profound experience to live in excellence. Thus define your aims and objectives clearly and what you wish to accomplish in your life. As Oscar Wilde said “The aim of life is self-development to realize one’s nature perfectly – that is what each of us is here for.” I know all of you have been working hard, learning and building your backgrounds as well as enjoying your life under the protection of your family and shadow of your teachers. However, from today onwards, you will be making your own decisions in choosing your own paths. I can assure you that nothing comes free in life and that you will be facing numerous challenges to overcome the hurdles for achieving your goals. As one great philosopher indicated “You are the only one that can make something happen; depend on yourself, trust yourself, and drive yourself forward – only you can”. All you have to do is remember what Rudyard Kipling said “Yours is the Earth and everything that’s in it”. However, he qualified his thoughts and indicated:

“If you can dream – and not make dreams your master;
If you can think – and not make thoughts your aim;
If you can meet with triumph and disaster
And treat those two imposters just the same;
If you can bear to hear the truth you’ve spoken
Twisted by knaves to make a trap for fools,
Or watch the things you gave your life to broken,
And stoop and build ‘em up with wornout tools”

All I can say is make your best efforts, devote full energies and focus on what you really want to achieve. On my part, I wish you well in your life and pray for your success. Remember, from now on the great name of Guru Nanak Dev University is written all over you and that you ought to live up to this name.”

Celebration of Attila Ziegelhoffer's 75th Birthday

by Tana Ravingerova, Bratislava, Slovak Republic

A Conference "The Heart in Health and Disease" was dedicated to 75th Birthday of Attila Ziegelhoffer, DSc., F.I.A.S.C., F.E.S.C. organized by the Institute of Heart Research on November 12, 2009 in Bratislava.



Professor Jaromir Pastorek DSc the President of the Slovak Academy of Science (left) holding the latin written laudation. Professor Albert Breier, the Vice-President of the SAS with the Golden Medal of the SAS (highest non-political distinction that can be bestowed by the Academy of Sci. People call it the Academic Nobel Prize without any money.) presented to Attila Ziegelhoffer (right)

The Conference scheduled 23 scientific contributions. Among the speakers there were Professors Jaromir Pastorek, DSc., the President of the Slovak Academy of Sciences and Albert Breier, DSc., the Vice-president of the SAS who honored the jubilee with the highest award of SAS., the Golden Medal of the Slovak Academy of Sciences for his merits in the development of science. He also obtained the the Medal of Faculty of Natural Sciences of the Comenius University for long-lasting excellent mentorship and scientific cooperation. This award was presented by the Vice-dean Professor Miroslav Khun. Professor Ziegelhoffer was also greeted by many prominent scientists including Professors Bohuslav Oštádal and František Kolář, from the Institute of Physiology of the Academy of Sciences of the Czech Republic.

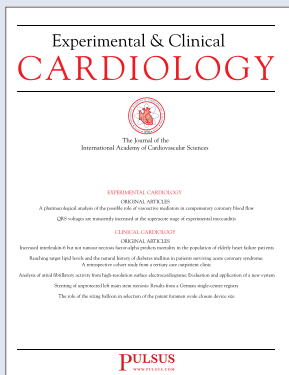
Professor Attila Ziegelhoffer was born on 12th of November 1934 in Budapest, Hungary, graduated from the State Gymnasium in Ružomberok, Slovakia in 1953 and obtained his master's degree in chemical engineering with specialization in biochemistry of pharmaca from the Slovak Technical University in Bratislava in 1958. In 1967 he obtained the PhD degree in biology and in 1992 the DSc degree in biochemistry, both from the Slovak Academy of Sciences in Bratislava. In 1959 he started to study cardiac metabolism at the Institute of Experimental Surgery, later the Institute for Heart Research of the Slovak Academy of Sciences. Since 1969 he has been acting as the Head of the Biochemical Department and since 1989 as the Vice-director of this Institute. He has spent a lot of time working in many well-known laboratories like the Institute of Cardiovascular Sciences in Winnipeg (Professor Dhalla) or the former Institute for Heart Research in Berlin (Professor Wollenberger).

Professor Ziegelhoffer was decorated with numerous awards from the Slovak Academy of Sciences, the Slovak Physiological Society, the Slovak Medical Society, the Slovak Histochemical and Slovak Chemical Societies, as well as from the International Society for Heart Research for his scientific activities. He was awarded with honorary memberships from the Slovak Cardiological and Biochemical Societies. Professor Ziegelhoffer was a founding member of the European Section of ISHR. In 2004 he was elected a Fellow of the IACS and in 2008 a Fellow of the European Society of Cardiology.

As a recognized expert in the field of metabolic regulations, the role of ATP-ases and, in particular, in mitochondrial and oxyradicals research, Professor Ziegelhoffer supervised 23 PhD students. Some representatives of his scientific school achieved remarkable results and reached leading positions in the scientific community including the current Vice-president of the Slovak Academy of Sciences Professor Albert Breier.



It is well known that Attila collects original paintings. His colleagues and friends (part of them on the picture) surprised him with two original pictures from famous Slovak artists



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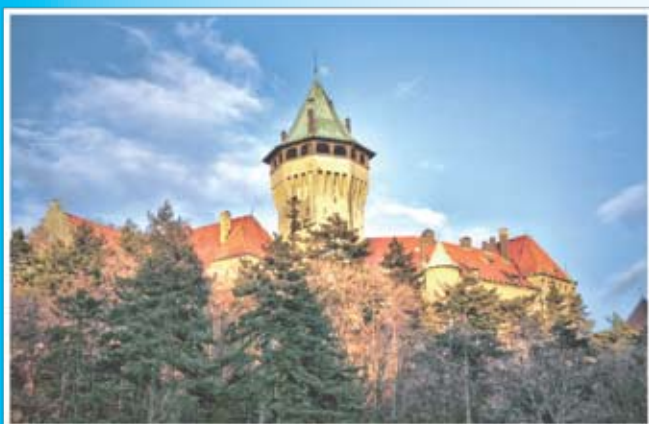
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ADVANCES IN CARDIOVASCULAR RESEARCH

*Red Alert to Women's Heart
From genes and molecules to
clinical applications*

*International symposium
dedicated to 70. anniversary of
Prof. Jan Slezak*

JUNE 6 - 9, 2010



It is my great pleasure to invite you to attend the international symposium "Advances in Cardiovascular Research", which will be held in Smolenice castle, the Congress center of Slovak Academy of Sciences

The Symposium will be an opportunity to bring together renowned scientists; clinicians, physiologists, morphologists, molecular cardiologists, geneticists and friends working in the field of cardiovascular protection and adaptation, the field, which has become so important, challenging and rewarding.

We promise to create an exciting, enjoyable and friendly atmosphere, which will be multiplied by your participation.

The Symposium will provide an excellent opportunity for an exchange of experience and will contribute to our understanding of the metabolic pathways and processes leading to the heart hypertrophy and failure, as well as to its adaptation to hypoxia, ischemia, overload and related pathophysiological situations.

Despite the heavy scientific schedule, there will be enough opportunities to enjoy the beautiful nature of small Carpathian mountains

We look forward to meeting you in Smolenice Castle-Bratislava!

**Jan Slezak
Jan Styk**

SCIENTIFIC PROGRAMME

State-of-art lectures of invited speakers, free oral communications selected from the abstracts and the poster session.

MAIN TOPICS

- Pathophysiology of cardiovascular diseases, gender differences
- hypertension, remodeling, hypertrophy, coronary artery disease, heart failure, arrhythmias, sudden death, diabetic heart
- Myocardial adaptation, mechanisms of cell survival and death
- Genetic aspects of CVD
- Drug therapy and new approaches to management of CVD

REGISTRATION

Until December 31st 2009. Please, use e-mail communication only.

CALL FOR ABSTRACTS

The deadline for abstracts submission is February 28th 2010. Abstracts will be published in the Book of Abstracts. Selected full-text contributions will be published in a book form.

SYMPOSIUM SECRETARIAT: Institute for Heart Research, Slovak Academy of Sciences

Dúbravská cesta 9, P.O.B. 104, 840 05 Bratislava 45; Tel: 00421 2 54774405, Fax: 00421 2 54776637

E-mail: slezak@up.upsav.sk, usrdravi@savba.sk

Symposium is organized by:

Slovak Academy of Sciences, Institute for Heart Research SAS, Slovak Society of Cardiology, Slovak Physiological Society, Institute of Cardiovascular Sciences, Slovak League Heart to Heart

Under the auspices of the International Academy of Cardiovascular Sciences

GENERAL SPONSOR:  **SPONSORS:**  SCINTILA, ADInstruments, BAYER, KRKA, ABBOT

Local Organizing Committee: J. Slezak (Honorary President), J. Styk (President), T. Ravingerova (Scientific Secretary), A. Ziegelhoffer, N. Tribulova, D. Jezova, A. Breier, E. Goncalvesova J. Murin, G. Kamensky

International Advisory Board: N.S. Dhalla, L. Kirshenbaum, G. Pierce, D. McNamara, P.K. Singal, I. Berkowitz

Memorandum of Understanding between ISCTR and IACS



Sir Magdi Yacoub, President IACS and Nabil Dib, President of ISCTR at the ISCTR meeting in San Diego, February, 2009

The International Society of Cardiovascular Translational Research has named Dr. Naranjan S. Dhalla to the ISCTR Advisory Board to join Sir Magdi Yacoub and Dr. Robert Roberts

A Memorandum of Understanding has been developed by Jennifer L. Hall, Ph.D. Vice President, ISCTR and Ivan Berkowitz, MBA, Director of Development, IACS to define and clarify the relationship between the IACS and the International Society of Cardiovascular Translational Research ISCTR. The two groups share a vision and a commitment to research and education. In brief, they seek to work in cooperation to further the Mission outlined below and to work toward the objective of setting up a shared management for raising funds, delivery of services and building the long-term viability of fulfilling this mission. The leadership of the organizations agree to work together the next twelve months with a focus on implementing the following objectives that will serve to accomplish the broader goals listed above:

1. Research

The goal is to establish research committees from both organizations to collaborate on research to help support the Mission. A goal will be for these committee members to work

together to publish guidelines to move the field forward scientifically. The IACS and the ISCTR will work together in forming research committees each year to prioritize and review areas of focus - the committees will be formed in the fall, meet at the annual Summit Meeting in February, and have conference calls throughout the year to follow up.

2. Education

An educational committee will be formed to review and prioritize educational goals for the affiliated organizations. The main focus of this committee will be meetings, internet networking, the journal (JCTR) and training fellowships. This committee will include members from both organizations.

The goal is to support educational advancement of individuals and institutions that are committed to supporting the Mission. Both organizations will promote educational events and share information amongst members. Members of the IACS will be affiliated members of ISCTR and members of ISCTR will be affiliated members of the IACS. IACS has agreed to recognize the Journal of Cardiovascular Translational Research as an Official Journal of IACS. Links will be established between web sites of both organizations.

Plans were further discussed during the Annual Meetings of ACC in Atlanta in March 2010.









ISMC 2010

VI. INTERNATIONAL SYMPOSIUM ON MYOCARDIAL CYTOPROTECTION

From Basic Science to Clinical Perspectives



Pécs, Hungary, October 7-9, 2010

Congress President:
Elizabeth Röth, MD, PhD, DSc
 Contact:
János Lantos, PhD
janos.lantos@aok.pte.hu

Website: <http://soki.aok.pte.hu/ismc2010>
<http://www.tensi-congress.hu/ismc2010>

Editor's Note: In my experience, I have met some outstanding people. I am sure that others will not be offended at my suggestion that the most incredible person whom I had the joy to come to know was Dr. Michael DeBakey. In communicating with him, I was fortunate that I discovered his sister Lois. I must say that she is THE BEST communicator on all subjects. Whether it was his arrangements to join us, her excellent assistance on the Editorial Board of CV Network, advice on the health of my relatives and friends or recent correction that our granddaughter is not just cute but is adorable, it has been thrilling for me to be honoured by her instantaneous and thoughtful replies. And recently I discovered that their sister Selma is also exceptional.

In 2009, Baylor University established the Michael DeBakey, Selma DeBakey and Lois DeBakey Endowed Scholarship in Medical Humanities. "Since the launching of The Michael DeBakey Cardiovascular Journal", stated its Editor William L. Williams M.D., "Selma and Lois have been instrumental in formulating policy, content and strategy in pursuit of excellence. The reward is the recent approval by MEDLINE and EBSCO to index the Journal. To celebrate their contribution to the aspiration of physicians and scientists at the Methodist Hospital, the Selma and Lois DeBakey Lectureship in Biomedical Communication was established. We will be forever indebted to Selma and Lois for their continuing and often behind-the-scenes contributions to the Methodist Hospital goals in pursuit of excellence". The first Lecture was delivered in January by Anthony N. DeMaria, renowned cardiologist from the University of California San Diego School of Medicine and editor-in-chief of the Journal of the American College of Cardiology.

We feel it is most appropriate to share Ms Wendler's article.

DeBakey Sisters Teach Logic and Language of Medicine

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For more than 40 years, Selma left and Lois DeBakey, right, have been helping doctors refine their written and verbal communications

If your doctor tells you you're suffering from cholelithiasis, do you know what that means? Probably not. Guess what else you may not know? Your doctor is suffering from an affliction called logorrhea, or "excessive or stilted wordiness." Otherwise, he would say you have not cholelithiasis, but gallstones. Selma and Lois DeBakey have spent their lives fighting logorrhea, which causes doctors to use five words when one will suffice. Fortunately, their efforts and those of other medical linguists have resulted in considerable improvement in the past few decades. "Because the medical vocabulary is largely Latinate (derived from Latin)," Lois says, "doctors favor big words, but small ones sometimes get the point across better." Examples? Doctors use "hemorrhaging" when excessive bleeding will do, "myopic" instead of nearsighted and "diaphoresis" instead of profuse sweating. In the stilted world of "medicalese," or the word the DeBakeys coined for it – "medicant" – doctors don't give drugs, they "administer" them. They "demonstrate" instead of show, "endeavor" instead of try, and "utilize" instead of use. "This is windy, heavy language that drags the listener through dense verbal underbrush," Lois says. "It inhibits communication." The DeBakey sisters say gobbledygook has become an epidemic not only in medicine, but in other professions as well. Law-

yers speak "legalese," educators talk "educationese," and journalists' jargon is "journalese." No profession is immune, Lois says. The culprit, she says, is "Engaging the tongue (or pen) before activating the mind."

For decades Selma and Lois, both professors of scientific communication at Baylor College of Medicine, have given seminars and symposiums around the world to help doctors become more articulate, precise, and clear. "We teach the logic and language of medicine," explains Selma. The sisters began curing doctors of terminal gibberish decades ago at the suggestion of their older brother, noted heart surgeon Michael E. DeBakey, M.D. "Early in his career, our brother noticed that his colleagues, who were some of the brightest and most learned people in the country, had problems speaking and writing simple, clear English," recalls Selma. "He suggested that with our education and training, Lois and I could pursue a career helping physicians communicate better." So they did. Selma and Lois began holding two-day seminars at medical conventions around the world. In 1962 at Tulane Medical School, they introduced the first curriculum-approved communication courses ever offered in a medical school. After being recruited to the Texas Medical Center in 1968, they brought their course to Baylor, where their brother had been appointed president. The DeBakey sisters were the first to carve out a niche teaching doctors to think, read, and write critically and to express themselves in lucid language. Today, they're distinguished as the gold standard in medical communications. "To put it simply, Dr. Lois DeBakey

has done more to bring literacy to medical writing than any other person in the country," said Robert Moser, M.D., a former editor of the Journal of the American Medical Association. "If you write well and are an honest person, she rewards you; but if not, she comes down on you like a ton of bricks."

KEEP THEM LAUGHING

When the sisters first set out to cure doctors of "medicant," they realized their prospective students – physicians who had invested a third of their lives in formal education, at considerable personal and financial sacrifice – might be offended by the suggestion they had not learned to speak and write English effectively. "But when you hear phrases like, 'There were four deaths, only one of which lived two months,' you know help is needed," says Lois. To teach doctors how to communicate more clearly, the sisters knew they needed an appealing entrée, as Lois calls it, to draw physicians into the course. So they came up with an unusual approach to get their point across – humor. Sentence by sentence, Selma and Lois dissected published, scientific articles in class, and stripped them of their pretentious diction, arcane jargon, and sloppy construction. "You'd think the last place to find humor is in drab medical publications," Lois says. "But if you plod through the long, unfamiliar words and the bloated, pompous phrases, you'll find some very funny sentences." For example, one doctor stated, "The patient's pelvis was fractured by being thrown from an automobile." Another noted, "The patient was released with a hot, foreign body." Yet another "Asked the patient to go to bed." "The danger is others will misinterpret what you're saying if you don't think before you talk ... or write," Selma says.



(Copyright, Lois DeBakey)

To illustrate the comical flaws and trite medical expressions found in medical journals, the sisters commissioned Houston Post artist Dick Putney to draw a series of cartoons. In one cartoon three doctors perch, like birds on a telephone wire, atop a patient lying in a hospital bed. The caption reads, "We decided to sit on the patient for awhile," meaning the doctors took time deciding what the patient's course of treatment would be. Another cartoon captioned "Keeping the patient under surveillance" shows a patient stretched out on a bed while a Sherlock Holmes lookalike peers in the window. Yet another cartoon depicts doctors wearing safari hats, carrying picks and shovels, while hovering over a patient on an operating table. The caption reads: "The patient was explored." "They'd never seen such a humorous approach," Selma says.

"Classes were supposed to be solemn and dull." Curious doctors hearing laughter echoing through the halls would sneak out of sessions in neighboring rooms to see what all the commotion was about. "They'd stand in the back, and soon they'd be laughing, too," Lois says. Astute-minded physicians quickly saw the practicality of the instruction, and stayed to hear more. Selma and Lois were careful never to identify the doctors who wrote the verbal foibles dissected in class. "We can tell you, however," Lois says, "that many of our examples came from esteemed, peer-reviewed medical publications, like JAMA and the New England Journal of Medicine."

After attending one of the sisters' classes, Donald Lindberg, M.D., director of the National Library of Medicine, said, "All of us were greatly entertained, and also lived in mortal fear we'd fall into that trap – and into their collection." Soon the sisters' reputation spread and their courses became wildly popular. At the annual meetings of the American College of Surgeons, the wait-

ing lists to get into their classes were a year long ... or longer. "Their courses were the most popular by far," said C. Rollins Hanlon, M.D., former president of the organization. He labeled the sisters "the renowned exemplars of clear, forceful writing." Today, doctors consider the DeBakey sisters their allies, not their adversaries. "I feel I have guardian angels looking over my shoulder," wrote William Winters Jr., M.D., Methodist DeBakey Heart Center journal editor, in a thank-you letter to Selma and Lois. "Your suggestions are right on the mark. You are priceless gems to this community."

BEYOND GRAMMAR

Besides teaching doctors to abandon medicant for plain English, Selma and Lois coach their physician pupils to think logically and critically, to organize presentations rationally, and to double-check all facts and references. Franz Inglefinger, M.D., former editor of the New England Journal of Medicine, called the DeBakeys' dedication to ethics "deep and unshakeable." Their nephew, Denis DeBakey, says, "The simple meaning of character is, by your nature, always choosing the ethical over the expedient. That is lost on so many CEOs today, but it describes my aunts Selma and Lois perfectly."

The sisters rail against passive writing, which Lois says "sends me into a state of slumber." Example? Passive: Transplantation of the kidney was accomplished by Dr. Jones. Active: Dr. Jones transplanted the kidney. "See the difference?" Lois asks. "Shorter and more direct. Nothing hinders communication as much as words when they are used excessively and imprecisely." Proper grammar is essential, yet in medicine grammar should be considered after clarity of expression is achieved, the sisters say. "I ain't got no dough' is crystal clear. We know it means 'I don't have any money,'" Selma says. "Its grammar is fractured and less than desirable, but at least we understand the meaning of the phrase." Vague or ambiguous language is a far worse sin than poor grammar, Selma says. "You can always polish the grammar later."

VERBAL MIMICS

Why do so many doctors use ambiguous language, and prefer long, complicated words over short, simple ones? "We are all mimics in language, which is why regions have different accents and dialects," Lois says. "Physicians read many numbingly boring journal articles, then emulate that style. Many busy doctors have little time to read anything other than medical articles." Medicant, like other forms of jargon, is handy when you want to conceal lack of information and bolster pride, Selma adds. "It's an attempt to camouflage a lack of substance," she explains. "If the message is readily understood, it may not seem as important." Lois warns that medicant's

verbal atrocities defeat the purpose of language, which is communication. "When doctors abandon medicant for simple English, everyone benefits, especially patients," she says. "Patients will understand and therefore follow their doctors' instructions; doctors from various specialties will better understand one another; voters will understand medical legislation they're being asked to vote on; and funding agencies can make informed decisions about where to invest their grant dollars."

FAMILY VALUES

Their outlook is rooted in their childhood. The sisters were surrounded by a family that placed a high value on education. Their parents took them on weekly trips to the library, so they always had plenty of books to read. "In fact, we were surrounded by books," Lois says. "Our beloved mother and father were the most unusual people we have ever known. Highly intelligent, civic-minded, industrious, and compassionate, they were happiest when helping others," Lois says. "They taught us early to know the joy of sharing, to give some of our clothes and toys to children who weren't as fortunate. They always gave anonymously – they never wanted or needed a concrete monument attesting to their philanthropy."

Their father was a highly successful and prosperous businessman who owned several pharmacies, built part of the main street in their home town, and held other investments. He had an intuitive knack for making things work. Selma recalls her father watching someone perform an extremely complex task one time, then repeating it perfectly himself. "That's all it took – one time, then he had it," she says. The DeBakey house is where others in the community came for advice. "It was a magical way to grow up. Our parents were most unusual ... almost divine," Selma says. "The dean of Tulane Medical School called our mother a saint, and so did many others."

All the DeBakey children were encouraged to pursue higher education, and to remain in college as long as they liked. Michael, the eldest of six children, and brother Ernest attended Tulane University and became supersurgeons. Selma earned her bachelor's degree with honors from Tulane's Sophie Newcomb College. Lois earned her undergraduate degree in mathematics from Newcomb and her Ph.D. from Tulane in literature and linguistics.

Today, the DeBakey sisters head to work every day, dressed in tasteful business suits, stockings and pumps. Their shared office in the Texas Medical Center is one door away from what were offices of Dr. Michael DeBakey, who said of his sisters, "Deep down, you really depend on your siblings for the kind of support that is very subtle, but, nonetheless is there. You share your thoughts with them, even though you might not be able to share them with others. You don't feel alone." Catherine DeAngelis, M.D., former editor of JAMA, says of the siblings, "Behind every great man, there's a great woman ... but Michael DeBakey had two." In Selma and Lois' conference room, the cartoons that made their courses so popular fill a wall-to-wall, floor-to-ceiling bookcase. Other shelves hold neatly arranged journal articles, textbooks, and speeches the sisters have published, meticulously detailed scrapbooks filled with letters of appreciation from admirers, and program brochures and photos from past courses. As they have throughout their careers, Lois and Selma rise long before dawn and go to bed only after they have completed their priority work for the day. In earlier times, they have been known to work through the night on urgent projects. "We're workaholics. All the DeBakeys are," Selma says. "I can't remember a night that we didn't bring work home." She and Lois jokingly refer to "after 5 p.m." as their "second shift." "We're very fortunate to enjoy our work," Lois says. "There are so many people who dislike what they are doing and feel the need to escape. It's a joy learning, producing, and teaching. We don't have to escape our work because we find it stimulating and rewarding."

Though Selma and Lois spent most of their joint careers in a male-dominated profession, they were never intimidated. "We knew that hard work and standards of excellence would be rewarded," Lois says. "After being recruited by Baylor, we traveled constantly, met thousands of interesting and inspiring people, and enjoyed ourselves immensely," Selma says. "It never felt like work to us." The sisters continue to receive requests from editors and program coordinators eager to hear their views on such subjects as illiteracy, preparing effective papers for publication, ethics, or one of their pet peeves – Hollywood celebrities and professional athletes (which they deem an outrageous oxymoron) testifying before Congress on subjects they know little about and endorsing health and other products. "What credibility do they have to persuade anyone to buy anything they endorse when pretense and children's games are at the core of what they do for a living?" Lois asks. "And why does an actor playing the part of a physician make millions a year while a real physician is considered greedy if he makes \$200,000 annually?" "Maybe those who idolize the actor pretending to be a physician should call him when they have a medical emergency."

The sisters throughout the years have published articles defending physicians who feel they have been unfairly labeled by the press as greedy and noncaring. "Society's priorities are askew in my opinion," Lois says. Today, Selma and Lois, diminutive in stature, are giants in the field of medical communication. But they don't think that way. "Our parents taught us not to compete with others, but to compete with ourselves," Selma says. "To do better tomorrow than we did today."

Doctor, Are You Speaking in Tongues:

is a DVD featuring tips, delivered with humour, that helps doctors steer clear of medicant. Narrated by Lois DeBakey, Ph.D., the DVD is available for viewing by physicians, medical students and anyone else desiring to improve the clarity of their communication.

To request a copy, email: rwendler@texasmedicalcenter.org

2nd World Heart Failure Society Congress in Chandigarh, India



Dr K K Talwar and Mrs Laxmi Kanta Chawla honoured Dr N S Dhalla

WHFC 2010, The 2nd World Heart Failure Society Congress, organized by Prof. K.K. Talwar, was held at the Post Graduate Institute of Medical Education and Research, Chandigarh, India, from February 5th to 7th, 2010. Nearly 500 delegates from the India as well as from several countries worldwide participated in this meeting. The guest faculty included eminent speakers, Prof. Willem J. Remme, Prof. J. Sanderson, Prof. I.S. Anand, Prof. E. Kazaam and Prof. N.S. Dhalla. The scientific programme covered all relevant aspects of heart failure epidemiology, diagnosis and management with particular focus on pivotal issues in developing countries, such as rheumatic valvular heart disease justifying the aims and scope of the WHFS.

The conference was inaugurated by Honorable Health Minister of Punjab, Mrs Laxmi Kanta Chawla by lighting of the traditional lamp and felicitation of the guest faculty from other countries. The President of the WHFS, Professor Willem Remme, concluded at the end of the congress, that

World Heart Failure Congress 2010 had definitely achieved one of the primary goals of the Society, i.e. promote global understanding of heart failure management and prevention through high-level educational programmes. Further, he stressed that an organized approach to unravel the etiology, prevention and management of heart failure is needed to better understand this global time bomb. He apprised of the initiatives such as global awareness and perception of heart failure survey among physicians being taken by WHFS.

The scientific meeting was followed by enjoyable social events and Indian hospitality. Prof. Remme thanked Prof. Talwar and his organizing team for all their efforts resulting in an excellent congress, both educationally and socially.



IV

POSTDOCTORAL JOINT SYMPOSIUM ON CARDIOVASCULAR DISEASES





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KLINIČKI BOLNIČKI CENTAR
ZAGREB

School of Medicine, University of ZAGREB - CROATIA May 25, 2010

Sponsored By:

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Department of Cardiac Surgery - Prof. Dr. Bo jan Biocina
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Registration € 250,00

Call for abstracts
Dead line February 28, 2010.

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Department of Cardiovascular Diseases
School of Medicine, University of Zagreb
University Hospital Centre Zagreb

NPG
FCIFA

Global Conference on Heart Diseases in New Delhi, India

by S. K. Gupta, New Delhi, India

The 4th International Symposium on **"Recent Advances in Cardiovascular Sciences"** was organized at Delhi Pharmaceutical Science & Research University (DPSARU) under the aegis the Joint Annual Meeting of ISHR and IACS (India Sections), Govt. of NCT Delhi and IPS (Delhi Branch) on February 3rd – 4th February 2010. The symposium was attended by noted scientists from India, USA, UK, Canada, Romania, Czech Republic, Slovak Republic, Hungary and many other parts of the world. More than 400 scientists/professionals from academia, industry and regulatory bodies from all over the country as well as from abroad, participated in this meet-

ing and discussed in great detail the drug discover and development program with focus on heart diseases. Conference was inaugurated by Mr. V.K. Jain, Additional Secretary, Directorate of Training and Technical Education, Govt. of Delhi.

The symposium witnessed deliberations on topics of current research and interest including current scenario of coronary artery disease in India, genetic reprogramming during myocardial ischemia and angiogenesis, lifestyle and dietary modifications in heart disease. Dr. Grant Pierce, Executive Director of Research, St. Boniface General Hospital Research Centre, Winnipeg, Canada gave 1st Manjeet Singh Oration on "Bench to Bedside to Better Living: Our journey to study the cardiovascular effects of flaxseed". Dr. K. K. Talwar, Director, Postgraduate Institute of Medical Education Chandigarh, India gave "P.L. Wahi Oration".

Prof. L. M. Popescu, President, Medical Section Romanian Academy of Sciences, Romania delivered a lecture on the topic "LOCYTES (ICLCs or Popescu Cell): Review of Global Clinical Trails A new look at myocardial fine structure pathology and renewing/repair".

Dr. N.S. Dhalla, Distinguished Professor & Director of Cardiovascular Developments, St. Boniface General Hospital Research Centre Winnipeg, Canada delivered a lecture on the topic "Role of Oxidation Products of Catecholamines in the Genesis of Ventricular Arrhythmias and Sudden Cardiac Death".

Dr. N. K. Ganguly, Adviser, & Distinguished Biotechnology Fellow Translational Health Science and Technology Institute, DBT Govt. of India presented a talk about "Cardiovascular Risk in Indian Population".

Dr. Paramjit S. Tappia, Clinical Research Scientist I.H. Asper Clinical Research Institute, Winnipeg, Canada made a presentation on the topic "Phospholipase C As A Potential Target For Cardioprotection During Oxidative Stress".

Dr. Tanya Ravingerova, Institute for Heart Research Slovak Academy of Sciences, Bratislava, presented on "Adaptive Mechanisms in the Diabetic Myocardium: Relevance to Endogenous Cardioprotection in the Healthy Heart".

Dr. Frantisek Kolar, Department of Developmental Cardiology, Institute of Physiology, Academy of Sciences of the Czech Republic, Prague delivered a lecture on the topic "Role of mitochondrial k⁺ channels in the cardioprotective mechanism of chronic hypoxia". Apart from these, many more international and national scientists including: Dr. S.K Gupta, Dr. Bram Ramjiawan, Dr. C. C. Kartha, Dr. V. K. Vijayan, Dr. S.S. Agrawal, Dr. Sudhir S. Kushwaha, Dr. Ágnes Végh, Dr. Sushil K Jain, Dr. V. K. Misra, Dr. S. K. Maulik, Dr. S. Diwved, Dr. Mohammad Fahim, Dr. Aniket Puri, Dr. P. K. Debnath, Dr. A. Ray, Dr. Shailendra K. Vajpeyee and Dr. Jan Nacker who participated in the conference and delivered lectures.

Professor Naranjan Dhalla, Professor S. K. Gupta and Professor S. S. Agrawal were awarded (Hon.) Fellowships of the Romanian Medical Sciences.

In the Poster Session, 50 posters including on the spot entry were displayed. The posters were evaluated by the panel of eminent judges. Young Investigator "Naranjan Dhalla Award" was given to Ms Mani Chopra from Amity University. The students presented an excellent cultural program on 3rd February which was highly appreciated by the delegates.



Dr. Grant Pierce Receiving "Manjeet Singh Oration Award"



insert picture of Ms. Mani Chopra Receiving "Naranjan Dhalla Award"

ADVANCES IN HEART HEALTH

Editor's Note: It As I was leaving the recent ACC in Atlanta, Academy Fellow Dr. Shahryar Ahmad Sheikh introduced me to Dr. Michael Lim who was demonstrating an amazing device, a mobile phone platform – the EPI Life.



EPI Life is an innovative medical lifestyle product that has in built ECG and health parameters input capabilities. At the same time, it functions as a touch screen multimedia phone.

Built with the latest sensory and medical miniaturization technology, EPI life is a Doctor in your Pocket. With a few simple steps, it can record a 30 seconds real time heart rhythm or ECG pattern and sends the ECG data to a 24 hour medical concierge service center via wireless internet.

From our call center, highly trained medical personnel stand by to receive, interpret and manage your data by replying you via Short Messaging Service (SMS) or provide emergency assistance over the phone. EPI Life is a whole new mobile sensory experience. It is designed for the most basic of needs yet gives you the most valuable of choices - The choice of saving a life.

An early ECG reading can serve as timely intervention for follow up medical treatment. Through our 24 hour Medical concierge service, you are immediately linked to the nearest medical support or let EPI life connect you to our Global Physician Network when travelling. It can even let you speak to a panel of cardiologists if necessary.

When not saving a life, EPI life serves as a gateway for lifestyle health monitoring. Simply input your Blood pressure, Glucose and cholesterol data anytime into the phone, send via internet to our proprietary virtual health depository system for visual plotting, and within minutes, your vital health parameters can be captured and archived. On top of being medically useful, EPI Life is essentially a fully functional Touch Screen multimedia Phone. Enjoy making and receiving calls, sending messages, viewing videos or even take your favorite photos from our in-built camera function.

Regardless if you are young or old, indoors or outdoors, working out or travelling far, EPI Life is an indispensable lifestyle medical device in the palm of your hands.

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PEOPLE AND PLACES

Academy Fellow S. K. Gupta Honoured



Dr. S. K. Gupta, the pioneer in establishing and promoting the clinical research in India was presented by Dr. N.K. Ganguly (L) with the Lifetime Achievement Award of the IACS. Dr. Gupta is currently Dean, and Director General Institute of Clinical Research (India), which is one of the premier and pioneering Institutes in the country. He was formerly Head of the Department of Pharmacology at All India Institute of Medical Sciences, New Delhi and is the founder of National Pharmacovigilance Center at AIIMS where he worked for 35 years as member of faculty. Professor Gupta has been working on ayurvedic drugs for 30 years especially in the area of ophthalmology and cardiovascular diseases. He is responsible for giving new dimensions to cardiovascular sciences using herbal drugs that showed tremendous potential and efficacy in cardio protection.

His work has been published in national and international journal of repute. In recognition of his outstanding contributions in the field, Dr. Gupta has been nominated as expert-member of number of committees of DST, DBT, CSIR, ICMR and Ministry of Health and Family Welfare, Govt. of India. He has recently been awarded three DST funded projects under the DPRP Program. He is a member of governing body of the Central Council of Research in Ayurveda. He has been conferred with prestigious Fellowships of International Society of Eye Research, USA and International Academy of Cardiovascular Sciences, Canada.

He has been Visiting Professor to several prestigious universities in UK, USA, and Germany. Dr. Laurentiu Popescu (L) presented Dr Gupta the (Hon.) Fellowship of the Romania Medical Sciences. Dr. Gupta has several patents to his credit and one of his ophthalmic formulations is being commercialized. Dr. Gupta has been the President of the Indian Society of Pharmacology, and is currently President, IACS (India Section) and Member, Executive Committee of the ISHR. Dr. Gupta has published more than 350 research papers, edited seven books, has guided 40 PhD candidates and more than 150 MSc and MPharm postgraduate students. He was elected Fellow of the Indian Pharmacological Society. Some of Dr. Gupta's innovative molecules are currently undergoing clinical trials.



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Honours for Dr. S. S. Agrawal



Dr. Grant Pierce (L) presented the Academy Distinguished Service Award to Dr. S. S. Agrawal, Professor of Pharmacology & Principal, Delhi Institute of Pharmaceutical Sciences and Research, "DIPSAR" has obtained his Master's and Ph. D. degrees in Pharmacology from the premier institute All India Institute of Medical Sciences, in 1969 & 1977 respectively, started his Pharmacologist carrier, as a Lecture (1976), Assistant Professor (1984), Professor (1990) & Principal (1995) after getting duly selected from the highest selecting body of India i.e Union Public Service Commission, Government of India. He is also serving at present as Head, Department of Pharmacy, and University of Delhi. He is an executive member of Pharmacy Council of India & Delhi Pharmacy Council.

He has applied for 22 patents. He has authorship of 5 books and has 5 chapters in standard books. During his 31 years of teaching and research career he has published 62 publications and 85 abstracts in National & International Journals.

There are several awards and prizes to his credit which include: Honorary DSc degree from Rajiv Gandhi Technical University-2007, Principal of the Year Award from Association of Pharmacy Teachers of India-2007, Awarded Fellow of Indian Pharmacological Society (FIPS) at 39th Annual Conference IPS Jaipur-2006 on the basis of Life Time Achievements, Hamdard National Foundation Award, IPS-CDRI Oration Award 2005,

Mukherjee Prize for Best Paper Published in IJP, Young Investigator Award-1999 (France), Award from International Council of Heart Research, Winnipeg, Canada-2001. He was elected as President, Indian Pharmacological Society-2005. He served as Chairman, Scientific Committee, 53rd Indian Pharmaceutical Congress held in New Delhi, December 2001. He served as Secretary, 84th Science Congress, held in Delhi (1997). Besides, he has held several important administrative positions in various capacities in academics such as Dean, Faculty of Science, University of Delhi. He has looked after the administration of various big departments of Delhi University including Pharmacy, Physics, Chemistry, Biology, Zoology, Anthropology, Environmental Sciences and Home Sciences. He has served the Indian Pharmacological Society in various capacities such as Vice President Secretary, (International Relations), Joint Organizing Secretary-Asian Congress of Pharmacology (1985). He has also served as Organizing Secretary of International Symposium on "Recent Advances in Cardiovascular Sciences" in 2007 and 2008.

He was one of the Organizing Secretary of International Conference on "Frontiers in Pharmacology and Therapeutics" (1999). He served as Joint Organizing Secretary, "International Symposium on Recent Advances in Pharmacotherapeutics", held in January, 2004, in New Delhi, and also, he is serving as Treasurer, Indian Pharmacological Society (Delhi Branch). Under his able leadership "DIPSAR" has been identified as Quality Improvement Programme center by AICTE, wherein the institute is in the progress of completing 14 short-term courses in various aspects of Pharmaceutical Sciences. He has been entrusted with the responsibility of Principal QIP co-ordinator of National Coordinating Center (pharmacy), AICTE.

He is the Member, Expert Committee (CSIR) for SRF, SRF (Ext), Research Associateship in Medical Sciences, since 2006. Member, Academic Advisory Council of IEC COLLEGE of Engineering & Technology since 2006. He was recently named a Fellow of the IACS.



Dr. K.G. Nair passed away in Mumbai _____ by Dr. T.F. Ashavaid, Mumbai, India



With deep sadness, we mourn the loss of Kappiareth Gopal Nair M.D.(BOM), Ph.D.(CHICAGO), F.M.A.S., F.I.C.A., F.A.C.C. (U.S.A.), F.R.S.M. (LONDON), F.I.S.E., F.P.C.C. (PHILIPPINES), F.A.M.S.(INDIA), F.A.Sc., F.I.C.P. (INDIA), F.E.S.C., (EUROPE) F.I.A.C.S., F.C.S.I. He was born July 2, 1931 at Kollengode, Kerala State, India. He earned his MBBS and MD from Seth G.S. Medical College and KEM Hospital affiliated to University of Bombay and Ph.D from University of Chicago. He had numerous positions and studied in India and abroad. Most recently, he was Director, Academic Studies, Holy Family, Hospital, Bandra, Mumbai; Emeritus Professor, National Academy of Medical Sciences; and Chairman, ClinXXL Independent Ethics Committee

He represented India as official delegate at the International Society for Research in Myocardial Metabolism, Winnipeg; International meeting on Rheumatic Diseases, Kyoto; Asian Pacific Congress of Cardiology, Singapore; World Congress of Cardiology, Buenos Aires; International Congress on Tetanus, Dakar (Senegal); Asian Pacific Congress of Cardiology in Hawaii and Bangkok; and World Congresses of Cardiology in Berlin and Rio de Janeiro.

He produced over 200 Publications as well as contributions to Books including Oxford Text-Book of Medicine, API Text-Book of Medicine, International Text-Book of Cardiology and Conn's Current Medicine.

As far back as 1962, Dr. Nair was the first to demonstrate that stretching of heart muscle, as seen in cardiac-hypertrophy, creates a stimulus in the cell nucleus causing increased RNA Polymerase activity. A similar situation occurs in cardiomyopathy. Dr. Nair was also the first to purify cyclic AMP phospho-diesterase the key enzyme which regulates the activity of cyclic AMP which acts as a messenger for the Beta receptor. He was also the first to demonstrate the positive inotropic activity of forskolin, a plant substance, in the human heart. He has also been a pioneer in various drug trials. His most important recent discovery is the effect of allopurinol and adenosine in decreasing free radical activity in the heart.

Because of all these important contributions Dr. Nair was elected as a Fellow of the IACS and the Jawaharlal Nehru Institute of Advanced Science (Bangalore). The President of American College of Cardiology presented Dr. Nair an award in 2006 for his dedication to teaching cardiology in India and other countries and he was presented the Howard Morgan Award for distinguished achievements in cardiovascular sciences by International Academy of Cardiovascular Sciences.

As a great humanitarian, Dr. Nair organized a camp for poor patients in Matunga under the auspices of the Citizens Welfare League, 1974; organized Educational Programmes for School Children in South Mumbai and scholarships for needy students under the auspices of the Rotary Club; gave a Seminar on food adulteration and on hazards of noise at several public meetings; organized a large camp at Dharavi - Sion for medical relief, October 1976; and organized screenings for rheumatic fever in 25,000 school children, sponsored by the Indian Council of Medical Research and those suffering from rheumatic fever were promptly treated at the K.E.M. Hospital – it was one of the biggest surveys in the country.

He was also very fond of Hindustani classical music and himself played sitar and surbahar.



V INTERNATIONAL POSTDOCTORAL JOINT MEETING OF CARDIOVASCULAR SCIENCES



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ÖREBRO - SWEDEN

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Cardiothoracic Surgery Dept. Örebro University Hospital
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INTERNATIONAL ACADEMY OF CARDIOVASCULAR SCIENCES



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VII Brazilian Congress of Student's Leagues of Cardiovascular Sciences

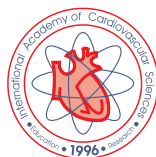
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