The 34th ISHR North American Section Meeting was held in Banff National Park, a UNESCO World Heritage Site in the heart of the Canadian Rockies. The historic Fairmont Banff Springs Hotel was the venue of the meeting and provided a spectacular view of the surrounding mountains.

The 2012 ISHR-NAS meeting was hosted by the University of Alberta and the Mazankowski Alberta Heart Institute, Edmonton, Canada, and was organized by Dr Gary Lopaschuk. The scientific committee put together an excellent program highlighting the latest discoveries in the pathology and treatment of heart failure.

The meeting was attended by 242 delegates (including 83 trainees) representing 16 countries. The scientific feast included plenary sessions, a number of interest group sessions, and a poster session.
sessions, poster sessions and the young investigator competition. A total of 115 posters were presented by faculty and trainees representing 53 institutions. The meeting provided a platform for the sharing and exchange of ideas on research related to heart failure.

The scientific program was comprised of topics ranging from molecule to man. To this end, a variety of topics including signaling, ion channels, contractile & regulatory proteins, stem cell & gene therapy, the roles of mitochondria, ubiquitin proteasome system and cardiac metabolism in the context of heart failure were discussed. The meeting opened with a plenary talk by Dr Eric Olson on the “Role of microRNA’s in heart failure”. Later in the conference, Dr Mark Sussman gave a plenary presentation of his work “Pim-1 kinase activation as a target for heart failure therapy”. On the final day, Dr Daria Mochly-Rosen delivered the prestigious 2012 Janice Pfeffer Distinguished Lecture and discussed the drug discovery process in academia.

An exciting part of the meeting was the Young Investigator Competition. Four Junior (graduate students and early post-doctoral fellows) and three Senior (senior postdocs and early assistant professors) YIA Finalists were selected, based on evaluation of an unpublished manuscript, CV and supervisor recommendation, to present their innovative ideas in a 10 min oral presentation. The Junior Finalists were Alice Ho (John Hopkins University), Chia-Wei Chang (University of California, Davis), Jonathan Kirk (John Hopkins University) and Sarah Cilvik (Washington University School of Medicine). Sarah Franklin (University of California, Los Angeles), Gavin Oudit (University of Alberta) and Giulio Agnetti (John Hopkins University) were selected as Senior Finalists.

After difficult deliberations, Alice Ho won the Young Investigator Award in the Junior category for her abstract entitled “The mitochondrial ROMK channel is a molecular component of mitoKATP”, and Sarah Franklin received the Young Investigator Award in the Senior Category for her presentation entitled “Systems analysis of cardiac chromatin identifies nucleolin as a regulator of growth and cellular plasticity in cardiomyocytes”. All Finalists are to be congratulated for their excellent work and professional presentations.

The first Early Career Investigator Seminar...
held at an ISHR-NAS meeting was aimed at providing information to job aspirants in academia. Last year’s Senior YIA winner, Jeffrey Erickson (UC, Davis), outgoing President, Donald Bers, and incoming President, Steve Houser, not only shared their experiences but also guided young researchers on how to find a job in academia and how to set up a new laboratory.

In addition to the scientific program, the meeting also provided ample opportunities to meet and greet. The welcome reception on the Garden Terrace provided the opportunity to meet up with friends & colleagues from other institutions in an informal and relaxed atmosphere. The delicious food and drinks served by the Fairmont Hotel were a great compliment to the exchange of ideas and collaborations. During the meeting Banquet a lively performance by Dallas Arcand, a renowned international performer and hoop dancer from the Cree Nation, Alberta, Canada, was the perfect way to end the meeting.

The comments and feedback regarding the meeting were very positive. Indeed, Dr Gary Lopaschuk had put on an excellent scientific program at a spectacular location. We are looking forward to next year’s ISHR World Congress to be held in San Diego from June 30 – July 4.

Sownd Sankaralingam, MBBS, MSc, PhD
Edmonton, AB
The Olympic Games, the Beauty of Muscles and Youth

The closing ceremony of the London 2012 Olympic Games brought down the curtain on 17 days of impressive sporting excellence that filled the people of the world with happy and glorious emotions. Every four years, the Olympic Games provides spectators with a sports festival filled with emotion and excitement. This is because the Olympic Games are a challenge to the physical limits of human beings. Running, jumping, swimming and weight-lifting - each of these activities challenge the athletes to move faster or to reach further; the top athletes of the world achieve excellence in the Olympic Games. Top athletes also demonstrate the beauty of these physical activities through the movement of their beautiful muscles. Thus, the Olympic Games is also a spectacular showcase for the powerful and beautiful muscles of young athletes.

Unfortunately, skeletal muscles usually begin to decline in individuals over 30 years old, and muscle volume as well as muscle strength rapidly decreases by 1 -2% per year in those over 50 years of age and by 3% per year in those over 70 years of age. This decrease in muscle volume during healthy aging is called “sarcopenia”, originally described in 1988 by Rosenberg as a different condition than cachexia, which is the result of malnutrition. One of the most effective ways to attenuate the progression of sarcopenia is endurance exercise of the muscle, and this is also the case for athletes. Sarcopenia is often observed in patients with chronic heart failure (CHF) and this is a major cause of the decreased exercise capacity seen in this abnormality. Thus, in order to counter the decline in exercise capacity seen in this condition, appropriately intense exercise training is necessary even in patients with CHF. A recent report (Circulation 2012; 125: 2716) on sarcopenia demonstrated the effects of endurance exercise on muscle volume and biological alterations in aged subjects and patients with CHF. Muscle biopsies along with muscle volume assessment by MRI were performed after 4 week of training, consisting of four 20 min sessions of endurance exercise per weekday on an ergometer bicycle.

Sarcopenia is associated with the degradation of muscle proteins, which is mediated by the ATP-dependent ubiquitin – proteasome pathway activated in aged subjects, and also by proinflammatory cytokines such as TNF, IL-1 and IL-6 in patients with CHF. Exercise training attenuates this enhanced degradation of muscle proteins through activation of muscle ring finger 1 and local insulin-like growth factor 1 (IGF-1). The effects of exercise training to improve the imbalance between anabolic and catabolic mechanisms are greater in younger subjects; however, in patients with CHF, they are comparable between young and elderly patients. This is a favorable finding for elderly patients with CHF. This study suggests that sustained exercise training could reverse the catabolic pathway in CHF and maintain sufficient exercise capacity even in elderly patients.

The notion that “a certain level of physical stress is inevitable for patients with sarcopenia” may also indicate that a certain level of physical stress is necessary to maintain spiritual activity in the elderly, since aerobic fitness for 6 months increased the gray and white matter volume in the brains of aged subjects (J Gerontol 2006). It is intriguing that brain volume is spared by aerobic exercise not only in the motor cortex of the cerebrum, but also in the entorhinal cortex and hippocampus (Neurology 2010). This may strongly suggest that emotional excitement, as well as physical activity, contributes to keeping our minds young - our hearts and our brain could be refreshed by the glorious excitement of the Olympic Games.

Youth is not a time of life—it is a state of mind; it is a temper of the will, a quality of imagination, a vigor of the emotions, a predominance of courage over timidity, of the appetite for adventure over love of ease. Samuel Ullman

Masatsugu Hori, M.D., Ph.D.
President ISHR
László Szekeres, founding Fellow of the ISHR and Professor Emeritus of Pharmacology at the Szeged University Medical School in Hungary, died earlier this year at the age of 90. László, Laci to his friends, was born in Győr on July 4th, 1921. Both his father and grandfather were clinicians, but his initial desire was to become a painter. Indeed, he studied for a time in the studio of the academician József Pandur. However, as his father advised, “Better to be an obscure physician than an impoverished artist”. Following this good advice, László studied medicine in the beautiful southern Hungarian city of Pécs, joining the Department of Pharmacology there after graduation, before being ‘called’ in 1967 to chair the Department of Pharmacology in Szeged where he inaugurated an impressive and fruitful institute of cardiovascular research.

His main interest was in the generation of cardiac arrhythmias, prompted perhaps by his time at the University of Oxford with Miles Vaughan Williams in the early 1960’s, which then led to his development of large animal models of myocardial ischaemia and sudden cardiac death. His book on cardiac arrhythmias, published in Hungary in 1971 became, for many, the standard textbook on the subject. Perhaps his most important contribution to basic heart research was his work on the mechanisms behind the protective effects against arrhythmias by ischaemic preconditioning and, prior to this in 1983, the then surprising finding that administration of prostacyclin, or its stable analogue 7-oxo prostacyclin, in an experimental dog model of angina pectoris led to a delayed ‘late appearing’ protective effect days later. This occurred despite the fact that the half-life of these substances was just a few minutes. He had some difficulty persuading others, including his friends, of the importance of this delayed protection, but this was probably the forerunner of a similar delayed protection afforded by ischaemic preconditioning by cardiac pacing and by exercise - ideas later developed by his younger colleagues. These studies led to the still unanswered questions concerning how much exercise is needed to protect the heart and what mechanisms are involved.

László contributed very actively to the ISHR. He founded, during the communist era, the ‘East-European Subsection’, which later became part of the European Section, and was intensively involved in promoting scientific collaboration between groups within the communist ‘bloc’ and with those in the West, especially in Oxford and Glasgow. He organised a key European Section meeting in Budapest in 1989 around the time of the fall of communism and, wider afield, World Congresses of IUPHAR and ISHR. He was a seasoned traveler; especially to Japan, which he visited six times over a twenty-year period. He was honoured with degrees by the Universities of Krakow and Tubingen and with other awards from the Karolynska Institute, the USSR Medical Academy, the Hungarian State Government and the Strathclyde Institute of Biomedical Sciences in Glasgow. Just last year, he received the Medal of Merit from the International Academy of Cardiovascular Sciences.

He was a true Hungarian polyglot, speaking five languages fluently. He loved music (especially opera), literature (especially Maupassant, Mann and Tibor Dery) and was a gifted and prolific painter, especially during the days of his ‘retirement’. This aspect of his life is well described in the last of his nearly 400 publications; ‘Art and the Heart’ (Dialogues in Cardiovascular Medicine, 2010; 15: 51-56)

He had, to the end, an active enquiring and questioning mind. It intrigued him, and us, that during the recovery phase from a stroke a few years ago he said he could remember the English word for ‘yesterday’ but not the Hungarian! “Why should that be?” he asked. Those of us who knew him (and he will never be forgotten), will always recall his initial, frequently asked, question to us his co-workers whenever he appeared in the laboratory: “Na mi újság?” (What’s new?).

Laci is survived by his wife, Ibolya (his first wife Lenke predeceased him in 1990), by his two daughters, both actively involved in the medical profession, and by several grandchildren and great-grandchildren. And, of course, by those in the Department of Cardiovascular Research he inaugurated and fostered. His many friends salute him!

Jim Parratt, DSc, MDhc, FISHR, FRSE
Professor Emeritus, Strathclyde Institute of Biomedical Sciences, Glasgow, Scotland

Agnes Vegh, DSc, FESC
Professor, Department of Pharmacology, University of Szeged, Hungary
Understanding of cardiovascular disease has advanced dramatically since 1952, when I entered medical school. Many of the new findings were unexpected, such as the ability of beta-blockers, which weaken the heart, to prolong survival in chronic heart failure, and that most inotropic drugs increase mortality in these patients. Also surprising was that vasodilators, which lower blood pressure in normal individuals, improve outcome in cardiogenic shock while vasoconstrictors, which normally raise blood pressure, have serious adverse effects.

These and other counterintuitive discoveries led to paradigm shifts, which according to Thomas Kuhn begin “with the awareness of anomaly… that nature has somehow violated the paradigm-induced expectations that govern normal science” (152-53). Kuhn defines the latter as “research firmly based upon one or more past scientific achievements [that] for a time [supply] the foundation for its future practice” (110). Efforts to explain the anomalies then stimulate the formulation of a new paradigm.

Progress in understanding heart disease also shows that the interplay between basic and clinical cardiology is not simply a one way transfer of knowledge from bench to bedside. Instead, the flow of information is bidirectional because new insights based on clinical observation often lead to the discovery of novel pathophysiological mechanisms.

The remarkable advances in cardiology during the past 60 years ago can be appreciated by examining the discussions of heart failure, ischemic heart disease and arrhythmias in three single-authored textbooks written between 1950 and 1952: Paul Wood’s Diseases of the Heart and Circulation (2), Paul White’s Heart Disease (3) and Samuel Levine’s Clinical Heart Disease (4). Subsequent articles will describe discoveries that contributed to the ~68% decrease in age-adjusted cardiovascular disease mortality between 1968 and 2008, a period when mortality from non-cardiovascular diseases decreased only ~6% (523).

Heart Failure

All three texts describe the hemodynamic abnormalities seen in heart failure, but provide different explanations for the underlying mechanisms. Wood placed the failing heart on the descending limb of the Starling curve when he wrote: “Clinicians are… likely to favour the view that congestive heart failure is… a state in which further elevation of the venous pressure causes a reduction in cardiac output (2156).” White and Levine, however, echoed the 19th century emphasis on ventricular dilatation and hypertrophy (6). White, who wrote that hypertrophy “is probably a reaction to abnormal stretching or dilatation of the muscle fibers” (3807), suggested that overloaded hearts fail because of a chemical abnormality such as lactic acid accumulation (3804) while Levine, after noting that overload causes hearts to dilate, stated that “prolonged dilatation precedes and is the stimulus for hypertrophy” (4283).

Severe restriction of physical activity is advocated in all of these texts. Wood wrote that “rest in bed or in a comfortable armchair is essential and should be continued for a minimum period of three weeks”; if the signs of failure did not disappear within a few days “the period of rest should be extended to six weeks” (3179). White considered rest to be one of the two most important remedies (the other is digitalis), but did note that “physical exercise [can help] maintain a state of general good health,” (4819). Levine also viewed rest as a “first principle” of treatment, recommending that in the “early days visitors should be restricted, though diversions such as reading the newspapers and listening to the radio may be permitted.” (4297).

Therapy focused on cardiac glycosides and the rather ineffective diuretics available 60 years ago; phlebotomy, paracentesis and Southey tubes to drain edema were also discussed. Depressed contractility, a concept that was not clarified until the late 1950s, is not mentioned although White noted that epinephrine has a “powerful but transient action” to “stimulate” the heart, and that ephedrine has “much more gradual and persistent” effect (3835); however neither was recommended.

Successful surgery for rheumatic mitral stenosis, a major cause of heart failure in the 1950s, had just been described. Although noted by Wood as “promising” (2308), White wrote that it was “too early to
Ischemic Heart Disease

All three texts attribute myocardial infarction to occlusion of a major coronary artery; it should be noted, however, that in 1972 an authoritative paper suggested that "coronary thrombi are consequences rather than causes of acute myocardial infarction." (7425) The infarcts recognized in the 1950s, when measurements of proteins leaking into the blood from the damaged myocardium were just becoming available, tended to be large because diagnosis in patients with chest pain and equivocal ECG changes relied on such criteria as fever, leukocytosis, and elevated sedimentation rate.

Treatment centered on pain relief with narcotics and rest so strict that for the first few days nurses brushed the patients’ teeth. Both Wood and White advocated a month in bed (2406, 3561); the former also recommended a semi-starvation diet (2406). However this paradigm was beginning to shift: White stated that after a small infarct “there is no reason why the patient may not sit in a comfortable chair by the bedside even during the first week” (3562), and Levine went further when he indicated that, while these patients should usually be kept in bed for 4-8 weeks, sitting in a chair can safely begin after “shock and severe pain have passed” (4127).

Few effective drugs were available and there was neither thrombolytic therapy nor primary angioplasty. All 3 authors discussed anticoagulation with heparin and vitamin K inhibitors, but noted the paucity of data regarding their efficacy and safety. There was no mention of aspirin. White recommended low doses of nitroglycerin because nitrates lower peripheral resistance as well as dilate the coronary circulation (3585), but all had lukewarm views regarding other vasodilators.

To treat low blood pressure and cardiogenic shock, Wood stated that adrenaline “should be avoided, no matter how low the blood pressure” because of the risk of ventricular fibrillation, and that cardiac glycosides are dangerous and rarely indicated (2407). However, Levine recommended adrenaline along with increasing blood volume with plasma or albumin for patients with shock (4127). For “mild” shock, White recommended “strong coffee by mouth and aminophyllin”, while in “serious” shock, “where something radical may be needed to save a life, [transfusion] under close observation may be helpful” (3563-564).

Heart block was known to complicate myocardial infarction, but electronic pacemakers were not available and, because parasympathetic activation by the von Bezold-Jarisch reflex was not understood, the role of atropine was not appreciated. Although the risk of ventricular fibrillation was recognized, cardiac rate and rhythm could not be monitored because there were no coronary care units; in any case there were no defibrillators. Wood recommended quinidine “in the hope of preventing ventricular fibrillation” (2406), White stated that quinidine “should be used routinely as a measure to reduce mortality in coronary heart disease” (3559), and Levine recommended quinidine, procaine amide or magnesium for ventricular tachycardia after myocardial infarction (4124).

Arrhythmias

These texts contain excellent discussions of the electrocardiographic diagnosis of arrhythmias, but there were few treatment options. Maneuvers like carotid sinus massage and induced vomiting were used to terminate attacks of paroxysmal supraventricular tachycardia (PSVT), although Levine noted “the distressing feature of arresting attacks of paroxysmal heart action is that on rare occasions the attack stops but the heart never starts beating” (4125). To terminate PSVT Wood recommended cholinergic drugs, quinidine, and “even” digitalis (2438-139). White, stated that quinidine is the “best all around drug”; he also recommended methacholine (a parasympathomimetic drug), bromides, and cardiac glycosides (3386-87), and mentioned injection of procaine into one of the stellate ganglia (3887). Levine’s list of drugs to terminate PSVT included quinidine, calcium, parathyroid hormone, prophosphine, and neosynephrine (4216), while quinidine and digitalis were recommended to prevent attacks (4127).

The ability of quinidine to restore sinus rhythm in patients with atrial fibrillation was well known, but so were the potentially lethal side effects of this drug. Because atrial fibrillation often recurred after sinus rhythm was restored, this arrhythmia was viewed as “usually permanent” (3895). Ventricular tachycardias were noted not to respond to vagal maneuvers, and both Wood (2438-139) and Levine (4226) suggested that magnesium, quinidine, and intravenous procaine could be used to treat these arrhythmias.

Conclusions

Many of the management options described in this dreary narrative were
The XXXI ISHR European Section Meeting in Association with the ESC Heart Failure Association in Belgrade (May 19-22, 2012)

It is Not about the Size of a City but about the Size of its Heart

The XXXI European Section meeting of the ISHR was held jointly with the Heart Failure Association (HFA) of the European Society of Cardiology (ESC) and the ESC working group on Myocardial Function. We all met in the bustling city of Belgrade, the capital of the Republic of Serbia and home to 1.2 million residents. From 19 – 22 May more than 3,500 clinicians and basic researchers attended 71 scientific sessions at the Sava Centar, located at the confluence of the rivers Sava and Danube. The presentation of the new heart failure guidelines was clearly one highlight of the meeting. The scientific program, distilled from over 1,000 abstracts, was exciting and the ISHR sessions provided an excellent basic science addition to the clinical research topics.

This year it was beautiful Belgrade that opened its arms to host one of the world’s most prominent meetings on heart disease, the Annual Meeting of the ISHR-ES held jointly with the HFA. This meeting was the latest to join the list of successful gatherings as it was preceded by the outstanding Haifa ISHR-ES meeting in 2011 and another fruitful collaboration between the HFA and the ISHR-ES in Nice in 2009. In 2012, it was time to pass on the responsibility to organize the joint meeting to one of the former Yugoslavia’s successors for the first time. What seemed impossible some ten years ago, that then still war-stricken Belgrade could host a conference of this size and importance, today not only goes without saying but turned out to be a great success. But one can still wonder if such a success would have been possible without the participation of the HFA and Petar Seferovic of the Cardiology Society of Serbia, whose personal commitment convinced the HFA and the ISHR to choose Belgrade. His warm words at the beginning of the opening ceremony set the tone for three hospitable days in Belgrade and at the Sava Centar. The opening ceremony was as unusual as it was colourful, embellished with beautiful traditional Serbian music and honoured by the greetings of then acting Serbian president, Slavica Dukic Dejanovic.

The ISHR and its members played an important role during the meeting with many prominent ISHR members presenting excellent science or acting as chairpersons in both ISHR- and HFA-organized sessions. The 8 basic science sessions organized by the ISHR-ES and the additional 8 sessions recognized at the time as being of dubious value, and sometimes dangerous. End stage heart failure was managed by “pushing” digitalis, whose side effects often killed patients, and although quinidine given to convert atrial fibrillation sometimes restored sinus rhythm, this drug was known to cause fatal arrhythmias. It is therefore not surprising that one senses a feeling of hopelessness in these 60 year old texts.

In closing I suggest that today’s readers put themselves in the place of those trying to advance cardiology in the 1950s, and then ask what lines of investigation they might have chosen to pursue. The reader should also reflect on today’s criteria for successful grant applications, which often seek to advance normal science rather than identify new paradigms. Addressing these issues in 1956, my father, Louis N. Katz, wrote: “Research is not meant to prove anything. It is meant to find the truth.” (8140). I will return to these issues after describing some of key discoveries that helped advance our understanding of cardiovascular disease.

References

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co-organized by the ESC Working Group on Myocardial Function and the HFA were presented as one homogenous blend, integrating basic science into translational approaches. To mention only a few highlights:

Our Past-President – and now Past-Past-President – Sian Harding (London, UK) highlighted the potential, but also the drawbacks, of induced pluripotent stem cells, thus addressing the ever hot topic of myocardial regeneration. Lucie Carrier (Paris, France and Hamburg, Germany) and Thomas Thum (Hannover, Germany) pointed out that promising RNA-based therapies for heart failure, either by trans-splicing of mRNA or by means of micro–RNA, are on the edge of clinical application. JMCC Editor, David Eisner (Manchester, UK), and ISHR- North American Section President, Donald Bers (Davis, US), both presented their comprehensive work on calcium ions and the multiple implications of Ca^{2+} handling in cardiomyocytes. ISHR-Intl President-Elect, Metin Avkiran (London, UK), gave the prestigious 2012 Keith Reimer Distinguished Lecture on the class II histone deacetylase HDAC5 and its regulation by protein kinase D. ISHR members Jolanda van der Velden (Amsterdam, The Netherlands) and Christoph Maack (Homburg/Saar, Germany) discussed a topic which is as important for basic scientists as it is for clinicians: beta-adrenergic signaling in heart disease and its prognostically beneficial blockade by beta-blockers.

Sunday, the first full day of the Congress, featured a distinctive and prestigious ISHR-ES event, the ISHR Awards session. Former ISHR Secretary General (1981-1992) and President of the ISHR (1995-1998), Jutta Schaper (Bad Nauheim, Germany), gave the prestigious 2012 Keith Reimer Distinguished Lecture on the class II histone deacetylase HDAC5 and its regulation by protein kinase D. ISHR members Jolanda van der Velden (Amsterdam, The Netherlands) and Christoph Maack (Homburg/Saar, Germany) discussed a topic which is as important for basic scientists as it is for clinicians: beta-adrenergic signaling in heart disease and its prognostically beneficial blockade by beta-blockers.

The first two days of the Congress provided many more fascinating sessions ranging from basic science sessions with a focus on paracrine signalling to the presentation of the new HFA heart failure guidelines, clearly one of the most important aspects for everyone involved with patient care. However, it was Monday that comprised a whole sequence of ISHR events. The ISHR Young Investigator Award illustrated the diversity and vivacity of research that is carried out by young ISHR members all over Europe. The judges had the difficult task of ranking the quality of the oral abstract presentations, which in the end led to a shared third prize for Stephany Gardier (Geneva, Switzerland) and Maria Kuzmenko (Kiev, Ukraine) for their work on the effect of low dose cocaine infusion on rat vasodilation and the role of ALOX5 after myocardial infarction, respectively. These talks were very convincing. In fact so convincing that chairperson Sian Harding had to remind the delegates that the ISHR does not recommend the use of cocaine after Stephany Gardier presented rather favourable effects of cocaine on the cardiovascular system. Tania Zaglia (Padova, Italy) received a well-deserved first prize for her excellent work on the regulation of MuRF1 as an effector of the sympathetic nervous system in the control of cardiomyocyte size, a talk as data-rich as it was charmingly presented. The session ended with presentations from ISHR-ES/SERVIER award winners: Marie Schroeder (Oxford, UK), winner of the 2011 award, presented her project, and 2012 awardee, Carmen Methner (Cambridge, UK), provided an outlook on the putative protective properties of a mitochondria-targeted S-nitrosothiol against heart failure.

Later on Monday the General Assembly of
In just under a year, on June 30-July 4, 2013, the XXI ISHR World Congress will come together in San Diego, California, and once again give delegates from across the world the opportunity to share their latest findings and ideas. It is my privilege to serve as the Chair for this landmark event, and I am confident that with the support of all the ISHR sections, we can ensure a promising future for cardiovascular research.

The theme for next year’s Congress is *Unifying, Invigorating, and Translating Cardiovascular Research*. A diverse selection of speakers with differing opinions will encourage the unifying of current research findings, and clarify underlying controversies across the field. The World Congress will focus on invigorating heart research by featuring symposia and speakers developing pioneering systems and technologies, and on budding research areas that merit a global perspective to strengthen our cardiovascular research endeavors. Several Bench-to-Bedside symposia will be convened to address the goal of translating research to improved cardiac health and the treatment of cardiovascular diseases, with the application of novel drugs, therapeutics, biomarkers and stem cell therapies. The twenty-first Congress is also proud to recognize excellence in science through awards and honors distributed during the event.

**The Scientific Program will include:**

- Approximately 40 symposia, addressing principal themes including Excitability and Pacemakers, Cardioprotection, Heart Failure, Signal Transduction, Cardiac Remodeling, Stem Cells, Oxidative Stress and NO, Calcium and Contractile Function and Target and drug Discovery, as well as sub-themes such as genomics/proteomics, metabolism, micro RNAs, ion regulation and autophagy.
- A Nobel Laureate Lecture by Dr Roger Tsien, University of California, San Diego.
- Plenary lectures by Drs Roberto Bolli (U of Louisville), Eric Olson (UTSMC) and Ronald Evans (Salk Inst).
- ISHR Awards, including:
  1. The Research Achievement Award
  2. The Outstanding Investigator Award
  3. The Peter Harris Distinguished Scientist Award
  4. Three Distinguished Lecture Awards
     - Keith Reimer Distinguished Lecture
     - Janice Pfeffer Distinguished Lecture
     - President’s Distinguished Lecture
  5. The Distinguished Leader Award

The historic Gaslamp Quarter, named for the gas lamps that were common in San Diego at the turn of the 20th century, offers shopping and dining within a short walk from the convention center.
6. **The Richard J. Bing Young Investigator Award Competition**

- The opportunity for participating Sections to hold business meetings and other Section activities, including a scientific session in their own language if desired.
- A pre-Congress Early-Career Investigators (ECI) event, organized by the Early Career Investigator Network, which includes a scientific symposia and a Career Development workshop.
- Poster sessions in which Early-Career Investigators can compete for ISHR International-sponsored symposia for outstanding scientific research.

These programs will occur across the five-day Congress, with multiple events running parallel to one another. The combination of ISHR International-sponsored symposia, Section-sponsored symposia, and Local symposia will provide researchers with a broad range of scientific topics. In addition, the emphasis on the poster sessions, as well as the pre-Congress ECI event and travel awards, will be incentives for younger members to take advantage of the Congress’s unique opportunities.

**Enjoy the Social Program**

- An evening Welcome Reception (June 30)
- An exclusive Fellows of the International Society for Heart Research dinner (July 2)
- A closing banquet at the San Diego Marriott Marquis & Marina (July 3)
- A planned excursion to the San Diego Zoo and Balboa Park
- Entertainment within walking distance of the hotel, including:
  - Sea World
  - Legoland
  - Torrey Pines State Reserve
  - La Jolla
  - Hotel Del Coronado

**Registration and Reservations**

Meeting registration and hotel reservations will be available online in the fall at [www.ishr2013.com](http://www.ishr2013.com). Meeting logistics will be updated on a regular basis.

**Abstract Submission**

The call for abstracts will begin in January 2013. Please visit the Congress home page ([www.ishr2013.com](http://www.ishr2013.com)) regularly for updated information, particularly the format and deadline for abstract submission.

**Travel Awards**

Over one hundred travel awards will be provided to young investigators from all participating Sections in order to facilitate participation of early career investigators. Recipients will be determined with guidance from the respective Sections.

We are expecting approximately 1,000 participants from across the world at the 2013 World Congress. Please join us in San Diego for this rare opportunity to be on the waterfront and at the forefront of cardiovascular research!

*Joan Heller Brown, Ph.D.*

Professor and Chair

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Members of the North American Section of the International Society for Heart Research convened in Banff, Alberta, Canada for our 2012 meeting entitled “Pathology and Treatment of Heart Failure”. Nestled in a picturesque region of the Canadian Rockies, Banff was the ideal setting for four days of compelling, high impact scientific discussion. In addition, the 2012 meeting marked an important “first” for the North American Section of the ISHR, as it featured our inaugural Early Career Investigator (ECI) seminar to compliment the now well-established Young Investigator competition.

I started the seminar with brief opening remarks, reminding the assembled ECIs to attend the 2013 World Congress meeting in San Diego. I also announced the first ECI pre-Congress symposium planned for 2013 and encouraged the ECIs to participate in this event.

I then yielded the floor to our first speaker, ISHR Past-President Donald Bers (University of California, Davis). He spoke on the topic “Finding a Job in Academia”, and gave an excellent overview of the numerous considerations to remember when applying for an academic position. Included were a number of important tips that are often forgotten in the process, including the importance of using your mentors (both past and present) as resources in a job search. Dr Bers also answered questions from the audience on this topic during and after his presentation.

Next, President-Elect Steve Houser (Temple University) spoke about “Starting up a New Laboratory”, a broadly valuable topic that was of great interest to more senior ECIs. Dr Houser discussed numerous practical and professional considerations for young scientists starting their first faculty positions. These included where to search for funding in today’s rapidly changing financial climate, how to make use of more senior faculty members as mentors, and even how to effectively staff a new laboratory for future success. Again, interaction between the speaker and ECIs in the audience was encouraged.

That concluded the 2012 ECI event for the North American chapter of ISHR. Hopefully the attendees were able to glean some new ideas and suggestions as they continue to advance in their respective careers. Sincere thanks go to Dr Bers and Dr Houser for their generous contributions, as well as our host Dr Gary Lopaschuk (University of Alberta) and his staff, all of whom made our first ECI event a great success.

I should also say that this was the first ISHR meeting I attended as a member of the ISHR-NAS Council (as ECI representative). The two Council meetings scheduled in Banff gave an interesting view behind the proverbial curtain to see how the society is organized and managed. I walked away with a new appreciation for the amount of time and effort invested in making the ISHR, and Section meetings specifically, so successful year after year. The contributions of each member of the Council, and ISHR Executive Secretary, Dr Leslie Lobaugh, should not go unmentioned. Thanks to everyone for your efforts and I look forward to the ECI pre-Congress event in 2013!

Jeffrey Erickson, Ph.D.
Univ. of California, Davis
The Richard J. Bing Young Investigator Award
The Outstanding Investigator Award
The Research Achievement Award
The Peter Harris Distinguished Scientist Award

The International Society for Heart Research (ISHR) is seeking nominations for four distinguished awards of international importance for recognizing outstanding scientists at various stages of their career, who have made significant contributions to the advancement of cardiovascular science: The Richard J Bing Young Investigator Award, the Outstanding Investigator Award, the Research Achievement Award, and the Peter Harris Distinguished Scientist Award.

The Richard J Bing Award recognizes young talent, the Outstanding Investigator Award and the Research Achievement Award are targeted at established scientists in the intermediate and advanced stages of their career, and the Peter Harris Award focuses on lifelong accomplishments. The monetary prizes are $1,500 for the Richard J Bing Award, $5,000 for the Outstanding Investigator Award and the Peter Harris Award, and $10,000 for the Research Achievement Award.

These high-profile recognitions will be presented at the XXIth ISHR World Congress in San Diego, CA, USA, June 30 – July 4, 2013. The winners will be announced in the Journal of Molecular and Cellular Cardiology (the official publication of the ISHR), on the ISHR website, and in Heart News and Views (the newsletter of the ISHR).

Full details of these awards, including lists of previous recipients, and relevant guidelines are provided on the ISHR web pages at www.ishrworld.org, under “ISHR Awards”. The guidelines should be consulted before preparing any nomination or application.

As detailed in the relevant guidelines on the ISHR web site, all nomination materials should be provided in electronic format, as PDF files, on a flash drive. Where required, printed copies of supporting documents with original signatures (e.g. nomination letters) should accompany the submitted flash drive.

Applications/Nominations should be submitted (by mail/airmail or courier) no later than Oct 30, 2012 (OIO, RAA, Harris) or Jan 9, 2013 (Bing) to:

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In May 2012, I was delighted to receive the prestigious “Distinguished Leader Award” from the International Society for Heart Research. In his laudatio, the President-Elect of the ISHR, Dr Metin Avkiran, emphasized the importance of this Award that is designed as a reward for a scientist “who has made sustained outstanding contributions to accomplishing the mission and advancing the objectives of the ISHR” (cited from the website of the ISHR). I have been involved with the ISHR for many years, beginning in 1973 when I attended my first World Congress of the ISHR (then called the “International Study Group for Research in Cardiac Metabolism”) in Freiburg, Germany. At that time, it was decided to establish different regionally determined Sections, including the American and the European Section. Dr Peter Harris from London was the first Secretary General; the office of President was added much later. Dr Harris and his secretary, Molly White, maintained the European Section as a well functioning body with about 400 members from all over Western Europe, and a few people from Eastern Europe and Israel.

I was elected Secretary General in 1981 at the European Section meeting in Bologna, and I remained in that position until 1992. With the help of my secretary, Erika Gassig, we transferred the membership list to our computer (at that time a rather primitive apparatus), we transferred the bank account to a German Bank in Bad Nauheim, and we registered the ISHR as a “non profit organization” with the fiscal authorities in Germany. Dr Harris taught me how to lead an organization, which involved not only administrative efforts in maintaining or increasing the membership, but also traveling and negotiating with future meeting organizers. Between 1981 and 1992, we initiated nine European Section meetings (Geneva, Stockholm, Rejkjavik, Budapest, Oxford, Rotterdam, Glasgow, Leuven and Heidelberg). In preparation for these congresses, I visited at least once with the organizers about 2 years before the fixed date of the meeting, inspected the proposed locations and discussed problems such as the meeting dates, the amount of the registration fee, the scientific and social programs, travel expenses for young investigators and various other items. I soon realized that the European Section (ES) needed a democratic structure, and with the help of several scientists from all over Europe, in 1984 we established an ES Council (the parliament of the ES). Then, as members of a committee chosen by the Council, we designed a set of bylaws similar to those that were already published in the JMCC for the ISHR-Intl. Dr Dhalla from Winnipeg, who was Secretary General of the ISHR-Intl, supported these undertakings with good advice, for which I am still grateful. His primary motto, which then became mine as well, was: “Think first of the welfare of the members; only afterwards you may consider diplomatic or political aspects”. I have taken this counsel to heart and tried to do my best for all members.

At each meeting of the European Section, the Council gathered at least once (mostly twice) and discussed matters of importance to the Society, including the location and dates of future meetings, relationships with other professional organizations (especially the European Society of Cardiology), and sponsorship of stipends and travel awards for young investigators. One issue of great importance to me was the integration of Eastern European and Israeli scientists into the European Section, a problem we successfully solved by establishing the “Eastern European Subsection” and the “Israeli Subsection”...
as independent organizations under the umbrella of the European Section. In 1991, the number of members had significantly increased and meetings took place regularly. After 11 years of service to the ISHR I stepped down, and Ketty Schwartz was elected Secretary General (1992-2003). She was an excellent leader and continued to develop the European Section into a very active Basic Science organization. She died in 2008, and we still miss Ketty. The photograph taken in 2003 shows you that we were, indeed, dear friends.

In 1992, at the World Congress of the ISHR in Kobe organized by the Japanese Section under the leadership of Drs Ito, Nagano and Tada, I was elected President-Elect of the ISHR-Intl and I became President from 1995-1998 at the World meeting in Prague organized by Drs B. Ostadal, F. Kolar, and Jutta Schaper, M.D., Ph.D. Bad Nauheim, Germany

I always considered it very important to establish a feeling of “belonging” to the ISHR. Therefore, I initiated ISHR dinners, at the American Heart Association Congresses and at other convenient occasions (e.g. at the World Congress of Cardiology in Rio de Janeiro). These social initiatives were warmly welcomed and annual ISHR dinners are now an established event.

Finally, I would like to thank all the people who worked with me for the benefit and the prosperity of the ISHR; there are many and it is impossible to name them all. A big “THANK YOU” TO ALL OF YOU! My hope is that the ISHR will continue to be a unique scientific organization unifying cardiovascular scientists worldwide.

(continued from page 9)

the ISHR-ES took place. The Presidency passed from Thomas Eschenhagen to Péter Ferdinandy (Szeged, Hungary), who presented plans and strategies for the ISHR in the coming years. The formerly combined office ISHR-ES Secretary/Treasurer was passed by Barbara McDermott (Belfast, IR) to Denise Hilfiker-Kleiner (Secretary; Hannover, Germany) and Jolanda van der Velden (Treasurer, Amsterdam, The Netherlands). She also presented the annual report in which one of the key messages to the members was to actively promote ISHR membership in their respective home institutions and countries. Afterwards, we met at the traditional Serbian restaurant Sindjelic. The evening started when we were handed impressive bottles of hard liquor and huge glasses. The food – basically lots of grilled meat – was great and the evening very entertaining.

Needless to say that Tuesday saw even more outstanding sessions, including a session on highlights of the Congress in which the ISHR sessions had a prominent and substantial part.

Altogether Belgrade easily lived up to the motto with which the Congress started: It is not about the size of a city but about the size of its heart. And Belgrade seems to have quite a huge heart when it comes to excellent science—and excellent hospitality.

Marc Hirt, M.D. and Justus Stenzig, M.D. Institute of Pharmacology University Medical Center Hamburg-Eppendorf, Germany
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The forthcoming issue, devoted to LESSONS FROM THE ONCOLOGIST will feature articles by:
B. I. Lévy; P. Rizzo and D. Mele;
T. Edvardsen and S. I. Sarvari; M. E. Safar

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