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Professor Kenji Sunagawa from Kyushu University hosted the 29th Annual Meeting of the ISHR-Japanese Section in Fukuoka, Japan on October 26-27, 2012. The theme of the meeting, “Adaptation and Maladaptation in Cardiovascular Disease”, was selected by Meeting President, Dr Sugawara, as an attractive topic for many cardiovascular scientists. About 250 registrants from all over Japan were in attendance and the meeting resulted in a number of significant and fruitful discussions.

(continued on page 3)
Register Today!

SCIENTIFIC PROGRAM
- Nobel Laureate Lecture
- Keynote Lectures
- ISHR Award Lectures
- Distinguished Leader Award
- Richard J. Bing Young Investigator Award Competition
- Young Investigator Travel Awards
- Daily Poster Sessions

SYMPOSIA TO INCLUDE
- Excitability and Pacemakers
- Cardioprotection
- Heart Failure
- Signal Transduction
- Cardiac Remodeling
- Stem Cells
- Oxidative Stress and NO
- Calcium and Contractile Function
- Target and Drug Discovery

TARGETED THEMES
- Genomics/Proteomics
- Metabolism
- Micro RNAs
- Ion Regulation
- Autophagy

SOCIAL EVENTS
- Welcome Reception
- Banquet and FISRH Dinner
- Poster Reception
- San Diego Zoo and Balboa Park
- Padres Baseball
- July 4th Fireworks

Call for Abstracts Opens January 2013

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More Science, More Knowledge, More Global Connections
Fukuoka is located in the southwest region of Japan. Its renowned cuisine, beautiful scenery and great location have made it popular with travelers from both inside and outside Japan. The meeting venue, the Centennial Hall of Kyushu University School of Medicine, was an ideal place for scientific discourse. Although the weather was unfavorable on both days, the meeting attracted many participants, with young scientists being particularly well-represented. The goal of this annual conference, set by the President, was to provide a forum for wide-ranging discussion and debate on subjects ranging from the evolution and origins of life, through to the deciphering of pathological conditions and their treatment. Indeed, many professionals involved in the delivery of cardiovascular care, including both physicians and scientists, enjoyed stimulating discussions. The meeting included 2 special lectures, 1 award lecture, 1 special symposium, 4 symposia, 4 luncheon seminars, 2 featured research sessions, the Young Investigators Award (YIA) session and the poster sessions.

The award lecture on the first day was, of course, not to be missed. Dr Steven Houser (Temple University School of Medicine, USA) was awarded the 2012 President’s Distinguished Lecture Award in a session chaired by Dr Issei Komuro (The University of Tokyo/Osaka University). Dr Houser is responsible for the development of techniques for the isolation of Ca²⁺ tolerant myocytes from large animals. His research focuses on the idea that heart failure results from Ca²⁺-mediated cell death and he talked about this in his award lecture, entitled “The Role of Calcium in Cardiac Hypertrophy and Failure”.

Highlights of the second day were 2 special lectures chaired by Dr Masatsugu Hori (Osaka Medical Center) and Meeting President, Dr Kenji Sunagawa. Dr David A. Kass (The Johns Hopkins University, USA) gave a talk on the role of cGMP/PKG signaling in cardiac maladaptation, while Dr Toshiro Fujita (The University of Tokyo, Japan) talked about the molecular mechanism of salt-sensitive hypertension. These enthusiastic lectures by two world-renowned scientists attracted a considerable audience. These special lectures provided great insight and presented recent findings in cardiac hypertrophy and salt-sensitive hypertension.

In the special symposium chaired by Dr Keiko Takihara (Osaka University, Japan), Dr Anton Vonk Noordegraaf (VU University Medical Center, The Netherlands) and Dr Katsuya Hirano (Kyushu University, Japan) gave keynote speeches about pulmonary hypertension and RV failure, respectively.

The following 4 symposia were also held: “Inflammation as a Gate to Adaptive/Maladaptive Responses in Cardiovascular Systems”, “Cardiac Failure and Remodeling from Adaptation to Failure”, “Neurohumoral Adaptation and Regulation in Cardiovascular and Renal Disease” and “Novelties on Diagnostic and Therapeutic Strategies for Cardiovascular Disease”. Throughout the symposia, 15 experts participated in discussion and debate, resulting in some novel insights into adaptive and maladaptive responses in cardiovascular disease. These new ideas are sure to lead to fruitful outcomes in both basic and translational research. Moreover, in the 2 featured research sessions, 10 cardiovascular scientists presented their research results. Speakers enthusiastically discussed various new findings related to cardiovascular systems, from basic science to clinical applications.
Another highlight of the meeting was the Young Investigator Award (YIA) competition, which attracts the interest of many participants each year. Five finalists presented their distinguished work and all the presentations were outstanding. Although the outcome was very close, the winners were announced at the closing ceremony. The winners were: Dr Naoto Muraoka (Keio University) with the gold medal and Dr Jiro Ikeda (Kyushu University), Dr Takeya Minami (Kyoto University), Dr Sahohime Matsumoto (The University of Tokyo) and Dr Atsushi Tanaka (Keio University) each with a silver medal. There was also a poster session in which 100 investigators presented their data, and 7 presenters were selected for Poster Awards: Dr Yuika Morita (The University of Tokyo), Dr Ken Onitsuka (Kyushu University), Dr Ryotaro Hashizume (Univ of Pittsburgh/Mie University), Dr Ken Shinmura (Keio University), Dr Koji Ito (Kyushu University), Dr Kenji Watari (Kyushu University), and Dr Keita Saku (Kyushu University).

The evening social banquet, “Get-together”, was held at the meeting venue. All of the guests enjoyed delicious Fukuoka cuisine, wine, Japanese sake and conversation in a friendly atmosphere.

The ISHR 2012 Japan Section ended in success, thanks to the enthusiasm of all of the participants and the hard work of the organizers. This meeting has surely motivated all of the cardiovascular scientists and clinicians in attendance, and the many new insights presented at the meeting will doubtless contribute to the goal of overcoming cardiovascular disease.

Satoshi Somekawa and Yoshihiko Saito
Department of First Internal Medicine, Nara Medical University
A Nobel Prize for Yamanaka’s iPS Cells

On October 9 last year, I was moved to learn that my schoolmate at junior/senior high school, Shinya Yamanaka was awarded a Nobel Prize. He is the first Japanese winner of the Nobel Prize in Medicine and Physiology in 25 years since Susumu Tonegawa, a professor at the Massachusetts Institute of Technology, won the Prize in 1987 for his discovery of the genetic principle for the generation of antibody diversity. Shinya Yamanaka received the Prize only six years after developing induced pluripotent stem cells. iPS cells are originally mature, differentiated cells that have been “reset” to a stem-cell state. The cells can then transform into various tissues.

The wait for a Nobel Prize in Medicine is usually a lengthy one, often awarded as long as 20 – 30 years after the recognized work was done. According to the news media, the Selection Committee Secretary, Prof. Hansson, commented that Yamanaka’s work fulfilled all three criteria for awarding a Nobel Prize in the sciences: global peer recognition, reproduction and confirmation by third-party researchers and revolutionary results. Hansson praised Yamanaka’s discovery of the biological “reset” as truly revolutionary and the Committee saw no reason to wait to give Yamanaka his due.

On December 10, Dr Yamanaka received a Nobel Prize medal and diplomas from King Carl XVI Gustaf along with co-recipient John Gerton at the Stockholm Concert Hall. In the interview after the award ceremony, Yamanaka said, “As a figure of speech, this ceremony is just the halfway point in a marathon. The latter part is going to be tougher.” In response to the interviewer’s request for writing one word which represented his feeling as a winner, he did not hesitate to write “novice” on the board. He really wanted to “rest” his mind as a runner at the starting point, just like an iPS cell.

Three years ago, Roberto Bolli, as outgoing president of ISHR-Intl, asked me to invite two Nobel Laureates as the guest speakers at the ISHR World Congress in Kyoto. I invited Oliver Smithies, Nobel Laureate from the Univ of North Carolina, as one speaker. He talked about his research path for 30 years, showing the pages of his research notebooks, in his lecture titled, “Turning pages from gels to gene”. As a second speaker, I invited Shinya Yamanaka, since I believed that he would be awarded a Nobel Prize in the near future. My prediction has come true. The title of his lecture was, “Induction of pluripotency by defined factors”. In his lecture, he described a lot of barriers that must be overcome before clinical use of iPS cells. In the interview after the Award ceremony, he was also very modest, noting that iPS cells have not yet been used in the treatment of patients. However, there is no question, we believe it will happen soon. I really hope - and expect - that he will lecture on the clinical use of iPS cells in the next few years.

Masatsugu Hori, M.D., Ph.D.
President ISHR

P.S. On the day I received the galley of this letter, a newspaper reported that the Institute of Biomedical Research and Innovation Hospital in Kobe approved the challenging plan of iPS application to patients with age-related macular degeneration based on their IRB assessment. To my knowledge, this will be the first human trial with iPS cells.
Three discoveries made at the beginning of the 20th century provided the foundation for our current knowledge of cardiovascular disease. Invention of the string galvanometer by Willem Einthoven in 1901 (1) made it possible to analyze cardiac arrhythmias; demonstration of the role of coronary artery occlusion in causing myocardial infarction by James Herrick in 1912 (2) led to discoveries in vascular biology that continue to prolong life expectancy; and publication of E. H. Starling’s “Law of the Heart” in 1918 (3) provided the basis for understanding the interplay between preload, afterload, contractility and lusitropy in regulating cardiac performance. Together, these discoveries helped transform cardiology from an observational discipline based largely on bedside evaluation to a science that relied on quantitative pathophysiological measurements.

Before these discoveries were incorporated into clinical practice, heart disease was viewed in terms of anatomical pathology, and patient management was guided by anecdotal observations. As noted by Paul White (4):

[We failed] to diagnose heart disease etiologically... On looking over my own hospital records written in the years 1911 to 1913, I have come across cases of heart disease which we diagnosed simply as hypertrophy and dilatation of the heart without any statement of cause, such as hypertension, coronary [disease], rheumatic fever or syphilis...

Failure to understand pathophysiology could lead to horrible mistakes, such as occurred in a patient described by Sir George Pickering (5):

I remember vividly being intern in 1930 to one of the best physicians whom it has been my privilege to know, whose specialty was heart disease, and who was not acquainted with the message contained in the veins of the neck. This struck me most forcibly when I was asked to transfuse a patient with mitral stenosis and severe anemia whose jugular veins were intensely distended... I knew nothing of their meaning except that I had read somewhere that this jugular venous distension was an indication for venesection. It struck me at the time as very odd that a patient who presented a sign indicating the desirability of venesection should be transfused. I was thus in a way scarcely surprised when the patient developed acute pulmonary edema as the result of transfusion and died.

This failure to appreciate the danger of increasing blood volume in a patient with fluid retention caused by mitral stenosis, then the most common cause of heart disease, illustrates the hazards of not knowing pathophysiology.

Although understanding of pathophysiology played only a minor role in the management of heart disease during the first half of the 20th century (6), knowledge of hemodynamics was advancing rapidly. Insightful discussions of pressure and blood flow abnormalities in laboratory models of heart disease are found in the physiology literature and textbooks, as well as a few clinical writings. However this knowledge was of virtually no practical importance because few hemodynamic measurements could be made in living patients and nothing could be done to correct the underlying structural abnormalities.

Two discoveries were instrumental in closing this gap between bench and bedside. The first occurred in the early 1940s when André Cournand, a clinically oriented pulmonary physiologist, and Dickinson W. Richards, a physiologically oriented cardiologist, demonstrated that catheterization of the human heart could be used safely to diagnose structural heart diseases (7-8). This Nobel Prize-winning discovery was foreshadowed in 1929 when Werner Forssman passed a urinary catheter into his own right atrium without ill effects (9). During the 1930s a few angiographers introduced catheters into the human right atrium to perform pulmonary angiography, but the ability of this technique to provide critical pathophysiological data had not been appreciated. Cournand wrote later that “many possibilities were envisaged [but] no systemic plan, nor the proper scientific background and facilities for its wide-scale implementation, were then available.” (10).

The introduction of cardiac catheterization into clinical medicine had an
enormous impact. I vividly recall my father, Louis N. Katz, who in 1918 had begun a lifetime of cardiology research when he was a medical student working in Carl Wiggers’ laboratory, saying: “This is it!” after returning from a meeting in the 1940s where this discovery was described. By this my father meant that the cardiac physiology he had studied for decades in animals was being incorporated into clinical medicine.

The second major advance that made clinical cardiology a science was the development of a safe and effective operation to treat rheumatic mitral stenosis. Although surgical opening of narrowed mitral valves had been suggested in the late 19th century (11), many had vigorously opposed the use of surgery to alleviate this once common condition. This reflected the view, which was widely held until the 1940s, that manipulation of the heart would cause fatal ventricular fibrillation. During World War II, however, removal of shell fragments, bullets and other foreign objects from human hearts became routine. This experience led three groups to develop mitral commissurotomy, an operation that could alleviate mitral stenosis; their publications, all of which appeared in 1950 (12-14), illustrate how advances in science can stimulate several investigators working independently to make the same discovery at the same time. Cardiac catheterization was essential for this surgical advance because it provided accurate hemodynamic diagnoses without which mitral commissurotomy was unsafe. For example, opening a stenotic mitral valve can be lethal in a patient who also has aortic stenosis, another valve abnormality caused by rheumatic fever, because increasing blood flow across the mitral valve can fatally overload the left ventricle.

Cardiac catheterization and mitral valve surgery transformed cardiology from a discipline in which clinical syndromes were defined by the history and physical examination, supplemented by an ECG and chest X-Ray, to one in which diagnoses, and eventually therapy, depended on accurate pathophysiological data. This allowed a medical specialty that had been based almost entirely on bedside evaluation to undergo a Kuhnian paradigm shift that ended when choices among medical, surgical and interventional treatments were guided by hemodynamic measurements. The impact of this transformation on patient care is described beautifully in a two-part article by Paul Wood entitled “An appreciation of mitral stenosis” (15), which I view as among the best cardiology papers of the 20th century.

Progress in obtaining hemodynamic data in cardiac patients continued through the 1960s with the advent of left heart catheterization. At the same time, development of pump oxygenators made it possible to perform open heart surgery, which Comroe and Dripps noted was the product of a century of basic research in many areas of science (16). These advances, together with improved cardiac imaging, added congenital malformations of the heart to the list of surgically correctable lesions. At the same time coronary arteriography, which was pioneered by Mason Sones (17), revolutionized the diagnosis of ischemic heart disease by making it possible to identify occluding lesions in the coronary arteries of patients. Progress in understanding the pathophysiology of arrhythmias, which also used concepts developed in the animal laboratory by basic scientists, “unraveled many of the puzzles that the clinical electrocardiographer was faced with in the past” (18).

In addition to placing patient care on a scientific foundation, understanding of cardiovascular pathophysiology stimulated a partnership between basic scientists and clinicians in which ideas flowed freely in both directions between bench and bedside. The development of physician-scientists with training in both basic science and clinical medicine accelerated this progress. In this way cardiology became what I view – not without some bias – as the most “scientific” specialty of medicine, in which understanding of pathophysiology dramatically improved therapy for a number of well-characterized disease entities.

The emergence of cardiology as a science was due in no small measure to the concrete nature of rheumatic valvular abnormalities, congenital malformations of the heart, arrhythmias, coronary occlusions and other cardiovascular abnormalities, all of whose manifestations can be quantified. The ability to reproduce the underlying pathophysiology in experimental models allowed disease mechanisms to be characterized and related to prognosis, while the fact that heart disease is common made it possible to define the responses to therapy. Unfortunately, these advantages are not shared by those who treat many other diseases, especially those where there is so little knowledge of pathophysiology that disease entities are defined by the vote of expert committees.

More recent advances in biochemistry and molecular biology are adding to our understanding of heart disease, but these sciences have not assumed the same dominant role in guiding therapy as did hemodynamics 50 years ago. This is apparent in today’s widespread use of technologies like resynchronization therapy and ventricular assist devices to treat heart failure, bypass surgery and angioplasty for coronary artery disease, and electronic pacemakers and defibrillators to manage dangerous arrhythmias. Although these can provide excellent palliation, they do not correct the underlying pathophysiology.

The pitfalls of therapies that alleviate the clinical manifestations of a disease without correcting its underlying causes are discussed in subsequent articles of this series. Many of these treatments, although able to bring about transient improvements, turned out to have adverse consequences as grave as those caused by increasing blood volume in Pickering’s fluid-overloaded patient with mitral stenosis.

(continued on page 8)
The annual meeting of the Australasian Section of the ISHR for 2012 was held, as is now our usual habit, in association with the Cardiac Society of Australia and New Zealand (CSANZ). This year’s Brisbane meeting was a tremendous success with a large attendance and excellent research, showcasing top medical scientists of Australia, New Zealand and other nearby locations, and distinguished overseas speakers. A comprehensive program, fruitful discussion and some humorous moments were some highlights of this highly informative meeting.

The prestigious RT Hall Lecture was delivered by Dr Renu Virmani (CV Path Institute, Gaithersburg, USA). Dr Virmani is an internationally renowned cardiovascular pathologist and her lecture was titled “Coronary atherosclerosis and progression”. Dr Virmani discussed the road to plaque progression, inflammation and thrombosis. The Ralph Reader Prize Session is a key feature of the annual CSANZ conference focusing on early career medical scientists, and this year ISHR had a finalist in the Basic Science category: Dr Bianca Bernardo (Baker IDI Heart and Diabetes Institute, Australia) was awarded the Ralph Reader Prize for Basic Science, for her talk demonstrating that when a microRNA-based drug is administered to mice with pre-existing pathological hypertrophy and systolic dysfunction (due to pressure overload), the drug is able to attenuate pathological remodelling and improve cardiac function.

We were particularly delighted this year to have three prominent international scientists give insightful lectures in the Basic Mechanisms stream. Dr Joan Heller Brown (UCSD, USA) gave us an overview of the regulation of cell growth and survival by G-protein coupled receptors and mechanisms by which CaMKII contributes to pathological remodelling and heart failure. Dr Thomas Eschenhagen (University Medical Centre Hamburg-Eppendorf, Germany) presented his pioneering work on 3-dimensional engineered heart tissue from human stem cells and tissue engineering. The Linacre Lecture on the History of Cardiology – 1952 to 2012: I: The Early 1950s was presented by Dr Bianca Bernardo (Baker IDI Heart and Diabetes Institute, Australia) and its initial application in man. Proc Soc Exp Biol Med 1944; 55: 34-36.

References

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primary cardiac cells under mechanical load, as an in vitro model of heart failure that can be used for drug screening and validation. Dr Lucie Carrier (University Medical Centre Hamburg-Eppendorf, Germany) provided insight into the mechanisms of cardiac dysfunction in hypertrophic cardio-myopathy. These lectures were an appropriate prelude to talks given by Australasian ISHR scientists covering a range of topics including cardiac proteomic profiling, stress and injury signalling in the heart, cardiac repair and regeneration and cardioprotection in injury and failure. Drs Heller Brown, Eschenhagen and Carrier also participated in the ISHR Early Career Investigator (ECI) Workshop organised by Drs James Bell and Helena Viola, with an informal discussion of the issues facing early career and student researchers. A particularly lively discussion ensued on the topics of mentorship, fellowship applications and approaching potential supervisors for post-doctoral positions. Jim and Helena made a fantastic contribution to the meeting through organising this event and our international guests were much appreciated for their generous offerings of time and expertise.

The ISHR Australasian section has long been a proud supporter of research students and provides many opportunities for young researchers to present their work and compete for prizes (a particularly successful motivator for students). The ISHR Student Investigator Oral Presentation finalists were Amenah Jaghoori (The Queen Elizabeth Hospital, Australia), David White (Baker IDI Heart and Diabetes Institute, Australia), Laura Bienvenu (Prince Henry’s Institute, Australia) and Sean Quarrell (University of Ballarat, Australia). “Well done!” to all students for their excellent presentations and responses to questions from a supportive and inquisitive audience. Congratulations to the winner of the prize, David White for his presentation titled “Macrophage migration inhibitory factor regulates acute inflammatory responses following myocardial infarction”. The poster presentations are always a popular session to discuss cardiac research in an informal manner. Congratulations to this year’s winner, Norman Liaw (Murdoch Childrens Research Institute, Australia), for his poster entitled “Greater metabolic activation of pro-survival proteins after ischemia-reperfusion (IR) in young compared to mature hearts”. Once again, the mini-oral presentation competition was hotly contested by a number of excellent student presenters. Congratulations to Deevina Arasaratnam (Monash Immunology and Stem Cell Laboratories, Australia) for her presentation of “Cardiomyocytes derived from human embryonic stem cells have a distinctive micro-RNA signature”. Congratulations to all of our student prize winners and to all presenting students for their hard work towards scientific excellence.

The Postdoctoral publication prize for the best original research paper published during the first 5 postdoctoral years was awarded to Dr Enzo Porrello (The University of Queensland, Australia). His publication “miR-15 family regulates postnatal mitotic arrest of cardiomyocytes” Circ Res 2011;109(6): 670-9, revealed that up-regulation of the miR-15 family may be an
Report on the XX Meeting of the Latin American Section (October 25-26, 2012; Santiago, Chile)

After 17 years - and for the second time since the Latin American Section of the ISHR was created - the XX Annual Meeting was held last October in Santiago, Chile. Almost 90 participants gathered at the Lorenzo Sazie lecture hall of the School of Medicine at the Universidad de Chile. Although this may seem a rather small number of attendants, given the small size of the Chilean scientific community dedicated to heart research and the even smaller number of Chileans that are active members of the ISHR-LAS, this attendance was quite a success.

The meeting lasted two days, during which symposia on “Calcium Homeostasis in Normal and Pathological Heart”, “Molecular Mechanisms of Cardiovascular Pathologies”, “Oxidative Stress and Cardiovascular disease” and “Mechanisms of Myocardial Damage, Protection and Regeneration” provided excellent opportunities to researchers from Argentina, Brazil and Chile to share their work and views. A special session was dedicated to young researchers and eight of them, selected among 30 applicants, had the opportunity to present their work in an oral session competing for the ISHR Young Investigator Award. In a difficult decision, a tri-national jury decided that this year’s award was to be shared by Camila Lopez-Crisosto from Chile for her work entitled, Mitochondrial network fragmentation is required for ceramide-induced insulin signaling desensitization in cardiomyocytes, and Mariano Di Carlo from Argentina for his work entitled, Dissecting the relevance of the SR-sites phosphorylated by Ca2+-Calmodulin Kinase II (CaMKII) during ischemia reperfusion. Sadly, we could not have more winners because all participants gave excellent presentations.

A lively poster session with more than 40 posters presented by young students and important regulatory mechanism that contributes to postnatal cardiomyocyte cell cycle withdrawal after birth. This article was the subject of the cover feature of Circulation Research and is currently one of the journal’s most cited papers.

The Annual General Meeting (AGM) was held on Friday night, at which Lea Delbridge (President), David Saint (Secretary), and Colleen Thomas (Treasurer) summarised the Australasian Section’s activities over the past year. Jim Bell and Helena Viola spoke about upcoming workshops for ECIs in San Diego and Livia Hool was welcomed as the new President-elect to take office in late 2013. The AGM was followed by dinner and (more) drinks at Stone Bar and Grill, Mantra Southbank. Yet again, the Scientific and the Local Organising committees are to be congratulated for putting together a very successful program and highly collegial meeting. In 2013, in addition to gathering with our International friends in San Diego, we will be catching up with our CSANZ partners later in the year on the sunny Gold Coast. Feel free to join in!

David White
Helen Kiriazis
Bianca Bernardo
(not so young) established investigators also took place. This poster session provided a good opportunity to get to know what is going on regarding heart research in the southern cone and was a great occasion for fruitful discussions. But no doubt the highest points of the meeting were the lectures given by Drs Richard Moss (ISHR Secretary General) and David Eisner (JMCC Editor). Yes, we were lucky enough to have them both in Santiago for this year’s meeting. Rick Moss’s lecture was on Myosin binding protein-C: a cardiac modulator in health and disease, and David Eisner talked about Calcium in the heart: from basic mechanisms to arrhythmias. Both talks were outstanding; in addition to the meeting
I am pleased to announce that the International Society for Heart Research XXI World Congress, to be held in San Diego, California on June 30 – July 4, 2013, is entering its final stages of preparation. Registration is open and the call for abstracts began in January of this year. As Chair of this event, I enthusiastically invite all ISHR members to participate in what we expect to be a truly robust and stimulating international congress.

The theme which will guide next year’s Congress is Unifying, Invigorating, and Translating Cardiovascular Research. Speakers with diverse backgrounds and professional training will engage in a unifying effort to reach consensus on current controversies. The goal of invigorating heart research across the board will be achieved through the inclusion of symposia on novel systems and technologies as well as emerging research areas which may widely impact the field. The focus on translating heart research into improved cardiac health and treatment options through bench-to-bedside research will be a central theme in symposia on cardiovascular drug discovery, biomarkers, and stem cell therapies.

The twenty-first Congress will also emphasize poster sessions to allow all participating researchers the opportunity to present their ideas. These poster sessions are fantastic opportunities not only for winning awards but for gaining valuable feedback and criticism from leading experts in the cardiovascular field. The call for abstracts began in January 2013; we encourage every researcher to visit the World Congress home page www.ishr2013.com and participate by submitting an abstract.

There will also be a Nobel Lecture as well as Keynote and Award lectures from a number of highly distinguished scientists as indicated below.

The Scientific Program will include:

- Approximately 200 speakers across 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, Professor of Pharmacology and Chemistry & Biochemistry at the University of California, San Diego.
- Keynote lectures given by Drs Robert Bolli, Ronald Evans, and Eric Olson
- ISHR Awards, including:
  1. The Research Achievement Award: Dr Eric Olson
  2. The Outstanding Investigator Award: Dr Deepak Srivastava
3. The Peter Harris Distinguished Scientist Award: Dr. Masatsugu Hori
4. Three Distinguished Lecture Awards:
   i. Keith Reimer Distinguished Lecture: Dr. Karin Sipido
   ii. Janice Pfeffer Distinguished Lecture: Dr. Michael Marber
   iii. President’s Distinguished Lecture: Dr. Richard Kitsis

Early Career Investigator Opportunities

- **Pre Congress** - First, a pre-Congress ECI event, organized by the Early Career Investigator Network, which includes a scientific symposium and a Career Development workshop.
- **ISHR Poster Awards** - Second, ISHR International Poster Award competition for outstanding scientific research (sign up when you submit your abstract online at [www.ishr2013.com](http://www.ishr2013.com)).
- **Richard J. Bing Award** - Third, the Richard J. Bing Award for Young Investigators recognizes outstanding research by new investigators, and encourages continued biomedical research careers related to cardiovascular biology (see details at [www.ishrworld.org](http://www.ishrworld.org)).
- **Reduced Registration** - Fourth, trainees are eligible for a reduced registration rate.
- **Travel Awards** - Fifth, ISHR-Intl-sponsored ECI Travel Awards are available through your Section Secretary, and ECIs can apply for Training Bursaries for Laboratory Visits (detailed instructions on p 14 - *deadline: Feb 11*).

Selected ECIs will be given the opportunity to give Oral Symposia Presentations based on evaluation of their submitted abstracts. In addition, the ISHR Scientific Program Committee will select a group of ECIs to co-chair Symposia.

These programs will occur across three full and two half days, with multiple events running parallel to one another. The combination of ISHR International, section and industry sponsored symposia will allow researchers to explore a broad range of scientific topics. We hope that the emphasis on the poster sessions, as well as the pre-Congress ECI event and travel awards, will encourage younger members to take advantage of the Congress’s unique opportunities.

Enjoy the Social Program

- A Welcome Reception on the first evening (June 30)
- An exclusive Fellows of the International Society for Heart Research dinner (July 2)
- An informal outdoor barbeque on the last night (July 3) at the San Diego Marriott Marquis & Marina
- A planned excursion to the San Diego Zoo and Balboa Park
- Entertainment within walking distance of the hotel, including:
  - Padres Baseball Stadium
  - Seaport Village
  - Horton Plaza
  - The USS Midway Museum
- Additional nearby attractions including:
  - Sea World
  - Legoland
  - Torrey Pines State Reserve
  - La Jolla
  - Hotel Del Coronado

Registration

Registration for the World Congress has begun! Please visit the World Congress homepage [www.ishr2013.com](http://www.ishr2013.com) to register and discover all of the most up-to-date program information. Be sure to register by April 15, 2013 to receive the early registration rate. ISHR has reserved a block of rooms at a discounted rate at the Marriott Marquis & Marina, conveniently located next to the San Diego Convention Center.

We are well aware that scientists in the cardiovascular field lead busy lives with plenty of conferences to choose from, but the ISHR World Congress is something truly unique and worthwhile. The ISHR community, with its worldwide membership and its unparalleled atmosphere of cooperation and collaboration, is nothing less than one-of-a-kind. Please join us this summer for a most memorable Congress.

Joan Heller Brown, Ph.D., Chair
Yibin Wang, Ph.D., Co-Chair
**ISHR-ECI: A Network for ISHR Early-Career Investigators**

**Call for Applications - ISHR Early Career Investigator Training Bursaries for Laboratory Visits, World Congress San Diego 2013**

Commencing in 2013, the ISHR International Council will sponsor five laboratory visit bursaries to subsidize training in new techniques/methods at local Section institutes within the host region of the World Congress.

The purpose of this bursary is to facilitate training visits for Early Career Investigators (ECI) to laboratories located in the World Congress host city/locale. The goal is that these bursary opportunities will support ECI skill development, collaboration establishment and foster exchange between Sections.

Five training bursaries of $1000 will be awarded to successful applicants prior to the World Congress. Bursaries are specifically for subsidizing costs related to visiting the nominated lab to train in a new technique, including accommodation and lab costs. Lab visits can occur either immediately prior to or after the Congress. Expected duration is at least one week.

**Eligibility Criteria**

1. The training bursaries are targeted at ECI, including students and Fellows. Eligibility for the award will usually be limited to those within seven years of their terminal degree (*e.g.* M.D. or Ph.D.) at commencement of the Congress (June 30, 2013). Certificate of proof required. Career-delay issues may be considered in allowing extra time eligibility.
2. Only financial ISHR members are eligible (as confirmed by their Section Secretary).
3. Applicants must be first or last author of an abstract presented at the Congress, and must attend the Congress to be eligible.
4. Lab visits must be within the local Sectional region of the World Congress. For 2013, as the Congress is in San Diego, this encompasses all regions of the North America Section.
5. A bursary application consists of the completed application form (which contains host sponsor confirmation) and a one page CV.

**Selection Criteria**

Applications will be scored using the following criteria:

1. Argued case for suitability of host lab in relation to activities to be undertaken and relevance to applicant's research program.
2. The described benefit expected from the lab visit (long & short-term).
3. Applicant track record
4. Applicant and Sponsor contributions to local ISHR Section.

**Procedure for Application**

1. Applicants must identify and contact the Head of the lab in which they would like to visit. Applicants are strongly advised to be highly selective in their contact with Lab Heads, and only contact those labs that have a specific technique that is closely linked to their own research. It is highly undesirable to canvass multiple potential sponsors.
2. Applicants should use the ‘initial contact’ pro-forma and send this to the Head of the laboratory they are planning to visit.
3. With Lab Head agreement to sponsor, an application can be submitted to ISHR, consisting of the Application Form and 1 page CV.
4. **All applications must be submitted by February 11th, 2013 to Leslie Lobaugh (llobaugh@nc.rr.com).** Outcomes are expected at the end of February 2013.
5. Applicants are responsible for making all arrangements necessary for the laboratory visit, including negotiating suitable dates acceptable to sponsoring Lab Head.
6. The manner in which the $1000 bursary is expended is a matter for negotiation between the awardee and the sponsor Lab Head. Funds may be fully allocated for travel/accommodation or a portion used to directly support some lab activities.
7. All bursary recipients will be required to provide a brief review of their lab visit, to be submitted to the Council within 3 months after the visit. Reports may be selected for publication in Heart News and Views.

Please go to the ISHR World Congress website ([www.ishrworld.org](http://www.ishrworld.org)) for the ‘initial contact’ pro-forma and application form.
2013 ISHR Award Winners have been announced!

Keith Reimer Distinguished Lecture: Karin Sipido, Leuven, Belgium
Janice Pfeffer Distinguished Lecture: Michael Marber, London, UK
President’s Distinguished Lecture: Richard Kitsis, Bronx, NY
Outstanding Investigator Award: Deepak Srivastava, San Francisco, CA
Research Achievement Award: Eric Olson, Dallas, TX
Peter Harris Distinguished Scientist Award: Masatsugu Hori, Osaka, Japan
Distinguished Leader Award: Alicia Mattiazzi, La Plata, Argentina

(continued from page 11)

attendees the lectures attracted many students and members of the Institute for Biomedical Sciences of our School of Medicine and were very much enjoyed by everybody.

I wouldn’t be telling the whole story if I limited this report to only science. This meeting was also an excellent opportunity to socialize, meet old friends and dine out. The atmosphere was warm and friendly. Coffee breaks and lunchtime meals were too short to allow us to share all of the experiences we had accumulated between meetings. We may be not very many but we have all become good friends. I can proudly say that we had a great meeting and we very much enjoyed having our foreign guests here at home. I thank them all for coming.

Paulina Donoso
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The forthcoming issue, devoted to PHARMACOGENETICS will feature articles by:
D. Roden; M. F. Sinner and S. Kääb; C. E. de Keyser et al; J. C. Denny and R. A. Wilke

For further information on Dialogues in Cardiovascular Medicine please contact:
Dr Irina Elyubaeva - Servier International
50 rue Carnot - 92284 Suresnes Cedex - France or webmaster@servier.com.