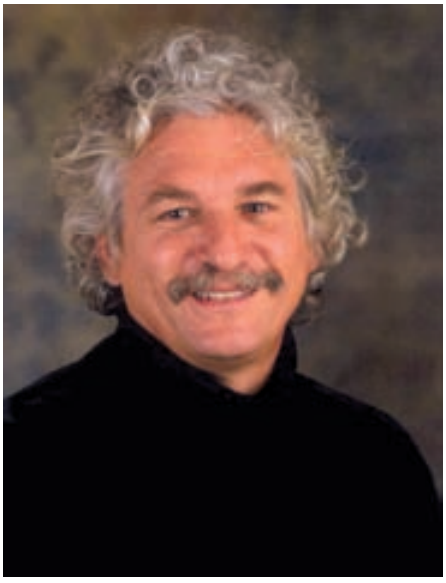
Edward G. Lakatta, M.D.

2010 Recipient of the ISHR Distinguished Leader Award



Dr LAKATTA is the founder and Director of the Laboratory of Cardiovascular Science, National Institute on Aging, National Institutes of Health. He also holds adjunct appointments as Professor, Department of Physiology, University of Maryland School of Medicine, and Professor, Cardiology Division, Johns Hopkins School of Medicine.

Dr Lakatta was recently awarded the prestigious 2011 Distinguished Leader Award of the International Society for Heart Research (ISHR) at XX World Congress of the ISHR in Kyoto, Japan for his sustained and outstanding contributions to advancing the objectives of the Society. Over the years, Dr Lakatta has been both a leader and advocate for the ISHR. He served for many years on both the International Council and the North American Section Council, and chaired the Scientific Program Committees for the successful ISHR World Congresses held in Rhodes, Greece (1998) and Brisbane, Australia (2004). In addition, he has published more than 50 papers in the Society journal, the *Journal of Molecular and Cellular Cardiology*. During his career, Dr Lakatta has placed particular emphasis on mentoring early-career scientists both in his laboratory and in the context of career development activities of the Society.

Dr Lakatta has made a sustained 30-plus-year commitment to a broad-based research career. His studies range from molecules to humans, including translation of novel findings into the clinical realm. The overall goals of his research program are 1) to identify age associated changes that occur within the cardiovascular system and to determine the mechanisms for these changes; 2) to determine how aging of the heart and vasculature interacts with chronic disease states to enhance the risk for CV diseases in older persons; 3) to study basic mechanisms in excitation-contraction coupling and how these are modulated by surface receptor signaling pathways in cardiac cells; 4) to elucidate mechanisms of pacemaker activity in sinoatrial nodal cells; 5) to elucidate mechanisms that govern cardiac and vascular cell survival; 6) to establish the potentials and limitations of new therapeutic approaches such as changes in lifestyle, novel pharmacologic agents or gene or stem cell transfer techniques in aging or disease states.

Dr Lakatta is recognized as both nationally and internationally as an expert in cardiovascular research. He has authored over 350 original publications in top peer-reviewed cardiovascular journals, written over 200 invited reviews/book chapters, and delivered over 300 invited lectures. He is a member of multiple scholarly societies and journal editorial boards. Based upon his accomplishments, Dr Lakatta has received numerous awards, among which are the Allied Signal Achievement Award in Aging, the Novartis Prize in Gerontology, and the Irving Wright Award of Distinction of the American Federation for Aging Research (AFAR). ■

Symposia at the International Congresses. These funds, together with income from investments and the publication of the *Journal of Molecular and Cellular Cardiology*, have grown to more than US$1,000,000. In 2005, Charles Steenbergen was named Co-Chairman of the Finance Committee. With his aid and advice, the Finance Committee continues its excellent stewardship of ISHR funds.

Dr Jennings began his studies on myocardial ischemic injury in 1953 at Northwestern University Medical School (Chicago) where he developed an animal model of acute myocardial infarction that allowed one to study the biochemical and ultrastructural changes leading to cell death in ischemia. Using reperfusion with arterial blood to eliminate ischemia, he showed that myocytes tolerated 15 minutes of severe ischemia without dying (reversible ischemic injury); conversely, after 40 to 60 minutes of ischemia, reperfusion did not salvage the myocytes in the subendocardial myocardium (irreversible ischemic injury). This was the scientific basis for the later use of reperfusion therapy to salvage myocytes in evolving acute myocardial infarcts in man. The reperfused, irreversibly

(continued on page 15)