

# NEWSLETTER OF THE FRIENDS



האיגוד הקרדיולוגי בישראל  
ISRAEL HEART SOCIETY



## OF THE ISRAEL HEART SOCIETY

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Sculpture of Moses in marble relief hanging over the gallery doors of the House Chamber in the US Capitol- referred to by PM Netanyahu in his recent speech before the Joint Chamber of Congress

**Editor's Note:** Welcome to the Spring 2015 FIHS Newsletter.

This issue will include its usual features- a message from our President, Jeff Goldberger, announcements of Cardiology Meetings, and recently published research from Israel.

The FIHS has decided to send cardiology fellows from North America to meetings in Israel. We announce our first efforts- 1

fellow will be sent to present a poster at the 62nd Annual Meeting of the Israel Heart Society, a in Tel Aviv in April (right after Passover). We would like the word to get to prospective attendees to email their poster ideas to the editor, and next year 2 lucky winners will win a sponsored trip to Israel for the meeting (address requests for information to me at [jackstroh@usa.net](mailto:jackstroh@usa.net)). See page 20 in this Newsletter for the full announcement.

In this issue we have included pictures from the 9th International Conference on Acute Cardiac Care which took place January 2015 in Tel Aviv. We will also have pictures from the March 2015 American College of Cardiology meeting in San Diego.

Please note- description of new technology in our Newsletter does not constitute an endorsement. We just want to give our readership a sense of the vast scope of Israeli

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ISRAEL HEART SOCIETY



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---

ingenuity in the fields of Cardiology.

Remember, this Newsletter and Society belong to you, the membership. We look forward to enhancing this Society and the connections that we hope to foster between Israeli and non-Israeli cardiologists and their institutions. Please feel free to email us with questions, answers, comments, criticisms, or just to tell us to keep working harder!

Our immediate goal is to try to grow our membership and participation to include any and all cardiologists and fellows from around the world who would be interested in supporting this bridging relationship. If you know of any cardiologists or cardiology fellows who we can contact, please email me (my email is [jackstroh@usa.net](mailto:jackstroh@usa.net)) and feel free to forward this Newsletter.



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### Message from the President

It has been a challenging year in the academic/medical world for our friends at the Israel Heart Society and the general academic community in Israel. Following the July 2014 publication of the Open Letter for the People in Gaza in the Lancet, we and others responded. Importantly, Dr. Horton, the editor of Lancet, subsequently accepted an invitation to visit Rambam Medical Center – his first visit to Israel in which he saw first hand the tremendous activities of the Israel medical community. He made a second visit to Israel in January 2015 to help coordinate a series of articles to be published in the Lancet on Israel medicine. While many questions remain about this incident, including the appropriateness of publishing political pieces of any variety in a medical journal and the need for a retraction, it is

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a testament to our efforts as part of a collective medical and academic community supporting our colleagues in Israel that we were able to achieve this “change of heart”. Given the growing BDS issues on campuses across the United States (including my very own Northwestern University), I encourage you to become more involved in advocacy. At our recent Board meeting, we discussed this issue and noted that we are a slice of the broader academic community in which there are several organizations devoted to this issue. We will be working on strengthening our ties with these various organizations and hope that you will too. Advocacy makes a difference!

We had a tremendous gathering for the Friends of the Israel Heart Society reception at the recent American College of Cardiology meetings in San Diego. With the musical charm of Stan Hillis (thank you again for your continued support!), it was a truly wonderful evening. The Meltzer Award was presented to the Israel Heart Society and will be awarded at the upcoming Israel Heart Society meeting. Our continued efforts to promote scientific interchange between the Israel Heart Society and its friends is only possible with your continued support. In particular, we thank our Silver, Gold, or Platinum sponsors who are listed on Page 14. As we are dependent on your

charitable donations to maintain our activities, please remember to submit your annual membership dues which can be paid through the FIHS website at: <http://www.friendsihs.org/index.html>

Finally, our members are encouraged to send in news – personal and/or professional – to include in our **FIHS Heart Beats** section. Please provide us with your feedback on the newsletter – special thanks to Dr. Stroh for his continued efforts (jackstroh@usa.net).

With best wishes,

Jeff Goldberger

President, Friends of the Israel Heart Society



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FIHS is on the web at <http://friendsihs.org/index.html>.

3

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# NEWSLETTER OF THE FRIENDS



האיגוד הקרדיולוגי בישראל  
ISRAEL HEART SOCIETY



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### Meetings

As mentioned above, the Friends of the Israel Heart Society is embarking on a new project starting 2015. We will be sending cardiology fellows from North America to Israeli meetings. The first is the Annual Conference of the Israel Heart Society.

If you know of fellows that would like to submit their research for consideration for 2016, please have them forward the abstracts/outlines to [jackstroh@usa.net](mailto:jackstroh@usa.net).

This is a great opportunity for young investigators to gain worldly experience and exposure. Please see below for details regarding these specific meetings.



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### **The 62st Annual Conference of the Israel Heart Society in Association with the Israel Society of Cardiothoracic Surgery**

April 13-14, 2015

David Intercontinental  
Convention Center, Tel Aviv

<http://2015.en.israelheart.com/>

#### **Guest Lecturers**

**Elliott M. Antman**

President, American Heart Association, USA

**Sary F. Aranki**

Brigham and Womens Hospital, Boston, USA

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# NEWSLETTER OF THE FRIENDS



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ISRAEL HEART SOCIETY



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### **Dan Atar**

Vice President, European Society of  
Cardiology, Norway

### **Paul J. Hauptman**

Editor-in-Chief Journal of Cardiac Failure, USA

### **Jeroen J. Bax**

President Elect, European Society of  
Cardiology, The Netherlands

### **Roberto Lorusso**

Community Hospital Piazzale, Brescia, Italy

### **Ron Blankenstein**

Brigham and Womens Hospital, Boston, USA

### **David Messika-Zeitoun**

Bichat Hospital, Paris, France

### **John G.F. Cleland**

Hull York Medical School, Yorkshire, England

### **Patrick T. O'Gara**

Past President, American College of  
Cardiology, USA

### **Ioan M. Coman**

Past President, Romanian Society of  
Cardiology, Romania

### **Fausto J. Pinto**

President, European Society of Cardiology,  
Portugal

### **Helene Eltchaninoff**

Hopital Charles Nicolle, Rouen, France

### **John Puskas**

Mount Sinai Beth Israel, New York, NY

### **Jeffery J. Goldberger**

President, Friends of the Israel Heart Society,  
USA

### **Lawrence Rudski**

Jewish General Hospital, Montreal, Quebec,  
Canada

# NEWSLETTER OF THE FRIENDS



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ISRAEL HEART SOCIETY



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**Bradley H. Strauss**

Sunnybrook Health Sciences Centre, Toronto,  
OM, Canada

**Kim Allan Williams**

President, American College of Cardiology,  
USA

There will be Joint Sessions with the following

**European Society of Cardiology (ESC)**

**American College of Cardiology (ACC)**

**American Heart Association (AHA)**

**L'Association Franco-Israëlienne de  
Cardiologie (AFICARDIO)**



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### **Innovative Research-**

### **Article #1**

### **Association of Left Ventricular Function and Acute Kidney Injury Among ST-Elevation Myocardial Infarction Patients Treated by Primary Percutaneous Intervention**

Yacov Shacham, MDa, \*, Eran Leshem-  
Rubinow, MDa, Amir Gal-Oz, MDb,  
Yan Topilsky, MDa, Arie Steinvil,  
MDa, Gad Keren, MDa, Arie Roth,  
MDa, and Yaron Arbel, MDa

**ABSTRACT-** Acute kidney injury  
(AKI) is a common complication among  
patients with ST-segment elevation  
myocardial infarction (STEMI)  
undergoing primary percutaneous  
coronary intervention (PCI), and it is  
associated with poor long-term clinical  
outcomes. No studies have yet evaluated  
the association between cardiac function  
and the risk of AKI in this patient  
population.

**METHODS-** We conducted a  
retrospective study of consecutive 386  
patients with STEMI who underwent  
primary PCI and had a full  
echocardiography study performed  
within 72 hours of hospital admission

# NEWSLETTER OF THE FRIENDS



האיגוד הקרדיולוגי בישראל  
ISRAEL HEART SOCIETY



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from June 2011 to December 2013. AKI was defined as an increase of  $\geq 0.3$  mg/dl in serum creatinine within 48 hours after admission.

**RESULTS-** Thirty-four patients (9.7%) developed AKI. Echocardiography demonstrated that patients with AKI had significantly lower systolic ejection fraction (EF;  $48\% \pm 8\%$  vs  $41\% \pm 10\%$ ,  $p < 0.001$ ), lower septal ( $p = 0.001$ ) and lateral ( $p = 0.01$ )  $e'$  velocities, higher average  $E/e'$  ratio ( $p = 0.006$ ), elevated systolic pulmonary artery pressure ( $p < 0.001$ ), and higher right atrial pressure ( $p = 0.001$ ). In multivariate regression analysis, left ventricular EF emerged as an independent predictor of AKI (odds ratio 1.1, 95% confidence interval 0.86 to 0.96;  $p = 0.001$ ) for every 1% reduction in EF.

**CONCLUSION-** In conclusion, among patients with STEMI undergoing primary PCI, left ventricular EF is a strong and independent predictor of AKI. (Am J Cardiol 2015;115:293e297)

<http://www.ajconline.org/article/S0002-9149%2814%2902071-2/abstract>

Departments of a Cardiology and b Nephrology, Tel-Aviv Sourasky Medical Center, Sackler Faculty of Medicine, Tel-Aviv University, Tel-Aviv, Israel. Manuscript received September 17, 2014; revised manuscript received and accepted November 1, 2014. All authors take responsibility for all aspects of the reliability and

freedom from bias of the data presented and their discussed interpretation. See page 296 for disclosure information. \*Corresponding author: Tel: (972) 3-6973222; fax: (972) 3-6973704.

E-mail address: (Y. Shacham)  
[kobyschacham@gmail.com](mailto:kobyschacham@gmail.com).

Table 2  
Echocardiographic characteristics by the presence of acute kidney injury

Variable	No (n=82)	Yes (n=34)	p value
Right atrial VV ejection fraction (mean $\pm$ SD)	47.7 $\pm$ 7.3	41.3 $\pm$ 9.9	<0.001
Wall motion index (mean $\pm$ SD)	1.56 $\pm$ 0.40	1.97 $\pm$ 0.44	<0.001
Heart rate (beats/min) (mean $\pm$ SD)	75 $\pm$ 12	74 $\pm$ 14	0.764
Systolic blood pressure (mmHg) (mean $\pm$ SD)	136 $\pm$ 19	133 $\pm$ 28	0.204
Diastolic blood pressure (mmHg) (mean $\pm$ SD)	81 $\pm$ 13	79 $\pm$ 14	0.590
Cardiac output (L/min) (mean $\pm$ SD)	5.2 $\pm$ 1.13	4.6 $\pm$ 1.27	0.01
Left atrial volume (ml) (mean $\pm$ SD)	61.7 $\pm$ 18.6	66.4 $\pm$ 20.2	0.181
Left atrial volume index (ml/m <sup>2</sup> ) (mean $\pm$ SD)	32.3 $\pm$ 9.6	36.9 $\pm$ 10.8	0.02
Mean inflow E wave (cm/s) (mean $\pm$ SD)	75 $\pm$ 19	79 $\pm$ 28	0.528
Mean inflow E/A ratio (mean $\pm$ SD)	1.13 $\pm$ 0.48	1.23 $\pm$ 0.64	0.508
Septal $e'$ (cm/s) (mean $\pm$ SD)	6.64 $\pm$ 1.86	5.57 $\pm$ 1.43	0.001
E wave velocity septal $e'$ (mean $\pm$ SD)	12.1 $\pm$ 4.8	15.0 $\pm$ 6.2	0.008
Lateral $e'$ (cm/s) (mean $\pm$ SD)	8.67 $\pm$ 2.71	7.3 $\pm$ 2.28	0.01
E wave velocity lateral $e'$ (mean $\pm$ SD)	9.3 $\pm$ 4.6	11.2 $\pm$ 3.9	0.005
E wave velocity average $e'$ (mean $\pm$ SD)	10.3 $\pm$ 3.6	12.4 $\pm$ 4.4	0.006
Mean E deceleration time (ms) (mean $\pm$ SD)	183 $\pm$ 46	182 $\pm$ 49	0.952
LV end diastolic dimensions (mm) (mean $\pm$ SD)	48 $\pm$ 10	51 $\pm$ 11	0.07
LV end systolic dimensions (mm) (mean $\pm$ SD)	31 $\pm$ 9	35 $\pm$ 12	0.02
Ventricular septal thickness (mm) (mean $\pm$ SD)	10 $\pm$ 2	10 $\pm$ 2	0.74
Posterior LV wall thickness (mm) (mean $\pm$ SD)	10 $\pm$ 3	9 $\pm$ 4	0.41
Peak systolic PA pressure (mmHg) (mean $\pm$ SD)	29 $\pm$ 8	39 $\pm$ 13	<0.001
Right atrial pressure	6 $\pm$ 3	8 $\pm$ 5	0.001

LV= left ventricle; PA= Pulmonary artery.

Table 3  
Binary logistic regression model for predicting acute kidney injury

Correlates	OR	95 CI	p value
Age	0.99	0.95-1.05	0.914
Male gender	0.73	0.22-2.39	0.606
Diabetes mellitus	2.01	0.85-4.72	0.109
Hypertension	1.47	0.63-3.46	0.371
eGFR	0.97	0.93-0.99	0.027
LV Ejection fraction	0.91	0.86-0.96	0.001
$e'$ velocity	1.07	0.79-1.37	0.967
$E/e'$ ratio	1.02	0.93-1.11	0.675

eGFR = estimated glomerular filtration rate; LV = left ventricle; OR = Odds ratio.

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## Article #2

### Relation of Metabolic Syndrome With Long-Term Mortality in Acute and Stable Coronary Disease

Yaron Arbel, MDa, \*, Ofer Havakuk, MDa, Amir Halkin, MDa, Miri Revivo, MHAa, Shlomo Berliner, MDb,c, Itzhak Herz, MDa, Ahuva Weiss-

# NEWSLETTER OF THE FRIENDS



האיגוד הקרדיולוגי בישראל  
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Meilik, PhDd , Yael Sagy, PhDd , Gad Keren, MDa , Ariel Finkelstein, MDa , and Shmuel Banai, MDa

Departments of a Cardiology, b Internal Medicine "D," c Internal Medicine "E," and d Clinical Performance Research Unit, Tel Aviv Medical Center, Sackler School of Medicine, Tel Aviv University, Tel Aviv, Israel. Manuscript received September 11, 2014; revised manuscript received and accepted October 28, 2014. This study was supported by internal departmental resources. See page 286 for disclosure information. \*Corresponding author: Tel: (972) 3-6973395; fax: (972) 3- 6962334.

E-mail address: (Y. Arbel).  
[mailto:yarona@tlvmc.gov.il](mailto:mailto:yarona@tlvmc.gov.il)

**ABSTRACT-** Past studies examining the effects of the metabolic syndrome (MS) on prognosis in postangiography patients were limited in size or were controversial in results. The aim of the study was to examine the association of the MS and the risk for long-term mortality in a large cohort of patients undergoing coronary angiography for various clinical indications.

**METHODS-** Medical history, physical examination, and laboratory values were used to diagnose patients with the MS. Cox regression models were used to analyze the effect of MS on long-term all-cause mortality. We prospectively recruited 3,525 consecutive patients with a mean age of  $66 \pm 22$  years (range 24

to 97) and 72% men. Thirty percent of the cohort had MS.

**RESULTS-** Patients with MS were more likely to have advanced coronary artery disease and acute coronary syndrome ( $p < 0.001$ ). Patients with MS had more abnormalities in their metabolic and inflammatory biomarkers regardless of their clinical presentation. A total of 495 deaths occurred during a mean follow-up period of  $1,614 \pm 709$  days (median 1,780, interquartile range 1,030 to 2,178). MS was associated with an increased risk of death in the general cohort (hazard ratio [HR] 1.27, 95% confidence interval [CI] 1.01 to 1.56,  $p = 0.02$ ). MS had a significant effect on mortality in stable patients (HR 1.55, 95% CI 1.1 to 2.18,  $p = 0.01$ ), whereas it did not have a significant effect on mortality in patients with acute coronary syndrome (HR 1.11, 95% CI 0.86 to 1.44,  $p = 0.42$ ).

**CONCLUSION-** In conclusion, MS is associated with increased mortality in postangiography patients. Its adverse outcome is mainly seen in patients with stable angina. (Am J Cardiol 2015;115:283-287)

<http://www.ncbi.nlm.nih.gov/pubmed/25499926>



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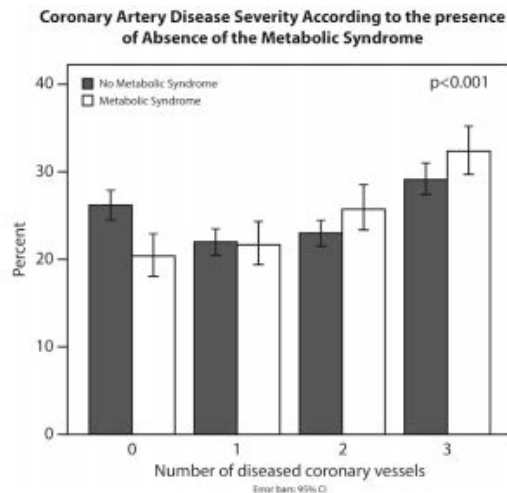


Figure 1. Distribution of CAD severity according to the MS.

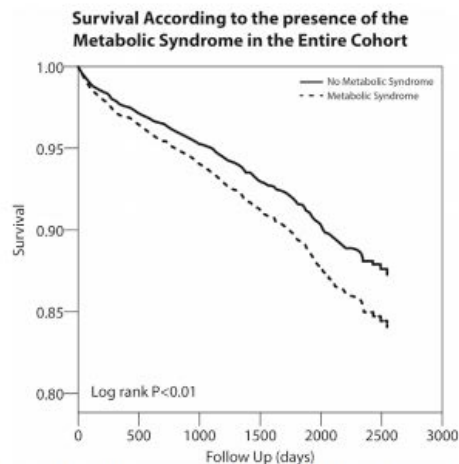


Figure 2. Kaplan-Meier curves of the entire cohort and the occurrence of all-cause mortality according to the presence or absence of the MS.



### Entrepreneurship

#### Saving lives by monitoring chronic heart failure at home

Posted By Abigail Klein Leichman On March 23, 2015

[http://www.israel21c.org/headlines/saving-lives-by-monitoring-chronic-heart-failure-at-home/?utm\\_source=Israel21c+Weekly+Newsletter&utm\\_campaign=858f73d33c-2015\\_03\\_25&utm\\_medium=email&utm\\_term=0\\_a2ed5ed71b-858f73d33c-250418217](http://www.israel21c.org/headlines/saving-lives-by-monitoring-chronic-heart-failure-at-home/?utm_source=Israel21c+Weekly+Newsletter&utm_campaign=858f73d33c-2015_03_25&utm_medium=email&utm_term=0_a2ed5ed71b-858f73d33c-250418217)



Chronic congestive heart failure (CHF) is the primary cause of hospitalization in people over the age of 65, affecting about 26 million people globally. The related cost in the United States alone is estimated at up to \$40 billion. About half that amount stems from hospital readmissions — 25 percent of heart-failure patients are readmitted within a month, and half within six months.

Israeli devices such as [Impulse Dynamics' Optimizer III](#) and [BioControl Medical's CardioFit](#) offer novel treatment options for CHF.

Here we'll take a look at some Israeli companies developing better ways to manage and monitor this progressive condition, to improve patients' quality of life and avoid repeated hospitalizations.

[Vectorious Medical Technologies](#) of Tel Aviv recently closed a \$5 million financing round

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9

SPRING 2015 ניסן תשע"ה

# NEWSLETTER OF THE FRIENDS



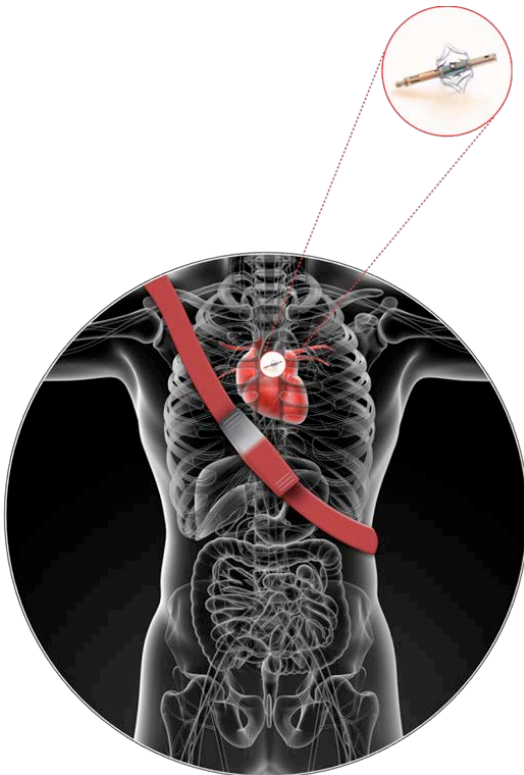
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ISRAEL HEART SOCIETY



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for the development of its miniature wireless hemodynamic monitoring sensory implant toward first human trials. Among the investors is the Global Cardiovascular Innovation Center of the Cleveland Clinic.

"Our solution will make daily monitoring a routine activity for congestive heart failure patients and their physicians, similar to glucose monitoring for diabetes patients," predicts cofounder and CEO Oren Goldshtein.



Vectorious is developing an implantable monitoring device.

With the push of a button, patients with the Vectorious implant would get a pressure reading from their heart's left atrium, which will enable optimal adjustment of their medical treatment.

Goldshtein says left atrial pressure provides earlier and more specific indication of cardiac deterioration than does the CardioMEMS device approved by the US Food and Drug Administration last May for measuring pulmonary (lung) artery pressure. That breakthrough American device already is reducing readmissions by up to 40%, and Goldshtein believes Vectorious can be even more effective.

It took about four years to develop the first working model of the Vectorious device, expected to be tested this coming year in collaboration with American and Israeli cardiologists. The 10-person company has a subsidiary in Ohio to oversee this next stage. Goldshtein believes the technology infrastructure will have additional applications ahead.

### Noninvasive approaches

While atrial pressure cannot be adequately measured from outside the body, several Israeli companies are taking a different tack by developing noninvasive devices to monitor congestion in the lungs.

Most hospital readmissions of CHF patients are due to lung edema (swelling) caused by excess fluid, so it makes sense to identify and treat fluid buildup before edema sets in.

Last year, [Sensible Medical Innovations](#) of Kfar Neter received Europe's CE mark for its ReDS Wearable System for measuring and monitoring lung fluid in hospital, clinic and home. The system will be introduced

# NEWSLETTER OF THE FRIENDS



האיגוד הקרדיולוגי בישראל  
ISRAEL HEART SOCIETY



## OF THE ISRAEL HEART SOCIETY

via commercial pilots in Europe together with Boston Scientific Corporation.

"Worsening congestion is a key driver of hospital admission and mortality in patients with heart failure. Identifying and appropriately managing congestion is challenging," said Dr. John Cleland, chairman of clinical cardiology at the National Heart & Lung Institute of Royal Brompton & Harefield Hospitals in London, and a member of Sensible's Physician Steering Committee. "We look forward to seeing how treatment based on accurate lung fluid measurement may help keep patients safe at home and potentially reduce hospitalizations and perhaps even mortality."

[Kyma Medical Technologies](#) in Kfar Saba recently received CE approval for its next-generation  $\mu$ Cor System, a platform to monitor a patient's chest fluids, along with other vital signs, in clinical and home environments.

The NICaS (NonInvasive Cardiac System) from [NI Medical](#) in Kfar Mallal is being used in many countries to facilitate diagnosis and guide therapeutic management of patients with heart failure and other conditions before, during and after surgery.

"We will primarily focus on heart failure patients as they represent the most costly group of patients in the entire healthcare system," the company states. "The number of these patients is increasing, and data from NI Medical's Whole Body Impedance technology can lead to significant improvements in patient outcomes and cost of care."

### Edema Guard Monitor

[RS Medical Monitoring](#) in Bnei Brak is developing the Edema Guard Monitor for noninvasive in-hospital and home monitoring of lung fluid accumulation in CHF patients.

Avner Amir, vice president for business development, tells ISRAEL21c that clinical studies have shown Edema Guard alerts to impending pulmonary edema about two weeks before the patient feels any symptoms. "And by the time a patient feels it, it's too late to avoid hospitalization."

Clinical trials conducted over the past six years at Hillel Yaffe Medical Center in Hadera show usage of Edema Guard at home reduces CHF hospitalizations by 55% and heart-failure mortality by 42%. In-hospital monitoring during acute myocardial infarction demonstrated reduction of 51% in post-discharge mortality rate and 64% reduction in new CHF events.



RS Medical Monitoring's Edema Guard monitors lung fluid buildup noninvasively.

The device measures the body's impedance, or resistance, to alternating current. "The more fluid is there, the more

# NEWSLETTER OF THE FRIENDS



האיגוד הקרדיולוגי בישראל  
ISRAEL HEART SOCIETY



## OF THE ISRAEL HEART SOCIETY

conductive to electricity, so by transferring a very small electrical current we can get a reading that is highly accurate and extremely sensitive to changes in lung fluid," Amir explains.

A unique feature of the Edema Guard Monitor is its algorithm to determine the patient's baseline impedance and compare it to the present reading. This algorithm was developed using data accumulated from more than 1,000 patients treated and monitored in the CHF Unit at Hillel Yaffe, which is headed by RSMM founder and chief medical officer Prof. Michael Shochat.

"If you have a patient who has some level of fluid accumulation but you don't know the person's baseline, you don't know how severe his situation is," says Amir. "You couldn't do this without our unique big data, and that's very important for home monitoring."

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### 9th International Conference on Acute Cardiac Care- 2015

We were fortunate to be able to attend the recent 9th International Conference on ACC in Tel Aviv this past January. Hosted by Drs. Joseph Alpert, Yonathan Hasin, and Doron Zahger. It was a wonderful combination of cutting edge cardiac practice, plenary sessions, and interactive debates

between world leaders and the audience. This meeting was held under the auspices of the Israel Heart Society in collaboration with the European Society of Cardiology, the European Resuscitation Council, the International Academy of Cardiology, the Israel Working Group on Acute Cardiac Care, the Israel Association for the Advancement of Cardiac and Intensive Care Nursing, the Israel Society of Internal Medicine, and the Israel Society of Anesthesiologists.

Here are some pictures from the meeting:





# NEWSLETTER OF THE FRIENDS



האיגוד הקרדיולוגי בישראל  
ISRAEL HEART SOCIETY



## OF THE ISRAEL HEART SOCIETY



Dr. Yonathan Hasin, Batia Ziv, and Dr. Doron Zahger



Drs. Doron Zahger, Yonathan Hasin, and Jack Stroh



Drs. Amit Segev, Jack Stroh, Jeffrey Goldberger, and Yoseph Rozenman

### Membership

This is also a reminder regarding membership dues for the Friends of the Israel Heart Society. The basic dues are \$50. You can register through our website <http://friendsihs.org/Register.html> or send a check directly to:

**Friends of the Israel Heart Society**  
**8912 Little Elm Bend**  
**Skokie, IL 60076**

Please include your email address to assure you do not miss an issue!

We are particularly grateful to those who can be sponsors at any one of the levels indicated below so that we may continue and increase our support of creating a bridge between Israeli Cardiology and the rest of the World:

**\$250 Silver member**

**\$500 Gold member**

**\$1,000 Platinum member**

**\$5,000 President's Club**

Your support enables us to continue growing our programs, including the ACC meeting, support for Israeli fellows to attend the AHA/ACC meetings, and to grow other programs.



FIHS is on the web at <http://friendsihs.org/index.html>.

13

SPRING 2015 ניסן תשע"ה

# NEWSLETTER OF THE FRIENDS



האיגוד הקרדיולוגי בישראל  
ISRAEL HEART SOCIETY



## OF THE ISRAEL HEART SOCIETY

For those who are interested in directed donations, we have the following opportunities:

\$500 Sponsor an issue of the FIHS newsletter

\$1000 Partial sponsorship of an Israeli fellow to attend the AHA meeting

\$1000 Partial sponsorship of an Israeli fellow to attend the ACC meeting

\$2500 Sponsorship of an Israeli fellow to attend the AHA meeting

\$2500 Sponsorship of an Israeli fellow to attend the ACC meeting

**We would like to thank our Platinum, Gold, and Silver Members for their past and future support! Thanks to all!**

*Friends of the Israel Heart Society*  
Thank You to our 2014 Sponsors



### Platinum

Dr. Eugene Braunwald  
Dr. Jeffrey Borer  
Dr. Peng-Sheng Chen

Dr. Edo Kaluski  
Dr. Charles Love

Dr. Robert Rosenson  
Dr. Michael Wolk  
Dr. Douglas Zipes



### Gold

Dr. Jeffrey Goldberger  
Dr. Philip Greenland

Dr. Allen Gutovitz

Dr. Jonathan Kalman  
Dr. Melvin Scheinman



### Silver

Dr. Joseph Alpert  
Dr. Elliott Antman  
Dr. Benico Barzilai  
Dr. Robert Bonow  
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Dr. Nancy Flowers  
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Dr. Jack Stroh  
Dr. Barry Ticho



# NEWSLETTER OF THE FRIENDS



האיגוד הקרדיולוגי בישראל  
ISRAEL HEART SOCIETY



## OF THE ISRAEL HEART SOCIETY

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### ACC Meeting 2015

We are just back from a wonderful meeting of the ACC in San Diego. Once again, there was great participation from members of the Israel Heart Society.

The Richard, Hilda and Ezra Meltzer Memorial Award was established through the Friends of the Israel Heart Society in 2006 thanks to the generous support of the Meltzer family. Each year at our banquet at ACC, an Israeli cardiologist who has distinguished his/herself in cardiology research is awarded a grant to further his/her training experience at a US institution. This year at ACC, the check was presented by past President Doug Zipes to Batia Ziv of the Israel Heart Society.

Special thanks once again to the incomparable Stan Hillis and Tad Sisler who provided the music for the evening.

Sessions of note included Highlights of the 7th Cardiovascular Conference on the Middle East (organized by our founding past president Doug Zipes), a Joint Session of the Israel Heart Society - German Society of Cardiology, and our annual banquet which took place at the Marriott Marquis and Marina. Below please enjoy some pictures from these events, and please join us next year at ACC 2016 in Chicago!



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Verizon 2:12 PM

[Back](#) Session

TCT@ACC-12 (Interventional Cardiology)

**509 - TAVR: Emerging Techniques and Outcomes: International Perspectives From the German Cardiac Society, Israel Heart Society, and American College of Cardiology**

2:00PM-3:30PM Sun Mar 15 Room 33C Sess#: 509

Session Type: International Session

Credit Type - CME: 1.5; CNE: 0; CPE: 0

**Presenters**

**Co-Chair - Joseph G. Cacchione**  
2:00PM-3:30PM Mar 15 Room 33C

**Co-Chair - Gerd Heusch**  
2:00PM-3:30PM Mar 15 Room 33C

**Co-Chair - Yoseph Rozenman**  
2:00PM-3:30PM Mar 15 Room 33C

Home Schedule Program Search More

FIHS is on the web at <http://friendsihs.org/index.html>.

16

SPRING 2015 ניסן תשע"ה



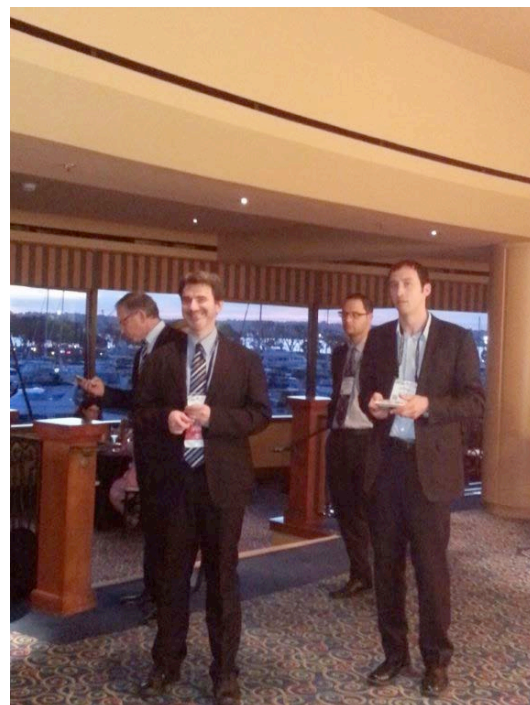
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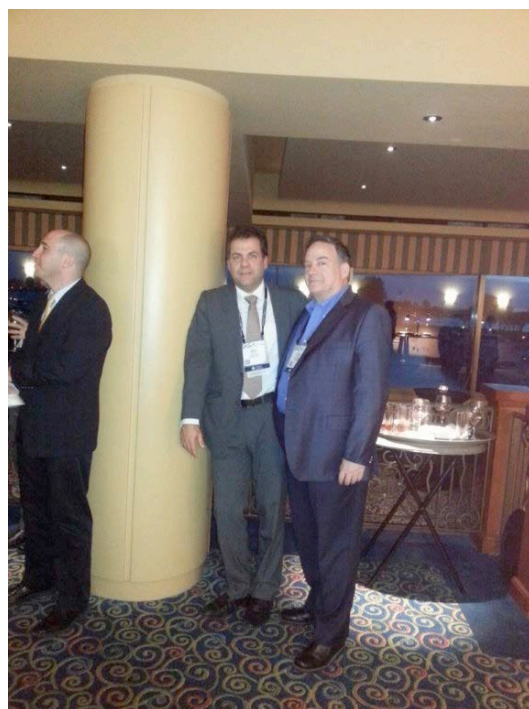
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### FIHS Heart Beats



None this issue. please send us your news for the Community!

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The FIHS has decided that it will be sending cardiology fellows at North American programs to meetings in Israel. Thanks to a generous Fellow Travel Scholarship grant provided by Medtronic, we are pleased to send an interventional cardiology fellow to the 62nd Annual Meeting of the Israel Heart Society in Tel Aviv April 13-14. We award our initial grant to Dr. Menashe Shuvy, cardiology fellow at Sunnybrook Health Sciences Centre, Toronto. Mazal Tov!

If you know of fellows that would like to submit their research for consideration for next year's meeting, please have them forward their abstracts to [jackstroh@usa.net](mailto:jackstroh@usa.net).

This is a great opportunity for young investigators to gain worldly experience and exposure. Please see below for details regarding these specific meetings.

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I would also encourage Israeli programs to let our membership know about happenings and offers for training in Israel: Please email these to me at [jackstroh@usa.net](mailto:jackstroh@usa.net).

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20

SPRING 2015 ניסן תשע"ה



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Happy, Healthy, and Peaceful  
Passover season to all!



Mishloach Manot (Sending of Gifts) from  
the Holiday of Purim sent in charity boxes  
for Magen David Adom

That's it for this issue of the newsletter of the Friends of Israel Heart Society. Special thanks as always to **Mort Lebowitz MD** and **Batia Ziv** for being our "eyes and ears on the ground" in Israel. Special thanks in America to our Society Administrators- **Janice** and **Larry Brown!**

Have any ideas to make this a better tool for our Society? Share them with us!

Tell your friends that we want them to join our mission to be a bridge between Israeli Cardiology and the world. If you have any questions, comment, criticisms (my favorites!) please email me at [jackstroh@usa.net](mailto:jackstroh@usa.net).

