

NEWSLETTER OF THE FRIENDS



האיגוד הקרדיולוגי בישראל
ISRAEL HEART SOCIETY



OF THE ISRAEL HEART SOCIETY



Editor's Note: Welcome to the Spring 2012 FIHS Newsletter. This issue includes the usual sections such as President's Message and announcement of upcoming meetings. There is an article from the Rabin Medical Center on bifurcation stenting. Our highlighted cardiology program this issue is the Western Galilee Hospital in Nahariya. We have pictures from the IDSS Fellow's presentation held this past February at the Dead Sea. There are also pictures (a lot of them!) from the FIHS annual reception held last week at the ACC meeting in Chicago. Finally, a message from Chaim Lotan, president of the Israel Heart Society (IHS) on an

upcoming exciting event- the 60th anniversary of the IHS.

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 that 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 address is jackstroh@usa.net).

Message from the President

What an extraordinary evening we had as the Friends of the Israel Heart Society got

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together on a glorious Sunday evening at the recent American College of Cardiology meetings in Chicago. In a beautiful venue at the Spertus museum overlooking Lake Michigan, we were greeted by Consul General Orly Gil, as well as Drs. Zipes and Lotan. In a new initiative next year, we will be sponsoring Middle Eastern cardiology fellows to attend the Israel Heart Society meeting. To initiate this program even this year, we are grateful to Drs. Zipes and Wolk for their special donations. The air of giving and support was contagious, as for the first time ever, we had four members pledge to be Platinum sponsors of the Friends of the Israel Heart Society at the reception. Special thanks to Drs. Gutovitz, Malik, Seides, and Paz for their support.

We have continued our efforts at supporting the Israel Heart Society. The Friends participated in the 11th International Dead Sea Symposium Fellow's Case Competition that brought 4 US fellows to Israel for the meeting (JoonHyuk Kim, MD, Montefiore Medical Center, Malini Madhavan, MD, Mayo Clinic Rochester, Mark Bowers, MD, Medical College of Wisconsin, and Juan Viles-Gonzalez, MD, Mt Sinai School of Medicine – see picture on page 14. In addition, through the support of Dr. Wolk, we have arranged for an Israeli cardiologist to participate in the ACC Emerging Leaders program – the selection is in process.

Next year is the 60th anniversary of the Israel Heart Society. We are hoping to send a significant delegation to the annual Israel Heart Society meeting which will

take place in April 2013. The planning process is just getting started and we welcome anyone interested in helping. April is a beautiful time of year to be traveling to Israel for a meeting and for touring, so we hope to see you next year in Jerusalem!

As always, we appreciate the support of each of our members and, in particular, our sponsors. If you have not already done so, please consider becoming a Silver, Gold, or Platinum member for 2012. Annual membership 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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**We would like to thank our
Platinum, Gold, and Silver Members
for their past and future support!**



Upcoming Meetings in Israel

The 59th Annual Conference of
the Israel Heart Society in
Association with the Israel
Society of Cardiothoracic
Surgery

April 16-17, David
Intercontinental Hotel, Tel Aviv

The conference will include plenary joint sessions of the Israel Heart Society with the **European Society of Cardiology** and the **American College of Cardiology**. These will include state-of-the-art lectures on the latest advances in cardiology including heart failure challenges in Europe, the implementation of the "Heart Team", novel valvular therapies, heart diseases in women, and novel anti-thrombotic

therapies in acute coronary syndromes. We will also continue the tradition of a joint session with **AFICARDIO**, the French-Israeli Association of Cardiology.

These three major sessions, as well as the Keynote Neufeld Memorial lecture at the opening ceremony, will be conducted in **English**.

A detailed program including both invited and local speakers will be announced soon. We welcome you to submit your abstracts and to join us at this very special Conference. We hope very much that you will take the opportunity to participate in this very high level scientific meeting and look forward to welcoming you on a wonderful visit to Israel in April 2012.

Invited guest lecturers

Samuel J. Asirvatham, MD, MBBS
Mayo Clinic, Rochester, MN, USA

C. Noel Bairey Merz, MD, F.A.C.C
Cedars-Sinai Medical Center, Los Angeles, CA, USA

Blasé A. Carabello, MD, FACC
St. Luke's Episcopal Hospital, Houston, TX, USA

Shaun G. Goodman, MD, MSc, FRCPC, FACC, FAHA, FESC
St. Michael's Hospital, Toronto, ON, Canada

Michel Komajda, MD, FESC
President of the European Society of Cardiology (ESC)
Pitié Salpêtrière Hospital, Paris, France

Michael J. Mack, MD, FACC,
President of the Society of Thoracic Surgeons
Cardiovascular Research and Cardiovascular
Medicine
The Heart Hospital, Dallas, TX, USA

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Fausto J Pinto, MD, PhD, FESC, FACC, FSCAI, FASE
Vice-President, National Cardiac Societies & Affiliates, ESC
Lisbon Cardiovascular Institute, Lisbon, Portugal

Maurice E Sarano MD
Mayo Clinic, Rochester, Minnesota, US

Lars Wallentin, MD, PhD
Uppsala Clinical Research Center University Hospital, Uppsala, Sweden

William Wijns, MD, PhD, FESC, FAHA
Cardiovascular Center Aalst (OLV Hospital), Aalst, Belgium

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

The First International Heart Valve Summit of the Israel Heart Society- Novel Insights and Interventions

Wednesday, May 30, 2012,
Inbal Hotel, Jerusalem

Israel Heart Society in collaboration with the Leducq Mitral Transatlantic Network.

Organizing committee- Ronen Durst, Amit Segev.

Scientific Committee- Chaim Lotan, Robert Levine, Dan Gilon, Alber Hagege, Ronen Beeri, Sue Slaughaupt, Alik Sagie, and Amir Korach.

Contact: nbrown@paragon-conventions.com

The Israeli CCU - Acute Cardiac Care Meeting

June 16-18, Jerusalem

Details to follow!



Featured Cardiology Program:

The Department of Cardiology – Western Galilee Hospital

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SPRING 2012 ניסן תשע"ב

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For over 60 years the Western Galilee Hospital-Nahariya, located on Israel's northern border a scant six miles from Lebanon, has been the only hospital serving nearly 650,000 residents of northwestern Israel. Begun as a small birthing center, the Western Galilee Hospital is currently a 660-bed treatment, teaching and research facility. It is the largest employer in the region, with a staff of over 2,200 doctors, nurses and ancillary personnel and boasts 300 volunteers. Playing an important role in regional development, Western Galilee Hospital (WGH) has created an atmosphere of peace and tolerance,

cooperation and friendship. Its staff reflects the Galilee's culturally diverse mosaic of Jews, Moslems, Christians, Druze, and large immigrant populations from the former Soviet Union and Ethiopia. In addition to providing civilian care, the hospital is a treatment center for the Israel Defense Forces. During the Lebanon war in the summer of 2006, Western Galilee Hospital received the largest number of both civilian and military casualties. Its well-honed emergency preparedness procedures and its extensive underground hospitalization facilities enabled it to function without interruption despite damage to buildings and equipment from incoming

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rockets.



Western Galilee Hospital is a teaching hospital affiliated with the new Faculty of Medicine in the Galilee of Bar-Ilan University. Many of WGH hold appointments to the faculty and we are proud to be the largest recipient of medical students from the new medical school.

The Department of Cardiology at Western Galilee Hospital, headed by Dr. Shaul Atar, offers advanced cardiac diagnostic tests and therapeutic procedures to a diverse population,

which has doubled in size since the department's establishment in 1979. Comprising 7 senior physicians, 5 fellows and a dedicated ancillary staff, the department provides a range of services and treatments that are not available elsewhere in the region, including an Arrhythmia Center and Cardiac Catheterization Center. The department is accredited for a full three-year fellowship by the Israeli Scientific Council.



The heart of the department is the ICCU with 6 beds, headed by the deputy head of the department Dr. Alicia Wishniak. The intermediate unit occupies 21 beds, and in 2011 there were 2,459 patients admitted to the

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ICCU and intermediate unit. Over 70 patients are admitted each month with acute coronary syndrome, and the others are admitted with heart failure, arrhythmias, and for elective procedures. The nursing staff is highly qualified and graduated advanced courses and academic degrees, and is involved in self-initiated research on prevention of drug toxicity, improvement of patient adherence, and detection of low-compliance patients post MI.



The catheterization laboratory, headed by Dr. Marc Brezins, performs nearly 1600 cardiac procedures, including over 200 primary PCIs (to all patients admitted with STEMI) and

a total of more than 800 PCI procedures per year. The department is ranked third in Israel for the number of patients who receive primary PCI. Together with Dr. Sergei Pinzur and Dr. Mark Gellerman, they make a highly experienced and active interventional group. We have 2 catheterization suites, one mainly dedicated to cardiac interventions, and the other for EP. The team is highly efficient, with an average D2B time of 63 minutes, and a very low complication rate. We also performs peripheral interventions, aortic valvuloplasty and will soon start performing renal denervation for persistent uncontrolled hypertension. The lab is also involved in multicenter

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clinical studies.



The EP and pacemaker unit, headed by Dr. Ron Sela, working with Dr. Mark Gellerman, performs nearly 300 procedures per year, including 130 pacemakers, 70 high-power devices (ICD & CRT), and nearly 100 EPS and ablations, including AF, VT, VPB and supra-ventricular arrhythmia ablations. The EP suite is equipped

with CARTO 3 system, PRUCKA and intracardiac echocardiography. The EP team is involved in both self-initiated and multi-center clinical trials in AF pharmacological and device therapy.



The non-invasive unit and heart institute, under the supervision of Dr. Alexander Shturman, is a very active out-patient clinic including a busy IDF (Israeli Defense Forces) soldiers' clinic, and performs more than 4,500 echocardiograms and 1,200 ergometry studies. The unit is equipped with 3D echo system, and is unique in performing stress echocardiography with transesophageal pacing.

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Research activity

The clinical research unit is very active, and includes a dedicated research physician and 3 research coordinators. Since 2009, the research unit has enrolled more than 500 patients in 18 different multi-center clinical trials, with very high patient retention rate in long-term studies.

The studies range from acute coronary syndromes, heart failure, primary and secondary prevention, to arrhythmia and device therapy.

A newly established cardiac basic research laboratory has been opened last August, in association with Eliachar research center in WGH. Dr. Shaul Atar and Dr. Offir Ertracht (PhD) are studying models of anemia, kidney injury and cardiac protection (cardiorenal syndrome), as well as the effects of moderate and intensive exercise training in heart failure models, as well as in patients with

severe heart failure (in collaboration with Rabin Medical Center). Future studies will continue our exploration of the use of low-frequency therapeutic ultrasound for coronary recanalization and collateral formation.

In the clinical arena, we (in collaboration with the Nephrology department) are prospectively studying the protective effect of Erythropoietin on prevention of contrast-induced nephropathy. Another research focus of the department is the epidemiology and treatment of pericardial diseases. A novel method for creation of pericardial window is currently under exploration.

Dr. Alex Shturman, together with Dr. Shaul Atar, are studying the feasibility and accuracy of transesophageal pacing stress echocardiography in patients with suspected ischemic

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heart disease. Another research project evaluates the utility of MSCT for the detection of atherosclerosis by MSCT in asymptomatic women who received radiotherapy for breast cancer. In collaboration with the Surgery department, we are studying the hemodynamic effects of pneumatic sleeves used in abdominal surgery.

The New Department of Cardiology

The Department of Cardiology is currently housed on the third floor of the Internal Medicine building of the Western Galilee Hospital, whereas the heart institute is located at the entrance floor in a separate building. The existing facility has thus become increasingly inadequate for the growing number of patients. A rise in demand for the Intensive Cardiac Care Unit (ICCU) also presents a set of challenging circumstances for the department. Therefore, we are currently engaged in search of funds

and construction of a new Department of Cardiology, covering 2,200 square meters, which will house a range of integrated services and units, including:

- Intensive Cardiac Care Unit – 10 beds
- Cardiac Ward – 20 beds, private and double rooms
- Catheterization Unit
- Electrophysiology and Pacemaker Unit
- Step-down and Intermediate Care Units
- The Outpatient Cardiac Clinic and Clinical Cardiac Research Unit will remain in the existing facility.

The new facility will enable the provision of high-level cardiac treatment and care in a centralized environment. This greatly reduces the need to transfer patients across the hospital for treatments and services,

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therefore minimizing unnecessary risks.

In addition, the new department includes a safe environment in the hospital's protected facility, specially designated for cardiac patients. Even during times of war and conflict, patients of the Department of Cardiology are assured secure, continuous care without having to be moved to temporary emergency facilities. This is a crucial factor in the successful outcome for patients with emergency and life-threatening cardiac illness.

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Dr. Sela: ron.sela@naharia.health.gov.il

Dr. Shturman:
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Dr. Pinzur:
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Dr. Gellerman:
mark.gellerman@naharia.health.gov.il



Featured Article

Drug Eluting Stenting in Bifurcation Coronary Lesions Long-Term Results Applying a Systematic Treatment Strategy

Abid R. Assali,* MD, Hana Vaknin-Assa, MD, Eli Lev, MD, Igal Teplitsky, MD, Danny Dvir, MD, David Brosh, MD, Tamir

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Bental, MD, Alexander Battler, MD, FESC, FACC, and Ran Kornowski, MD, FESC, FACC

Objectives: To explore the long-term results following implantation of drug-eluting stents (DES) in bifurcation lesions according to contemporary “real world” practice. Background: Limited information is available on the long-term outcomes of patients with bifurcation lesions who are treated using DES. A systematic approach for bifurcation lesion management was applied, using either a “provisional” single stent technique or a dedicated two stents strategy according to the side-branch diameter and severity of its ostial stenosis.

Methods: Four hundred one consecutive patients underwent bifurcation percutaneous coronary intervention (PCI) using DES and were included in our prospective registry. All adverse events were recorded up to 2 years and distinguished according to the planned PCI strategy (e.g., one versus two stents technique). Results: A planned two stents strategy was used in 141 patients (35% of patients). In 260 patients (65%), the planned treatment involved stenting of the main branch only with “provisional” stenting of the side-branch according to procedural course. Thus, 24 patients (9.2%) needed additional stenting at the side-branch to complete the PCI. Cumulative major adverse cardiac event rate at 1 and 2 years was similar for both groups (11.4% vs. 14.8% at 1 year and 19.4% vs. 25.7% at 2 years for the single vs. two stents groups, accordingly, P =NS for both). Likewise,

there was no difference in mortality, cardiac mortality, myocardial infarction, need for target lesions or target vessel revascularization, or definite stent thrombosis rate between the two groups at 6, 12, and 2 years follow-up. The rate of angiographically confirmed (i.e., definite) stent thrombosis did not differ between the two groups during follow-up.

Conclusions: Our study revealed favorable long-term clinical results following DES implantation using a systematic, rather simplified approach towards bifurcation stenting and using either a single or double stenting technique.

Cardiac Catheterization Laboratories,
Department of Cardiology, Rabin Medical
Center, Petach Tikva, The “Sackler” School of
Medicine, Tel Aviv University, Tel Aviv, Israel

*Correspondence to: Abid R. Assali, MD, Cardiac
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Beilinson), Petah Tikva (49100), Israel. E-mail:
<mailto:aassali@clalit.org.il>.

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TABLE V. Clinical Outcome

| | All, N = 401 | One stent, N = 260 | Two stents, N = 141 | P-value |
|---------------------------------|-----------------|-----------------------|------------------------|---------|
| Six months | | | | |
| Death | 6 (1.5%) | 1 (0.4%) | 5 (3.6%) | 0.2 |
| Cardiac death | 6 (1.5%) | 1 (0.4%) | 5 (3.6%) | 0.2 |
| Myocardial infarction | 12 (3%) | 9 (3.5%) | 3 (2.1%) | 0.9 |
| Definite stent thrombosis | 3 (0.8%) | 3 (1.20%) | 0 (0%) | 0.8 |
| Revascularization | | | | |
| Target vessel revascularization | 17 (4.21%) | 11 (4.2%) | 6 (4.3%) | 1.0 |
| CABG | 9 (2.2%) | 6 (2.3%) | 3 (2.1%) | 1.0 |
| MACE | 31 (7.7%) | 18 (6.9%) | 13 (9.2%) | 0.9 |
| | N = 364 | N = 236 | N = 128 | |
| One year | | | | |
| Death | 13 (3.6%) | 7 (3%) | 6 (4.7%) | 0.4 |
| Cardiac death | 10 (2.8%) | 4 (1.7%) | 6 (4.7%) | 0.2 |
| Myocardial infarction | 14 (3.9%) | 9 (3.8%) | 5 (3.9%) | 0.9 |
| Definite stent thrombosis | 4 (1.1%) | 3 (1.3%) | 1 (0.8%) | 0.7 |
| Revascularization | | | | |
| Target vessel revascularization | 26 (7.1%) | 17 (7.2%) | 9 (7%) | 0.7 |
| CABG | 10 (2.7%) | 6 (2.5%) | 4 (3.1%) | 0.9 |
| MACE | 49 (13.5%) | 30 (12.7%) | 19 (14.8%) | 0.7 |
| | N = 289 | N = 180 | N = 109 | |
| Two years | | | | |
| Death | 17 (5.9%) | 9 (5%) | 8 (7.3%) | 0.4 |
| Cardiac death | 13 (4.5%) | 5 (2.8%) | 8 (7.3%) | 0.06 |
| Myocardial infarction | 17 (5.9%) | 10 (5.6%) | 7 (6.4%) | 0.8 |
| Definite stent thrombosis | 5 (1.7%) | 3 (1.7%) | 2 (1.8%) | 0.9 |
| Revascularization | | | | |
| Target vessel revascularization | 40 (13.8%) | 25 (13.9%) | 15 (13.8%) | 0.9 |
| CABG | 12 (4.2%) | 6 (3.3%) | 6 (5.5%) | 0.5 |
| MACE | 63 (21.8%) | 35 (19.4%) | 28 (25.7%) | 0.2 |

TABLE III. Procedure Characteristics

| | One stent, N = 260 | Two stents, N = 141 | P-value |
|---------------------------|-----------------------|------------------------|---------|
| Stent type | | | |
| SES | 47.5% | 49% | 0.8 |
| ZES | 28% | 24% | |
| PES | 12.7% | 14.6% | |
| EES | 8% | 10% | |
| BES | 3.8% | 2.4% | |
| Stent length (mm) | 22.2 ± 6.7 | 22.4 ± 7.3 | 0.8 |
| Kissing balloons | 190 (73%) | 128 (91%) | 0.002 |
| Inflation pressure | | | |
| Main vessel | 18.6 ± 3.6 | 17.6 ± 3.8 | 0.001 |
| Side-branch | 13.4 ± 3.9 | 15.5 ± 3.9 | 0.001 |
| Anti-GP 2b/3a use | 145 (56%) | 90 (64%) | 0.7 |
| Fluoroscopy time (min) | 21 ± 10 | 25 ± 13 | 0.001 |
| Contrast agent used (mL) | 210 ± 77 | 238 ± 75 | 0.02 |

SES: sirolimus eluting stents; EES: everolimus eluting stents; PES: paclitaxel eluting stents; BES: biolimus eluting stents; ZES: zotarolimus eluting stents.

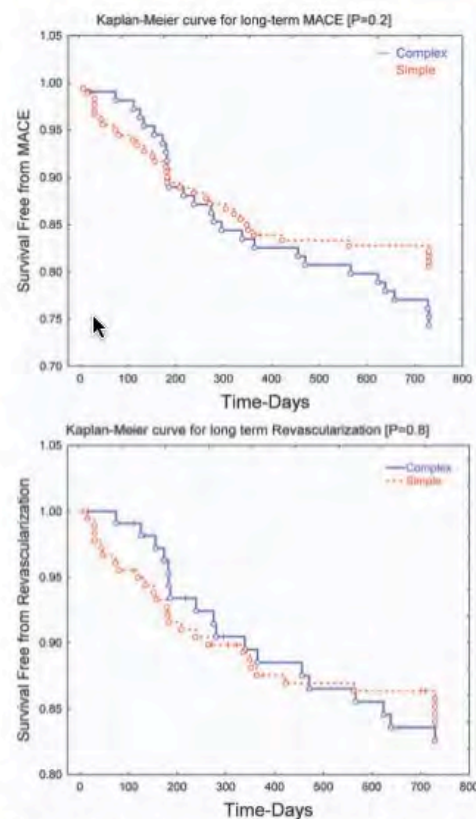


Fig. 2. Kaplan-Meier curve for long-term MACE (upper) and revascularization (lower) outcomes (P values were computed with the log rank test). [Color figure can be viewed in the online issue, which is available at wileyonlinelibrary.com.]



International Dead Sea Symposium Fellow's Case Competition

Four fellows from the USA presented their winning cases at the recent International Dead Sea Symposium. They were JoonHyuk Kim, MD, Montefiore Medical Center, Malini Madhavan, MD, Mayo Clinic

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Rochester, Mark Bowers, MD, Medical College of Wisconsin, and Juan Viles-Gonzalez, MD, Mt Sinai School of Medicine. Congratulations to the winners!



We are particularly grateful to those who can be sponsors at any one of the levels indicated below:

\$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.

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.



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
c/o Debbie Burg
8626 Central Park
Skokie, IL 60076**

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

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We would like to thank our Platinum, Gold, and Silver Members for their past and future support! Please also see the President's Message on Page 1 for additional donations made at the recent ACC- Thanks to all!



FIHS at ACC

We had a wonderful reception at the recent ACC meeting in Chicago at the Spertus Jewish Museum, overlooking scenic Lake Michigan. Our Board of Directors met prior to the reception and was attended by Joe Alpert, M.D., Ben Barzilai, M.D., Gary Gershony, M.D., Jeff Goldberger, M.D., Chaim Lotan, M.D., Richard Popp, M.D., Amit Segev, M.D., Jack Stroh, M.D., Giora Weisz, M.D., Michael Wolk, M.D., and Douglas Zipes, M.D. In addition, there was a Joint Session of the Israel Heart Society and the ACC Monday March 26- topic PCI. We were honored to have a guest speaker, Consul General of Israel, Orly Gil. Below are some pictures of the festivities- and a great time was had by all. Special thanks to Doug Zipes for using the occasion to raise thousands of dollars to further our international fellowship programs. Thanks to Batia Ziv, our special photographer for the evening!



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Orly Gil, Consul General of Israel in Chicago.



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Highlighting Joint Programs

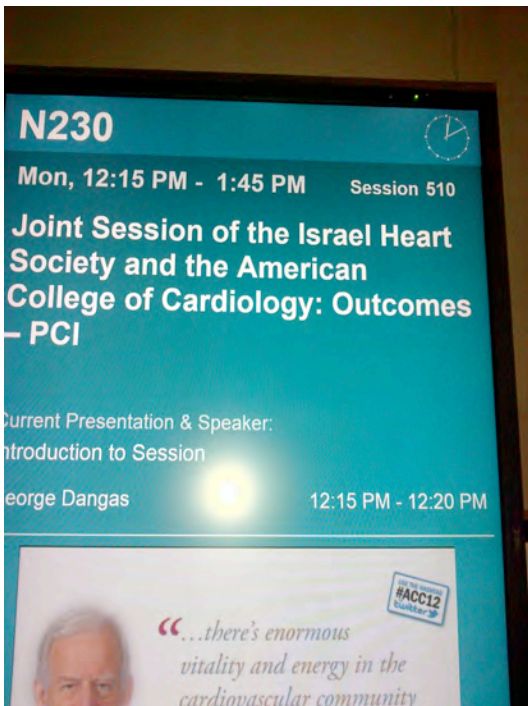
This section highlights ongoing Interchange Programs taking place at American sites. Thanks to Board member Richard Popp for directing this program and allowing us to publicize it:

Feldman Family Foundation Visiting Professors Program

**Stanford University School of
Medicine, Palo Alto, California,
USA**

Program Director: Richard L. Popp,
M.D.

Purpose: The aim of the professorship is to allow senior Israeli physicians, in the mid-portion of their careers, to have sufficient time away from clinical duties to update their general skills and/or to acquire specialized knowledge that they will transmit to their colleagues and students on their



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return to Israel. Physicians from any field may apply. Each visiting professor will have a program tailored to his or her needs by the Program Director and a collaborating Stanford Faculty sponsor, who will ensure the quality of the visiting professor's day-to-day activities. The experience of living in the United States for 6 months is an additional aspect of the program.



I would also encourage Israeli programs to let our membership know about happenings and offers for training in Israel:

Opportunity – Meir Hospital

The opportunity to do a 3-year fellowship in Cardiology is available at an Israeli Hospital.

Program includes active CCU, Interventional Cardiology, Echocardiography, Nuclear Cardiology and an active program in Preventive Cardiology.

Suitable for Trainees with Internal Medicine background.

If interested e-mail:
morris.mosseri@clalit.org.il

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 Debbie Burg, our entire FIHS Staff!

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.



Don't forget to donate blood when you visit Israel!

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

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ניסן תשע"ב SPRING 2012

נשיא
חיים לוטן
ירושלים

נשיא יוצא
גד קרן
תל אביב

נשיא נבחר
יוסף רוזמן
חולון

מזכיר כללי
עמית שגב
תל השומר

חברי ועד:

דן אליאן
תל השומר

דוני אלקלעי
ירושלים

קרלוס כפר
באר שבע

דונ רוזנשטיין
חיפה

נציג קרדיולוגיה ילדים
דני פינק
ירושלים

נציג כירורגית לב
דניאל פינק
ירושלים

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Jerusalem

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Batia Ziv
Ramat Gan

האיגוד הקרדיולוגי בישראל
ISRAEL HEART SOCIETY



To All Our Dear Friends of the Israel Heart Society

2013 will be a landmark year, the 60th "birthday" of the Israel Heart Society in April.

We are planning to celebrate by holding a large international scientific meeting in Jerusalem. During this meeting we are planning to include 1 or 2 joint sessions with the American College of Cardiology, which will naturally be sessions in English.

We will be very happy to see many of our overseas friends join us in Jerusalem for this event.

Chaim Lotan, MD, FESC, FACC
President

Amit Segev, MD, FESC
Secretary General