From the BCVS Chair

Ronglih Liao

A Proud History

In July 2019, the American Heart Association (AHA) Council on Basic Cardiovascular Science (BCVS) will celebrate its 20th anniversary. For this first News and Views: From the BCVS Chair for *Circulation Research*, I thought it would be most appropriate to provide a brief history and mission statement of the AHA BCVS Council.

In 1924, 6 leading cardiologists across the nation—Drs Lewis A. Conner, Robert H. Halsey, Hugh D. McCulloch, Robert B. Preble, Joseph Sailer, and Paul D. White—founded the AHA in New York City.[1,2] Originally, the organization was called the Association for the Prevention and Relief of Heart Disease. At the time, little was known about the root pathobiology, risk factors, or treatment of heart disease. These visionary physicians recognized the deep need for a national organization and platform that would enable the free exchange of knowledge, with a goal of providing more effective treatment of patients with heart disease. Since then, AHA has evolved into the leading organization for dissemination of information on cardiovascular disease, with guidelines and protocols representing the standard of care across the world.

The Council of BCVS emerged from the AHA as a result of a successful merger of 2 leading AHA Councils/Sections: the Council/Section on Circulation and the Council/Section on Basic Science.[3,4] The Council on Circulation was originally established in 1935 as the Section for the Study of the Peripheral Circulation and was among the initial 13 AHA Sections. Dr George E. Brown served as the founding Chairman of the Section although sadly he did not live to attend the first meeting held in 1936. To honor Dr Brown's tremendous contribution, the George E. Brown Memorial Lecture was established in 1937 with an inaugural lecture by Dr Walter B. Cannon on factors affecting vascular tone. Today, BCVS Council continues this tradition, and thus far 77 internationally renowned leaders in cardiovascular research have given this lecture in Dr Brown's honor. Almost 2 decades later, in 1953, the Council/Section on Basic Science was founded. The same year, the AHA launched *Circulation Research*, one of their flagship journals. With the growing recognition of overlapping interests and synergy between the Council on Circulation and the Council on Basic Science, these groups officially joined on July 1, 1999 to form the council on BCVS. This joint venture has made BCVS the third largest council within the AHA, with currently ≈4000 members from 45 countries. The high level of basic, translational, and clinical research performed by BCVS members is highlighted annually at the AHA Scientific Sessions, as well as at the annual BCVS summer scientific meeting.

The BCVS annual summer scientific conference was initiated by a group of council members with a common scientific interest in molecular cardiovascular biology. This gathering has emerged as a must go-to cardiovascular meeting and attracts both trainees and independent investigators. The 2016 BCVS Scientific meeting attracted >550 attendees from 22 countries, and the 2017 conference will be focused on Omics approaches to cardiovascular biology, Big Data analysis, and emerging technologies for biomedical research. The BCVS Scientific Sessions 2017 will be held in Portland, Oregon, an ideal summer destination with mild weather and beautiful surroundings to spur both scientific discussions and outdoor activities.

Strengthening the Basic Research That Drives Translational Investigation and Clinical Practice

The overarching mission of the BCVS Council is to accelerate our collective understanding of the molecular mechanisms underlying cardiovascular health and disease, with an eye toward identifying new therapeutic and preventative strategies for heart disease. Since its inception, the AHA has long recognized the impact of basic research on heart health. With the AHA 2020 impact goal—by 2020, to improve the cardiovascular health of all Americans by 20% while reducing deaths from cardiovascular diseases and stroke by 20%—the importance of basic research in realizing this mission has only continued to grow. Moving forward, this mission will certainly grow to include personalized and precision approaches that allow for recognition of individuals at high risk for heart disease and more effective target based therapies.

Although important gains in the treatment of cardiovascular disease have been realized during the better part of the last decade, we are far from reaching our ultimate goal. After several years of steady decline, it is concerning that age-adjusted total cardiovascular disease mortality rates have begun to flatten out and even increase slightly (Figure). Now, more than

From the Divisions of Genetics and Cardiovascular Medicine, Department of Medicine, Brigham and Women's Hospital, Harvard Medical School, Boston, MA.

Correspondence to Ronglih Liao, PhD, Cardiac Muscle Research Laboratory, Brigham and Women's Hospital, Harvard Medical School, 77 Ave Louis Pasteur, NRB 431, Boston, MA 02115. E-mail rliao@rics.bwh.harvard.edu

(*Circ Res*. 2017;120:1707-1708. DOI: 10.1161/CIRCRESAHA.117.310524.)

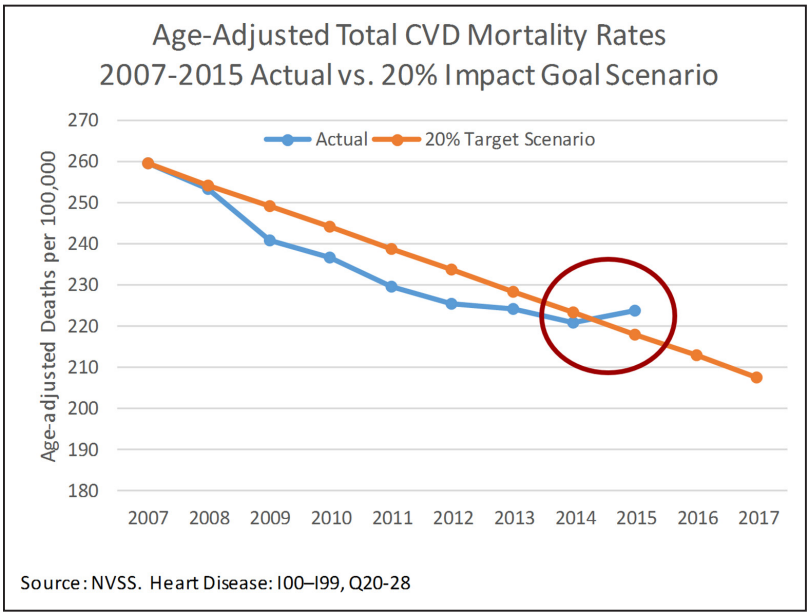

Figure. The age-adjusted mortality rate because of cardiovascular disease (CVD) was obtained by searching for the relevant International Classification of Diseases, 10th Revision (ICD-10) codes (I00-I99, Q20-28) in the National Vital Statistics System (NVSS) database maintained by the National Center for Health Statistics (https://www.cdc.gov/nchs/nvss).[5] The actual mortality rate (blue line) is compared with the AHA 2020 impact goal (orange line) to reduce deaths by 20%.

ever, there is a need to renew our investment in fundamental cardiovascular research and collaborative efforts across all AHA Councils; our council members are well positioned to lead this important effort.

Investing in Future Minds

The BCVS Council is pleased with our priority and tradition of supporting and promoting the next generation of scientists and physician scientists. Importantly, we have particularly focused on diversity and inclusion. Our council supports 2 named young investigator Awards: the Louis N. and Arnold M. Katz Basic Research Prize and the Melvin L. Marcus Young Investigator Award. Young investigators compete for these awards at the annual AHA Scientific Sessions. To maintain our healthy growth and promote vitality of research, we are making a concerted effort to nurture our junior investigators and future leaders. In addition, our early career committee has been active in identifying and advocating for opportunities for early career stage investigators, including providing greater community exposure through presentations and chairing of meeting sessions. As part of the BCVS Scientific Sessions, the conference program committee works closely with the early career committee to design sections specifically tailored to early career investigators, including networking sessions with established investigators and leaders, assistance with grant writing and scientific communication, experience with mock study sections, advice on critical work–life balance, and overall support to cultivate the next generation of scientific leaders.

Looking Ahead

I am honored to inherit the leadership of a council with proud and successful history, including in former Council Chairs, Drs Thomas H. Hintze (2000–2002), Eduardo Marbán (2002–2004), Roberto Bolli (2004–2006), Richard N. Kitsis (2006–2008), Steven R. Houser (2008–2010), Mark A. Sussman (2010–2012), Walter J. Koch (2012–2014), and Joshua M. Hare (2014–2016). Each former Council Chair has been unique in their style although they have all been united by a common passion to advance science and biomedicine. I firmly think that the whole is greater than the sum of its parts (Aristotle, 384–322 B.C.). I see my role as BCVS Council Chair is to make all our members feel ownership over the council and to lead by listening and bringing all members' input into consideration. Collectively, our council members have a greater opportunity than ever before to positively impact the cardiovascular discovery and the ultimate care of patients. Our council members' ideas will project the future of the council and shape the next generation of cardiovascular investigators and leaders. Only by working together and by building bridges with other AHA Councils will we realize our scientific mission of a society free of cardiovascular disease and stroke.

Disclosures

None.

Sources of Funding

The author receives funding support from National Institutes of Health grants HL088533, HL112831, and HL128135, and American Heart Association 16CSA28880004.

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Circulation Research
JOURNAL OF THE AMERICAN HEART ASSOCIATION

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Circ Res. 2017;120:1707-1708
doi: 10.1161/CIRCRESAHA.117.310524
Circulation Research is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231

Print ISSN: 0009-7330. Online ISSN: 1524-4571