

NEWSLETTER OF THE FRIENDS



האיגוד הקרדיולוגי בישראל
ISRAEL HEART SOCIETY



of the Israel Heart Society



Editor's Note: Welcome to the Winter 2019 FIHS Newsletter. This is issue 34, an exciting issue, where we are celebrating our 10th Anniversary!

This year we will be finishing our 10th year (yes, 1 decade!) since the new format and current editorship. Ten years does fly by in the wink of an eye! We will have some lookbacks at key articles and memories from the past 10 years- Jeff Goldberger will also be finishing his 10th year of leadership since taking over from Doug Zipes, our Society's inaugural President.

The current issue will include its usual features- a message from our President, Jeff Goldberger, announcements of Israeli Cardiology Meetings, Heart Beats section, and our new Classified Section will be moved to the end of the newsletter. In addition, we include other Israeli cardiology news of interest to our members. We feature an interview with Doron Zahger, the new President of the Israel Heart Society. There are pictures from the ICI Meeting 2019 which took place in December in Tel Aviv.

Also, don't forget to join us at our annual FIHS Banquet at ACC- this year in Chicago

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**Sunday, March 29,
2020 at
Spertus Institute
610 S. Michigan Ave,
Chicago, IL 6:30 pm
to 8:30 pm
See page 70 for details!**

Please note- the 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 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) and feel free to forward this Newsletter.



Message from the President

Thank you to all our Friends for your support for the Friends of the

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of the Israel Heart Society

Israel Heart Society in 2019 and your upcoming support in 2020. Your help, support, and friendship are truly felt and appreciated by the Israel Heart Society. Please join us for the FIHS reception on March 29, 2020 at the American College of Cardiology meetings in Chicago (see attached details).

We are celebrating the completion of 10 years of this newsletter. This has been an effort of love and devotion by Dr. Jack Stroh, our tremendous newsletter editor, and my friend and colleague since my first day in medical school. I thank all of you who have recognized his efforts to produce this high quality and informative newsletter. We were delighted to honor him for his service at the 2019 American College of Cardiology meetings in New Orleans.

We continue to work on supporting the tremendous international meetings that take place in Israel. Throughout this newsletter, you will see information about past and upcoming meetings. If you have not yet had the opportunity to

attend one of these meetings, I highly suggest that you place one of these meetings on your calendar. These are high quality meetings with outstanding international faculty. Their intimate size provides a great milieu for interaction. The Friends of the Israel Heart Society continues to support (with industry support from Abbott and Biosense Webster) the Fellow's Case Competition at the upcoming International Dead Sea Symposium. This is a great opportunity to bring fellows from the United States to the meeting, representing the first time for many being in Israel. This year's fellows and presentations are:

Naga Pothineni, MD

Tackling Tough Atrial Substrate – Bipolar to the rescue!!! Perelman School of Medicine at the University of Pennsylvania

Rajiv Kabadi, MD Left Bundle Branch Pacemaker Implantation as Bailout for Cardiac Resynchronization Therapy. Virginia

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Commonwealth University
Health System

Peter Hanna, MD

Percutaneous Ablation of
the Stellate Ganglion: A
Novel Neurointerventional
Approach for the
Treatment of Ventricular
Tachycardia. University of
California, Los Angeles

Harold Rivner, MD Flecainide
Toxicity Leading to Loss
of Pacemaker Capture and
Cardiac Arrest. University
of Miami/ Jackson
Memorial Hospital

David Rosenthal, MD
Concealed left-sided
nodoventricular accessory
pathway successfully
ablated in the proximal
coronary sinus. University
of California, San
Francisco

Aaron Strobel, MD Micra
Leadless Pacemaker:
Fighting Device
Infections. University of
Colorado

Fellowship training remains a key
need for the Israel Heart Society –
the opportunity for Israeli

cardiology trainees to come and
receive advanced training in North
America. We need more
volunteers and centers to further
develop such programs. Please
think about how YOU can help
facilitate this. Please contact me if
you are interested in pursuing this
in your local area.

There is so much going on in our
lives, in our medical communities,
and in politics – we are about to
see a third round of Israeli
elections and experience a US
election year. With all these
distractions, how can each of you
find the time to help the Friends of
the Israel Heart Society, even in a
small way. The answer is simple –
come to Israel for a scientific
meeting, help recruit more
members to our organization, and
help us raise funds to support
Israeli cardiology fellows get
advanced training. If you are not
yet a sponsor, please join the many
sponsors for the Friends of the
Israel Heart Society – See Page 69
for our list of sponsors. We are
extremely grateful to our Silver,
Gold, and Platinum sponsors for
2019 who are listed on page 69 for

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their continued dedication to the Friends of the Israel Heart Society.

If you can help toward any of these goals, please reach out to me. I am confident that our membership has a broad network that can help us move toward accomplishing these goals.

We still need your help reaching out to the large number of cardiac care specialists who are (or might be) interested in the activities of the Friends of the Israel Heart Society, but who we have NOT YET reached. Please forward this newsletter to ten colleagues who you feel might be interested – new members can get on our mailing list either by signing up via our website

<http://www.friendsihs.org/index.html> or by emailing me at jgoldberger@miami.edu.

FIHS Heart Beats! If you have personal and/or academic milestones you would like to share with the FIHS membership, please submit these to Jack Stroh at jackstroh@usa.net. This is a wonderful opportunity for our members to share news.

With best wishes for a great 2020,

Jeff Goldberger, M.D., M.B.A.
President, Friends of the Israel Heart Society



President of the IHS-
Doron Zahger



Doron Zahger is the new President of the Israel Heart Society. He has been a leader not only in Israeli Cardiology but also in the European Society of Cardiology and the International Conference on Acute Cardiac Care.

We interviewed Professor Zahger recently:

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ED: Tell us about Doron Zahger- your background, training, and family.

DZ: I studied Medicine at Technion, and did my internal medicine and cardiology training at Hadassah Hospital. My advanced cardiology training was at Cedars-Sinai. After that, I was attending physician at Hadassah Hospital CCU. In 2000, I became co-director of the intermediate and intensive CCUs at Soroka Medical Center, in Beer Sheva. I am currently Director of the Department of Cardiology at Soroka. I am married with 2 daughters.

ED: Who have been your career mentors and what advice have they given you that you use today?

DZ: Dr. Meyer Brezis at Hadassah taught me to value

evidence-based medicine. Dr. Mervyn Gotsman is a general role model. From Cedars-Sinai- William Ganz, Prediman K. Shah, and Bojan Cercek taught me the value of research, being familiar with data, being precise and curious, and to ask questions.

ED: What are the biggest problems in cardiology today in Israel?

DZ: There is a need for more access to technology. Some patients are restricted, and some technology is either not available or restricted. Assist devices are only available at limited centers nationally. TAVR as well has been limited to few centers. Cardiology manpower at the periphery of the country is limited despite a surplus of graduates. There are not enough physicians' slots at

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hospitals due to budget constraints and limits by the National Health Service.

ED: What are your goals as President of IHS?

DZ: We need to get better care for our patients. They need better health education and advocacy. We must fight for the latest and best technology to be widely available. We need a strategy and finances to allow our fellows to get the finest advanced training all over the world. We need to nurture our connections with ESC, AHA, ACC as a means to foster research and medical associations.

ED: What is your hobby?

DZ: 20th century world history.



New Project to raise funds for Israeli Cardiology Fellows overseas (reprinted from the last Newsletter)

The Friends of the Israel Heart Society (FIHS) is an association of health care professionals from around the world dedicated to support the delivery of cardiovascular healthcare, training, and research in Israel. This is our Mission.

Recently, our President Jeff Goldberger spoke with Drs. Glikson and Kornowski (the former President and current President of IHS) about how our Society could best help Israeli Cardiology. Both agreed that they really need help supporting more Israeli cardiology fellows to do their subspecialty

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training in the USA or Canada so they can bring back to Israel advanced expertise and capabilities. The Israel Health System currently does not have the resources to provide this advanced training at home, and these opportunities are costly to support. We estimate each fellow position would require raising \$60,000.

We learned of a currently successful program at Lankenau Institute for Medical Research funded by the Lankenau-Israel Strategic Alliance (LISA) under the leadership of our Board Member Dr. Charles Antzelevitch, Executive Director of Cardiovascular Research at Lankenau Institute for Medical Research. This group raised enough for more than 2

fellowships with local fundraising dinners at donor homes, physicians and civilians.

Our hope is to expand on this excellent start in Philadelphia to the rest of North America. This video was produced by the IHS explaining the need for the program. If any of our readers have any ideas on how to raise funding or would like to spearhead the continental effort, please contact me at jackstroh@usa.net.



<https://www.youtube.com/watch?v=I00vxjoRAaQ&feature=youtu.be>

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Highlights of ICI Meeting 2019

We had the pleasure of being invited to the ICI Meeting 2019, held in December at the David Intercontinental Hotel, Tel Aviv. This annual meeting is the premier cardiovascular startup/innovation meeting in the world, as I can attest to based on discussions with presenters from the world over. Rafi Beyar and Chaim Lotan chair this meeting, which is a 2-day world-wide of innovation after innovation. Over 2300 professionals attended from a myriad of nations.

The highlight of the meeting was the Innovation Award Competition- which carried a first place award of

\$100,000, provided by the Jon Dehaan Foundation.

The conference is preceded by a special day of either Academy of Innovation or Digital Health Day. Presentations were made by startup CEOs, engineers, physicians, industry CEOs, and representatives of the leading internet companies. The following are some images from the meeting. We are looking forward to returning next year!!



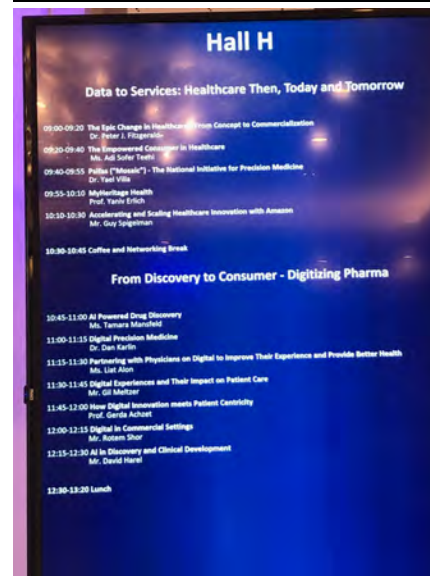
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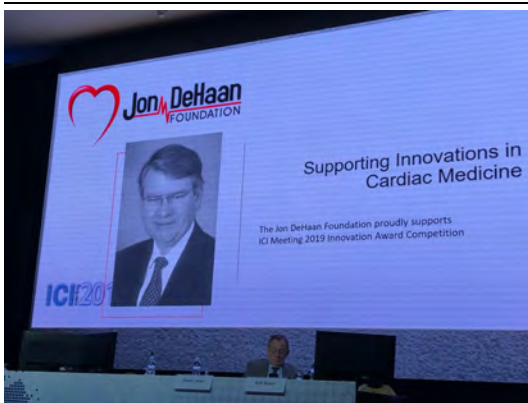
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Upcoming Meetings

**16th International Dead
Sea Symposium on
Innovations in Cardiac
Arrhythmias**

February 24-26, 2020

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David Intercontinental Hotel, Tel Aviv

<https://2020.idss-ep.com/>

The 16th International Dead Sea Symposium IDSS on Innovations in Cardiac Arrhythmias is dedicated to emerging technologies and therapies and will comprise all phases of the innovation process.

The 16th International Dead Sea Symposium IDSS on Innovations in Cardiac Arrhythmias covers topics such as:

- Innovations in Ablation Techniques
- Innovations in Cardiac Implantable Devices
- Innovations in Non-Invasive Electrophysiology
- Innovations in Imaging and Navigation Techniques
- Wireless Device Diagnostics and Therapeutics
- Heart & Brain: Newest Approaches in Brain Protection
- Epicardial
- New Implanted Devices (leadless
- Etc)
- SubQ
- Cell-Based and Stem Cell Therapy

- Remote Monitoring of Implanted Devices
- Atrial Fibrillation
- Sudden Cardiac Death
- Entrepreneurship in Electrophysiology Special Topics will include: Cardiac Pacing
- CHF
- Out-of-Hospital Cardiac Arrest
- ICD
- Arrhythmias in Childhood
- Genetic Aspects of Arrhythmia
- Syncope
- Arrhythmias in Athletes
- LAA Occluders
- Ablation of AF-various Techniques
- TAVI and Pacing
- Lead Extraction
- Arrhythmias in Out-patient Clinic
- Basic Aspects of Defibrillation
- Emotional & Ethical Considerations
- Management of Recalls: Legal
- Healthcare Economics of Pacing and ICD
- Pacing & ICDs Registry

The 16th International Dead Sea Symposium IDSS on Innovations in Cardiac Arrhythmias brings together:

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of the Israel Heart Society

- Specialists in Cardiac Arrhythmias
- Cardiologists
- Clinical cardiologists
- Electrophysiologists
- Cardiac Surgeons
- Internists
- Sports Medicine (also Army Sports Medicine)
- Pediatric Cardiology
- Family doctors
- Sport and Exercise Cardiology
- Technicians and related occupations
- Cardiology Nurses
- Biomedical engineers
- Innovative scientists
- Entrepreneurs

Surgery, under the Auspices of the Israel Cardiology Association

Expo Tel Aviv

May 13-14, 2020

<http://2020.israel-heart.org.il>



Israel Society of Cardiothoracic Surgery



האיגוד הישראלי לכירורגית לב וחזה
THE ISRAEL SOCIETY OF CARDIOTHORACIC SURGERY

Steering Committee

Eli Ovsyshcher
Michael Eldar
Michael Glikson
Roy Beinart



The 67th Annual Conference of the Israel Heart Society in Association with the Israel Society of Cardiothoracic

The upcoming meeting will focus on innovation in cardiovascular medicine, while combining original scientific contribution and invited lectures divided into plenary and parallel sessions in the various subspecialties. We are very proud to be hosting a large number of distinguished, world-renowned international guest speakers and leaders from the European Society of Cardiology (ESC), the American College of

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Cardiology (ACC), The American Heart Association (AHA), the Society of Cardiovascular CT (SCCT), AFICARDIO (French-Israeli Association in Cardiology) and many more.



12th International Conference: Acute Cardiac Care

Topics:

- Adult Congenital Heart Disease/pediatric cardiology
- Basic Science
- Cardiac Imaging
- Echocardiography and Valvular Diseases
- Heart Failure
- Acute Cardiovascular Care
- Interventional Cardiology
- Pacing and EPS
- Rehab/Epidemiology/Prevention and Risk Factors/Pharmacology
- Heart Surgery
- Myocardial and Pericardial Diseases

June 28-30, 2020

<https://cardiology-2020.isas.co.il/>

Acute Cardiac Care has been undergoing a substantial transformation in recent years as the population ages and our patients become more complex and require more multidisciplinary care. The *International Conference on Acute Cardiac Care*, held biennially in Israel, has long become one of the leading scientific events for acute cardiac care worldwide. In this meeting we cover the broad spectrum of contemporary acute cardiac care, including acute coronary syndromes, anti-thrombotic therapy, reperfusion and revascularization, acute heart failure, management of arrhythmias in the acute setting and general intensive care.

Our 12th meeting will take place in Tel Aviv on June 28-30, 2020 and will bring together health care professionals from all relevant disciplines, including cardiologists, intensivists, anesthesiologists,

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internists, cardiac surgeons, nurses, paramedics and other allied professionals. The meeting is held under the auspices of the Acute Cardiovascular Care Association of the ESC and the Israel Heart Society and is a major scientific event for all health care professionals working in acute cardiac care.

Tel Aviv and Israel offer rich opportunities for tourism and entertainment with unique historic and cultural sites as well as a vibrant, sea-side experience.

On behalf of the organizing committee, we look forward to welcoming you to Tel Aviv.

Sincerely,
Joseph S. Alpert
Yonathan Hasin
Doron Zahger

Steering Committee
Joseph S. Alpert, USA, Co-Chair
Yonathan Hasin, Israel, Co-Chair
Doron Zahger, Israel, Co-Chair

Roy Beigel, Israel, Secretary General
Shlomo Matetzky, Israel, Scientific Secretary
Giora Landesberg, Israel, Anesthesiology
Ofra Raanan, Israel, Nursing Coordinator
Zaza Iakobishvili, Israel

DEADLINE FOR POSTER ABSTRACTS March 1, 2020



Innovations in Cardiovascular Interventions Meeting 2020

December 6-8, 2020

**David Intercontinental
Hotel, Tel Aviv**

The **ICI Meeting 2020 - Innovations in Cardiovascular Interventions** is dedicated to innovations that will shape the future of cardiovascular systems and beyond.

The **ICI Meeting 2020 - Innovations in Cardiovascular Interventions** covers topics such as:

- Vascular interventions
- Horizons in coronary interventions
- Stroke prevention/intervention
- Transcatheter valvular therapies
- Cell therapy and heart failure
- Electrophysiology

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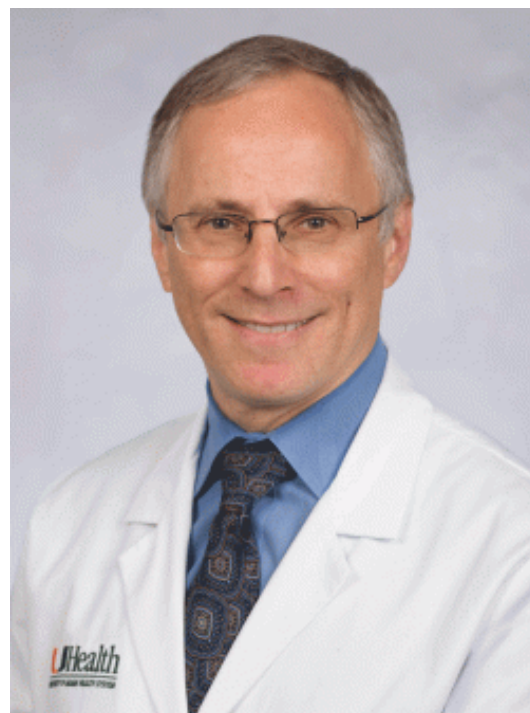
See pictures from the recent ICI Meeting 2019 elsewhere in this Newsletter.

between Israeli Cardiology and the rest of the world.



Look Back at 10 Year for the Newsletter of Friends of the Israel Heart Society

Ten years ago, the Friends of the Israel Heart Society transitioned its leadership. Doug Zipes, our Founding Father, handed the Presidency over to Jeffrey Goldberger at that time. Jeff, a nationally renowned electrophysiologist with funding from the NIH and AHA and who leads a national think tank on sudden cardiac death, set out to expand the influence of the FIHS as well as enhance the connection



Jeff thought that the way to reach out was to expand the Society's Newsletter. He reached out to a friend from Medical School with whom he shared a strong identification and love of Israel and cardiology- your editor. It was in 2009 that we decided to launch the

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ISRAEL HEART SOCIETY



of the Israel Heart Society

newly designed Newsletter
of the Friends of IHS.

Over the years, new sections were added according to the interests of our readers. We have covered various cardiology meetings in Israel, emphasized Israeli innovations and research, printed features on Israeli Hospital Centers and IHS presidents, and highlighted individual physician's accomplishments in our Heart Beats section.

What follows is a few snippets with their dates of publication! Some pictures are from our Annual FIHS Banquets at ACC.

Summer 2009



Morton Lebowitz and Jack Stroh,
April .2009

Editor's Note: Welcome to the new and improved Newsletter of the Friends of Israel Heart Society. We thank those that preceded us in these offices and use their experiences to build upon to make this Newsletter a vital organ in the growth of this wonderful organization that seeks to connect cardiologists and cardiac surgeons across the globe.

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This enterprise will be a team effort. I met with Morton Lebowitz MD, President and Scientific Director of the Israel Heart Fund at Meir Hospital in Kfar Saba over the Passover holiday in order to coordinate our efforts “across the sea” and come up with a Newsletter that would inform and educate our members across the globe.

Each quarterly issue will seek to inform our members about upcoming meetings in Israel as well as in the USA. We also plan to highlight a different Israeli Heart Center in order to familiarize American physicians with the state of cardiac care and medical advances in cardiology in Israel. This will include activities in clinical departments as well as clinical and/or basic research. Finally, we are trying to create an information stream that will encourage American members’ support for and participation in cardiology activities throughout Israel.

To this end, this Newsletter will endeavor to become the link for American cardiologists

to join their Israeli counterparts in educational articles and programs, research endeavors, and collaboration between Medical Centers in Israel and the United States. Upcoming Israeli Cardiology meetings will be announced with enough time for American cardiologists to change their vacation plans to be able to attend them.

Remember, this Newsletter belongs to the membership. Please feel free to email us with questions, advice, anything we inadvertently left out, or to just tell us we did a good job. We look forward to working with you to make this Newsletter and the connections between American and Israeli cardiologists and institutions grow and prosper!



From left to right above: Drs. Richard L. Popp, Eugene Braunwald, Douglas P.

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Zipes, Jeffrey J. Goldberger, and Giora Weisz.

by Drs. Goldberger, Zipes, and Lerman (right to left) to Dr. Beigel from Sheba Medical Center with Dr. Zahger from the Israel Heart Society (left) in attendance (photo compliments of Cardiology Today).

Winter 2009

Meet and Greet: The first "Meet and Greet" for FIHS took place November 10 in Skokie, Illinois. Featured guests were our own president Jeff Goldberger, Dr. David Guterman-dean of Clinical Research at the Medical College of Wisconsin, and Ms. Noa Asher- Consul for Economic Affairs to the Midwest, Government of Israel. This program succeeded in raising awareness of our Society and increased membership. More to come!

FIHS would like to encourage more of these in the years to come, as a means to locally spreading the goals of our Mission.



Traveling fellowship award to attend 2009 AHA Scientific Sessions presented



Dr. Stan Hillis and his band. Stan is a fixture of our banquets, providing the atmosphere annually. Thanks Stan!!



FIHS Board meeting at ACC

June 2010

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Prestigious journal rates Israeli cardiology better than most of Europe's.

Israeli cardiology has received an impressive report card from the European Society of Cardiology, whose prestigious European Heart Journal has found that the death rate of hospitalized heart attack patients in Israel is lower than that in 29 European countries. In addition, Israeli acute myocardial infarction patients get balloon angioplasty to open clogged coronary arteries faster than in all the others except Germany.

A few years ago, among all diseases cancer was identified as the biggest killer in Israel, surpassing heart disease, whose mortality rates have declined due to improved medical technology, highly trained cardiologists, greater accessibility and better prevention. Accessibility was increased when the Health Ministry required the health funds to give hospitals a rather generous, set amount per procedure instead of the much lower, per diem hospitalization rate.

Experts from 30 countries, from Austria to the UK, were asked to report on their own official national statistics, and Israel was represented by leading cardiologists Prof. Alexander Battler, Basil Lewis

and Shlomo Behar.

The just-published scientific paper reported that the number of annual Israeli angioplasties (catheterizations in which a tiny deflated balloon is pushed from the groin or arm into the heart to restore blood flow) is 2,726 per million residents – twice that in the US and higher than France and Italy. Only Germany had a higher rate than Israel's. Just 4.2 percent of patients died in the aftermath of heart attacks in Israeli hospitals, compared to 11.9% in Finland and 13.5% in Italy.

The article also noted that 75% of Israeli heart patients who undergo urgent angioplasties get it immediately rather than the less effective thrombolysis (injection of tPA, which gradually dissolves the clot).

At the same time, the number of new heart attack cases here is similar to the average European rate of 136 per 100,000, the Israel Heart Society reported. The journal showed in its tables that the rate of Israeli residents per catheterization center was 333,500 (there are 22 centers here), which was at an "optimal" level, making this country look good compared to most European countries. Israeli heart attack victims, on average, reach medical care in 90 minutes after the onset of symptoms compared to twice that in Belgium and Greece.

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The heart society's president, Prof. Gad Keren, and secretary-general Prof. Doron Zahger said they were proud that the mortality rate from heart attacks in Israel is among the lowest in Europe. "It reflects upon years of research and hard work by cardiology departments around the country, as well as the health system's correct investment in catheterization labs. To preserve this achievement for the future and even to improve on it, we must continue to invest many resources in research, manpower and equipment to deal with heart attacks. This investment has proven itself as saving lives," they concluded.

September 2010



Dan Tzivoni and the Editor from an article on his life and work.

Spring 2011- reaching out to the world

Israel in the News: This isn't exactly cardiology, but I can't help but be proud:

Those darn Israelis are at it, again!!!



ISRAEL'S IDF MEDICAL CLINIC STARTS WORK

IN TSUNAMI-STRICKEN MIYAGI PREFECTURE OF JAPAN

- CNN: "Israel is first to set up Surgical Unit in Japan"
- The Israeli clinic includes orthopedics, surgical and intensive care units as well as a delivery room and pharmacy.
- The delegation includes 50 doctors.
- They brought with them:
 1. 32 tons of equipment

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2. 18 tons of humanitarian aid- --
10,000 coats, 6,000 gloves and 150
portable toilets

3. Chicken soup?

Summer 2011

Management and Outcome of ACS in Israel in the Last Decade: The ACS Israeli Survey (ACSIS)

Prof. Shmuel Gottlieb, MD

**Chairman, ACSIS 2010 Executive
Committee**

On behalf of the ACSIS Investigators

It is now acknowledged that adherence to Evidence-Based Management Guidelines improves the outcome of patients with acute coronary syndromes (ACS). One important tool for the assessment of

adherence to management guidelines and for evaluating their clinical impact is the conduction of SURVEYS / REGISTRIES.

In Israel, **ACSIS** (Acute Coronary Syndrome Israeli Survey) is the tool for assessment of adherence to management guidelines for hospitalized ACS patients, and provides a state-of-the-art picture on the characteristics, management (medical and cardiac interventional) and outcome of ACS patients.



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האיגוד הקרדיולוגי בישראל
ISRAEL HEART SOCIETY



of the Israel Heart Society

METHODS:

ACSIS is a traditional biennial nationwide prospective community-based Survey of 2-month period, designed to assess the care of ACS patients admitted to all operating Cardiac Departments in Israel. By performing surveys every 2 years we are able to detect temporal changes (Trend) in the presentation and management of these patients and use the information to improve the care of cardiac patients.

ACSIS-2010, the "Decade" Survey, is the 10th Biennial National ACS Survey since it was launched in 1992 by Prof. Shlomo Behar, and is source of pride for the Israeli Cardiology. It was carried out during March-April 2010 by the Israel Society for the

Prevention of Heart Attacks (ISPHA) under the leadership of Dr Shlomi Matetzky and Prof. Shmuel Gottlieb from the Working Group on Intensive Cardiac Care, and the Working Group of Interventional Cardiology (led by Prof. Ran Kornowski, Prof. Haim Danenberg, and Dr. Amit Segev) under the auspices of the Israel Heart Society, with the collaboration of the Israel Society of Internal Medicine, the Israel Center for Disease Control (ICDC), and e-Med company. This fruitful collaboration has contributed to the success of ACSIS-2010.

Detailed data was collected on pre-specified CRF in all 26 CCU's and cardiology wards in all public hospitals in Israel, on patients admitted with the diagnosis of ACS. For the first time, the ACSIS-PCI survey was conducted, collecting detailed data of catheterization treatment of ACS patients from all 23 Cath-Labs in Israel. Also, data was collected on non-ACS patients, who comprise part of the patients hospitalized in ICCU. In addition, data from a representative sample of 37 Internal Medicine wards was collected by the Israel Society of Internal Medicine.

Since ACSIS 2008, the CRF is electronic and transferred via the

web, which made it possible to coordinate and monitor the on-going data collection during the survey, and to carefully evaluate and present the results in a relatively short time period.

The survey data are compiled in a survey brochure published by the Israel Center for Disease Control (ICDC) Ministry of Health, and presented on the ACSIS web site of the IHS. During the last decade more than 50 papers were published from ACSIS data in peer-review journals.

RESULTS (see Figures):

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ACSIS 2010 included 1781 patients hospitalized in Cardiology with ACS, 44% with ST-elevation. During the past decade we have noted decline in absolute number of ACS patients and in the proportion of STEMI. We have observed better adherence to guidelines, with a steady increase in primary reperfusion for STEMI (Fig. 2.1), with a shifting from thrombolysis to primary PCI (Fig. 2.2), an increase in use of revascularization techniques (Fig. 2.3), and Evidence Based Medications (Fig 2.4). These considerable changes in management were associated with a significant improvement in ACS patient's outcome: a striking decline in early and late mortality (Fig. 2.6), in-hospital complications, and a shorter hospital stay.

Acknowledgment: *This is the opportunity to thank again to all those who contributed to ACSIS project: The study coordinators and the staff members of all CCU's and Intermediate Wards, Cath Labs, Cardiac Departments and Internal Medicine wards, for their dedicated and hard work in collecting the data. The Israel Heart Society and its working groups, the ACSIS Executive Committee members, the Israel Medical Association, and finally the pharmaceutical and industrial companies and the ICDC for their generous support of the survey.*

Publication: *ACSIS 2010, Acute Coronary Syndromes Israel Survey, Survey Findings and Temporal Trends 2000-2010. The Israel Center for Disease Control (ICDC) Ministry of Health, Publication No. 337, May 2011.*

Highlighting Joint Programs

This is a new section where we will highlight ongoing Joint 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

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knowledge that they will transmit to their colleagues and students on their 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.

Fall 2011

Cardiac Care and Peace in Israel

Fixing broken hearts in Israel

By [Dina Kraft](#) · June 12, 2011 (JTA)



Laura Kafif, the housemother at Save A Child's Heart, visits with one of her charges, Zeresenay Gebru, as he recovers from heart surgery at

Wolfson Medical Center in Holon, Israel, May 31, 2011. (Sheila Shalhevet)

HOLON, Israel (JTA) -- Just two days earlier but a world away, 8-year-old Salha Farjalla Khamis said goodbye to her parents and four siblings in her village on the African island of Zanzibar.

Now, in a hospital in the Tel Aviv suburb of Holon, tears roll silently down her cheeks as she watches an Israeli nurse attach the wires of an EKG monitor to her small body.

"Momma!" she cries out as the Israeli nurse, an immigrant from the former Soviet Union, tries to soothe her in a language the little girl does not understand.

"Don't cry, no pain," the nurse says in broken English.

Khamis is on her second trip to Israel for an operation to remedy a heart defect that she has had since birth. Brought by the Israeli humanitarian organization [Save a Child's Heart](#), she is one of 2,600 children who have benefitted from the program launched by an American Jewish immigrant to Israel to provide cardiac surgery for children from the developing world.

The story of the effort begins in 1996, when a charismatic cardiac surgeon from Maryland named Amram Cohen starts treating patients from outside Israel and

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using his home, and those of his patients and friends, to host them.

Since then, patients from 42 countries have been helped by the organization, nearly half of them Palestinian children from the West Bank and Gaza. Others have come from Iraq, Nigeria and Romania.

Save a Child's Heart also trains medical staff from developing countries, and leads surgical and teaching missions abroad.

Dr. Lior Sasson, the organization's lead surgeon and head of the cardiothoracic surgery department at the Wolfson Medical Center in Holon, operates on the children on his own time. He helped perform the organization's first surgery 15 years ago with Cohen, who was then his mentor.

Just six years later Cohen, who had operated on some 600 children through Save a Child's Heart, died of high altitude sickness while climbing Mount Kilimanjaro in Tanzania, a country from which many of the treated children come.

This August, the organization will hold a fundraising climb in Cohen's memory at Kilimanjaro that it hopes will bring in \$1 million.

"These are children who would otherwise be doomed to die within a few years and suddenly are getting their lives back and

their parents again live with hope," Sasson tells JTA in a sunny waiting room just after completing a surgery.

"And when it comes to the Palestinian kids, you see how Palestinian families go from seeing Israelis as sworn enemies to seeing how we all join forces to save these kids together. It's better than 1,000 diplomats. We are working with people. They get to know us, we get to know them."

In May, the organization was recommended for special consultative status with the U.N. Economic and Social Council. If granted, Save a Child's Heart will be able to participate in various U.N. forums, including the U.N. Human Rights Council in Geneva.

Every week, new arrivals from around the world arrive at a large stucco house surrounded by palm trees at the end of a quiet, residential street in Holon -- their home during their time in the country.

On a recent morning, Khamis' group from Zanzibar arrives shortly after dawn. They sit clustered together, still bleary eyed from the long trip. Children under age 4 were accompanied by their mothers cloaked in bright African print scarves and dresses. These mothers also become caretakers to the older children, who because of space and financial constraints travel without a parent.

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A child's surgery and post-operative care typically costs \$10,000, all of which is covered through donations to Save a Child's Heart.

"My baby needs surgery. She loses weight all the time. She needs to get better so she can play with the other children," says Mati Ali, 27, who had never been on an airplane and knew practically nothing about Israel before a doctor referred her to the program.

Fathma, her 3-year-old, is dressed in her best clothes -- a maroon dress sprinkled with pink flowers.

Soon the children are bundled into taxis en route to Wolfson Medical Center, where they will meet up with fellow new arrivals from Angola.

Sara Mucznik, 28, who immigrated to Israel from Portugal last year and now does marketing for Save a Child's Heart, helps translate for the Angolans.

"Their lives are about to be forever changed," she says, speaking at the bedside of an 11-year-old from Angola who is having blood drawn.

Many of the volunteers at the hospital and the house are young Jews from abroad.

Upstairs from the African patients, Palestinian patients are attending a weekly clinic. The long corridor is filled

with mothers in floor-length black dresses and headscarves holding babies.

Akiva Tamir, the pediatric cardiologist who oversees the clinic, says the Palestinian patients are fortunate because their proximity to Israel means they will be treated at a younger age, before damage from either congenital or acquired heart disease has time to intensify.

Godwin Godfry, a 31-year-old general surgeon from Tanzania, is in the midst of six-year stint training in Israel. When he finishes, Godfry will go back to the city of Mwanza on the shores of Lake Victoria in northern Tanzania. He will be one of the only pediatric cardiac surgeons in the country.

"In our hospital alone, we have a waiting list of 300 children to be treated for heart disease," he says, but no doctor is available to treat them.

The range of cardiac cases Godfry sees while helping treat children from the program makes his time in Israel that much more valuable, he says, because he can treat in a western setting patients with the illnesses usually found only in the developing world.

"Here you learn how things should be done," Godfry says.

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At Wolfson's pediatric intensive care unit, most of the beds on a recent day are occupied by children recovering from surgery performed by Godwin's mentor, Sasson.

Smiling from a bed in the far corner is Zeresenay Gebru, 15, from Ethiopia. Earlier in the day, he had surgery to replace the battery in a pacemaker he received from Save a Child's Heart when he was 6.

"I would like to thank all the doctors and the volunteers," the teenager says, adding that he wants to be a cardiologist. "They gave me my heart back."

Fall 2012



Jules Gardin, Chair -Department of Medicine at Hackensack University Medical Center, moonlighting as reporter for the Newsletter. With Dan Tzivoni. We encourage reporting contributions!

Report on the ACC Emerging Faculty Workshop- an Israeli participant

My work as a young senior cardiologist at the echo lab at the Department of Cardiology Rambam Medical Center in Haifa and as a faculty member at the Department of Physiology at the Technion involves many hours of teaching students and fellows. Although many of us teach, few had a formal training in teaching and presentations. Therefore, I was very grateful for the opportunity to attend the American College of Cardiology 2012 Teaching Skills Workshop for Emerging



Faculty through a generous grant from The Michael Wolk Heart Foundation and through the Israeli Heart Society and ACC partnership. The goal of this workshop was to increase the competency and performance of our teaching skills, and it was limited to only 25 participants, of which I was the only non-American. The course was headed by Drs. Rick Nishimura and Elisabeth Klodas and took place at the ACC Heart House in Washington D.C.

During this three-day fascinating course, we learned through excellent

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presentations and instructional sessions by Dr. David Holmes, Dr. Rick Nishimura, Mike Monahan and many others how to apply instructional design principles in planning and delivering talks, and how to effectively present scientific data in face-to-face settings, using media and humor. We were also encouraged to envision creative ways in which to use emerging technologies such as audience response systems (ARS) to further learning. One of the course highlights- videotaped sessions in which we practiced these presentation skills and were critiqued by our peers and the course instructors.

I find courses like this invaluable and would encourage anyone with a passion for teaching to grab every opportunity to further such skills. I also want to take the opportunity again and thank Dr. Michael Wolk, Dr. Jeffrey Goldberger, and the leadership of the Israeli Heart Society for giving me this wonderful opportunity.

Izhak Kehat MD, PhD

Head, Molecular Cardiovascular Research Lab, Faculty of Medicine, Technion and the Department of Cardiology, Rambam Medical Center

Of course, humorous pictures appropriate to the

season!



Winter 2012

The Great Moments of Israeli Cardiology in the last 60 years



by **Mervyn Gotsman MD**

The first cardiology in Israel emerged from the ashes of the holocaust when graduates from Vienna and Europe brought the first diagnostic electrocardiography to Israel.

Development has been so dramatic that the country's modern cardiology resembles a

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postmodern science fiction movie in cyberspace.

The two founders of Israeli Cardiology were Henry Neufeld who came from Vienna and developed the unit at Tel Hashomer and Karl Braun at Hadassah in Jerusalem. Karl Braun founded the Israel Heart Society in 1952 and initiated scientific cardiology.

Henry Neufeld was the doyen of Israeli cardiologists. He was a great international diplomat and took the Israeli flag around the world. He trained in Vienna, did his postdoctoral training in Minneapolis studying the pathology and then the angiocardiology of complex congenital heart disease as a basis for surgical correction; summarizing the findings in a pivotal 2- volume monograph on Congenital Heart Disease. He continued this work at Tel Hashomer. He then turned to the pathology of coronary artery disease, acute intensive care and with Jack Medalie, Uri Goldbourt and Shlomo Behar to the epidemiology and risk factors for coronary artery disease and finally to a major national registry to observe the influence of good treatment on the falling mortality and morbidity. He developed the first major angiographic suite, trained the first generation of Israeli trained cardiologists, built a world-renowned cardiac unit at Tel Hashomer Hospital and eventually became the President of the World Federation of Cardiology and chaired the meeting of the World congress of Cardiology in Moscow before the Iron Curtain fell. He understood the importance of influencing wealthy donors to support and build major

institutions and this philanthropic pattern is the main cornerstone of funding all the larger units in Israel.

Shlomo Rogel introduced the first emergency coronary ambulance in 1969, and Yonathan Hasin rode with it to provide diagnosis and intensive care to the patients at home and to manage potential malignant arrhythmias and prevent sudden death. The coronary intensive care unit was extended into the patients' home. They also introduced the first transtelephone transmission of the ECG from the patient to the ICCU. Shlomo Stern and Danny Tzivoni who built cardiology at Shaare Tzedek and Bikkur Cholim Hospitals were the first cardiologists to recognize the dangers of silent ischaemia which is painless but dangerous and which can be recorded on a tape recorder worn by the patient.

Cardiac rehabilitation was introduced by Kellerman, Gottheimer and Drori in the late 1960's but was not accepted by parts of the cardiac community. It has been revitalized and returns dysfunctional patients to normal life.

Mervyn Gotsman arrived at Hadassah from South Africa in 1973. He was a young, impatient "eager beaver" and brought with him bedside cardiology, enthusiasm for coronary angiography, reparative open-heart surgery, and the introduction of modern technologies- echocardiography, nuclear scanning and understanding the function of the left ventricle. He realized the importance of early reperfusion when the coronary artery was occluded by fresh

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thrombus in acute myocardial infarction and together with his colleagues at Hadassah particularly David Applebaum and Teddy Weiss the importance of Home Thrombolysis with a mobile intensive care ambulance. Mortality was reduced from 12% to 2- 1/2%. Thrombolysis was replaced later by prompt transfer to the hospital angioplasty suite and the culprit-occluded artery was opened by immediate primary angioplasty.

He also introduced the Board examinations for Specialist Cardiologists to improve the training and knowledge of the young trainees. He trained a generation of successful cardiological leaders.

Studies on Lipid metabolism started with Yechezkal and Olga Stein in the early 1960's. They studied the metabolism of lipids and cholesterol and the importance of LDL and HDL and together with their younger colleagues, Eisenberg and Leitersdorf built a world-renowned lipid laboratory, which now investigates the genetic background of patients with lipid abnormalities.

Echocardiography, introduced in 1972, provided superb visualization of the heart. Imagine a 3-dimensional model of the contracting heart in large glass container where all the structures are visible and can be seen from any angle. Structure and function are seen clearly and this is now the cornerstone of precise diagnosis. The system has undergone progressive improvements. Resolution was improved, color added to visualize blood flow, trans-

oesophageal and intracardiac transducers to improve resolution and show "blind spots", tissue Doppler to improve measurement of heart muscle motion, three-dimensional reconstruction and advanced computer algorithms to improve quantitative measurements. Echocardiography is available to all patients in the hospital and outpatient clinics. The leaders: Vered, Motro, Gilon, Sagie and Beerli are all recognised international researchers. General Electric and Philips have large local research laboratories and small portable machines have been developed locally. The units serve as beta sites for developing new technologies and computer algorithms.

Prehospital care with mobile intensive care units manned by trained physicians and paramedics is an Israeli innovation and was developed by Steven Landis and continued by Arie Roth. Today Magen David Adom provides a national service to prevent sudden death, manage arrhythmias and transport acute infarcts to the Hospital. In addition, there are a number of private services which manage patients at risk with transtelephone ECG monitors connected to a central control station providing a clinical and monitoring service and home treatment if needed before transport to the hospital. Israel is, and remains, the leader in this field of emergency Cardiac Care.

New drugs have been introduced and each one has altered the prognosis of the patients: beta blocking agents, calcium blockers, ACE inhibitors, antihypertensive, antiarrhythmic drugs, platelet receptor

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inhibitors, hirudin and new oral anticoagulants. Each drug group has produced a significant improvement in alleviating symptoms and together have prolonged life. The revolution has been unbelievable. Most of the units in Israel have participated in double blind randomized international clinical studies to prove the validity of the treatment.

Hanoch Milwidsky, and Yehuda Pausner started the first heart surgery in the late 1950's and Joe Borman and Morris Levy, the first open heart surgery in 1964, and they were joined by Danny Goor and Bernado Vidne and Gideon Merin. Today Israel has 9 major centres undertaking open-heart surgery using the most advanced techniques. Valve repair and replacement, coronary artery bypass, aortic repair and the repair of congenital heart disease have become every day routine operations. The first heart transplant was performed in 1987 and despite the limited donor supply is undertaken in 4 hospitals. This is now supplemented by the implantation of left ventricular assist devices particularly by Jay Levine at Tel Hashomer Hospital.

Cardiac catheterization was introduced in the 50's, coronary angiography in the early 70's, balloon dilatation of the coronary arteries in 1981, ablative procedures to remove the atherosclerotic material (atherectomy and rotablator) and stents in 1991. The initial enthusiasm of these revolutionary procedures was dampened by restenosis due to recontraction of the dilated elastic artery or by the vigorous growth of the inner layers of the arteries

due to healing. Ron Waksman and Morris Mosseri treated these patients with intracoronary radiation until it became redundant after the introduction of drug eluting stents which contained and released cyclosporine and other related antiproliferative drugs. The interventional community led by Chaim Lotan was very active in the establishment of double-blind research studies to verify the effectiveness of these new developments. It is hard to imagine how these procedures have changed completely the natural history of coronary artery disease. Disabling angina pectoris is disappearing.

Since 2001 nearly all the patients with acute myocardial infarction are treated with immediate direct angioplasty. All the major hospitals perform angioplasty and have an emergency team of skilled angioplasters available on 24-hour duty, 7 days a week.

Israel has developed and manufactures its own stents and conducts many multinational studies to compare their effectiveness. In addition several groups are active in invasive studies of the virtual histology of the coronary arteries. The Technion, which is a powerhouse of research moved into a different direction. Sam Seidman head of biomedical engineering set up a centre of biophysical cardiology and together with Raffie Beyar inaugurated a series of international seminars summarized in a series of monographs. Raffie continued to become the head of interventional cardiology at Rambam hospital, developed his own stent and later became Dean of the Medical

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School and subsequently Director of the new Rambam Hospital.

The first coronary intensive care units for arrhythmias and acute myocardial infarction were built in 1968. Mortality from acute myocardial infarction fell to 14% and together with the use of primary angioplasty introduced by Chanoch Hod, is now used in all the hospitals in the country using the new antithrombotic and other drugs and guided by the ACSIS surveys. This was started at Tel Hashomer and launched and directed by Shlomo Behar in 1992 and continued by Gottlieb and Matetzky. This large national group of skilled, dedicated investigators summarized the details and outcomes of a biennial 2-month study of patients admitted with an acute coronary syndrome in 26 ICCU's and cardiology departments. It is one of the most detailed national studies of acute coronary syndromes and reflects how such a study of internal auditing leads to progressive improvement in the implementation of national guidelines and continuous updating of care and improvements in outcomes. The lessons are almost self obvious. Early treatment with shorter pre-hospital and in-hospital delays, almost universal coronary angiography with PCI, appropriate pharmacological treatment in hospital and after discharge followed by effective care for the first year of post ACS management. This is evidence-based medicine at its best.

Primary and secondary education programs have been initiated for atherosclerotic vascular disease. This starts with education

of children in the schools, national education of the population and careful education of the general practitioners and the implementation of national rehabilitation programs. Primary and secondary prevention programs; healthy eating and exercise habits smoking cessation, the vigorous management of high blood pressure, strict control of diabetes, careful control of cholesterol and the widespread use of lipid lowering drugs are decreasing the prevalence of the disease

Electrophysiology and the management of arrhythmias started in the early 70's and is now routine practice. Implantable pacemakers in the 1960's and defibrillators in the 1990's are preventing fainting spells and sudden death. Diagnostic units for invasive investigation and drug and ablative procedures are available countrywide. There were many pioneers: Sclarovsky, Belhassan, Eldar, Katz and others.

The first implantable defibrillator was developed by Michel Mirowski at Asaf Harofeh Hospital in 1966 although it took several years to develop, until the first prototypes were implanted in patients (1980).

CARTO was a revolutionary system introduced by Shlomo Ben Haim of the Technion in 1996. A magnetic tipped catheter placed in the heart and localized by magnetic sensors was used to construct a 3-dimensional model of the heart with its motion and electrophysiological properties, superimposed on a CT model of the heart and used to guide complex

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electrophysiological studies without the need for additional radiation. Today it is the basis of interventional electrophysiology.

Cell regeneration therapy – growing new cells from stem, progenitor or embryonic cells, with or without underlying matrix - is becoming one of the most important techniques for repairing heart muscle after acute myocardial infarction or when the muscle is replaced by fibrous tissue. This can be improved by embedding the cells in matrix and other biomaterials for implantation to undertake tissue engineering. Jonathan Leor is one of the trailblazers in this field and his laboratory at Tel Hashomer has attracted worldwide recognition. The research from Lior Gepstein's unit at Rambam is as exciting and they grow cell cultures of induced pluripotential cells with intact cell-to-cell conduction that can also treat arrhythmias.

Cardiac treatment has been very, very effective. Unfortunately, each episode leaves a little scar. These scars are cumulative and gradually the heart begins to fail. These patients can be controlled by regular treatment initially but gradually they become unresponsive to conventional medical therapy. Repeated, prolonged hospitalization is expensive so that heart failure centres have been established using day care for the more severely incapacitated patients. This has halved the mortality in the last 5 years.

Heart transplantation was started in the 1980's and has been very successful, prolonging life for 10 – 15 years. There is a

severe shortage of donors and this has limited the number of operations. It is one of the most satisfying operations performed.

Excellent medical, interventional and surgical therapy has prolonged life by 20 years, so that we now have large populations of octo- and nonogenerians who also suffer from other vascular and degenerative diseases. Fortunately, there are now vascular teams who can prevent and deal with aortic, peripheral vascular and cerebrovascular disease.

On the international scene, Israel had looked to the USA for training, ideas and leadership although it belonged to the Asian Pacific Society of Cardiology. The younger generation felt we could be leaders in Europe. After many discussions, Israel entered Europe when Alexander Battler was the President of the Israeli Society. He brought great enthusiasm and organizational skills, and soon the local scene changed with a flurry of activity, the development of subspecialties with a brand new guard of young superspecialists and the emergence of a new young leadership. Israel is closely interrelated into the European scene. The young giants are integrating into the international leadership, serving on major committees, research programs, in education and writing the major guidelines

Many Jewish cardiologists in the United States have developed major fellowship programs for Israeli trainees; at Cedars Sinai Hospital in Los Angeles, The Mayo Clinic,

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Columbia University and the different Harvard Teaching Hospitals.

Genetics has flagged, but it has now woken up and will emerge on the main track.

The Journal of the Israel Heart Society started as a Hebrew Publication and for many years appeared in English. The Internet has become a dominant feature of social computing and the dissemination of knowledge and the editorial board felt that a hard copy was superfluous.

The Israeli mind is a fertile field for innovation. It started with Elscint in Haifa. Elscint was a medical diagnostic instrument company founded by Avraham Suhami in 1969 and started with the development of computerized gamma scanners. They became a leading force in world medical imaging on the forefront of computerized tomographic scanners and magnetic resonance imaging systems and echocardiographic instrumentation and controlled 10% of the world market. In 1999 they sold their products to General Electric and Philips Health Care. Both companies have continued to flourish in Haifa with extensive research programmes and have continued to develop their ultrasound and echocardiographic innovations. Medcon, another major innovative company developed the Nir Stent and also the first computerized imaging systems to allow digital imaging data (angiograms and echocardiograms) to be viewed on CD roms, diagnostic workstations and on the Internet.

Innovation continues to flourish in the Israeli incubator with new transtelephone monitoring systems of vital signs, weights and haemodynamic monitoring, percutaneous implantable valves, thrombus filter systems, computerized information systems and virtual storage and transmission systems of the modern imaging technologies. Cardiac Innovation has been fostered by a large annual, national congress organized by two farsighted cardiologists Chaim Lotan and Raffie Beyar. High powered training programs and presentations bring together the innovators, high technology companies and the venture capitalists giving them an opportunity to interact and speed up successful development and implementation of the new ideas.

The study of congenital heart disease was started by Neufeld and Shem Tov in the 1960's, and continued by Lennie Blieden. Paediatric echocardiography was developed by Azariah Rein, CT and MRI by Konen and Goiten, interventional procedures by Bodenheimer and Lorber and complex surgical procedures by Vidne and Milgater. It is possible to close an ASD, VSD and patent ductus arteriosus using percutaneous closure devices during cardiac catheterisation, open a stenotic pulmonary and aortic valve with a balloon, and correct pulmonary incompetence with a percutaneous implantable valve. The surgical teams that specialize in congenital heart disease can undertake nearly all of the modern surgical procedures after the child is born. Most of these patients now survive into adult life and there is a growing

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service to treat grown up congenital heart disease (GUCH).

Structural heart disease is now amenable to percutaneous balloon valvuloplasty. Percutaneous dilatation of the mitral valve has been used for the last 20 years. Older patients (80+) with critical aortic stenosis who are unable to tolerate valve replacement surgery can have a new valve implanted percutaneously and in the last 5 years this has opened a totally new approach to these very disabled patients. Mortality and morbidity are low. There are also new techniques for repairing a leaking mitral valve without the need for an operation, opening a new approach to patients with severe heart failure who were regarded as inoperable. Israel is in the forefront of designing new valves.

Israel has one of the most advanced health care services in the world. Patients are insured by one of 4 Health Management organizations and since the introduction of the National Health Insurance Law in 1995 every citizen pays a monthly contribution to the National Insurance institute. This service provides superb, universal health care for all cardiac problems and the health care providers are reimbursed on a fee for service basis. Everyone is entitled to extensive coverage for all cardiovascular ailments. Additional private insurance is also available so that patients can choose their cardiologist or surgeon and this supplements the physician's income.

National and international congresses in Israel are at the forefront of modern

cardiology and several major meetings are held every year.

Building including a new infrastructure has provided modern care for the patients. The old tumble down Ichilov hospital which provides sterling care for the patients has been replaced by new modern tower complexes. Tel Hashomer, Rambam, Beer Sheva, Shaare Tzedek and Hadassah have magnificent new spacious buildings while all the smaller hospitals have been renovated and refurbished. The country has large world-renowned units but its great advantage is the fact that every small hospital provides excellent front-line care. Ashkelon leads in electrophysiology, Naharia has one of the largest centres for acute myocardial infarction and Poria Hospital in Tiberius is spearheading coronary interventions. The competition is strong but friendly and the entire country is served by 28 units that could compete with the leading units in the US.

There is a great future in human medical care, the invasive management of the hypertension landscape, the development of new stents, further streamlining the ambulance system, the expansion of the aortic and mitral valve space, the evolution of robotics, more extensive use of information technology, the remote management of patients, the extensive use of genetics and the development of anti-embolic devices. The innovation technology arena is forging ahead.

A new generation of young leaders is emerging and will continue to spearhead

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further developments. There are challenging targets and the vibrant Israeli medical community will continue to prosper. "The sun never sets on cardiology."

Our Board members take center stage in world peace:

Special thanks to our Officers Doug Zipes and Michael Wolk on their recent sponsorship of 3 young cardiologists from Turkey to attend the Innovations in Cardiovascular Interventions meeting earlier this month in Tel Aviv, Israel. Their generous sponsorship is designed to bring together the differing cultures in the Middle East Cardiology.

Fall 2013



2 Presidents- Shimon Peres with Jeff Goldberger



Doug Zipes presenting Shimon Peres his latest book "Ripples in Opperman's Pond" with Eugene Braunwald approving!



FIHS at IHS 2013

The 60th Annual meeting of the Israel Heart Society took place in Jerusalem on April 22-23. As noted by keynote speaker and our own board member Eugene Braunwald, how amazing is it that a country that was celebrating its 65th anniversary could have the where-with-all to start a Heart Society just 5 years later!

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ACC President John Harold and Yitzhar Charuzi

April 2013



Panos Vardas, President of the European Heart Society, with Jeff Goldberger, Chaim Lotan, and Stan Hillis



Eugene Braunwald, Robert Levine, and Ronen Beeri



Douglas Zipes, founder and past President of FIHS, with Elijah Saunders



ESC President Panos Vardas, ACC President John G. Harold, ESC President-elect Fausto Pinto

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Jeff Goldberger, with Giora Weisz and Smadar Kort

Spring 2014

FIHS annually sponsors 2 fellows from Israel to travel to ACC. Here are the award winners for 2014- Arie Steinvil and Elad Maor-



September 2014

Sometimes, we snuck in pictures we just like- like this one of my

son's Tzahal Unit Netzach Yehuda (Kfir) and his American volunteer comrades. He is the third from the left.



Advocacy- FIHS has acted as an advocate for Israel in the world medical press. Here is a report on The Lancet Advocacy and the letter sent by our organization to the Lancet:

The Lancet Controversy

On July 23, 2014 in the middle of the recent Operation Defensive Shield, The Lancet published a letter from Manduca, et. al. which was felt by many to be politically biased against the State of Israel. Our Society received a request from our

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sister Israel Heart Society to respond. The following is the text of our response as published online in *The Lancet* August 7, 2014

Israel—Gaza conflict

Jeffrey J Goldberger ^a, Richard L Popp ^b, Douglas P Zipes ^c, on behalf of 43 signatories

As a humanitarian physician community, we grieve the loss of innocent lives. War is anathema to our moral and medical sensibilities, but nevertheless remains a reality of the present global political landscape, particularly in the Middle East where ongoing internecine struggles exist between different ideologies, killing or displacing thousands of innocent people. Before addressing the inflammatory propaganda promulgated by Paola Manduca and colleagues,¹ we unequivocally state that we hope for the day when “nation shall not lift the sword against nation, neither shall they learn war anymore” (Isaiah 2:4).

To reuse Manduca and colleagues’ comments, their letter “has insulted our humanity, intelligence, and dignity and our professional ethics”.¹ They claim to

represent facts, but instead obscure their description of human suffering in Gaza with inflammatory falsehoods, deliberately misleading the reader. The aim of our letter is not to refute their many factual errors, but to promote a balanced humanitarian approach that all who are truly concerned about protecting human health and lives can adopt.

No compassionate human can deny the unfortunate situation in Gaza. Yet, an immense amount of energy, ingenuity, and resources, costing hundreds of millions of dollars, were invested to accumulate thousands of missiles and build sophisticated terror tunnels into Israel to expressly commit acts of terror against Israeli civilians. Had these resources and efforts promoted the social and economic welfare of the residents of Gaza, there might be no current war, no casualties, and a much better living situation in Gaza. The unfortunate choice made by Hamas to invest these resources in terrorism has caused and aggravated suffering in Gaza.

A master clinician differentiates symptoms from the underlying diagnosis. Similarly, to properly address the present situation in Gaza requires a detailed understanding of the need for Gaza's residents to establish a thriving social and economic infrastructure and

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the need to ensure security for Israel. A time for rebuilding will be after this war. Re-accumulation of missiles and rebuilding tunnels will inevitably lead to another round of bloodshed. The good people of Gaza and the global humanitarian community must unite to mandate a Palestinian leadership that pursues a path of peace and prosperity, one that will focus their resources and energy to build a civic infrastructure that benefits its people and promotes a peaceful coexistence so that innocent civilians, on both sides of the border, can live without fear of constant attack.

We also encourage the medical community to cultivate a humanitarianism that transcends politics, propaganda, and meaningless rhetoric. Our physician community should focus our collective conscience on promoting health, safety, and security for all. Even as the conflict continues, Israel has set up a field hospital with health-care workers who are devoted to caring for the injured from Gaza. In addition to providing humanitarian aid and support, we can and should promote peace to prevent the unfortunate consequences of war. Finally, as a community devoted to scientific integrity, truth, and compassion, let us make sure we inoculate ourselves against the forces that demean these ideals.

Jeffrey J. Goldberger, MD
Northwestern University

Richard L. Popp, MD Stanford
University

Douglas P. Zipes, MD Indiana
University

On behalf of:

Joseph S. Alpert, MD University of
Arizona

Charles Antzelevitch, PhD
Masonic Medical Research Laboratory

Jeffrey S. Borer, MD State University of
New York Downstate Medical Center

Michael H. Davidson, MD The
University of Chicago Pritzker School
of Medicine

Steven B. Feinstein, MD
Rush University Medical Center

Dan J. Fintel, MD Northwestern
University

Gary Gershony, MD John Muir Health
and Cardiovascular Institute

Edward P Gerstenfeld, MD
University of California, San Francisco

Nora Goldschlager, MD
University of California, San Francisco

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Samuel Goldstein, MD Advocate
Lutheran General Hospital 16ra

M. Grais, MD Northwestern University

Philip Greenland, MD Northwestern
University

Gil J. Gross, MD University of Toronto

Laurie Hochberg, MD Pediatrtrust
Pediatric Partners

José Jalife, MD University of Michigan

Alan H. Kadish, MD
Touro College and University System

Jonathan M. Kalman, MBBS, PhD
University of Melbourne

Marrick Kukin, MD Icahn School of
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Roberto M. Lang, MD The University of
Chicago Pritzker School of Medicine

Paul A. Levine, MD Loma Linda
University

Robert A. Levine, MD Harvard Medical
School

Amir Lerman, MD
Mayo Clinic College of Medicine

Charles J. Love, MD New York
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Dennis J. Maiman, MD, PhD Medical
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Stanley Nattel, MD University of
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Jeffrey Norris, MD
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Harry Rakowski, MD University of
Toronto

Stuart Rich, MD The University of
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Melvin Scheinman, MD
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Harold Rosen, MD Harvard University

Robert Rosenson, MD Icahn School of
Medicine at Mount Sinai

Gregory G. Schwartz, MD, PhD
University of Colorado School of
Medicine

Sharon E. Sholiton, MD
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Norman H Silverman MD, DSc
Stanford University and University of
California, San Francisco

Susan Sirota, MD
Pediatrtrust Pediatric Partners

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Bradley H. Strauss MD, PhD
University of Toronto

Jack A. Stroh, MD Rutgers-Robert
Wood Johnson Medical School, NJ

Ari Weinreb, MD, PhD
University of California, Los Angeles

Giora Weisz, MD
Columbia University Medical Center

Michael J. Wolk, MD Weill Medical
College of Cornell University

In the following Newsletter
Winter 2014, we printed an
update published in Haaretz:

In Israel, Lancet editor regrets publishing open letter on Gaza

*Dr. Richard Horton, editor of the
British medical journal, made a
statement Thursday during Grand
Rounds at the Rambam Medical
Center in Haifa saying that he will
publish a retraction.*

By JTA in Haaretz | Oct. 3, 2014 | 4:20 AM |

JTA - The editor of the British medical
journal The Lancet, which ran an open letter
accusing Israel of a "massacre" in Gaza, said

on a visit to Israel that he will publish a
retraction.

Dr. Richard Horton made a statement
Thursday during Grand Rounds at the
Rambam Medical Center in Haifa, which he
also visited earlier in the week.

Horton reportedly said during his statement
that he "deeply, deeply regrets" publishing
the letter to the people of Gaza in The Lancet
during this summer's conflict in Gaza
between Israel and Hamas. Several dozen
physicians from the West signed the letter,
which also accused Israel of "cruel" and
"vicious war crimes." Physicians, researchers
and Israeli officials decried the letter.

NGO Monitor last week unearthed evidence
tying two of the letters' authors to support
for white supremacist David Duke.

During his statement at Rambam on
Thursday, Horton reportedly condemned
the contributors to The Lancet who promote
explicitly anti-Semitic materials, expressed a
new understanding of Israeli realities
including the complexities of the Arab-Israel
conflict, and pledged a new relationship with
Israel.

He also invited Israelis to "tell the Israeli
health story" in The Lancet, in parallel to the
Palestinians'.

Following Horton's remarks, NGO Monitor,
a Jerusalem-based research institute which
monitors non-governmental organizations,
said in a statement that it is "urgent that the
July 2014 "An Open Letter for the People of
Gaza" be removed from The Lancet's website
and a formal retraction and apology be
published prominently, both on the website
and the next hard copy issue."

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NGO Monitor also called on The Lancet to “undertake positive initiatives to accurately inform the medical community of Israel’s contributions to medicine, as well as the close cooperation that takes place between different sectors of the population.”

In the Lancet, Dr. Horton wrote the following:

Offline: People to people

Last week was a turning point in the sometimes angry debate that followed publication of a letter from Paola Manduca and colleagues during the recent war in Gaza and southern Israel. Among the many responses we received, one quite different letter stood out. Professor Karl Skorecki, Director of the Rappaport Research Institute at Technion and Director of Medical Research and Development at the Rambam Health Care Campus in Haifa, wrote to invite me to Israel “because of the intense interest that the editorial leadership of *The Lancet* has attracted, focusing on issues of medical professional responsibility and accountability for the tragic loss of life and human suffering of Gaza civilians including children”. I visited Rambam last week thanks to the hospitality— and courage—of Prof

Skorecki, Prof Rafael Beyar (Director-General of the Rambam Health Care Campus), and Prof A Mark Clarfield (Director, Medical School for International Health, Ben-Gurion University). At Rambam I saw an inspiring model of partnership between Jews and Arabs in a part of Israel where 40% of the population is Arab. I saw Rambam offering an open hand, gladly grasped by families from Gaza, the West Bank, and Syria, who were living with life-threatening health-care needs. I saw Rambam as one example of a vision for a peaceful and productive future between peoples, which I learned exists throughout Israel’s hospitals. I also met Israel’s Minister of Health, Yael German, who not only endorsed this visit but also welcomed future collaboration. Out of this exchange has emerged an extraordinary opportunity.

*But first, some reflections. At a moment of unbearable human destruction in Gaza, the unintended outcome of the Manduca et al letter was an extreme polarisation of already divided positions. This schism helped no one and I certainly regret that result. I have seen for myself that what was written in the Manduca et al letter does not describe the full reality. I was later horrified to

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discover that two co-authors of the letter had forwarded a vile and offensive video. The clearly anti-Semitic worldview expressed in that video is abhorrent and deserves universal condemnation. There are lessons to learn. For example, in the case of the Manduca et al letter, important interests should have been declared earlier. Also, although political determinants of health are real, there are reasons to be vigilant about how these are discussed. Here is our proposal for new guidance to help us in these rare circumstances—

”Editors will, from time to time, be faced with submissions that lie at the difficult intersection of medicine and politics. Health and health care do have political determinants and editors should not shy away from those. But politics, by its very nature, can be disruptive and divisive, with many different points-of-view held. While taking strong editorial positions on issues of relevance to health is sometimes necessary, editors should always pause, reflect, and consult before publishing any manuscript that might unnecessarily polarise, or foster or worsen political division.”

What is the opportunity? First, we have to make a conscious choice. Either one can let residual anger

prevail and entrench existing divisions still further—a position that has too often scarred relations in the Middle East. Or one can use this moment to nurture something positive and long lasting, which I firmly intend to do. As one American correspondent wrote to me recently, “the answer to speech we do not like is more speech, not the silencing of writers (or editors) whose opinions we disagree with”. That is why *The Lancet* opposes all forms of boycott. I have proposed to Prof Skorecki that, together with *The Lancet*, we initiate a new partnership to publish a Series on Israel’s health and medical research system, its strengths and challenges, and prospects for its future. The response has been positive, planning for this Series has started, and we will follow up in meetings that will begin upon my return to Israel in January, 2015. My visit to Israel had many moving moments. Sitting between a Rabbi and an Imam, who were working to foster peaceful coexistence between their communities, in a room adjacent to the El-Jazzar mosque in Acre, northern Israel, I asked how I should approach our future involvement in the region. The answer was clear: “Work with Palestinians, work with Israelis, and encourage both communities to work together. War is

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not the answer.” The greatest threat our plans now face is cynicism and a refusal to believe that people, and the world, can be different.

Richard Horton

richard.horton@lancet.com

In 2017, Dr. Horton went all the way and Lancet finally fully admitted their error:

The Lancet Admits Its Error by Dr. Yvette Alt Miller

<http://www.aish.com/jw/me/The-Lancet-Admits-Its-Error.html>

Three years after its libel against Israel, the medical journal sets things right.

The Lancet, one of the world’s most prestigious medical journals, is currently featuring a special edition devoted to Israel’s world-class medical establishment. As well as being informative, this latest issue is also a remarkable act of atonement for a terrible wrong the journal did to the Jewish state three years ago.

This unusual story starts in July 2014 when, after enduring near-constant rocket attacks from Gaza, Israel’s army (the IDF) fought back,

destroying missile launchers and other military targets in several weeks of fierce fighting that were dubbed Operation Protective Edge. During the conflict, nearly 5,000 missiles rained down on Israeli towns. 66 Israeli soldiers were killed, as were six Israeli civilians, including children. Israeli forces also discovered a network of terror tunnels leading from Gaza into the Jewish state. Hamas positioned its rocket launchers in civilian areas, including Al-Shifa Hospital. When Israeli forces dropped leaflets warning civilians to flee areas that were identified as military targets, Hamas ordered them to stay. Gazans, unsurprisingly, suffered large numbers of casualties: about 2,127, among both Hamas fighters and civilians.

During the fighting, *The Lancet*, Britain’s premier medical journal, decided to take the highly unusual step of entering the fray. In their July 30, 2014 edition, they published an “Open letter for the people in Gaza.” The letter, written by five prominent physicians and signed by 19 more, shocked many with its vicious tone and biased perspective.

Dr. Karl Skorecki, a senior staff member at Rambam Hospital in Haifa, was one of many physicians in Israel and across the world who was appalled by the letter’s hateful tone.

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In an Aish.com exclusive interview, Dr. Skorecki recalls it as a “one-sided, mean-spirited, ill- based attack that came from a place of hatred... It accused medical professionals in Israel of complicity in inhumane activity. It was demonizing.”

Making no mention of Hamas’ use of human shields, deliberate targeting of civilians, and practice of hiding missile launchers and weapons in schools and medical centers, the letter accused Israel of lying to creating an emergency, of “massacre”, and of harboring the bloodthirsty aim “to terrorize, wound the soul and the body”. The letter bizarrely glorified Hamas, describing it as committed to resolving political conflicts “without arms and harm”. Israel’s Ministry of Health described the letter as “bordering on blood libel”.

In the weeks after *The Lancet* published this screed, NGO Monitor, a Jerusalem- based watchdog group, revealed that the letter’s authors had links to anti-Semitic groups. Two had shared a video of David Duke, the former Ku Klux Klan Grand Wizard, railing against Jews and Israel. One author had forwarded a message claiming that Jews and Zionists were behind the Boston marathon bombings;

another author travelled to Gaza in a sign of solidarity during the fighting.



Prof. Richard Horton

The Lancet’s editor, Prof. Richard Horton, announced that while he “deeply regretted” the “completely unnecessary polarisation” the letter caused, he stopped short of condemning the letter itself, and kept it up on *The Lancet’s* website.

Invitation to Israel

Jewish doctors across Britain wrote to *The Lancet*. In Israel, medical school professors resigned from advisory boards associated with the journal. At Israel’s prestigious Rambam Hospital in Haifa, the staff, too, were outraged, and sent a letter of their own to *The Lancet*, which went unpublished. Instead of resigning themselves to anger, however, Rambam’s doctors and

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staff decided to take a different approach.

“Let’s invite him,” suggested Prof. Karl Skorecki, Rambam’s Director of Medical and Research Development, speaking of the editor responsible for publishing the letter. As Prof Rafael Beyar, the Director General of the hospital recalled, the staff liked Prof. Skorecki’s idea. “It seems like he doesn’t know many facts about this region,” the doctors noted. “He needs to see the reality of medical life in Israel.”

Dr. Skorecki, a native of Canada, moved to Israel with his wife because of his deep love for the Jewish people and the Jewish state. With relatives, friends and colleagues working in medical settings throughout Israel, including in the IDF, he understood that the complexity of Israel isn’t always understood by people abroad. “My experience has always been that the best way for people to understand Israel’s predicament is to see it with their own eyes,” he explains..



Dr. Karl Skorecki

He drafted a short letter to *The Lancet* editor Richard Horton, suggesting he see the in Israel with his own eyes before drawing any conclusions, and inviting him to visit the Jewish state. Dr. Horton, who had visited Gaza and the West Bank many times, but had never been invited to Israel before, accepted.

Eyes Wide Open

When Prof. Horton arrived at Haifa in September 2014, revelation after revelation awaited him. Rambam is the biggest hospital in northern Israel. As David Ratner, a hospital spokesman, told Aish.com, the hospital’s location in the north of Israel means that it treats many injured Syrians who cross over the border into Israel for medical care. Rambam also serves many Palestinians from the West Bank.

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Over a quarter of Rambam's staff are Israeli Arabs. Over three days, Prof. Horton got to know the community in Rambam, and also met with Arab communities in the Israeli cities of Haifa, Acre and Tel Aviv, as well as with the Chief Rabbi of Acre.

One of the most moving moments came in the northern Israeli town of Nahariya, where Dr. Horton visited the Western Galilee Medical Center and met its director, Dr. Masad Barhoum, an Israeli Arab who was proud to call himself Israeli. Dr. Horton was present at the moment a Syrian patient, who'd been brought into Israel to receive life-saving medical treatment, was having his bandages removed. The first person the Syrian patient saw was Dr. Horton, and he told him how grateful he was to Israel, how he'd been treated so lovingly in the Jewish state, and how happy he was to be in that hospital.

As he toured Israel's north, Dr. Horton and Dr. Skorecki became close. The visit took place between Rosh Hashanah and Yom Kippur. Dr. Skorecki explained that this is a time of introspection when the Jewish people review their shortcomings and resolve to do better in the future. He also explained the significance of Rambam Hospital's namesake: the

great 12th Century Jewish sage who wrote, among other topics, about the Jewish process of *teshuvah*, repentance. The first step to overcoming a past mistake, the Rambam wrote, is acknowledging our error.

"Admit, apologize, undertake steps to correct that wrong, undertake steps not to repeat that, and to rectify the wrong - I think that's a much more Jewish way" of addressing mistakes, explained Dr. Skorecki.

Dr. Horton took it to heart.

Dr. Horton was invited to address all the staff at Rambam Hospital during Grand Rounds. He marveled at the "undeservedly" warm reception he received in the Jewish state and thanked Dr. Beyar and Dr. Skorecki for their incredible "courage, openness, and generosity of spirit" they displayed in reaching out to him, "in such circumstances". During his visit, as an act of conciliation, Dr. Horton suggested having an issue of *The Lancet* to focus on Israel, sharing the complexity and beauty of the Jewish state he'd witnessed with readers around the world.

After his visit, Prof. Horton wrote he "deeply, deeply regrets" his journal's attack on the Jewish state. "At Rambam, I saw an inspiring model of

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partnership between Jews and Arabs....I saw Rambam offering an open hand, gladly grasped by families from Gaza, the West Bank and Syria who were living with life-threatening healthcare needs. I saw Rambam as one example of a vision for a peaceful and productive future between peoples, which I learned exists throughout Israel's hospitals." The open letter "did not convey the level of complexity that is the reality in Israel, and it's that level of complexity which I saw last week, which having seen it, I want to build something...so that we never publish a letter like that again....What I saw (in Israel) directly contradicted that letter." (Disappointingly, the letter remains on *The Lancet's* website.)

Dr. Skorecki and his colleagues at Rambam Hospital and beyond continued to invite Dr. Horton to Israel, and he accepted their invitations, making numerous visits to the Jewish state and forging close professional bonds and personal friendships. After years of hard work and collaboration, the world was stunned on May 8, 2017, when *The Lancet* devoted an entire issue the Israeli healthcare system. Titled "Health in Israel", the current edition contains ten articles written by Israeli doctors and medical school professors. Prof. Horton proudly termed it the most comprehensive

independent survey of Israel's healthcare system ever published.



The edition highlights some remarkable achievements of Israeli healthcare, including the steady rise in life expectancy (Israel now ranks fourth in the world for male life expectancy and 11th for women) and the fact that Israel has the lowest infant mortality rate in the OECD, a collection of 35 rich nations. Articles include "Digital health nation: Israel's global big data innovation hub", "Israel: a start-up life science nation", and "Helping hands across a war-torn border: the Israeli medical effort treating casualties of the Syrian Civil War".

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Prof. Horton admitted his mistake and he's not done yet. "The special issue on Israel will not be a one-time project," Prof. Horton has promised. "It is the beginning of a close partnership."

Many times, anti- Israel statements are due to lack of knowledge of the details and history of the Middle East. We stood by our colleagues in Israel as brothers and sisters should!

April 2015



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



Ronen Rubinshtein and Amit Segev



Jeff Goldberger, Michael Glikson, and the Editor

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Jeff Goldberger with Mony Shuvy,
winner of the FIHS travel award



Bradley Strauss accepting his Special
Education Award for continued support
and commitment training Israeli
Cardiology fellows.

Spring 2016



Norm Lepore and Yitzhar Charuzi

Winter 2016

My favorite story about up and coming Israeli Research was also a Plenary presentation at the Israel Heart Society Conference in 2015- This was considered jaw-dropping by the President of ACC that year whose presentation followed. In America, much research using undifferentiated human stem cells has been stifled due to the politics and insistence of using aborted human fetal stem cells. In "Startup Nation" researchers made this breakthrough to get to their goal, going around the ethical/political predicament:

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‘Disease in a dish’ among Israeli wonders in heart research

Generating patient-specific heart cells in a dish enables doctors to identify most promising drugs for heart disease.

<http://www.israel21c.org/disease-in-a-dish-among-israeli-wonders-in-heart-research/>

By [Abigail Klein Leichman](#) JUNE 2016



Israeli scientists can culture cardiac cells from a patient’s own stem cells. Image via Shutterstock.com

Human cells from skin or blood can be reprogrammed to resemble the person’s embryonic stem cells and then cultured to generate cells specific to any part of that person’s body.

In the future, these patient-specific human induced pluripotent stem cells (iPSCs) could eliminate the need for donor transplants.

For now, they present an exciting new paradigm for modeling human disease and for individualizing drug testing, according to Dr. Lior Gepstein, director of cardiology at Rambam Health Care Campus in Haifa and holder of the Sohnis Family Chair in Tissue Engineering and Regenerative Medicine.

By adapting a Nobel Prize-winning technique from Japan, Gepstein’s lab pioneered a method to grow a [patient’s own heart cells](#) from that patient’s iPSCs in just a few weeks.

“We can use these cells for several things,” says Gepstein, who was among the featured presenters at Rambam’s 2016 annual international “State of the Heart” and digital-health summit at the end of May.



Lior Gepstein

Dr.

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“The most ambitious project is to take a cardiac patient’s cells, reprogram them and transplant them back to a patient’s diseased heart to regenerate its function,” he tells ISRAEL21c. “The heart cannot regenerate itself. Any dead areas [following a heart attack] are replaced by scar tissue and cannot contract, which leads to heart failure, the biggest problem we are facing as cardiologists.”

Gepstein’s lab has been working for several years to overcome many hurdles from [theory to practice](#). Now, he reports, human clinical trials are only four or five years away thanks to strides made in a strategic partnership among Rambam, the University Health Network of Toronto (Canada) and the Technion-Israel Institute of Technology, where Gepstein is a member of the Rappaport Faculty of Medicine and Research Institute.

“A lot of labs have followed our lead, and this is a good sign that it is of great interest,” he says. “We were the leaders in the emerging field of cardiac regenerative medicine, and in many aspects we are still the world leaders in this area.”

Generating pacemaker cells

At the summit, Gepstein reported on his lab’s other sci-fi-like advances with iPSCs: growing heart pacemaker cells; studying a living patient’s heart disease and finding the most effective drugs to treat it before ever touching the patient; and as a platform for pharmaceutical development.

Gepstein explains that as we age, our heart’s pacemaker cells can start malfunctioning. Instead of implanting an electronic pacemaker as cardiac surgeons do today, they could implant the patient’s own brand-new pacemaker cells generated from iPSCs.

Gepstein’s lab also is dabbling in optogenetics, attempting to build a light-induced pacemaker and/or defibrillator. This would regulate the heart’s electrical activity by introducing a light-sensitive protein derived from algae.

“People have been using this in neuroscience but we are the first to use it in the heart,” says Gepstein, who published a paper about this research in [Nature Biotechnology](#).

Disease in a dish

Obviously, doctors can’t take out a patient’s heart to study genetic

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mutations that cause life-threatening conditions such as cardiomyopathy (heart muscle disease) or inherited arrhythmogenic syndrome.

However, by taking the patient's skin cells and reprogramming them as heart cells — whose DNA is identical to the diseased cells — the genetics can be studied and drugs can be tested in the culture dish to find out which will work best for the specific patient.

Gepstein and his colleagues used this method to save the life of a young woman in 2011, and have since demonstrated the ability to study and test treatments for dozens of cardiac genetic diseases using “disease in a dish.”

Now a major internationally funded study at Rambam is furthering the goal of generating patient-specific models of heart disease and individualizing treatment for that disease.

“This also provides the pharmaceutical industry, for the first time, with disease models of heart cells that they can use to develop new drugs,” says Gepstein. “If you have a promising drug with possible adverse side effects on the heart,

you can test it in a lab dish instead of in humans before spending billions on development. Right now we are trying to find collaborations with the pharma industry.”

September 2018



The Meltzer Award is provided annually by funds from the Meltzer Family held by FIHS



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Jeff Goldberger, Amir Lerman, Giora Weisz



Edo Kaluski



The Editor with Glenn Vanden Houten,
Regional Director for AHA in Europe
and Asia



Lawrence Rudski

September 2019

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Martin Leon and Basil Lewis

Finally, our Special Section Honoring Batia Ziv, long time Administrative Manager of HIS, reprinted from last Newsletter

When I was asked to take over as editor of this Newsletter 10 years ago, our President, Jeff Goldberger told me not to worry- if I needed any help, the Israel Heart Society had this wonderful Administrative Manager named Batia who knew everybody and would help me. I reached out to her with the first draft of the Newsletter and the rest was history! She fed me Cardiology news, arranged for meetings with the leadership of IHS, and reviewed all drafts I

sent her for accuracy and comments in a positive way. She encouraged me by feeding me Halva at ACC meetings far away from home. She went from a great helper and partner to a true friend!

This past year, Batia retired from the Israel Heart Society after many years of exemplary service. She has handed the reigns to Karen Davidson who did a great job planning and coordinating the latest Conference of the IHS.

A special presentation was made by the past Presidents and Secretaries General of the Israel Heart Society to Batia at this recent Conference, and here are a few of the pictures from that event. Batia, may you continue in good health and happiness "until 120!" Everybody needs a Batia!

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Handing off the Baton- Batya and Karen



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Batya with the Editor

The FIHS Heart Beats section includes individual as well as institutional achievements related to our members or Israeli hospitals.

The latest thriller by Doug Zipes

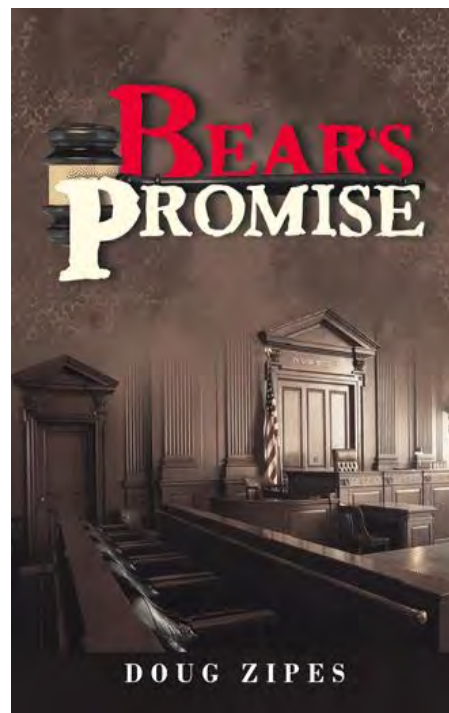


Our other regular sections will return next Newsletter. We hope you enjoy this walk down memory lane!

We would also encourage Israeli programs to let our membership know about happenings and offers for training in Israel: Please email these to jackstroh@usa.net.



FIHS Heart Beats 



About the Book

Melanie Simpson is desperate when she calls 911 for help

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controlling her psychotic husband, Jared. When a dangerous and brutal police lieutenant responds, he shoots Jared with his Electric Gun, initiating cardiac arrest. After their son seeks revenge, the police lieutenant kills him as well. A shocked and grieving Melanie asks family for help. Now it is up to her brother, Jason “Bear” Judge, an ex-FBI agent turned trial attorney, to vindicate Melanie. After he prosecutes Lieutenant Vincenzo Sparafucile for police brutality and the unscrupulous CEO of the electric gun company for failing to warn that his gun could kill, Bear narrowly escapes multiple attempts on his life. As the trial begins, Bear’s legal clash with the police and the gun company becomes threatened when his dark history with the FBI surfaces and creates a riveting courtroom drama that culminates in a life-and-death battle between two determined men. In this legal thriller, justice confronts greed in a compelling power struggle as a trial

attorney seeks retribution for the murders of his brother-in-law and nephew by a ruthless police officer and a company that values profit over life.

About the Author

Doug Zipes graduated from Dartmouth College, Harvard Medical School, and Duke University Medical Center. He is on the editorial board and writes a health column for the Saturday Evening Post, is editor-in-chief of two cardiology journals, and has published nearly nine hundred medical articles and sixteen cardiology textbooks. He is the author of three novels, a memoir, and multiple short stories. His first novel, *The Black Widows*, was a Foreword Reviews Book of the Year finalist. Dr. Zipes and his wife have three children, five grandchildren, and live in Carmel, Indiana, and Bonita Springs, Florida. He dedicates Bear’s Promise to brave law enforcement men and women all over the world.

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Are you a member of FIHS and have major news you would like to share with our readers? Have you published a book or been honored by your Society? Share it with us all! Please email these to me at jackstroh@usa.net.



That's it for this issue of the newsletter of the Friends of Israel Heart Society. Special thanks as always to **Karen Davidson** 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.



Classified Section

Welcome to our new Classified Section. This is open to any Program Directors, either in the USA, Canada, or Israel who have any position available for a cardiologist. We offer this as a service to our members

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and affiliated physicians worldwide, with this furthering our goal to be a bridge to connecting cardiologists. Send all requests to the editor at jackstroh@usa.net.



Openings at Shaare Zedek Integrated Heart Center, Jerusalem.

The newly established Shaare Zedek Integrated Heart Center in Jerusalem is looking for a

-cardiologist with experience in **cardiac rehabilitation and preventive cardiology** to join its Cardiac Rehabilitation Institute. Preference given to candidates with academic experience and interest. This position has a potential for

promotion opportunities in the near future.

-Echocardiographic specialist with experience in TEE, stress echo, and 3-D echo. Experience with structural heart disease interventions is an advantage.

For either position, there is a clear prospect for promotion.

If you are interested or you know someone who is, please contact our friend and past President of the Israel Heart Society, Professor Michael Glikson, MD:

Prof Michael Glikson, MD
Director of the Jesselson
Integrated Heart Center
Shaare Zedek Medical Center
Jerusalem, Israel
Tel: +972-2-655-5974 or 5
Fax: + 972-2-655-5437
mglikson@szmc.org.il



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**SOROKA
MEDICAL CENTER**

**Opening at Soroka
University Medical Center,
Beer Sheva, Israel**

The Soroka University Medical Center of Ben Gurion University of the Negev, in Beer Sheva is looking for an

-Expert in echocardiography and TEE for this very busy major tertiary care center. Structural knowledge is very welcome but not a must.

-Director of the Coronary care Unit. Applicants should have experience in acute cardiac care and hold an academic position. If you are interested or know someone who is, please have them contact our friend and

President of the Israel Heart Society, Professor Doron Zahger MD:

**Doron Zahger, MD, FESC, FAHA
Director, Department of
Cardiology
Soroka University Medical
Center**

**President, Israel Heart Society
Kunin - Lunenfeld Professor of
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**Tel.: +972-8-640-3468
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dzahger@bgu.ac.il**



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Openings at Laniado Hospital, Netanya, Israel

The Heart Institute at Laniado Hospital is looking to hire multiple clinical cardiologists. With over 2500 cardiac hospitalizations, 4700 echocardiograms, 895 cardiac catheterizations, and a new electrophysiology program, we are the 4th largest Heart Institute in Israel. For further information contact:

**Ron Joseph Leor-Librach, MD,
PhD**

Director, Heart Institute

Heart01@laniado.org.il

Mobile #- +972-52-847-4154

<https://www.ima.org.il/MainSite/Departments/ProfileDepartment.aspx?dco de=0160410200103>



MEIR MEDICAL CENTER

Affiliated with the Sackler Faculty of Medicine,
Tel Aviv University

Opening at Meir Medical Center, Kfar Saba

Looking for a senior cardiologist with many years of experience to work in our Heart Failure Unit.

**Contact Professor Abid Assali,
Director Heart Institute,
Meir Medical Center, Kfar Saba**

Aassali@clalit.org.il

Office- 09-747-2587

Mobile- 052-421-7100



Opening at Bnai Zion Medical Center, Haifa

Looking for a director of the new Coronary Care Unit.

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Requirements:

- Full-time job
- Teaching residents within the Unit
- Candidate must be at least 5 years after fellowship, preferably with Cardiac ICU experience

Professor Ran Kornowski,
Director of Cardiology at the
Rabin Medical Center
(Beilinson and HaSharon
Hospitals) for details at
[**rkornowski@clalit.org.il**](mailto:rkornowski@clalit.org.il)

Contact Dr. Idit Dobrecky Mery,
Director Division of Cardiology,
Bnai Zion Medical Center
[**idit.mery@b-zion.org.il**](mailto:idit.mery@b-zion.org.il)
Mobile- 050-733-4460



The Rabin Medical Center,
Division of Cardiology, is
seeking a full-time
cardiologist to lead our
Cardiac Rehabilitation
Department at the HaSharon
Hospital. Experience is a
plus, but not mandatory. If
interested, please contact:

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at
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6:30 pm to 8:30 pm**

**Come mingle with friends and colleagues
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Enjoy Kosher Mediterranean Appetizers, Beer and Israeli Wine

an easy walk from most ACC.20 hotels

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larry@mindyourb.com
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Spertus Institute overlooking Chicago's Skyline, Lake Shore Drive and Lake Michigan