NEWSLETTER OF THE FRIENDS OF THE ISRAEL HEART SOCIETY

Editor's Note: Welcome to the Spring 2016 FIHS Newsletter. We wish all of our readers and members a Happy Holiday season.

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

We also have pictures from ACC as well as the recent 63rd Annual International Conference of the Israel Heart Society.

In addition, we are excited to announce our first Israel Cardiology Mission to coincide with the 64th Annual International Conference of the Israel Heart Society 2017 in Tel Aviv. More information in the months to come!

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

It was great seeing many of you at our recent Friends of the Israel Heart Society reception at the recent American College of Cardiology meetings in Chicago. With the musical charm of Stan Hillis (thank you again for your continued support!), it was a truly wonderful evening. The Meltzer Award was presented to the Israel Heart Society and was awarded to Professor Chaim Yosefy at the 2016 Israel Heart Society meeting. We were delighted to present two travel awards for Israeli cardiology fellows to attend the American College of Cardiology meeting – congratulations to Drs. Guy Witberg and Hilmi Alnsasra.

The Friends of the Israel Heart Society also participated in the Fellow's Case Competition for the recent International Dead Sea Symposium held in February 2016. Five fellows from the US were awarded travel grants to attend the meeting and present their challenging case – for most, their first trip to Israel.

Our organization's success in promoting these educational interchanges is thanks to the help and support we receive from you. We need to expand our outreach to the cardiology community – if you are willing to help us do so in your local community, please contact

me. We hope that with our expanded efforts, we will be able to expand the scale of our educational support for the Israel Heart Society.

We would like to acknowledge our Silver, Gold, or Platinum sponsors who are listed on page 24. As we are dependent on your charitable donations to maintain our activities, please remember to submit your annual membership dues which can be paid through the FIHS website at:

http://www.friendsihs.org/index.html

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

With best wishes,

Jeff Goldberger
President, Friends of the Israel Heart Society

Meetings in Israel

EuroCVP 2016

May 29-30, 2016

Tel Aviv, Israel

Chairman- Stefan Agewall, MD, FESC

Chairman -elect- Basil Lewis, MD, FESC

The Working Group on Cardiovascular Pharmacotherapy is delighted to announce the 2016 edition of its Annual Meeting that will be held in Tel Aviv, Israel from 29 to 30 May.This meeting named EuroCVP aims to highlight key issues in drug therapy.This year, the congress will feature high quality plenary and keynote lectures as well as focused debates in unclear and topical areas of therapy. A large number of free communications will also be presented in e-poster and guided poster sessions.
In conjunction with the main programme, a Clinical Trials

Workshop will be held. The European Society of Cardiology Working Group on Cardiovascular Pharmacotherapy is proud to be

delivering an engaging and interactive 2 day course to improve the professional knowledge and skills required to plan and deliver successful cardiovascular pharmacotherapy clinical trials.

http://www.eurocvpcongress.org/

International Conference for Innovations in Cardiovascular Systems-2016

December 4-6, 2016

Tel Aviv, Israel

http://2016.icimeeting.com/

10th International Conference on Acute Cardiac Care

January 15-17, 2017

David Intercontinental Hotel
Tel Aviv, Israel

The 10th International Conference on Acute Cardiac Care will be held in Tel Aviv on January 15-17, 2017. The Cardiology Conference will feature three parallel medical streams, with over 100 presentations, including: satellite symposia, keynote and plenary lectures, debates, clinical interactive case presentations and poster presentations over two days. In addition to the medical streams, there will be a parallel nursing stream. The program is diverse and includes content that will satisfy all participants interested in acute cardiac care.

The Cardiology Conference will be held under the auspices of the Israel Heart Society (IHS), and in collaboration with the ESC Acute Cardiovascular Care Association, the ERC European Resuscitation Council, the Israel Working Group on Acute Cardiac Care of the IHS, the Israeli Association for the Advancement of Cardiac and Intensive Care Nursing, the Israel Society of Internal Medicine and the Israel Society of Anesthesiologists.

Chairmen:

Joseph S. Alpert
Yonathan Hasin
Doron Zahger

https://www.isas.co.il/cardiac-care2017/price.php

The 64th Annual Conference of the Israel Heart Society in Association with the Israel Society of Cardiothoracic Surgery

April 25-26, 2017, details to be announced. In conjunction with our first Medical Mission

David Intercontinental Convention Center, Tel Aviv

Research-

Relative Wall Thickness and the Risk for Ventricular Tachyarrhythmias in Patients With Left Ventricular Dysfunction

Yitschak Biton, MD,*y Ilan Goldenberg, MD,*y Valentina Kutyifa, MD, PhD,* Jayson R. Baman, BS,* Scott Solomon, MD,z Arthur J. Moss, MD,* Barbara Szepietowska, MD, PhD,* Scott McNitt, MS,* Bronislava Polonsky, MS,* Wojciech Zareba, MD, PhD,* Alon Barsheshet, MD*x

From the *Heart Research Follow-up Program, Division of Cardiology, Department of Medicine at the University of Rochester Medical Center, Rochester, New York; yHeart Institute, Sheba Medical Center, Ramat Gan, and Sackler School of Medicine, Tel Aviv University, Tel Aviv, Israel; zBrigham and Women's Hospital, Harvard Medical School, Boston, Massachusetts; and the xCardiology Department, Rabin Medical Center, Petah Tiqva, and Sackler School of Medicine, Tel-Aviv University, Tel Aviv, Israel. The MADIT-CRT study was sponsored by an unrestricted research grant from Boston Scientific to the University of Rochester and the Israeli Association for Cardiovascular Trials.

http://content.onlinejacc.org/article.aspx?articleid=2481275

BACKGROUND: Relative wall thickness (RWT), defined as 2 times

posterior wall thickness divided by the left ventricular (LV) diastolic diameter, is a measure of LV geometry and may be a marker for adverse events in patients with LV dysfunction.

OBJECTIVES: The aim of this study was to investigate the relationship between RWT and the risk for ventricular tachyarrhythmia (VA) in patients enrolled in the MADIT-CRT (Multicenter Automatic Defibrillator Implantation Trial With Cardiac Resynchronization Therapy) study.

METHODS: The study population comprised 1,260 patients with mild heart failure and left bundle branch block.

RESULTS: In a multivariable model, RWT was the most powerful echocardiographic measure for estimating the risk of VAs compared with commonly used echocardiographic variables. Patients with low RWT (<0.24) had 83% ($p < 0.001$) increased risk for VA and 68% ($p < 0.001$) increase in VA risk or death (VA/death) compared with patients with higher RWT values. Each 0.01-unit decrease in RWT was associated with 12% ($p < 0.001$) and 10% ($p < 0.001$) increases in the risk of VA and VA/death, respectively. Treatment with cardiac resynchronization therapy with defibrillator (CRT-D; CRT with implantable cardioverter-defibrillator) was associated with a greater increase in RWT compared with implantable cardioverter-defibrillator at 12 months (4.6 ` 6.8% vs. 1.5 ` 2.7%; $p < 0.001$), and every 10% increase in RWT in CRT-D patients was associated with 34% (p 1⁄4 0.027) and 36% (p 1⁄4 0.009) reductions in the risk of subsequent VA and VA/ death, respectively.

CONCLUSIONS: In patients with mild heart failure and left bundle branch block, decreased RWT was associated with an increase in the risk of VA and VA/death. CRT-D therapy was associated with a favorable increase in RWT and reduction in risk of VA and VA/death. (Multicenter Automatic Defibrillator Implantation Trial With Cardiac Resynchronization Therapy [MADIT-CRT]; NCT00180271) (J Am Coll Cardiol 2016;67:303–12)

TABLE 2 Risk of VT/VF* by Model

Models†	HR†	95% CI	p Value	AIC†
Baseline†				3,441.66
RWT, per 0.01-U decrement	1.12	1.07-1.17	<0.001	3,420.12
LVEDV indexed by BSA, per 10 ml/m²	1.09	1.05-1.12	<0.001	3,425.21
LVESV indexed by BSA, per 10 ml/m²	1.10	1.06-1.15	<0.001	3,425.87
LVEF, %, per unit percentage	0.96	0.93-0.99	0.021	3,438.42
LAV indexed by BSA, per 10 ml/m²	1.23	1.10-1.38	<0.001	3,431.03
LV mass indexed by BSA, per 10 g/m²	1.05	0.99-1.12	0.125	3,441.38
LV mass/LVEDV ratio, per 0.01-U decrement	1.25	1.13-1.38	<0.001	3,424.38

*258 events. †Findings regarding risk associated with each echocardiographic parameter were obtained from separate models, each adjusted for the following covariates: treatment arm, female sex, glomerular filtration rate, previous myocardial infarction, New York Heart Association class, QRS duration ≥150 ms, SBP, previous ventricular arrhythmia (VA), and age at enrollment.

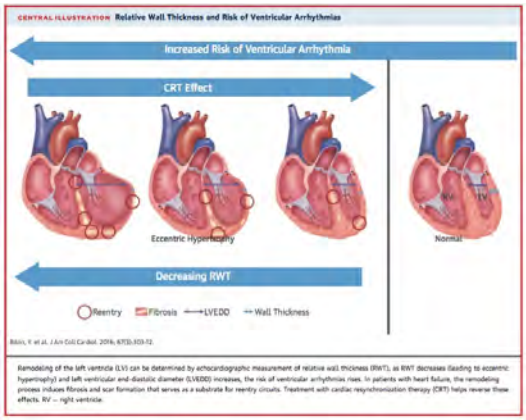
AIC = Akaike Information Criterion; HR = hazard ratio; VF = ventricular fibrillation; VT = ventricular tachycardia; other abbreviations as in Table 1.

TABLE 3 Comparison of Predictive Value of Different Variables for VT/VF*

Models†	Wald p Value	HR	95% CI	Log Likelihood Ratio	Chi-Square Difference‡	Likelihood Ratio Test p Value
Baseline				3,423.66		
Models with LVEDV						
LVEDV indexed by BSA, per 10 mL/m²	<0.001	1.09	1.05-1.12	3,405.21	18.46	<0.001
LVEDV indexed by BSA, per 10 mL/m²	0.096	1.04	0.99-1.09	3,397.41	26.26	<0.001
RWT, per 0.01-U decrement	0.005	1.08	1.02-1.15			0.005
Models with LVESV						
LVESV indexed by BSA, per 10 mL/m²	<0.001	1.10	1.06-1.15	3,405.87	17.80	<0.001
LVESV indexed by BSA, per 10 mL/m²	0.134	1.05	0.99-1.11	3,397.93	25.73	<0.001
RWT, per 0.01-U decrement	0.005	1.09	1.03-1.15			0.005
Models with LVEF						
LVEF, %, per unit percentage	0.021	0.96	0.93-0.99	3,418.42	5.24	0.022
LVEF, %, per unit percentage	0.979	1.00	0.96-1.04	3,400.11	23.55	<0.001
RWT, per 0.01-U decrement	<0.001	1.12	1.06-1.17			<0.001
Models with LAV						
LAV indexed by BSA, per 10 mL/m²	<0.001	1.23	1.10-1.38	3,411.03	12.63	<0.001
LAV indexed by BSA, per 10 mL/m²	0.153	1.10	0.97-1.25	3,398.11	25.55	<0.001
RWT, per 0.01-U decrement	<0.001	1.10	1.04-1.15			<0.001
Models with LV mass						
LV mass indexed by BSA, per 10 g/m²	0.125	1.05	0.99-1.12	3,421.38	2.29	0.130
LV mass indexed by BSA, per 10 g/m²	0.43	1.03	0.96-1.09	3,399.50	24.16	<0.001
RWT, per 0.01-U decrement	<0.001	1.11	1.06-1.16			<0.001

*Values added to the baseline multivariable model alone and together with RWT. †Findings regarding risk associated with each echocardiographic parameter were obtained from separate models, each adjusted for the following covariates: treatment arm, female sex, glomerular filtration rate, previous myocardial infarction, New York Heart Association functional class, QRS duration >150 ms, SBP, previous VA, and age at enrollment. ‡The chi-square difference was calculated by deducting the chi-square of each model from the chi-square of the baseline model (83.30).

Abbreviations as in Tables 1 and 2.



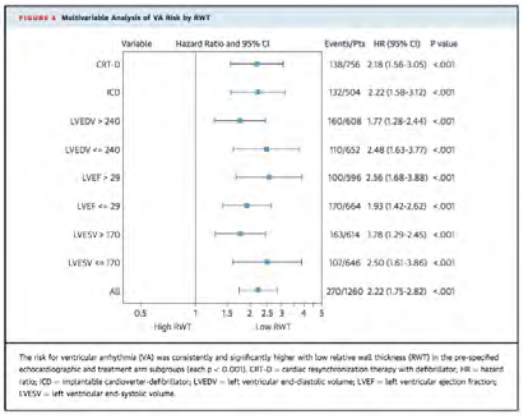
Remodeling of the left ventricle (LV) can be determined by echocardiographic measurement of relative wall thickness (RWT), as RWT decreases (leading to eccentric hypertrophy) and left ventricular end-diastolic diameter (LVEDD) increases, the risk of ventricular arrhythmias rises. In patients with heart failure, the remodeling process induces fibrosis and scar formation that serves as a substrate for reentry circuits. Treatment with cardiac resynchronization therapy (CRT) helps reverse these effects. RV = right ventricle.

TABLE 5 Risk of VT by RWT*

Outcome (Number of Events)	Continuous HR†	95% CI	p Value	RWT <0.24 Versus RWT ≥0.24 HR‡	95% CI	p Value
VT/VF (n = 258)	1.12	1.07-1.17	<0.001	1.83	1.42-2.37	<0.001
VT ≥200/VF (n = 161)	1.15	1.09-1.21	<.001	1.93	1.39-2.66	<0.001
VT/VF/death (n = 332)	1.10	1.05-1.14	<0.001	1.68	1.37-2.10	<0.001
VT (n = 221)	1.11	1.06-1.17	<0.001	1.91	1.45-2.52	<0.001
VF (n = 73)	1.08	1.00-1.17	0.065	1.61	0.99-2.60	0.054

*Adjusted for CRT-D therapy, female sex, glomerular filtration rate, previous myocardial infarction, New York Heart Association class, QRS duration ≥150 ms, SBP, previous VA, and age at enrollment. †HR per 0.01-unit decrement of RWT. ‡HR for the lowest RWT tertile <0.24 versus upper 2 tertiles ≥0.24.

Abbreviations as in Tables 1 and 2.



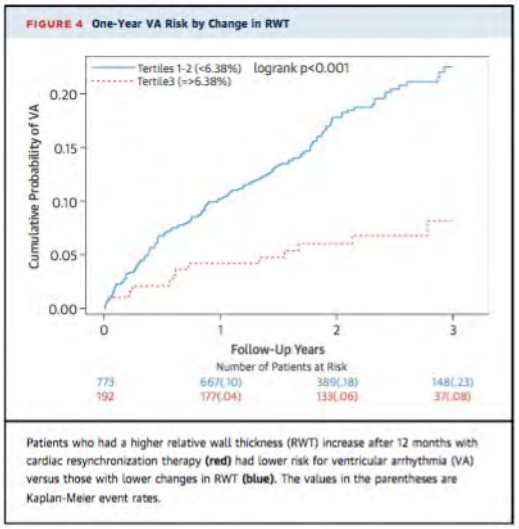
The risk for ventricular arrhythmia (VA) was consistently and significantly higher with low relative wall thickness (RWT) in the pre-specified echocardiographic and treatment arm subgroups (each $p < 0.001$). CRT-D = cardiac resynchronization therapy with defibrillator; HR = hazard ratio; ICD = implantable cardioverter-defibrillator; LVEDV = left ventricular end-diastolic volume; LVEF = left ventricular ejection fraction; LVESV = left ventricular end-systolic volume.

TABLE 6 RWT Change During 12 Months and Risk of Subsequent VAs

Outcome (Number of Events)	HR*	95% CI	p Value
VT/VF (n = 153)	0.66	0.45-0.95	0.027
VT ≥200/VF (n = 95)	0.68	0.41-1.14	0.141
VT/VF/death (n = 194)	0.64	0.46-0.89	0.009
VT (n = 133)	0.68	0.46-1.00	0.052
VF (n = 39)	0.51	0.23-1.16	0.108

*HR per 10% increase in RWT at 12 months compared with baseline. Adjusted for CRT-D therapy, female sex, glomerular filtration rate, previous myocardial infarction, New York Heart Association functional class, QRS duration ≥150 ms, SBP, previous VA, and age at enrollment.

Abbreviations as in Tables 1 and 2.



Patients who had a higher relative wall thickness (RWT) increase after 12 months with cardiac resynchronization therapy **(red)** had lower risk for ventricular arrhythmia (VA) versus those with lower changes in RWT **(blue)**. The values in the parentheses are Kaplan-Meier event rates.

The Editorial Comment in JACC on this article was provided by Julius Gardin, MD, a member of FIHS and contributor to this Newsletter. It can be reviewed at this link:

http://content.onlinejacc.org/article.aspx?articleid=2481276&resultClick=3

Research News

Israeli Researchers Find Key To Long-Term Preservation Of Organs For Transplant

By Yonatan Sredni, No Camels
March 24, 2016

http://nocamels.com/2016/03/longer-preservation-organs-transplant/?utm_source=activetrail&utm_medium=email&utm_campaign=nc24/03/16

When transplanting donated organs, time is of the essence. Transplantation stands the best chance to succeed when performed as quickly as possible after the donor surgery. A heart or lung is kept

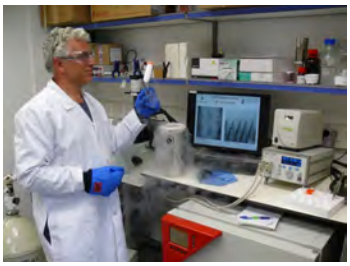
viable for transplantation for only six hours before deterioration begins. A pancreas or liver go to waste after 12 hours in storage, and a kidney can be kept outside the body for less than 30 hours.

Keep cool, not frozen

One of the main problems standing in the way of storing organs for more than a few hours is ice growth. When organs are frozen, expanding ice crystals damage the cells in a way that they cannot be revived. Therefore, organs which are removed from a donor are kept cooled but not frozen.

A Hebrew University team led by Prof. Ido Braslavsky is now contributing significantly to the effort to perfect the process of preserving cells, tissues and organs in sub-zero temperatures. This would enable long-term banking of tissues and organs and efficient matching between donor and patient, eventually saving the lives of millions of people around the world.

"The ability to freeze organs and to then thaw them without causing damage to the organ itself would be revolutionary in terms of our chances to save lives," Braslavsky said in a statement.



Prof. Ido Braslavsky at his lab, where his team investigates ice-binding proteins and new methods in cryopreservation of cells.

Braslavsky's area of specialty is so-called "antifreeze proteins," ice-binding proteins that help organisms resist or withstand freezing in water and on land by inhibiting the formation and growth of crystalline ice. Ice-binding proteins were discovered some 50 years ago in Antarctic fish and are now known to exist in cold-resistant fish, plants, insects and microorganisms. They actively inhibit the formation and growth of crystalline ice, and their superiority over other antifreeze substances is that they are needed in very low amounts to do it effectively.

Braslavsky and his team collaborated with Prof. Peter Davies from Queen's University in Canada to investigate the mystery of exactly how ice-binding proteins stop the formation of ice crystals. They discovered that antifreeze proteins bind permanently with ice. "We found that proteins in insects are much more efficient in inhibiting ice growth than proteins in fish, but fish proteins bind faster to ice," according to Braslavsky.

Learning from frozen foods?

This finding, recently published in the scientific journals Langmuir and RSC Advances, could be crucial for the advancement of using these proteins to help preserve frozen organs as well as frozen foods.

Many are familiar with ice cream that has lost its texture in home freezers, or meat that has lost a lot of its liquids and doesn't look or taste fresh after thawing. Ice-binding proteins

may allow the control of ice in frozen food and the developments of new frozen treats. Some food manufacturers have already started using ice-binding proteins in their products.

Braslavsky's pioneering work in studying the interaction between antifreeze proteins and ice is now expanding to developing a cryopreservation technique (a process by which cells susceptible to damage caused by chemical reactivity or time are preserved by cooling to sub-zero temperatures) that will allow revival of cells and tissues while restoring their form and function.

Clearly, Braslavsky's technique could be instrumental in ending the organ transplant shortage.

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Heart patients — and hospitals — breathe easier with Israeli sleep tech

Hospitals facing Obamacare penalties for high readmission rates should heed the results of a new study, says EarlySense

BY DAVID SHAMAH February 26, 2016,

http://timesofisrael.us4.list-manage1.com/track/click?u=cfb8b7e18d631d09f248bc525&id=d248efa5d0&e=802f3e00c0

One of the tenets of the Affordable Care Act (ACA), aka Obamacare, is that hospitals must reduce costs, by reducing their 30-day readmission rate — the theory being that a hospital ought to be able to do a good-enough job on patients deemed well enough to be released to keep them out of the hospital for at least a month.

As a result, hospitals are scrambling to find ways to reduce their exposure to the problem. Otherwise, thanks to the Hospital Readmissions Reduction Program component of the ACA, they could find their Medicare payments cut by up to 3%. While it doesn't sound like a lot overall, hospital administrators, armed with spreadsheets and horror stories, would disagree, claiming they need every penny, and then some.

A new study by Israeli medical technology start-up EarlySense could help allay the concerns of administrators — as well as patients, most of whom presumably would want to avoid going back to the hospital as well. In the first-ever test of the EarlySense system that followed heart-failure patients after hospital discharge, the start-up, working with two top US health institutes, discovered that monitoring the respiratory activity of the patients was "the most important risk-adjusted associate of readmission for heart failure," according to Dalia Argaman, VP of clinical and regulatory affairs at EarlySense.

With "wearables" all the rage now in health monitoring, EarlySense has done things a bit differently: The company has developed the first

"sleepable" in a device which, when placed under a mattress, keeps track of how a person sleeps, including whether they toss or turn, the different stages of sleep (REM, etc.), their breathing, and other important sleep data.

EarlySense started out in the sleep-monitoring business in 2004, when it developed a system for hospitals and care centers to keep track of patients sick enough to require continuous tracking, but who were unwilling or unable to have wired sensor devices attached to their bodies while they slept. Designed for use in non-emergency room or even home settings, the EarlySense system uses sensors embedded into a mattress or chair cushion to monitor heartbeat, respiration rate and movement, uploading the data to a server for analysis, or setting off an alarm on a caregiver's smartphone if something seems wrong. It's in use in thousands of hospitals, nursing homes and home settings around the world and, according to hospital studies cited by the company, over 90% of staff said that the system was useful in stemming and preventing patient deterioration.

The new study, entitled "Home Monitoring of Heart Failure Patients at Risk for Hospital Readmission Using a Novel Under-the-mattress Piezoelectric Sensor," was published in a recent issue of the Journal of Telemedicine and Telecare. Led by researchers Mosi K. Bennett (Minneapolis Heart Institute), Mingyuan Shao, and Eiran Z Gorodeski (Cleveland Clinic), the study used the EarlySense system "to monitor physiological vibrations resulting from breathing, pumping of the heart, and body movements, among individuals at home following hospitalization for heart failure (HF). Our objectives were to assess acceptability of the

device in the home, to assess physiological patterns, and to determine if altered patterns correlate with readmission," said the team.
"We inspected continuous nightly physiological profiles and noted differences between patients who were and were not readmitted," the team said in its conclusions. "Patients readmitted for HF had higher average heart and respiration rates, and more respiration variability. Average nightly respiratory rate was most predictive of readmission."

While the study was limited to heart patients, the team said, the impact of nocturnal respiratory issues — as well as other physiological signals — on other diseases are worthy of study. But even with these limited results, hospitals can save a pretty penny on their ACA penalties; nearly six million Americans live with heart failure and more than 870,000 new cases are diagnosed each year; according to industry experts, frequent readmissions are a main contributor to high costs associated with heart failure in the US, estimated at $39 billion annually.

If EarlySense systems can help reduce those readmission costs, it certainly makes sense for hospitals to advise patients to get one when they check out — or even to supply them with one, said Argaman. "These data may impact the financial well-being of health systems facing economic penalties for 30-day readmission. Predictive insights from a monitoring solution can translate into millions of dollars saved."

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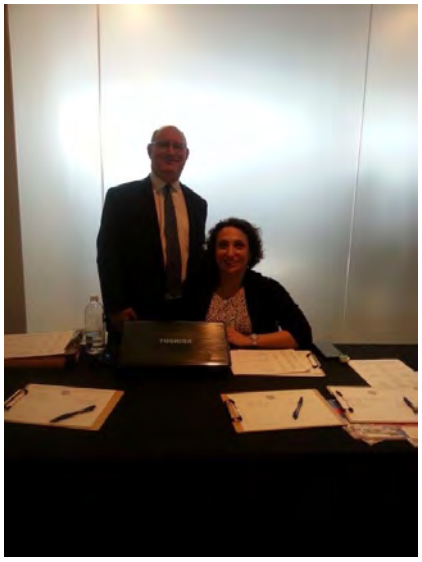
ACC and IHS Meetings

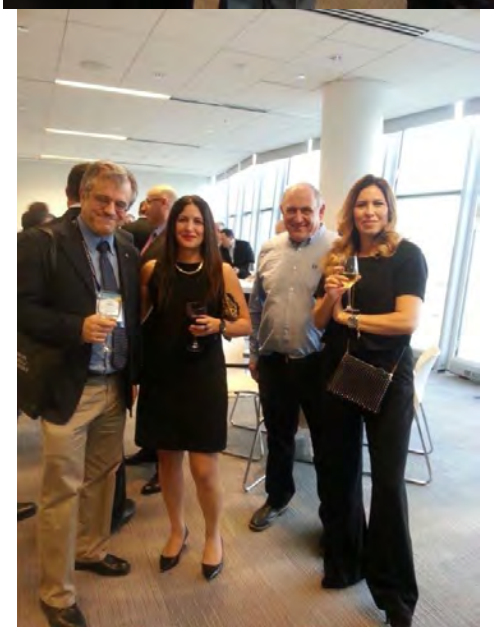
The Friends of the Israel Heart Society annual banquet took place in Chicago at the ACC 2016 meeting Sunday, April 3. As usual, a great time was had by all. Please see Dr. Goldberger's President's Message for the details. Here are some pictures of the event:

NEWSLETTER OF THE FRIENDS

האיגוד הקרדיולוגי בישראל
ISRAEL HEART SOCIETY

OF THE ISRAEL HEART SOCIETY





NEWSLETTER OF THE FRIENDS

האיגוד הקרדיולוגי בישראל
ISRAEL HEART SOCIETY

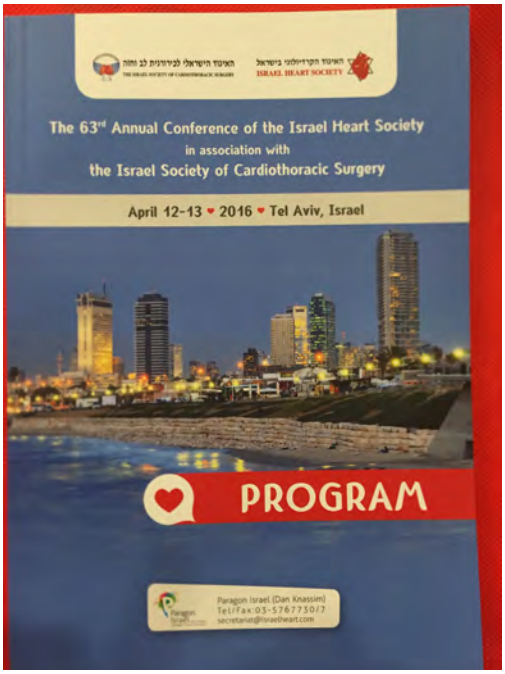
OF THE ISRAEL HEART SOCIETY

The 63rd Annual Conference of the Israel Heart Society in Association with the Israel Society of Cardiothoracic Surgery took place later in April in Tel Aviv. Joint sessions with the American Heart Association and the American College of Cardiology. Highlights included presentation of the annual Meltzer award for outstanding contribution in the field of non-invasive cardiology- won by Professor Chaim Yosefy of Barzilai Hospital, Ashkelon, and keynote talks from Drs. Richard Chazal- President of ACC, Cindy Grines, Norine Walsh – President Elect of ACC, Mark Creager- President of AHA, and Michael Reardon. The most exciting talk, however, was Dr. Lior Gepstein from Technion/Rambam Hospital who spoke on the bright future of stem cell research in Cardiology! IHS was in the news when Rabbi Yaakov Litzman, Israeli Minister of Health, called on the country to decrease its consumption of fast food in addition to focusing on prevention of cardiac diseases. Read more on this at:

http://www.timesofisrael.com/health-minister-urges-mcdonalds-junk-food-boycott/

These are my own pictures. For the fully professional pictures at the event, go to-

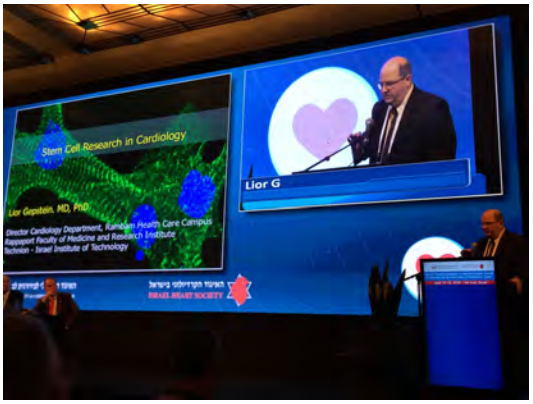
http://www.israel-heart.org.il/%D7%A6%D7%95%D7%95%D7%AA-%D7%A8%D7%A4%D7%95%D7%90%D7%99/%D7%A8%D7%90%D7%A9%D7%99/%D7%90%D7%9C%D7%91%D7%95%D7%9E%D7%99-%D7%AA%D7%9E%D7%95%D7%A0%D7%95%D7%AA



It was Batia Ziv's 25th Anniversary as Administrative Manager of IHS. Mazal Tov!

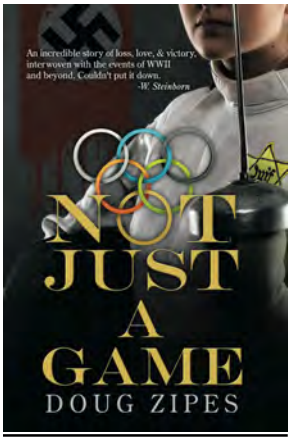
Minister of Health Rabbi Yaakov Litzman

NEWSLETTER OF THE FRIENDS OF THE ISRAEL HEART SOCIETY



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

FIHS Heart Beats



Once again from the pen of our Society's Founding President Doug Zipes, comes a new novel called "Not Just a Game." It is about a young Israeli female fencer seeking gold at the 2016 Rio Olympics. She is
forced to recognize she has a distant relationship with Hitler and has to put down a modern
Krystallnacht in Rio. It is historical fiction about Nazis, Olympics, love, and life. Coming soon to a bookseller near you!

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

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

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

NEWSLETTER OF THE FRIENDS OF THE ISRAEL HEART SOCIETY

Medical Mission 2017!

The Friends of the Israel Heart Society is trying to organize a Medical Mission to Israel April 2017, coinciding with the 64th Annual Conference of the Israel Heart Society and Israel Cardiothoracic Society (see the announcement for the meeting above). Join cardiologists and cardiac surgeons from all over the world on a unique mission to Israel where you will meet top Israeli cardiologists, visit the Cardiac facilities we have been featuring in our Newsletter for years, and hear from members of the Israel Heart Society about the challenges and unique advantages of practicing cardiology in the Holy Land. Participants will be staying at luxury hotels and enjoying the local cuisine at top flight restaurants. Don't miss out on this golden opportunity to mingle with your Israeli peers and tour the Holy Land.

More information to come soon!

Friends of the Israel Heart Society

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