Determinants of Masked Hypertension

In this Finnish population-based study of individuals aged 45-74 years, all underwent repeated home and clinic blood pressure measurements. The prevalence of masked hypertension was 8% in the untreated population. Established risk factors for cardiovascular diseases like left ventricular hypertrophy, obesity, diabetes, smoking, older age and high-normal office blood pressure all predicted masked hypertension. Normotensive patients with these risk factors should thus be considered for home blood pressure measurement.


Sodium intake, blood pressure and cardiovascular risk

High salt intake increases blood pressure and the risk for cardiovascular events. There are several sources of information that strongly support this view. However, all published data does not fit into this equation. In a recent issue of JAMA, urine sodium excretion in 28880 subjects (from the ONTARGET and TRANSCEND trials) showed a J-shaped relation between sodium excretion and cardiovascular events. The lowest risk for cardiovascular events was found in individuals with a sodium excretion between 4-6 grams per day, i.e. way above what is recommended today. The debate will continue.


The ISH wishes you all the very best for the forthcoming holidays and celebrations with family and friends.
In this issue of Hypertension News, Garry Jennings updates us on the Hypertension Sydney meeting and underlines the possibility for the best papers presented in Sydney to be published in the Lancet (provided they get approval from five Lancet reviewers, of course). In this issue, there is also information on the expansion of ISH membership to recognise clinicians with a record of long-standing commitment and high level contribution to blood pressure treatment. Over the last few years, we have seen a steady increase in the number of (paying) ISH members. We hope that this development will help to further increase membership renewals and encourage new applications.

Have a good read!

Best wishes,

Lars H. Lindholm

Our focus has been on increasing our activity globally and encouraging our younger members.

The Regional Advisory Groups (RAGs) ensure that we are listening and responding to all members of our international constituency. These were always intended to evolve to suit specific regional needs and they have done just that. In some regions we are supporting the emergence of new regional societies that link local members of our ISH International Forum National Societies. In others, we are working with existing regional societies to undertake joint projects or to facilitate closer working relationships and collaboration between overlapping regional groups. For me, the innovative projects in Asia are a great example of the diverse and meaningful contributions that the ISH can make and the value of cooperation with the Asian Pacific Society of Hypertension (APSH) with the energetic efforts of Trefor Morgan and other national leaders in the region. This is especially important as we approach Hypertension Sydney 2012, which will be co-hosted by the APSH. Through the advocacy of our RAGs (led by Robert Fagard, Trefor Morgan, Ernesto Schiffrin, Tony Heagerty and Michael Weber), and the relevant national societies of the ISH International Forum, clinicians and researchers appreciate the commitment of the ISH and will see Sydney as a natural destination on their 2012 calendar.

The RAGs now also provide an annual focus for the funding of initiatives in each region, supported up to a total of USD 40,000 per region. This has spurred many welcome applications for really worthwhile projects that we shall be supporting in 2012. Where the requests were not funded, we have gained an important opportunity to work with applicants to fashion future applications that meet our mutual needs and expectations. Thus, even in the absence of money, something profitable has come from the process.

Our direct international links continue to be strengthened by the ISH International Forum. We have recently circulated a questionnaire developed by the Forum Chair John Chalmers, in which we are seeking advice from National and Regional Societies about their use of blood pressure guidelines that will provide a fascinating global snapshot in a world where guidelines seem to be multiplying rather than distilling.

The other great excitement of 2012 has been our New Investigator initiatives. The New Investigator Committee (chaired by Bo Carlberg) has met more often than any other ISH committee and has benefited from the individual complementary talents of its marvellous members. The result has been a
dazzling array of achievements. The highlight of course was the 1st ISH New Investigators Symposium held in Orlando at the American Heart Association Council of High Blood Pressure Research (AHA CHBPR) meeting in October and co-hosted by the Inter-American Society of Hypertension (IASH) and CHBPR. The symposium was a hit, not only showcasing the great young talent in our ranks, but adding a zest to the meeting overall. The international-regional-local collaborative hosting was a successful formula that we shall replicate in Sydney next year and for years to come I hope. Our other Committees have also been doing a sterling job.

Our Corporate Liaison Committee led by Louise Burrell has maintained and strengthened good relations and support with our Corporate Members in a climate of generalised financial difficulty. We value our Corporate Members support and commitment all the more highly under these circumstances.

Our Membership Committee chaired by Rhian Touyz has had a busy year assessing many new applications and has developed a campaign to attract clinicians with a strong commitment to blood pressure. This fills in a gap in our Society, and we shall all benefit from membership of those special doctors whose outstanding clinical contributions have not been overtly encouraged until now.

Maintaining links with our members and publicising the advantages of membership to those outside the ISH relies on our Communications Committee (led by Lars Lindholm) who have raised the bar this year in terms of the standard of material. Their considered and strategic approach to electronic and other communications is of great value to the Society. Important to so much of the Society’s activities is our on-going link with the Journal of Hypertension. From publishing our papers to advertising our initiatives, the ever-present enthusiasm and generosity of the Editor-in-Chief Alberto Zanchetti is very much appreciated.

Finally, on behalf of us all, I should like to make particular mention of the fabulous job that Helen Horsfield does for us in the ISH Secretariat. She is an absolute champion who works tirelessly behind the scenes, where her attention to detail, initiative, hard work and good humour are of enormous benefit.

May I wish you all the very best for the forthcoming holidays and celebrations with family and friends.

Stephen Harrap
President ISH

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**Membership Feature**

**ISH NOW WELCOMES MEMBERSHIP APPLICATIONS FROM CLINICIANS**

The ISH would like to announce the expansion of membership to recognise clinicians with a record of long-standing commitment and high-level contribution to blood pressure treatment.

Previously applications have only been welcomed from those who have pursued research in a way that builds a strong CV of original research.

Applications should be submitted including the following documentation to provide evidence of clinically-related contributions and commitment in the field of hypertension.

- A current C.V.
- Two letters of support from current ISH members, official listings committees, advisory boards, societies, universities or other relevant organisations

Examples of clinically-related contribution and commitment in the field of hypertension are as follows.

- Leadership of clinical hypertension services in hospitals of similar institutions
- Key involvement in the development of hypertension guidelines
- Office bearing for hypertension or related professional societies
- Senior teaching (undergraduate, graduate and specialist) responsibilities in the hypertension field in universities or in hospitals (with an honorary university title)
- Senior consultancy role for hypertension with governmental committees, including drug
advisory boards, regulatory committees and policy development groups

- Committee level involvement in national and international hypertension and related societies
- Contribution through involvement as an investigator in local, national or international clinical trials in hypertension

We welcome our members’ assistance in promoting this initiative. For further information please contact the Secretariat (email: secretariat@ish-world.com).

**WHY BECOME OR REMAIN A MEMBER OF ISH?**

**ISH President - Stephen Harrap**

With the forthcoming 24th Scientific Meeting in Sydney on the horizon, it would be easy to respond that you can save yourself hundreds of dollars on the Registration Fee as a member of ISH.

Of course that it true and this is a tangible benefit of membership (among many others). But from my own experience, the advantages of membership are more often intangible.

I joined around the time I attended my first ISH Meeting in Interlaken in 1984. It was an inspiration - great science, a charming location and welcoming camaraderie. On becoming a member of the ISH, two things changed immediately.

- Firstly, it crystallised my commitment to research in blood pressure and cardiovascular disease.
- Secondly, it was an affirmation that my research was recognised as of a standard appropriate for members of the peak international professional body in hypertension.

The added bonus was the broad group of like-minded colleagues, who became marvellous collaborators and great friends.

All of this remains true for the generation of younger researchers and dedicated blood pressure clinicians who might be attending their own first ISH meeting in Sydney next year. For them, it can be difficult to imagine the rich experience and cherished memories on which they will reflect 30 years from now. But however intangible, these benefits are real and the most valuable of all.

Stephen Harrap, President ISH

**INTRODUCTION TO OUR PRESIDENT-ELECT: ERNESTO L. SCHIFFRIN**

**CM, MD, PhD, FRSC, FRCP, FACP**

It is a pleasure to be given the opportunity by the ISH Newsletter as the President-Elect of ISH to tell our membership a little about myself.

I come originally from Argentina. I was born in Buenos Aires, and did my medical studies and residency in Internal Medicine there. I also started doing clinical and basic research while still in Argentina, and moved in 1976 to Montreal in the province of Québec, Canada, where I have lived ever since.

I did a PhD in Experimental Medicine at McGill University while working at the Clinical Research Institute of Montreal under the supervision of Jacques Genest Sr., one of the fathers of hypertension research, and Roger Boucher, one of the first to measure plasma renin activity. Eventually I became Director of a laboratory at the Institute, Director of its Hypertension Clinic and of the Multidisciplinary Research Group on Hypertension funded by the Medical Research Council of Canada (MRCC, later the Canadian Institutes of Health Research or CIHR), Professor of Medicine and Internist at Hôtel-Dieu Hospital (later part of the University of Montreal Hospital Center, or CHUM, its abbreviation in French).

Currently, I am the Physician-in-Chief at the Sir Mortimer B. Davis-Jewish General Hospital, I hold a Canada Research Chair in Hypertension and Vascular Research at the Lady Davis Institute for Medical Research of the hospital, and I am Professor and Vice-Chair (Research) of the Department of Medicine at McGill University in Montreal, Québec, Canada.

I see my patients at the Cardiovascular Prevention Centre of the hospital, which I founded and direct, and where I carry out my clinical research. I am the attending physician in one of the McGill University Clinical Teaching Units in Internal Medicine at our hospital for a few weeks of the year, where I teach residents while we care for admitted patients. I also interact with the residents throughout the year, and chair our Department of Medicine Grand Rounds, the major academic and continuing professional development activity of the Department. I spend a lot of time dedicated to my hypertension and vascular research, in administration of the Department of Medicine of the hospital and McGill, and as one of the Associate Editors of Hypertension, journal of the American Heart Association (AHA). As the President of the Committee of Chairs of Departments of Specialty Medicine at the Regional Health Authority for the Island of Montreal, I am
involved in providing feedback to the government and decisions on the running of the healthcare system, which in Canada is a single-payer provincially based system funded by government.

My research on the vasculature in hypertension and other cardiovascular risk factors such as metabolic syndrome, diabetes and chronic kidney disease, spans all the way from molecules to humans. As indicated in the citation for the 2011 Excellence Award in Hypertension Research of the High Blood Pressure Research Council of AHA, which I received recently, I have done translational work on the remodeling of small resistance arteries in experimental and human hypertension that demonstrated that antihypertensive therapy selectively causes regression of vascular remodeling in hypertensive patients.

These studies on angiotensin II, aldosterone, and endothelin have contributed to elucidate the importance of these hormones in the vascular biology of hypertension. I have been interested also in the role of peroxisome proliferator activator receptors (PPARs), and more recently in T lymphocytes, particularly T regulatory cells, and potential vascular protective roles of these in hypertension and other cardiovascular diseases. This work has been funded for the last 27 years mostly by the MRCC and CIHR, as well as by industry.

I have been President of the Québec Hypertension Society, the Canadian Hypertension Society, the Inter-American Hypertension Society, Chair of the High Blood Pressure Research Council of AHA, and Secretary of the American Society of Hypertension. I have been a member of the Executive of ISH since 2006, and Vice-President since 2010.

Below you can find some representative publications out of 481 peer-reviewed papers that I have published. I have also edited two books on molecular, cellular, pathophysiological and clinical aspects of hypertension (one as section editor for clinical hypertension of the Comprehensive Hypertension textbook by Lip and Hall), and many book chapters.

So what about plans for ISH?

For the time being, my main objective is to support the activities directed by our President, Professor Stephen Harrap. He has given extraordinary impetus to the Society’s activities in different continents by creating the Regional Advisory Groups, and several of these, particularly in Africa and Latin America, have made great strides in raising the profile of ISH with teaching and research activities as well as presence and sponsorship of meetings and congresses by regional multi-country organizations dedicated to combatting hypertension and cardiovascular disease.

The presentations by young scientists, initiated at the ISH-sponsored session that took place at the recent 2011 American Heart Association (AHA) High Blood Pressure Research Council Scientific Sessions in Orlando, Fl, USA, is a testimony to the response that this program has had among young scientists doing research in the field. Another area of success has been the recruitment of new members, and soon new rules to stimulate clinicians to join the membership. As well, I intend to work to help stimulate attendance to our upcoming congress, the 24th Scientific Meeting of ISH taking place in Sydney at the end of September and beginning of October of next year.

Before I take over the Presidency of ISH from Professor Harrap I will expand further in this venue on my goals when I become President of ISH. These will essentially attempt to make sure that ISH continues to pursue the objectives that have been so successfully implemented in the last few years by successive Presidents, starting with Lars Lindholm, followed by Tony Heagerty and now by Stephen Harrap, which has ensured the financial stability of the Society, enhanced its profile in regions where it has been previously absent or low in profile, contributed to education in hypertension and cardiovascular disease in low and middle-income countries, and generally expanded its activities highly successfully.

I look forward to interacting with our membership increasingly in the near future and certainly seeing many of you in Sydney in September 2012.

Ernesto L. Schiffrin
Vice President and President-Elect

Selected publications of Ernesto Schiffrin

- De Ciuceis C, Amiri F, Brassard P, Endemann DH, Touyz RM, Schiffrin EL. Reduced vascular remodeling, endothelial dysfunction and oxidative stress in resistance arteries of angiotensin II-infused macrophage colony-stimulating factor-deficient mice: evidence for a role in inflammation in angiotensin-induced vascular injury. Arterioscl...
This successful event was organised by the ISH Low and Middle Income Countries Outreach Committee (LMICOC) in collaboration with the European Society of Hypertension (ESH), the World Hypertension League (WHL), the Mozambican Heart Association (AMOCOR) and the International Forum for Hypertension Control and Prevention in Africa (IFHA), and supported by the International Society of Nephrology (ISN).

There were 51 registered participants from Mozambique and 19 from 10 other countries to include Cameroon, Congo Brazzaville, D.R. Congo, Kenya, Nigeria, Rwanda, South Africa, Tanzania, Uganda and Zambia. Thirteen abstracts were presented on this occasion and there was a small opening ceremony attended by the minister of health of Mozambique and the dean of the faculty of medicine.

The Seminar Directors were Professors Robert Fagard (Belgium) and Albertino Damasceno (Mozambique). Further faculty members included:

- Coca, Barcelona, Spain
- N. Lameire, Gent, Belgium
- D. Lemogoum, Brussels, Belgium
- J.R. M’Buyamba-Kabangu, Kinshasa, D.R. Congo
- B. Onwubere, Enugu, Nigeria
- Y.K. Seedat, Durban, South Africa

ISH looks forward to the 6th seminar which will be held in Douala, Cameroon in October 2012.

Robert Fagard (Belgium) & Albertino Damasceno (Mozambique)
Asia and Australasia

A brief report of the APSH-ISH Joint Symposium during the 8th APCH, Taipei (24-27 November 2011)

An APSH-ISH Joint Symposium was held during the 8th Asian Pacific Congress of Hypertension (APCH), dealing with ‘Aging and an Aged Society; Problems and Solutions’. This appertains to stringent problems in the Asia-Pacific region. Asia is beginning to age, in some Asian countries rapidly and these demographic changes are evolving trends for the disease in the Asia-Pacific (A-P) region.

The symposium was pleasant and wonderful, having about 100 participants. Tony Heagerty (UK), Chiausung Liau (Taiwan) and Jeong Bae Park (Korea) chaired and the program related to the current situation and solutions for each region: Problems in AP region: Overview - Professor Jeong Bae Park (Korea), Experience from Indian Subcontinent - Professor Sailesh Mohan (India), Experience from South Asia - Professor Ramon Azani Mohd Daud (Malaysia), Experience from Southeast Asia - Professor Kuo-Liong Chien (Taiwan), Lessons learnt from Japan - Professor Yutaka Imai (Japan).

As expected, South Asia has a rapidly aging population, as a result of rapid economic growth and also rapid urbanization. Governments have just started to respond.

East Asian countries already have an aged and super-aged society and have made preparations for an aged society but gained no clear solutions. Taiwan seems to be one of the best prepared countries driven by their government through a population based approach. In aged and super-aged societies like Japan, an individual approach would be expected for medical care for the aged Japanese population, emphasizing preventive medicine of life style disease, because a population based approach is still an issue.

It is hoped the ISH-APSH joint symposium will be continued to deal with AP regional problems during the APCH Congress, probably in February 2014 in The Philippines.

Jeong Bae Park (Korea)
ISH Forum Officer

34th Annual Scientific Meeting of the Japanese Society of Hypertension

The 34th Annual Scientific Meeting of the Japanese Society of Hypertension was held on October 20th-22nd, 2011 in Utsunomiya, Tochigi, Japan. Due to the tragic northeast Japan earthquake, the congress was almost going to be cancelled. However, thanks to everyone’s warm support we had 2,200 attendees including 117 foreign guests during the 3 days. In the end, the congress was a great success. We would again like to thank all of the attendees for their great contributions.

The slogan for the congress was: ‘New Frontier in Hypertension - Evidence and Perspectives from Asia’.

We had 564 oral and poster presentations. Among them, 25 were from Korea, 18 were from China, 1 was from Taiwan, and 3 were from Australia.

We also had 29 special scientific sessions, 8 joint symposiums with other domestic societies as well as with the Chinese and Korean hypertension societies, and 15 additional educational sessions.

Dr. Oparil, Dr. Lindholm, Dr. Ogihara and Dr. Harrap explained the different aspects and guidelines for the management of hypertension from their unique international perspectives (U.S., Europe, and Japan). Dr. Hitoshi Okamura and Dr. Murray Estler were specially invited to give a lecture about leading edge basic and clinical medicine topics.

Some of the topics were very interesting and attracted everyone’s attention such as; the world’s first trial based on home blood pressure (HOMED-BP), an enthusiastic debate between Dr. Staessen and Dr. Ueshima regarding salt reduction, and a presentation about blood pressure control in the disaster area of the northeast Japan earthquake. Dr. Shimamoto, who won the Honor Award, and Dr. Ookubo, who won the Academic Award, both gave commemorative speeches. In addition, 4 young researchers were selected as YIA finalists. Furthermore, we had some symposiums and public lectures that were attended not only by doctors, but also by many dieticians and pharmacists as well as ordinary citizens. In Japan, there are currently over 40 million hypertension patients. We feel this year’s congress was a step in
the right direction to work toward reducing this number.

Reported by Professor Kazuyuki Shimada, the president of the 34th Annual Scientific Meeting of the Japanese Society of Hypertension in 2011

Central and South America

The ISH in Latin America
By Stephen Harrap, ISH President

In order to ensure clear and productive working relationships with our global constituents, the ISH established the Regional Advisory Groups (RAGs). One important region that has a long and proud tradition in blood pressure research is Central and South America.

A recent series of meetings provided an opportunity for the ISH to show its support for activities across the region. To this end, I travelled along with Member (Ex-Officio) of the Executive, Agustin Ramirez to Venezuela, Colombia and Ecuador to be an active participant in a diverse and stimulating series of events. We were joined by Alberto Zanchetti (Past President of the ISH) in Venezuela and Colombia.

The first event was the combined meeting of the 10th Congress of the Venezuelan Society of Hypertension, led by its President Rafael Hernández-Hernández and the 9th Congress of the Latin American Society of Hypertension, led by its President Ramiro Sánchez and President-Elect Patricio López Jaramillo. The meeting was held in the beautiful valleys that form the city of Caracas in Venezuela and it provided a rich and high quality program over 3 days from October 5-7. An excellent number of delegates enjoyed a strong program with a clinical emphasis, which included an ISH/LASH Joint Symposium that covered early detection, cognitive decline, genetics and treatment of hypertension and a Special Presidential Symposium on Guidelines and Evaluation of the Hypertensive Patient.

The second event was a one and a half day intensive workshop for the Latin American Consensus for Blood Pressure in Metabolic Syndrome and Diabetes Mellitus held in Bucaramanga, in the northern part of Colombia, not far from the Venezuelan border in rolling verdant hills lined by mountain ridges. The workshop gathered experts from all parts of Latin America and abroad who, in plenary sessions and individual working groups addressed 8 separate questions towards a consensus on this important clinical challenge. These included epidemiology, populations at risk, genetics and epigenetics, diagnostic criteria, non-pharmacological and pharmacological therapy and complications. The work was focused, collaborative and productive. The result was a clear delineation of the next steps and timelines towards producing a practical document of value that meets the needs of the Latin American doctors and their patients.

The third element was 2 teaching sessions, one in Bucaramanga convened by Patricio López Jaramillo and the other in Guayaquil on the Ecuadorian coast, convened by Ernesto Peñaherrera. These sessions provided local doctors, from family physicians to specialists, with an up-to-date review of the major issues in hypertension today. The speakers were world class and the programs informative and nicely balanced. In addition I visited the Luis Vernaza General Hospital in Guayaquil where I took part in a Ground Teaching Round with the medical staff and students. A great experience indeed.

The schedule for this marvellous range of clinical and scientific meetings was demanding, but the rewards were great. It provided an opportunity for the ISH to have a tangible involvement in the excellent work in this region and to discuss plans that might be supported by the new funding schemes associated with the RAGs and also the potential for the ISH Scientific Meeting to return to Latin America.

The lasting impression is one of collegiality and genuine respect that comes from personal interaction on “home soil”. Latin America rightly deserves a prominent position in the world of blood pressure and we hope to renew friendships and return the hospitality in Sydney at the ISH Meeting next year.

Stephen Harrap
ISH President
Firstly the science: Our outstanding Program and Advisory Committees have gathered a thoroughly impressive array of plenary and symposium topics and attracted the very best international speakers.

Simply visit our website www.ish2012.org to find out more about the program that provides a perfect balance of the very latest discoveries from fundamental science, clinical research and public health, presented as:

- Breakfast sessions
- Concurrent sessions
- Interactive poster sessions
- Plenary ‘state of the art’ lectures

Your research can be part of this high quality program, as abstract submissions have opened (and will close on March 23rd 2012).

There are great opportunities for investigators and younger scientists to participate in the meeting through awards and special symposia.

We would also encourage the presentation of major and late breaking clinical trials at the meeting and there is an opportunity for the best of these to be published in a special edition of The Lancet.

We are delighted also that sponsorship from major pharmaceutical companies and device and equipment manufacturers is building rapidly.

Sydney is a wonderful setting for a major international meeting. The conference venue around Darling Harbour, close to the famous Harbour Bridge and Opera House is within walking distance of the Central Business District. A highlight of the social program will be an evening when Hypertension Sydney takes over the historic Rocks area, one of the places that make Sydney so special.

Also visit our website to find out how you can combine great science with seeing more of Australia by attending one of the many first class pre and post meeting satellites that have gathered experts from around the world to focus on defined topics of contemporary interest and debate.

Whatever you do, don’t miss this opportunity for interaction with international experts and peers as together we define the future of hypertension research and the Future of Cardiovascular Protection.

Garry Jennings
Chair, Hypertension Sydney Local Organising Committee

ISH 2012 Awards
The Society offers a number of awards and lectureships at each biennial scientific meeting. A call for nominations will be issued in the next issue of Hypertension News.

See you in Sydney!
The 2nd New Investigator Symposium & Young Ambassador’s Program at Hypertension Sydney 2012 Meeting

With an overwhelming response worldwide to the 1st New Investigator Symposium - A global Hypertension Initiative at the High Blood Pressure Research Scientific Sessions 2011 in Orlando, USA, the ISH New Investigator Committee (NIC) has enthusiastically started planning for the 2nd New Investigator Symposium to be hosted at the 24th Scientific Meeting of the Society - Hypertension Sydney 2012.

2nd New Investigator Symposium

The 2nd New Investigators Symposium is scheduled for Saturday 29th September, in advance of the Hypertension Sydney 2012 meeting.

The symposium will to be a full-day event which will include 3 interactive oral sessions, a poster tour session followed by an evening social event/mentorship mixer to facilitate networking amongst all (new and established) researchers.

Those submitting the abstracts will be required to specify their year of graduation on the submission site to indicate their student/career status. Graduates within 10 years of graduation from a doctoral/higher degree and young investigators (<35 years of age) will be eligible to submit their abstracts for the new investigator symposium. All abstracts will be scored based on their scientific merit by an abstract review committee assigned by the NIC. Top-scoring abstracts will receive an invitation for either an oral or poster presentation. Oral and poster session awards will be presented at the end of the event. The NIC is also trying to coordinate a ‘very special keynote address’ targeting young investigators by a pioneer in the field. The NIC will also participate in a press-briefing to address its ongoing activities and future plans at the conference.

Young Ambassador’s Program

The conference will also host a Young Ambassador’s Program for the first time, to involve dedicated young investigators who will assist in supporting Hypertension Sydney 2012 meeting.

The main role of a Young Ambassador will be to actively promote the ISH 2012 meeting to their regional, national organizations and/or international network of industry colleagues through their industry relationships and contacts.

Promotion of the Meeting could be via simple, everyday methods such as, email correspondence to colleagues in their department/institutions and societies and also during their attendance at other scientific meetings or conferences. Promotional resources such as e-signatures, flyers and slides will be provided to the ambassadors.

In appreciation of their support and partnership, active Young Ambassadors will be entitled to, recognition on a dedicated Young Ambassadors page of the Meeting website with their name and contact information including their professional biography and a letter of appreciation from the ISH 2012 organizing committee.

The NIC encourages all young investigators to submit their abstracts via www.ish2012.org before 23rd March 2011 and to attend this spectacular biennial meeting.

Regular updates will be available at:
- ISH/NIN website: www.ish-world.com/NIN
- Twitter: twitter.com/ISHNIN
- Facebook www.facebook.com/ISHNIN

Praveen Veerabhadrappa
New Investigator Committee Member and Chair, Hypertension Sydney Meeting Young Ambassadors Program

FURTHER NEW INVESTIGATOR COMMITTEE UPDATES

ISH MENTORSHIP SCHEME
This is an exciting new scheme designed to bring together New Investigators (students and hypertension researchers who are within 10 years of a doctoral degree) and more experienced investigators.
We have been delighted with the response and number of offers of assistance from senior ISH members and would like to thank those involved.

New Investigators involved in the Scheme to date:

Top from the left: Kenneth Connell (Barbados), Yumei Feng (USA), Isiguzo Gods ent (Nigeria)

Bottom from the left: Lyudmila Korostovtseva (Russia), Ivy Shiue (Stockholm), Rachel Wong (Australia)

How to become involved in the Scheme:

The Programme is restricted to the ISH Community (Regular Members and Research Fellows).

Established Investigators:

Please contact the ISH Secretariat to express your commitment in acting as a mentor and include the following:

- A brief description of your research area (3-4 sentences)
- Your contact information (your Lab, Department, University/Institute, e-mail and website addresses)
- A photo of yourself

New Investigators:

Please send the ISH Secretariat:

- A short piece about your research and yourself (3-4 sentences)
- Your contact information
- A photo of yourself

When responding please identify whether you would like to make contact with an ISH Mentor who is an expert in your field, simply to build networks or obtain useful advice and possible collaboration.

We hope that the Scheme will lead to successful interactions in relation to anything from offering simple advice on specific experimental methods to possibilities of postdoctoral employment and that connections established will offer mutual benefit to all those involved.

SPOTLIGHT
ISH New Investigator of the Month

The ISH NIN webpages have been updated with a Spotlight section to feature ISH New Investigators of the Month and as follows. http://www.ish-world.com/Nin/Pages/Spotlight.aspx

November 2011

Justin L. Grobe

Current Position: Associate (a pre-tenure track faculty position), Department of Pharmacology, University of Iowa USA

December 2011

Francine Z. Marques

Current Position: Postdoctoral Research Fellow (genetics and molecular biology) Fellowship from the Australian Government under the Collaborative Research Networks (CRN) – University of Ballarat and University of Melbourne, VIC, Australia

Please contact the Secretariat should you be interested in highlighting your work (as an ISH Research Fellow), or the work of any young researcher in your institute/organisation.

My experience as the first awardee of the ISH Research Scholar Fellowship (2010) By Andre Pascal Kengne

I was privileged to be the first awardee of the newly established Research Scholar Fellowship of the International Society of Hypertension (ISH).

The Award was presented at the ISH meeting in Vancouver, Canada in September 2010, followed by a 6-month post-doctoral training period at the Julius Centre for health sciences and primary care in Utrecht, the Netherlands between October 2010 and April 2011. The current summary is on major developments during that period in the Netherlands and my on-going collaboration with the Julius Centre.
The notification of the fellowship Award in January 2010 was followed by unanticipated lengthy administrative procedures, which make the effective start of the fellowship possible only about 10 months later. This waiting period was appropriately used through distance collaboration with my prospective supervision team in the Netherlands, to refine the training objectives and solve ahead of time issues that could otherwise make the fellowship less effective.

Once in the Netherlands, my training was constructed around the validation and comparison of eleven non-invasive incident diabetes risk scores in a large population from 8 countries in Europe. This has led to a manuscript which is being finalised for publication. In addition to the regular weekly meetings with my supervision group, I also attended the weekly research seminar of fellows in training; during which I had the opportunity of presenting my work twice. Beside my project, I was also involved in other research activities, and in particular a series of reviews on cardiovascular risk prediction. My connection with my home institution in Cameroon during the fellowship period was achieved through distance involvement in medical thesis supervision.

At the conclusion of my stay in the Netherlands in April 2011, projects started were advanced enough to allow their completion through distance supervision. We have therefore been able to finalise, submit our series of reviews and have one already accepted for publication.

The work with my home institution has led to two medical degree theses, four potential manuscripts and four presentations at conferences. Long-term collaborative projects involving the Julius Centres and institutions in Africa are under development including research project, training and exchange programs.

From a personal perspective, I feel that I was able to achieve and exceed my training goals, and I am grateful to the ISH for the opportunity, and to the keys actors who have been very helpful in making this to happen. I think I have benefited from very special circumstances and wish subsequent recipients of the fellowship to benefit from similar circumstances in their selected training institution.

If you haven’t yet paid your membership fee this year and are interested in retaining your links to the Society, we would be delighted to receive your payment.

Please visit the membership section of www.ish-world.com. Alternatively, contact the Secretariat to receive a payment form.

### Membership subscriptions 2012

Please note (as stated in the Constitution): Membership shall automatically cease upon failure to pay the annual subscription fee for two consecutive years.

To access this section of the website you are required to register (using your membership number, email address and a password of your choice). If you do not know your membership number, please contact the Secretariat.

**Please help us to recruit new members**

We would welcome your assistance to help us recruit new members to the Society.

If you have a colleague who would like to become a member of ISH as a Regular Member or Research Fellow please ask them to complete the relevant downloadable Application Form found in the Membership section of the Society’s website: www.ish-world.com.

**Please also remember to update the Secretariat with any changes to your contact details, especially your email address.**
## UPCOMING MEETINGS

### 2012

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<tr>
<th>Event</th>
<th>Dates</th>
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<tr>
<td>International Congress of Cardiology</td>
<td>24 - 26 February</td>
<td>Hong Kong</td>
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<tr>
<td>3rd International Meeting of the Serbian Society of Hypertension</td>
<td>25 - 28 February</td>
<td>Belgrade, Serbia</td>
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<tr>
<td>9th Mediterranean Meeting on Hypertension &amp; Atherosclerosis</td>
<td>14 - 18 March</td>
<td>Antalya, Turkey</td>
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<tr>
<td>World Congress of Cardiology</td>
<td>18 - 21 April</td>
<td>Dubai, UAE</td>
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<tr>
<td>22nd European Meeting on Hypertension &amp; Cardiovascular Protection</td>
<td>26 - 29 April</td>
<td>London, UK</td>
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<tr>
<td>2nd International Congress on Cardiac Problems in Pregnancy</td>
<td>17 - 20 May</td>
<td>Berlin, Germany</td>
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<tr>
<td>6th International Symposium on Hypertension and 4th Vascular Risk Workshop</td>
<td>22 - 25 May</td>
<td>Santa Clara, Cuba</td>
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<tr>
<td>6th Congress of the Asian Society of Cardiovascular Imaging</td>
<td>7 - 9 June</td>
<td>Bangkok, Thailand</td>
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<tr>
<td>Hypertension Sydney 2012</td>
<td>29 September - 4 October</td>
<td>Sydney, Australia</td>
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**Abstract submissions close on 23rd March 2012**

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### 2014

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<td>14-19 June</td>
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<td>Athens, Greece</td>
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### 2016

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### 2018

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<td>2018</td>
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<td>Beijing, China</td>
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