The Council newsletters are vitally important for keeping members and fellows up to date regarding the American Heart Association and Council matters. Nancy Kanagy, PhD, FAHA, who has served as editor of the newsletter for the past few years, will be stepping down while Barbara Alexander, PhD, FAHA, will assume the new editorship. Dr. Kanagy has done a wonderful job of keeping us all connected and we thank her most sincerely for all her hard work and dedication to the Connections newsletter. Welcome to Dr. Alexander, who will continue to keep our Council members connected.

This has been an exciting and busy time for the High Blood Pressure Research Council. Since our last communication in the spring, the 2011 scientific meeting of the HBPR Council was convened and a number of new Council initiatives are now under consideration. The annual meeting was held in September in Orlando, Fla., and was especially significant this year as it co-partnered with the Inter-American Society of Hypertension (IASH). It also had an active participation and support by the International Society of Hypertension. This meeting provided outstanding opportunities to learn about the most current findings in hypertension science, and also a rich environment for networking between scientists, clinicians and trainees. The meeting also offered new trainee-organized sessions.

Highlights of the meeting included novel concepts in hypertension pathophysiology, such as the importance of inflammation, immunity, signal transduction and the nervous system, and new treatment strategies, such as renal nerve ablation, baroreceptor stimulation and vaccines.

A record number of attendees participated in the 2011 meeting. Especially notable was the significant representation of young researchers, new investigators and trainees. This “youthfulness” provided an energy and dynamism that was felt by all. The Council recognized many outstanding trainees and researchers through numerous honors and awards during the 2011 meeting (detailed in this issue). In particular, congratulations to the Novartis awardees Ernesto L. Schiffrin, CM, MD, PhD, FAHA, and Christopher Wilcox, MD, PhD.

As the Chair of the HBPR Council, I would like to thank the many people who worked so hard in making the meeting the success that it was, including Dr. Greg Fink, program chair; Dr. L. Gabriel Navar, IASH president; and Susan Kunish, AHA staff.

New Council initiatives are in place to partner

Dr. Wilcox and Dr. Schiffrin with previous recipients of the Novartis Award.
trainee awards with the British Hypertension Society, as we have already done with the Australian Council for High Blood Pressure. These awards are given to young investigators or fellows with top-ranking abstracts and allow for awardees to present their work at the annual meetings of the partner societies.

The Council is very proud of its high-impact journal, Hypertension, which has grown from strength to strength under the editorship of John E. Hall, PhD, and his outstanding cadre of associate editors. Dr. Hall stepped down as editor-in-chief at the end of 2011. On behalf of the Council and its members, I would like to thank him for his tremendous efforts and hard work in making Hypertension the great journal that it is. At the same time, we welcome Anna Dominiczak, MD, as the 2012 incoming editor-in-chief.

The HBPR Council is the home of many hypertension scientists, and if you are not yet a member, I encourage you to become a member of the Hypertension Council. Several membership options are available, including a newly instituted reduced rate for trainees and for emeritus members. I also urge you to become a fellow of the American Heart Association (FAHA). Details of membership and fellowship nominations are provided at my.americanheart.org/hbprcouncil. I encourage feedback from members, and I welcome any suggestions or thoughts from you.

Annual High Blood Pressure Research Meeting Report

As program chair of the 2011 (65th) Scientific Sessions of the Councils for High Blood Pressure Research and Kidney in Cardiovascular Disease, I’m pleased to report that once again this annual meeting was an outstanding success. The conference was held Sept. 20-24 in Orlando, Fla.

A special aspect of this year’s meeting was that it was co-sponsored and co-organized for the first time by the Inter-American Society of Hypertension (IASH). Therefore, an important theme of the meeting was Bridging Basic and Translational Hypertension Research in the Americas, which encouraged an even larger than usual participation of clinicians and researchers from Latin America in the excellent scientific program.

Of course, the conference is widely regarded as the premier scientific meeting on hypertension in the world, and the mix of attendees reflected that fact — nearly 40 percent of the participants were from 30 countries other than the United States. I’m particularly happy to report that overall attendance at the conference was 820, the largest in the meeting’s history.

A new feature of this year’s program was that multiple symposia replaced the single topic workshop traditionally held on the first day. These symposia covered topics such as Renin: The Final Frontier; Genetics and Environment: Epidemiology of Hypertension in the Americas; Sympathetic Mechanisms in Hypertension; and Cardio-Renal Metabolic Syndrome. In addition, a symposium, titled “Global Hypertension Initiative: New Investigator Session” was planned, organized and conducted entirely by students, post-doctoral fellows and early career scientists.

We thank the International Society of Hypertension for sponsoring this first-of-its-kind symposium. The conference proper was kicked off by a thought-provoking — and entertaining — keynote presentation by Julian F.R. Paton, BSc, PhD, titled “Cerebrovascular Dysfunction as a Cause of Neurogenic Hypertension.” The scientific sessions were composed of 547 presentations given as oral talks or posters. A particularly notable and encouraging feature of this year’s sessions was the extensive participation of trainees and younger investigators as presenters and discussants.

Another unique conference feature was the breakfast “how-to” sessions. These provided detailed practical instructions for novices on the successful use of techniques important in hypertension research, such as measuring reactive oxygen species and using recombinant viruses.

Finally, a major conference highlight is the opportunity to recognize outstanding hypertension investigators with prestigious awards, lectureships and travel fellowships.

Special mention must be made of this year’s recipients of the Excellence Award in Hypertension Research (formerly the Novartis Award). It honored two world-renowned clinician-scientists whose careers epitomize what is meant by the term “translational research.” Ernesto L. Schiffrin, CM, MD, PhD, FAHA, and Christopher Wilcox, MD, PhD. I extend my thanks and congratulations to these outstanding investigators, and all others recognized at the conference.

2011 Awardees

Dr. Hiroko Nishimura
Irvine Page-Alva Bradley Lifetime Achievement Award in Hypertension

Dr. Chris Baylis
Harriet Dazin Award

Dr. Jan Danser
Arthur C. Corcoran Memorial Lecture

Dr. Jane Reckelhoff
Lewis K. Dahl Lecture

Dr. Sharon Anderson
Donald Seldin Lecture

Dr. Alejandro Chade
Harry Goldblatt New Investigator Award

Drs. Joey Granger and Frank Brosius
AHA Distinguished Achievement Awards

New Investigator Awards
Sponsored by the Council for High Blood Pressure Research
Jiandong Zhang, Xifeng Lu, Jasenka Zubcic, Srivivas Srimulamula, John Dubin-ion, Pong Shi, Aline Hilzenrudeger, Kathirvel Gopalakrishnan, Md Abdul Hye Khan, and Salim Thabet
Sponsored by the Trainee Advocacy Council
Kendra Wallace, Eric George, Pimonrat Ket-sawatsomkron, Kimberly Gilbert
Sponsored by the Council on Kidney in Cardiovascular Disease
Frank Ong, Sarah Lindsey, Maria Alicia Carrillo-Sepulveda, Jennifer Sasser, Nadja Grobe, Santiago Cuevas Gonzalez, Mohamed Hague, Hong Wang, Shengyu Mu, and Liliya Yamaleyeva
Sponsored by the High Blood Pressure Research Council of Australia
Danielle Michell

AWARD PHOTOS ON NEXT PAGE
Left to right: Dr. Greg Fink; Dr. Jane Reckelhoff, Lewis K. Dahl Lecture; and Dr. Rhian Touyz.

Left to right: Dr. Greg Fink; Dr. Joey Granger, recipient of the AHA Distinguished Achievement Award; and Dr. Rhian Touyz.

Left to right: Dr. Greg Fink; Dr. Kathleen Beehner, recipient of the High Blood Pressure Research Outstanding Trainee Award Sponsored by Clinical Science Journal; and Dr. Clifton Webb.

Left to right: Dr. Greg Fink; Dr. Hiroko Nishimura, recipient of the Irvine Page-Alva Bradley Lifetime Achievement Award in Hypertension; and Dr. Rhian Touyz.

Left to right: Dr. Chris Baylis, recipient of the Harriet Dustan Award; and Dr. Greg Fink.

Left to right: Dr. Jan Danser, Arthur C. Corcoran Memorial Lecture, and Dr. Rhian Touyz.
Left to right: Dr. Sharon Anderson, Donald Seldin Lecture; and Dr. David Ellis, Chair of the Kidney in Cardiovascular Disease Council.

Left to right: Dr. Greg Fink; Danielle Michell, recipient of the High Blood Pressure Research Council of Australia New Investigator Award; and Dr. Kate Denton.

Left to right: Top papers published in Hypertension Basic Science Category Awardee Anne-Maj Samuelsson with Dr. John Hall, Editor-in-Chief.

Left to right: Top papers published in Hypertension Basic Science Category Awardee Jason R. B. Dyck with Dr. John Hall, Editor-in-Chief.

Left to right: Dr. Greg Fink; Dr. Alejandro Chade, recipient of the Harry Goldblatt New Investigator Award; and Dr. Matt Zimmerman.

Left to right: Dr. Greg Fink; Dr. Jussara M. do Carmo, a finalist for the Goldblatt Award; and Dr. Matt Zimmerman.

Left to right: Dr. Greg Fink; Dr. Romer A. Gonzalez-Villalobos, a finalist for the Goldblatt Award; and Dr. Matt Zimmerman.
Pictured with Drs. Fink, Touyz and Webb are winners of the New Investigator Awards, sponsored by the Council for High Blood Pressure Research (left to right): Jiandong Zhang, Xifeng Lu, Jasenka Zubcevic, Srinivas Srimulam, John Dubinion, Peng Shi, Aline Hilzendeger, Kathirvel Gopalakrishnan, Md Abdul Hye Khan and Salim Thabet.

Pictured with Drs. Fink, Touyz and Navar are winners of the New Investigator Travel Awards, sponsored by the American Foundation for Hypertension Research and Education (left to right): Alejandro Aiello, Norihito Moniwa, Christiane Becari, Augusto Montezano, Dylan Burger, David Mondaca, Aurelie Nguyen Dinh Cat, Daisuke Nakano, Yumei Feng, Ana Carolina T. Palei, Carlos Figueroa, Ricardo Pena, Luciana Firmes, Huijing Xia, Jorge Giani, Claudia Ramirez, Kento Kitada, Marina Rangel, Ruan Kruger, Diego Santa Cruz, Winchung Li, Ryosuke Sato, Nadia Longo, Guillermo Silva, Fernanda Machado and Sebastiao D. Silva Jr.

Pictured with Dr Navar are the recipients of the New Investigator Travel Award for Japanese Fellows, sponsored by Novartis Japan (left to right): Wakako Kawarazaki, Fumiko Mori, Kenichiro Kinouchi, Takehiko Takayanagi and Asako Mito.
Membership Report

Encourage your colleagues to join HBPR Council today!

Benefits of membership in HBPR Council: All AHA/ASA professional members receive basic benefits:
1) Notice on research submission opportunities and requests for abstracts
2) Special opportunities to volunteer to become a peer reviewer of manuscripts, research applications and abstract for meetings
3) Connections quarterly newsletter, including Council-specific information
4) Early notice of AHA/ASA scientific meetings
5) Inclusion in and access to the online AHA/ASA Professional Membership Directory
6) AHA Advocacy Pulse electronic newsletter
7) Special briefing on legislative and regulatory issues to members who participate in AHA Lobby Day in Washington, D.C.
8) Ability to help develop legislative policy and participate in advocacy programs
9) Notification about AHA national and affiliate research funding opportunities and deadlines
10) AHA/ASA Professional Membership certificate, membership card and lapel pin.

All Premium Professional level members of the AHA also receive complimentary online access to all seven AHA scientific journals (full text), plus any two new Circulation branded journals and a discount on print subscriptions to AHA scientific journals, some LWW titles, and Wiley-Blackwell books including the AHA Clinical Series. In addition, premium professional members receive discounts on registration for AHA scientific conferences, including the fall meeting of the Council for HBPR and Scientific Sessions.

New FAHAs: At the September Council for HBPR meeting, we inducted 32 new fellows of the American Heart Association. FAHAs must be premium professional level members of the AHA. Our Council is distinguished for having almost 40 percent of our members who are FAHAs.

If you or someone you know would like to be considered for Fellowship, please contact me (jreckelhoff@umc.edu) and I will provide them with the necessary information.

Alternatively, you can access the information at my.americanheart.org/presenter.jhtml?identifier=1115 and click on “Fellowships”. Submission deadlines for nomination packet submission is July 15.

Joint Meeting Report from the President of the Inter-American Society of Hypertension

The Inter-American Society of Hypertension (IASH) joined the Councils for High Blood Pressure Research and the Kidney in Cardiovascular Disease of the American Heart Association in Orlando, Fla., to sponsor an Inter-American Congress of Hypertension. The theme of the meeting was Bridging Basic and Translational Hypertension Research in the Americas.

A record number of registrants attended from almost every country in the Americas as well as from other countries throughout the world. Compared to the regular fall hypertension conference, there were several new initiatives. In addition to 630 abstracts with 125 given as oral presentations, the conference included 13 symposia with 64 invited speakers, along with four how-to sessions.

The meeting received endorsements from many societies, including the International Society of Hypertension and the Latin American Society of Hypertension as well as from numerous national hypertension societies. Presentation of the Lifetime Achievement Award to Luis Juncos, MD, from Argentina served as a highlight of the IASH activities. Juncos is a past president of IASH and has served IASH in many capacities. To encourage participation from new investigators, the sponsoring societies provided more than 40 new investigator travel awards to trainees, fellows and new faculty.

The “Salute to American Cultures” reception, which featured performances from the dance group Liquid Rhythms followed by dance music for everybody to enjoy, provided the social highlight. At the end of the IASH Executive Council meeting, Gabriel Navar, PhD, of the U.S. passed the president’s responsibility to Professor Robson Santos of Brazil as the new president of IASH.

Editor’s Report

The overall goal of our newsletter is to provide information to members of our Council. This issue provides exciting information regarding our fall meeting that was held in conjunction with the Inter-American Society of Hypertension and highlights the many awards and honors that were bestowed on many of our members. This issue also emphasizes our active Trainee Advocacy Committee (TAC) that fosters the training and early career development of our research scientists and clinicians.

Our membership committee assisted with the induction of 32 new FAHAs at our fall Council meeting this year. Also we provided a highlight from Dr. Hiroko Nishimura, the 2011 recipient of the Irvine Page-Alva Bradley Lifetime Achievement Award, in Hypertension and an Editor’s Report from outgoing Hypertension Editor-in-Chief John E. Hall.

my.americanheart.org
Trainee Advocacy Committee Report

The 2011 joint meeting of the American Heart HBPR Council, the International Society of Hypertension (ISH) and the Inter-American Society of Hypertension (IASH) provided a wonderful opportunity for trainees of all three societies to learn more about hypertension, share their research findings and interact with researchers from around the world. The Trainee Advocacy Committee of the HBPR Council worked with its counterparts in the ISH and IASH to promote young investigators through a large number of trainee travel awards, a half-day trainee-only research symposium and competition, including many oral presentations and posters, several trainee-focused lectures on cutting-edge methodologies, and a trainee-only social event and dinner. We hope to see you Sept. 19-22 at HBPR 2012 at the Omni Shoreham Hotel in Washington, D.C. We also encourage trainees to explore the many opportunities and resources available at my.americanheart.org/hbprcouncil.

Awardees from the Oral sessions at the joint CHBPR and IASH meeting include:
- Michael Flister, Medical College of Wisconsin, Milwaukee
- Jiandong Zhang, Duke University, Durham, N.C.
- Kedra Wallace, University of Mississippi Medical Center, Jackson, Miss.
- Frank S. Ong, Cedars-Sinai Medical Center, Los Angeles
- Yumei Feng, Tulane University, New Orleans
- Neha Singh, North Dakota State University,
- Ricardo A. Pena Silva, University of Iowa, Iowa City, Iowa
- Antonia G. Miller, Monash University, Melbourne, Australia
- Xifeng Lu, Erasmus University Medical Center, Rotterdam, Netherlands
- Sarah H. Lindsey, Wake Forest School of Medicine, Winston-Salem, N.C.
- Huijing Xia, Louisiana State University Health Science Center, New Orleans
- Johannes Stegbauer, Heinrich-Heine-University, Duesseldorf, Germany

Awardees from the Poster Sessions at the Joint HBPR Council and IASH meeting include:
- Richard D. Wainford, LSUHSC, New Orleans
- Andrea Zsombok, Tulane University, New Orleans
- Lucinda M. Hilliard, Monash University, Melbourne, Australia
- Shannon M. Harlan, University of Iowa, Iowa City, Iowa
- Mariane Bertagnolli, University de Montréal, Montréal
- Catherine G. Howard, Tulane University, New Orleans

Congratulations to all New Investigators Symposium awardees.
The New Investigator Symposium drew the attention of many senior scientists, including Council Chair Rhian Touyz, MD, PhD, FAHA, and Excellence Award recipient Dr. Ernesto Schifrin, CM, MD, PhD, FAHA.

Jasenka Zubcevic, Univ of Florida, Gainesville, Fla.
Jeremy Prokop, University of Akron, Akron, Ohio
Jennifer M. Sasser, University of Florida, Gainesville, Fla.
Kathirvel Gopalakrishnan, University of Toledo College of Med and Life Sciences, Toledo, Ohio
Andreas M. Beyer, Medical College of Wisconsin, Milwaukee
Fernanda R. Giachini, Georgia Health Sciences University, Augusta, Ga.
Keisa W. Mathis, University of Mississippi Medical Center, Jackson, Miss.

The Trainee Advocacy Committee would like to thank the following for their service as abstract reviewers, judges and session moderators:
Praveen Veerabhbadrappa (Temple University)
Dylan Burger (Ottawa Hospital Research Institute)
Fadi Charchar (University of Ballarat)
Maciej Tomaszewski (University of Leicester)
Augusto Montezano (Ottawa Hospital Research Institute)
Aaron Trask (Nationwide Children’s Hospital)
Justin Grobe (University of Iowa)
Radek Debic (University of Leicester)
Lisa Bloomer (University of Leicester)
Chet Holterman (Ottawa Hospital Research Institute)
Evi Christofidou (University of Leicester)
Yumei Feng (Tulane University)
Johannes Stegbauer (Heinrich-Heine University Düsseldorf)
Danielle Zimmerman (Ottawa Hospital Research Institute)
Catherine Howard (Tulane University School of Medicine)
Eric George (University of Mississippi Medical Center)

Frank Ong presents his work during the oral sessions.

Poster session participants discuss findings.

Scenes from the Trainee Mixer.

my.americanheart.org
It is a great honor to have received the 2011 AHA Council for High Blood Pressure Research (HBPR) Page-Bradley Lifetime Achievement Award. It is indeed an unexpected pleasure, and I’m deeply indebted to the award selection committee members, colleagues and friends, and particularly to the people who worked in my laboratory for many years and collaborators at various institutions. I have been attending the HBPR Council meetings since the 1970s and am pleased to see it growing with young scientists in cutting-edge research in all disciplines. This success is heavily owed to the Council leadership.

I received the MD degree in 1961 from Tokyo Medical and Dental University. Following my clinical residency and receipt of the Degree of Medical Science in 1968 from the University of Tokyo, I joined the Department of Pharmacology, Columbia University, College of Physicians and Surgeons, New York, as a visiting instructor. In 1973, I became a faculty member of the Department of Physiology at the University of Tennessee Health Science Center (UTHSC), where I pursued research, teaching and professional services. Since my retirement from UTHSC in 2009, I have continued research work at Niigata University, Niigata, Japan.

I believe scientists and artists have many common features in pursuing our dreams throughout our lives. My dream is to define the evolution of cardiovascular-renal function/ control and their phylogenetic advancement responding to changing environments. This mission is being accomplished using unique nonmammalian models with which one can isolate and elucidate particular aspects of the system. Accordingly, my research has a broad spectrum, focusing on the following issues: 1) evolution of the renin-angiotensin system (RAS) and angiotensin receptors and their fundamental role in blood pressure (BP) regulation; 2) vascular injury and atherosclerotic lesions caused by high blood pressure (BP); 3) evolution of counter-current urine concentration mechanisms and aquaporins, and 4) developmental origins of glomerulosclerosis. The RAS evolved during the early evolution of vertebrates. Angiotensin or its isoforms are present in all vertebrate animal classes and increase BP directly by acting on vascular smooth muscles or indirectly via releasing catecholamines. Homologues of the angiotensin receptor subtype AT1, but not the AT2 subtype, have also been found. For the control of renin release, the baroreceptor function of juxtaglomerular cells via an intracellular Ca-mediated mechanism appears to be most fundamental prior to evolution of the macula densa and involvement of the adrenergic nervous system. Renin-secreting cells are distributed on afferent arteries and arterioles more widely in primitive vertebrates than in advanced ones.

While I was at Columbia University in the early 1970s, there was a joint expedition (U.S., U.K. and France) to a shore of Africa, offering a good prize to local fishermen who could catch a live coelacanth. The expedition was closed after a disappointing outcome; but two young scientists remained, and a native fisherman caught a live coelacanth. Fortunately, one of those two persistent investigators was my friend, Dr. Bob Griffith, Yale University, and he brought back 1 g of kidney and 0.7 ml of plasma. Using these plasma and kidney extract samples, I was able to obtain clear biological evidence of renin, angiotensin and angiotensinogen in coelacanths.

Interestingly, although angiotensin increases BP in vivo in fowl due to the release of catecholamines, it decreases BP when adrenergic nervous system is blocked. In isolated fowl aorta, angiotensin causes vasorelaxation response due to a nitric oxide/potassium channel-mediated mechanism. When I showed the depressor action of angiotensin in domestic fowl at the Angiotensin Gordon Research Conference, it caused a big laugh and jokes in the audience, but it was true! Fowl show age- and gender-dependent high BP (higher in males than in females) and neointimal plaques, similar to those in humans, in the lower segment of the abdominal aorta above the bifurcation, possibly due to injury caused by rapid incremental increases in BP during maturation. Also, the pulse wave velocity of abdominal aorta is already higher in 5- to 6-week-old male, but not female, chicks prior to BP reaching a plateau level. This suggests that aortic walls of male chicks have a genetic tendency toward vascular wall hardening, but I did not have a chance to pursue this question further.

Another of my major interests is comparative physiology of kidneys and ion-water homeostasis. For terrestrial vertebrates, water economy is a prerequisite for survival; and the kidney is their major osmoregulatory organ and is also important for controlling BP. Only birds and mammals, however, can produce hyperosmotic urine. Using isolated perfused single nephrons, we found that the early distal tubule of freshwater teleost fish acts as a diluting segment, although teleost kidneys cannot concentrate urine. Likewise, we found in bird kidneys that the diluting segment exists in both loopless (no contribution to urine concentration) and looped nephrons. The latter contribute to the formation of a countercurrent multiplier system providing an energy source for NaCl recycling. The kidneys of bony fishes and amphibians that cannot create hyperosmotic urine possess channels and transporters similar to those of mammals, indicating that architectural structures rather than epithelial cell transport mechanisms are important for the kidney to produce concentrated urine. Also, several structural and functional similarities exist between avian looped nephrons and long-looped nephrons of newborn rats, including ADH-dependent control of aquaporin 2. Birds and mammals represent diveralent evolution from primitive reptiles. It is thus a question whether countercurrent urine concentration independently developed in avian and mammalian evolutionary lines or whether primitive urine-concentrating mechanisms existed in now extinct reptiles such as dinosaurs!

Increasing evidence suggests that the onset of diseases in adults may originate in adverse events of fetal life, such as reduced nutrient supply and hypoxia. Inadequate fuel supply, particularly low protein, in the fetal period results in smaller birth size and may predispose humans and experimental animals to various health problems after maturation, including hypertension, type 2 diabetes, and cardiovascular and renal disorders. This relatively
new area explores a new origin of hypertension, insulin resistance and endothelial dysfunction.

Birds provide an ideal model for studying this problem because the embryos have a predetermined nutrient supply in the egg; their nutrition is freed from maternal diet influence. In Japanese quail in which 8 to 10 percent egg white had been withdrawn before incubation showed delayed nephrogenesis. Birth weight (BW) and hatch ratio are significantly lower, while the postnatal growth rate is similar compared to the control group. The number of glomeruli is significantly lower, whereas the size of glomeruli is larger in adult quail derived from eggs with low egg white protein. Furthermore, glomeruli show ballooning of capillary loops, extended mesangium (PAM positive), loss of podocytes and partial adhesion of capillary loops to Bowman’s capsule, partially resembling those of human focal segmental glomerular sclerosis (FSGS).

In collaboration with the Pediatric Department of Niigata University, we examined children who received renal biopsy between 1993-2009 (n = 206) and tested whether low BW (LBW) may be a signal for early FSGS. A significantly higher number of patients (33 percent) diagnosed with secondary FSGS had a record of LBW. Furthermore, urine screening tests of school children indicate that a higher rate of hematuria and proteinuria is seen in LBW children. LBW may be deemed a risk factor and a means of their early discovery. In the U.S., the rate of preterm births has increased 36 percent in the past 25 years, and infants who survive early birth face lifelong health risks. Indeed, premature birth is a global problem that needs greater attention by policymakers, researchers, healthcare providers, the media, donor organizations and other stakeholders.

For pursuing comparative studies, collaboration with various investigators is essential for collecting materials and learning techniques and information unique to specific species. I have worked with numerous scientists in various countries. The studies of vascular pharmacology and molecular biology of chicken angiotensin receptors in collaboration with the Department of Pharmacology at the University of Maastricht, The Netherlands, and with Dr. Pierre Corvol’s laboratory, College de France, Paris, were most enjoyable. I ran between two institutions every two weeks, carrying materials and data via express train.

Learning about nonmammalian animals and their habitats serves a basis for human life. It is our responsibility to protect and conserve lives and natural environments. Recent advancements of technology in genetic engineering have made it possible to produce genetically modified plants and animals as a food source. Furthermore, reproductive cloning creates animals that are genetically identical to existing ones. We have to remember that not only desired genes but also undesirable genes are reproduced and succeed. Moreover, these manmade creatures disturb the ecological population/balance of plants and animals that have been established after millions of years of natural selection and modification. In particular, when these genetic modifications are done for commercial purposes and the modifications that do not produce monetary benefit are carelessly discarded, this will cause life-threatening problems. Apart from legal or narrowly defined ethical issues, we should also worry about survival — that overly advanced technology will eventually ruin human life. ■

**Hypertension Report**

On behalf of the current team of editors, let me express our deep appreciation for the tremendous support we have received from the members of the Council for High Blood Pressure Research, the Council on Kidney in Cardiovascular Disease, the authors who submitted their best research for consideration and the reviewers and editorial board members who committed valuable time and energy to ensure that only the best manuscripts were published. We also greatly appreciate the many loyal readers who provided feedback that improved the journal over the last 10 years of our editorship. It has been a privilege and a great pleasure to serve Hypertension and the American Heart Association.

Our main objectives for Hypertension from the beginning were: 1) to publish the highest quality original basic and clinical research relating to hypertension, 2) to increase the readership and scientific importance of Hypertension, 3) to ensure rapid and fair manuscript reviews, rapid publication of papers, and to provide the highest possible level of efficiency and “customer satisfaction” in our office operations, and 4) to effectively serve the international community of hypertension researchers and clinicians, and provide an important vehicle for achieving the mission of the American Heart Association.

We were fortunate that our predecessors handed the journal to us in good shape. When the editorship was transferred to us in 2002, we assembled an international team of editors for the first time in the journal’s history. The associate editors included Joey Granger, Dan Jones and Celso-Gomez-Sanchez from...
Over the past several years, new associate editors, including Jan Staessen (Belgium), Richard Roman (initially from Milwaukee, but later transferring to Jackson), and Nancy Brown (Nashville) joined the team, each bringing a new perspective and expertise in areas of importance to the journal’s success. Dan Jones and Curt Sigmund stepped down as associate editors when they became, respectively, AHA president and editor-in-chief of another journal; however, both continued to serve Hypertension even with the challenges of their new duties. Norman Kaplan became the first CME editor of Hypertension. I take this opportunity to express my gratitude to all of the editors whose superb work has been key to achieving the goals that we established for Hypertension.

Our previous updates (2,3) documented the improvement of the journal’s key statistics, including detailed information on submissions, efficiency and effectiveness of manuscript reviews, and various indicators of quality such as impact factor and readership. For example, the time from manuscript submission to first decision decreased from 4.2 weeks when we began our editorship to an average of 2.5 weeks. The time from acceptance to print publication decreased from 37 weeks in 2001 to 7.9 weeks and to 4.3 weeks for online publication. Submissions increased steadily during most years of our editorship. For 2010-11, manuscripts were submitted from 52 countries; 60 percent of manuscripts submitted were clinical or population science, and 40 percent were basic science manuscripts. During the last several years, it was necessary to gradually reduce manuscript acceptance rates to the present level of 18 to 19 percent. Acceptance rates have remained relatively stable for the past two years and appear to be at a reasonable level to ensure publication of the highest quality papers and still remain within the page budget allocated by the AHA Scientific Publishing Committee. Overall, there has been a good balance of basic, clinical, and population research papers submitted to the journal and published with about half of the manuscripts published being basic research and about half being human studies, including clinical and population science research.

The Journal Citation Reports (JCR) scientific impact factor for Hypertension continues to be the highest of any journal devoted to basic or clinical hypertension research. The cited half-life of Hypertension articles is 7.3 years, indicating that papers published in the journal have “staying power” and continue to be cited for many years after they are published.

Impact factor is only one measure of the scientific impact of a journal. The journal’s true impact is also determined by how many people read it and gain valuable information. Therefore, we sought new avenues to broaden the readership, to reach healthcare professionals and scientists who may not have traditionally viewed Hypertension as a must-read journal, and to increase the journal’s overall scientific and clinical impact. Several initiatives were undertaken to increase readership and to distribute the journal contents to clinicians and researchers throughout the world. For example, we developed cooperative arrangements with several international hypertension, nephrology, cardiology and physiology societies to send the electronic table of contents of Hypertension to their members. Hypertension articles, especially those that have a clinical focus, have also been published in multiple languages. These efforts resulted in large increases in the number of accesses to online journal content and sign-ups for receiving journal content via e-mails.

Readership surveys indicate that about 58 percent of the journal’s readers are clinicians and about 42 percent are basic scientists. Therefore, an important goal has been to ensure that the content of Hypertension meets the needs of its broad range of readers. To meet this goal, we instituted several new features, such as Hypertension Grand Rounds, Hypertension Highlights, Controversies in Hypertension and Hypertension Tutorials. We requested that authors include a brief section called Perspectives at the end of their papers in order to articulate the “bottom line” of their work and to speculate on its overall importance and possible implications for future research or clinical care. This has been popular with readers, and many other journals have adopted some variation of this feature.

Research surveys have indicated that more than 90 percent of respondents were satisfied with the content and quality of the journal.

Summary and Perspectives

Hypertension is recognized as the top journal in its field, and we can all take pride in the fact that many advances in understanding the causes of hypertension and its impact on cardiovascular disease, stroke and kidney disease have been reported in the journal. However, there is room for improvement in the scientific and clinical impact of Hypertension. We expect the new editorial team, led by Anna Dominiczak, editor-in-chief, will continue to make improvements in Hypertension and maintain its position as the leader in its field. We pledge our full support in assisting them.

We are grateful for the support we received from the AHA staff, especially Heather Goodell, director of Scientific Publishing. The Council for High Blood Pressure Research was the driving force for the birth and development of Hypertension and continues to strongly support the journal. The Council on Kidney and Cardiovascular Disease and the Inter-American Society of Hypertension also adopted Hypertension as their official journal. This support has been extremely important to the journal’s success. Finally, we appreciate the outstanding work of our editorial office staff—Gerry McAlpin, managing editor; Denise Kuo, assistant managing editor; Stephanie Allbritton, editorial assistant, and Renata Gil, editorial assistant. All of the support and encouragement by many loyal readers and contributors to Hypertension have made the last 10 years extraordinarily rewarding. Thank you.

References: