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Mission

To eradicate heart attack by championing new strategies for prevention while advancing the scientific quest for a cure.

In accordance with IRS regulations for 501(c)(3) non-profit organizations, SHAPE, Tax ID No. 26-0646701, is an exempt organization and contributions to it are deductible. SHAPE provides this estimate of the value of goods and services given in consideration, in whole or in part, for the contribution received.

HOUSTON, TEXAS 17 June, 2008 – Today, reflecting on the implications of Tim Russert's untimely, sudden cardiac death, and commenting on behalf of the Board of Directors and Scientific Advisory Board of the Society for Heart Attack Prevention and Eradication (SHAPE, a non-profit organization devoted to the mission of eradicating heart attacks), four representatives of the organization --

Dr. Morteza Naghavi, Chairman, SHAPE Board of Directors, Houston

Dr. Arthur Agatston, the Author of the South Beach Heart Program, Board Member of the Society for Heart Attack Prevention and Eradication (SHAPE), Miami

Dr. Harvey Hecht, Professor of Clinical Medicine, Albert Einstein College of Medicine, New York

Dr. Erling Falk, Director and Professor of Cardiac Pathology, Aarhus University, Denmark

Dr. Prediman K. Shah, Professor of Medicine at UCLA and Director of Cardiology Division and Atherosclerosis Research Center at Cedars-Sinai Medical Center, Los Angeles,

-- stated that they joined with millions across the U.S. who are mourning this loss, and concur with Dr. Cam Patterson, quoted in an article in *USA Today*, that Mr. Russert's death is a wake-up call for the hundreds of thousands who are otherwise destined for a sudden fatal heart attack in the coming years, but strongly disagree with the conclusion made by the article that traditional, old fashioned methods of cardiovascular risk assessment are sufficient for the identification of high risk individuals and called on the nation to adopt new strategies for prevention and ultimately the eradication of heart attacks. The complete letter follows:

letters@usatoday.com

Monday, June 16, 2008

To the Editor,

Re: "Russert's death shows massive heart attack isn't easy to predict"

We are writing on behalf of the Board of Directors and Scientific Advisory Board of the Society for Heart Attack Prevention and Eradication (SHAPE, a non-profit organization devoted to the mission of eradicating heart attacks), regarding the article by Steven Sternberg in response to Tim Russert's untimely sudden cardiac death. We join the millions across the USA who are mourning this loss, and we concur with Dr. Cam Patterson that Mr. Russert's death is a wake-up call for the hundreds of thousands who are otherwise destined for a sudden fatal heart attack in the coming years. Unlike Mr. Russert, who had already been diagnosed with asymptomatic coronary artery disease, most heart attack victims are completely unaware of their risk until hit by a sudden heart attack. In fact, several studies have shown that the majority of the victims would not have been considered high risk the day before their first heart attack had they been tested in their

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doctor's office with the existing old fashioned risk assessment methods. This is unacceptable and must change.

Therefore, the SHAPE Task Force has proposed the national adoption of the SHAPE Guidelines, which include non-invasive imaging of at risk men 45-75 years and women 55-75 years who have no prior diagnosis of vascular or cardiac disease to detect hidden coronary artery disease and to monitor their response to treatments. The most promising way to assess and monitor cardiovascular risk is to measure an individual's plaque buildup, vascular function, and disease activity – a point strongly supported by many studies.

Although heart attacks and strokes account for more death and disability than all cancers combined, it is ironic that multiple tests, such as mammography and colonoscopy, for detection of hidden cancers are widely used and reimbursed, but none of the noninvasive arterial imaging tests that have demonstrated the highest predictive value for early detection of the number one killer, is covered by Medicare or private insurance. While screening for colorectal cancer averages \$1,000-\$2,000, imaging for arterial plaque buildup costs about \$200-\$400 but remains available only for people who can afford to pay out of pocket. As a result, millions of men and women who could benefit from these tests cannot afford them. Appropriate and responsible use of these tests coupled with intensive risk factor-lowering drugs and lifestyle modifications can largely reduce the incidence of heart attack.

In conclusion, we agree that Mr. Russert's death shows that heart attacks are not easy to predict by the old fashioned and still prevailing approach that relies on the poor predictive power of risk factors and stress testing. We strongly believe that more accurate risk assessment using novel technologies followed by aggressive preemptive treatments of the right people and proper monitoring can result in a timely prevention and ultimately eradication of heart attacks. This goal is achievable in our lifetime and we urge national cardiovascular healthcare and research policy makers to commit necessary funding to accomplish this mission.

Sincerely yours,

On behalf of the Board of Directors and Scientific Advisory Board

Morteza Naghavi, M.D.

Chairman, Board of Directors, the Society for Heart Attack Prevention and Eradication (SHAPE)



SHAPE

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