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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 tax deductible.

September 28, 2011

Thomas R. Frieden, M.D., M.P.H

The Centers for Disease Control and Prevention,

1600 Clifton Rd
Atlanta, GA 30333

Re: Million Hearts Initiative

Dear Dr. Frieden,

As members of the Society for Heart Attack Prevention and Eradication (SHAPE), we would like to commend all parties involved with the Million Hearts initiative.

SHAPE is a grassroots volunteer organization comprised of leading cardiologists and cardiovascular scientists, as well as non-medical professionals. SHAPE members are passionately committed to the cause of eradicating heart attacks and are donating time and resources to help achieve this goal. We believe that heart attacks are a failure of our healthcare system. We can and should eradicate heart attacks in our lifetime.

Following your announcement of the Million Heart initiative, the SHAPE board of directors and advisors felt compelled to participate. The SHAPE leadership strongly believes that we can contribute meaningfully, and respectfully requests a meeting with Million Hearts leadership.

SHAPE fully appreciates the importance of population based ABCS (aspirin, blood pressure, cholesterol, and smoking cessation) intervention, but strongly believes that screening for identification of those at highest risk (the Asymptomatic Vulnerable Patients with a high burden of atherosclerotic plaque) should be an important component of the Million Hearts initiative.

We would appreciate an opportunity to present our scientific position (efficacy and cost-effectiveness) according to evidence-based medicine. We hope you will consider a logical dialogue to explore the possibility of enriching this national initiative.

In summary, the SHAPE Scientific Advisory Board suggests that, for the greatest initial impact, particularly to achieve the ambitious goal of decreasing heart attacks and strokes by 200,000 every year for the next 5 years, the following population should be targeted to screen for asymptomatic atherosclerosis:

 **Page 2**

* Male ages 55-75 and Female ages 65-75

with any of these risk factors:

* + Family history of premature coronary heart disease
	+ History of high blood pressure
	+ History of high cholesterol
	+ Smoking

Patients with a high burden of atherosclerotic plaques should be intensely treated beyond the average ABCS. Based on research findings, such High Risk and Vulnerable yet asymptomatic individuals, once alerted, will exhibit higher levels of compliance to therapies than the general population with risk factors who are unaware of their atherosclerotic plaque status.

We would appreciate the opportunity to present our evidence-based efficacy and scientific arguments regarding cost-effectiveness, and hope we can engage in a constructive dialogue to explore the possibility of enriching this important national initiative.

Sincerely yours,

SHAPE Board of Directors and Advisors

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Author of "The South Beach Heart Program"
Chairman of the Agatston Research Foundation
Board member of the Mount Sinai Hospital Foundation
Board member of the American Diabetic Association

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**Page 3**

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