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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:

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* 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

**Arthur Agatston M.D.**  
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

**Raymond Bahr, M.D.**  
Founder and Member of the Board,  
Society of Chest Pain Centers,  
St. Agnes Hospital

Baltimore, MD

**Daniel Berman, M.D.**  
Director of Cardiac Imaging and Nuclear Cardiology  
Cedars-Sinai, Medical Center,  
Los Angeles, CA

**Roger S. Blumenthal, M.D. FACC FCCP**  
Associate Professor of Medicine in Division of Cardiology Director of Preventive Cardiology  
Johns Hopkins Hospital,  
Baltimore, MD

**Mathew Budoff, M.D.**  
Vice President, Society of Atherosclerosis Imaging,  
Professor of Medicine and Director of Preventive Cardiology,  
UCLA Harbor,  
Los Angeles, CA

**Michael H. Davidson, M.D., FACC, FACP, FNLA**   
Clinical Professor, Director of Preventive Cardiology   
The University of Chicago Pritzker School of Medicine

**Raimund Erbel, M.D. FAHA, FESC, FACC, FASE**

Professor of Medicine/Cardiology

West-German Heart Center

University Duisburg-Essen

Germany

**Erling Falk, M.D.**  
Professor and Director, Cardiovascular Pathology,  
Aarhus University Hospital,  
Aarhus, Denmark

**Steven B. Feinstein, MD, FACC, FESC**

Professor of Medicine/Section Cardiology

Rush University Medical Center

Chicago Illinois

**Kirk Geter,**

President of the American College of Foot and Ankle Orthopedics and Medicine

Howard University

Washington, DC

**Harvey Hecht, M.D.**  
Director of Preventive Cardiology  
Beth Israel Medical Center & Continuum Heart Institute,  
NY Professor of Clinical Medicine,  
Albert Einstein College of Medicine

**Howard Hodis, MD**  
Professor of Medicine   
Director, Atherosclerosis Research Unit   
Harry Bauer & Dorothy Bauer Rawlins Professorship in Cardiology

University of Southern California – Keck School of Medicine

Los Angeles, CA

**Sanjay Kaul, M.D.**  
Director of the Vascular Physiology and Thrombosis  
Research Laboratory at the Burns and Allen  
Research Institute at Cedars-Sinai Medical Center  
Los Angeles, CA

**Wolfgang Koenig, M.D., Ph.D.**  
Professor of Cardiology,  
Ulm University  
Ulim, Germany

08:41:33:66 08:41:3

**Iftikhar J. Kullo, M.D.**

Professor of Medicine - Cardiovascular Diseases

Mayo Clinic

Rochester, MN

**Daniel Lane, M.D., Ph.D.**  
Consultant on Detection, Evaluation and  
Treatment of Lipid Disorders in Adults and Children,  
San Antonio, TX

**Marge Lovell, RN, CVN**  
London Health Sciences Center

London, Ontario, Canada

**Roxana Mehran, M.D.**  
Director of Clinical Research and the Data Coordinating &  
Analysis at the Cardiovascular Research Foundation  
and Associate Professor of Medicine

Columbia University Medical Center (CUMC)

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**Morteza Naghavi, M.D.**  
Chairman of the Executive Committee of the SHAPE Task Force

Director, American Heart Technologies  
Houston, TX

**Tasneem Naqvi, M.D.**  
Associate Director, Cardiac Noninvasive Laboratory,  
Director, Interventional Echocardiography,  
Cedars-Sinai Medical Center,  
Los Angeles, CA

**Paolo Raggi, MD, PACP, FACC**

Professor of Medicine-Cardiology and Radiology

Emory University

Atlanta, GA

**P.K. Shah, M.D.**  
Professor and Director, Cardiology Division  
and Atherosclerosis Research Center

Cedars-Sinai, Medical Center,  
Los Angeles, CA

**Leslee Shaw, Ph.D.**  
Director of outcomes research at the  
American Cardiovascular Research Institute,  
Atlanta, GA

**Henrik Sillesen M.D., DMSc**

Chair, Dept Vascular Surgery

Rigshospitalet, Univ. of Copenhagen

Denmark

**J. David Spence B.A., M.B.A., M.D., FRCPC, FAHA, FCAHS**

Professor of Neurology and Clinical Pharmacology,

The University of Western Ontario, and

Director, Stroke Prevention & Atherosclerosis Research Centre,

Robarts Research Institute

**H. Robert Superko, M.D., FACC, FAHA, FAACVPR**

Chief Medical Officer - Celera

Clinical Professor, Mercer University School of Pharmaceutical Sciences

President, Cholesterol, Genetics, and Heart Disease Institute (501C3)

Saint Joseph's Hospital of Atlanta

**Pierre-Jean Touboul M.D.**

Associate Professor of Neurology

Bichat University Hospital

Neurology and Stroke Center

Pars, France