PLUS:

- Spokane’s combined MH and MHL chapter serves young and young at heart
- Campers dissect cow hearts to learn about heart defects

HEART IN HANDS

Holding and studying a patient’s 3-D printed heart model helps doctors save lives

What’s so intense about intense cardiac rehab?
Let’s Keep in Touch

We love delivering Heartbeat to your mailbox each quarter, but you can catch up with us any time the year, 24/7, online.

facebook.com/mendedhearts
facebook.com/MendedLittleHeartsNationalOrganization
@MendedHearts
@MLH_CHD
Instagram.com/mendedlittleheartsnational
Heart in Hands
Creating a 3-D printed replica of Riley’s heart helped her surgeon better plan for a complex, life-saving surgery.

Intense Cardiac Rehab: Not for the Faint of Heart
ICR programs offer proven heart benefits, but patients in standard cardiac rehab can get great results, too.

On the Cover: Riley Drummond, 5, was at first a little cautious about going in to the operating room for our cover photo shoot. The last time she had seen an OR was for a surgery to resolve an aneurism in her heart. She quickly warmed up for the camera and showed off the 3-D printed model of her heart, which doctors created to better prepare for her surgery.
The Time to Step Up Is Now

WE HAVE SOME VERY IMPORTANT ELECTIONS coming up. Yes, there’s the monumental election in November for the next president of the United States. But there’s another race coming up soon — one that probably hits a little closer to home: the 2017–19 Mended Hearts and Mended Little Hearts national officer election.

And while it’s too late for you to run for POTUS, you can still run for a MH or MLH role. Contact Janette Edwards at 214-390-3268 to find out how.

If you’re not up for serving in a national capacity, then I strongly encourage you to serve in your local chapter. Too many of our chapter and group leaders have been in their roles for many years. That’s not a bad thing, but it’s not how we grow as an organization. Plus, many of these longtime leaders are ready to hand over the reins — if only someone would take them.

The usual pushback I hear about serving at the chapter level is that people don’t have enough time or the right experience to lead. I hear you. I had those same concerns before I first took on a leadership role for my Mended Hearts chapter.

I’m here to tell you that it can be done. And there is help. We offer training to new leaders, and you can invest as much time as you’re willing. I know from experience that serving can be incredibly rewarding.

Through these leadership roles, I’ve gotten to meet and learn from so many other heart patients — people I never would have met were it not for volunteering as a leader in my chapter.

Want to run for a national officer position? Email Janette.Edwards@mendedhearts.org for details. Hurry! Entries must be postmarked by Friday, Sept. 16.

Donnette Smith
President
Mended Hearts
How Hungry Are You?

I talk at every conference about the need to change and adapt when the environment changes around us.

In this issue, you’ll read about devices that were the stuff of fantasy a few years ago, like a 3-D model of a CHD child’s heart. Or a pacemaker so small it is implanted via catheter, or a wireless heart monitor that sticks on and captures every single heartbeat for 14 days.

These advances are exciting, and I am thrilled that our members will be able to live better, happier lives because of them.

Change happens in the non-medical patient experience, too. Your staff is working, right now, to build a database system that can capture more information about our members and the patients we serve. From individual experiences, interests and preferences, to the ways each has contributed to our mission — we will soon be able to capture and study this data. We will use this info to provide better content and faster access to support, to make membership much more engaging and rewarding.

Our new Visiting Committee will help define new ways to provide patient support in this age of social media and instant access. Nothing will ever be better than an in-person visit, but the ability to provide support whenever and wherever it’s needed comes close.

Thinking about adaptation reminds me about our visit to the Galapagos Islands a few years ago, which is an environment that is all about adaptation. One of my favorite animals is the marine iguana, the only sea-going lizard in the world, which lives on land but eats seaweed underwater, exclusively.

You have to ask yourself, how smart — or how hungry — was the first lizard that looked into the water and thought “I wonder if that green stuff is food?” And then, (here’s the really brave part), held his breath and dove into the ocean to make a meal of it?

How smart — or how hungry — are we?

Michele Packard-Milam, CAE
Executive Director
Mended Hearts

“It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is most adaptable to change.”
— Charles Darwin
Tomorrow

I hope to teach Sofia to use her hands for something besides texting.
If you have Heart Failure, tomorrow is not a given.

But today, there’s ENTRESTO—a different kind of Heart Failure (HF) medicine for people with the type of HF where the heart is enlarged and too weak to pump properly. In the largest HF study ever, ENTRESTO helped more people stay alive and out of the hospital than a leading HF medicine.

To help increase your chances of more tomorrows, ask your heart doctor about ENTRESTO today.

What is ENTRESTO?
ENTRESTO is a prescription medicine used to reduce the risk of death and hospitalization in people with certain types of long-lasting (chronic) heart failure. ENTRESTO is usually used with other heart failure therapies, in place of an ACE inhibitor or other ARB therapy.

IMPORTANT SAFETY INFORMATION
What is the most important information I should know about ENTRESTO?
ENTRESTO can harm or cause death to your unborn baby. Talk to your doctor about other ways to treat heart failure if you plan to become pregnant. If you get pregnant while taking ENTRESTO, tell your doctor right away.

Who should not take ENTRESTO?
Do not take ENTRESTO if you:
• are allergic to sacubitril or valsartan or any of the ingredients in ENTRESTO
• have had an allergic reaction including swelling of your face, lips, tongue, throat (angioedema) or trouble breathing while taking a type of medicine called an angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB)
• take an ACE inhibitor medicine. Do not take ENTRESTO for at least 36 hours before or after you take an ACE inhibitor medicine. Talk with your doctor or pharmacist before taking ENTRESTO if you are not sure if you take an ACE inhibitor medicine
• have diabetes and take a medicine that contains aliskiren

What should I tell my doctor before taking ENTRESTO?
Before you take ENTRESTO, tell your doctor about all of your medical conditions, including if you have kidney or liver problems; are pregnant or plan to become pregnant; are breastfeeding or plan to breastfeed. You should either take ENTRESTO or breastfeed. You should not do both.

What are the possible side effects of ENTRESTO?
ENTRESTO may cause serious side effects including:
• angioedema that may cause trouble breathing and death. Get emergency medical help right away if you have symptoms of angioedema or trouble breathing. Do not take ENTRESTO again if you have had angioedema while taking ENTRESTO. People who are Black or who have had angioedema and take ENTRESTO may have a higher risk of having angioedema
• low blood pressure (hypotension). Call your doctor if you become dizzy or lightheaded, or you develop extreme fatigue
• kidney problems
• increased amount of potassium in your blood

The most common side effects were low blood pressure, high potassium, cough, dizziness, and kidney problems.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see Important Facts About ENTRESTO on next page.
IMPORTANT FACTS ABOUT ENTRESTO®

What is the most important information I should know about ENTRESTO?
ENTRESTO can harm or cause death to your unborn baby. Talk to your doctor about other ways to treat heart failure if you plan to become pregnant. If you get pregnant while taking ENTRESTO, tell your doctor right away.

WHAT IS ENTRESTO?
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Heart failure occurs when the heart is weak and cannot pump enough blood to your lungs and the rest of your body. It is not known if ENTRESTO is safe and effective in children.

Who should not take ENTRESTO?
Do not take ENTRESTO if you:
• are allergic to sacubitril or valsartan or any of the ingredients in ENTRESTO. See the end of the Patient Information leaflet for a complete list of ingredients in ENTRESTO
• have had an allergic reaction including swelling of your face, lips, tongue, throat or trouble breathing while taking a type of medicine called an angiotensin-converting enzyme (ACE) inhibitor or angiotensin II receptor blocker (ARB)
• take an ACE inhibitor medicine. Do not take ENTRESTO for at least 36 hours before or after you take an ACE inhibitor medicine. Talk with your doctor or pharmacist before taking ENTRESTO if you are not sure if you take an ACE inhibitor medicine
• have diabetes and take a medicine that contains aliskiren

What should I tell my doctor before taking ENTRESTO? Before you take ENTRESTO, tell your doctor about all of your medical conditions, including if you: have kidney or liver problems; are pregnant or plan to become pregnant (See “What is the most important information I should know about ENTRESTO?”); are breastfeeding or plan to breastfeed. It is not known if ENTRESTO passes into your breast milk. You and your doctor should decide if you will take ENTRESTO or breastfeed. You should not do both.

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Using ENTRESTO with certain other medicines may affect each other. Using ENTRESTO with other medicines can cause serious side effects. Especially tell your doctor if you take potassium supplements or a salt substitute; nonsteroidal anti-inflammatory drugs (NSAIDs); lithium; or other medicines for high blood pressure or heart problems such as an ACE inhibitor, ARB, or aliskiren. Keep a list of your medicines to show your doctor and pharmacist when you get a new medicine.

What are the possible side effects of ENTRESTO?
ENTRESTO may cause serious side effects including:
• See “What is the most important information I should know about ENTRESTO?”
• Serious allergic reactions causing swelling of your face, lips, tongue, and throat (angioedema) that may cause trouble breathing and death. Get emergency medical help right away if you have symptoms of angioedema or trouble breathing. Do not take ENTRESTO again if you have had angioedema while taking ENTRESTO. People who are Black and take ENTRESTO may have a higher risk of having angioedema than people who are not Black and take ENTRESTO. People who have had angioedema before taking ENTRESTO may have a higher risk of having angioedema than people who have not had angioedema before taking ENTRESTO. See “Who should not take ENTRESTO?”
• Low blood pressure (hypotension). Low blood pressure may be more common if you also take water pills. Call your doctor if you become dizzy or lightheaded, or you develop extreme fatigue.
• Kidney problems. Your doctor will check your kidney function during your treatment with ENTRESTO. If you have changes in your kidney function tests, you may need a lower dose of ENTRESTO or may need to stop taking ENTRESTO for a period of time.
• Increased amount of potassium in your blood. Your doctor will check your potassium blood level during your treatment with ENTRESTO.

These are not all the possible side effects of ENTRESTO. Call your doctor for medical advice about side effects.

The most common side effects were low blood pressure, high potassium, cough, dizziness, and kidney problems.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

This information is not comprehensive. To learn more, talk to your health care provider or pharmacist, visit www.entresto.com to obtain the FDA-approved product labeling, or call 1-888-ENTRESTO.

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MENDED LITTLE HEARTS

Campfires & Cow Hearts

There are three reasons that campers return to Camp Joyful Hearts every year, says the camp’s physician director, Nicolas Madsen, M.D.: the shaving cream fight, the marshmallow war … and the cow hearts.

Camp Joyful Hearts, which takes place in Clarksville, Ohio, aims to give children affected by heart disease a traditional sleep-away camp experience with all the activities you’d expect, like canoeing, fishing, swimming, sing-alongs and zip-lines. It all happens under the careful watch of a team of clinicians, led by Dr. Madsen and nurse practitioners Betsy Adler and Melissa Mangess.

It also offers some not-so-ordinary activities: a shaving cream war that pits campers, counselors and leaders against each other, as well as a marshmallow war. For this, campers use PVC piping to create “weapons,” and stuff as many marshmallows in their mouths as possible. They then shoot the spit-covered marshmallows through their weapons at each other.

Camp leaders also provide learning opportunities for campers, through the Tuesday afternoon education sessions. Campers are separated into small groups and visit different stations, where hospital staff engage with the kids in educational activities — including dissecting a cow heart. “A surgeon will walk them through an example of a heart surgery, and then the campers can see how that relates to their own disease,” Dr. Madsen explains.

The camp, which just wrapped up its 14th session this past July, accepts campers from all over the U.S., although most are from within a 4-hour drive of Cincinnati Children’s Hospital. “For the staff involved, camp is one of the highlights of our year,” Dr. Madsen says. “These are amazing kids, and to watch them play and discover with a freedom that they don’t have a lot of the year, and the joy that comes from that freedom, it’s very inspiring and gives us all the motivation that we need to do our best the other 51 weeks of the year.” — Melanie Medina

Campers do more than swim and roast marshmallows at Camp Joyful Hearts. Shaving cream wars and cow-heart dissections are all part of the fun.
Jessica Rogers Wins National Video Contest

Jessica Rogers, 28, of Sedro-Woolley, Wash., is the first-place winner of the national “Thanks to an LVAD...” video contest, hosted by Mended Hearts with support from St. Jude Medical. The contest was designed to raise awareness and education about left ventricular assist devices or LVADs, which are a lesser-known but potentially life-saving treatment for some people with advanced heart failure.

Jessica’s entry highlighted how having an LVAD has given her the opportunity to experience several important life milestones over the past five years, from walking a 5k and fishing in Alaska to celebrating the birth of her nephew and becoming engaged.

St. Jude Medical donated $100 per video submission and an additional $1,000 in honor of each of the five winning videos, ultimately providing $25,000 in donations and grants to the organization. As the first-place winner, Jessica will be featured in a national news and social media campaign. To view the contest’s winning videos and learn more about LVADs, visit www.ThanksLVAD.com.

Ready, Set, Run for Heart Angels

October 25 is the National CHD Day of Remembrance. To honor and celebrate our Heart Angels, and raise much needed awareness about the impact of CHD on families, MLH is holding the Remember Our Hearts’ Virtual Charity Race. To make it easy for people to participate, runners can complete their distance anywhere they choose during race week, October 18 through October 25.

Proceeds from the race will go towards Mended Little Hearts programs that raise awareness of the impact of CHD and support our families and patients.

Event Details

• All participants receive a commemorative race medal
• Walk, jog or run your chosen distance
• Choose your distance: 5K, 10K, 13.2 or 26.2 miles
• Registration: $25 for adults and $15 for children 16 and under

While our Heart Angels may no longer be with us physically, they carry on the fight against CHD with all of us. Register today at http://www.crowdrise.com/rememberourhearts2016.
Dennis Galloway: Promoting the Mission

Dennis Galloway became involved with Mended Hearts eight years ago after undergoing quadruple bypass surgery and aortic valve replacement. While recovering in the hospital, he received a visit from a member of Mended Hearts.

“When I got back on my feet, I really wanted to get involved and give back to others,” says Galloway.

Five months after his procedure, Galloway joined Mended Hearts and became an accredited visitor. Since then, he has visited hundreds of patients and is now the president of the board of directors for the Mended Hearts Mission Viejo Chapter.

“It is very uplifting. As soon as you walk into the room, their eyes light up — especially when you share with them that you are from Mended Hearts and at one time lay in that same bed,” says Galloway. “We are there to support the patient, the family and the caregivers. It gives them a tremendous amount of encouragement when they see someone who has been through the same experience.”

He follows-up four weeks later when the patient is typically entering cardiac rehab. Rehab is also a critical part of recovery that Galloway takes very seriously himself. After cardiac rehab, Galloway adopted a meticulous workout routine three days a week and walks three miles the alternate days.

“Our biggest supporter is the cardiac pulmonary center at Mission Hospital. They have been a tremendous partner. We have built relationships with the cardiac rehab team surgeons and cardiologists there.”

Mended Hearts has been working with Mission Hospital for 27 years. The hospital provides monthly meeting space for the group and lends its physicians and specialists to speak at their meetings.

The chapter has some 140 active members — including patients, as well as family members and caregivers — and more than 21 accredited visitors, like Galloway. The chapter has donated close to $100K in equipment to the cardiac rehabilitation center at Mission Hospital and several Automated External Defibrillators (AEDs) to various recreational centers and schools in Orange County.

Each year, the chapter also awards a nursing scholarship to a nurse in the cardiac CICU and telemetry units and supports scholarships for continued education for the hospital’s cardiopulmonary rehab group.

“For me,” Galloway says, “Mended Hearts is a way to give back to others in the community and give them hope. I find it very rewarding. Like our motto says, ‘It’s great to be alive and help others!’” — Scotty Fletcher

Mission Hospital cardiac rehab staff and fellow Mission Viejo chapter members surround Dennis Galloway during the Mended Hearts National Training and Education Conference in the Western region.

4,111
Number of candidates on the waiting list for a heart transplant as of July 15, 2016.
Cardiomyopathy, coronary artery disease, congenital heart disease and valvular heart disease are among the top reasons for heart transplants.
**NEW TREATMENTS**

**FDA Approves Dissolving Heart Stent**

The U.S. Food and Drug Administration recently approved the Absorb bioresorbable heart stent, for people with coronary artery disease. While stents are traditionally made of metal, Abbott’s Absorb stent is made of a naturally dissolving material, similar to dissolving sutures. Absorb disappears in approximately three years, after it has done its job of keeping a clogged artery open and promoting healing of the artery. By contrast, metal stents are permanent implants that restrict vessel motion for the life of the person treated, according to Abbott.

**CHD SYMPOSIUM**

**Event Shows CHD Families They’re Not Alone**

The Mended Little Hearts 3rd Annual CHD Symposium was a huge success: the feedback has been outstanding. Speakers came from top children’s hospitals around the nation to share the latest innovations in CHD treatment and care. The medical innovations and information provided during the Symposium helped participants gain a better understanding of treatments available for them and their children. Although the reality of CHD can often be scary for families, these speakers offered much hope for a brighter future.

The highlight of the CHD Symposium were the patients and families themselves, who shared their real and raw stories of courage, strength and how they help make the world a better place for others on this journey. Another highlight was the CHD According to Me panel, where different people affected by CHD — a grandmother, dad, sibling, angel mom, teen, young adult with CHD, and mom with CHD — shared their points of view. The panel, moderated by Jennifer Page, showed attendees that CHD isn’t just about the moms, who are often over-represented in Mended Little Hearts, but affects others as well.

More than 150 people attended the CHD Symposium live, and the CHD Symposium videos were viewed by over 11,000 more people within 72 hours. Next year’s CHD Symposium will be held in Nashville. Check MendedLittleHearts.org periodically for hotel and date information.

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**13%**

This is the readmission rate for heart attack patients at Moses H. Cone Memorial Hospital in Greensboro, N.C. — the lowest rate in the nation according to data from the U.S. government’s Hospital Compare website. The national average for readmission rates after a heart attack is 17%.
For over 60 years, Mended Hearts has been helping heart patients live healthier lives. And your financial support makes a huge difference in how we do this. Here are a few ways you can help.

- **Seasonal Campaigns.** June 5 is our National Day of Giving. We honor Mended Hearts’ founder Dr. Dwight Harken’s birthday by using contributions to fund projects and educational initiatives at Mended Hearts and Mended Little Hearts. In November, “the month of giving,” we host the “Thanks for Giving” campaign where we ask friends of the organizations to help support our mission.

- **Planned Giving.** To include a gift to Mended Hearts or Mended Little Hearts in your will, discuss the matter with your estate planner or attorney.

- **Honor a Loved One.** Give a donation in honor of someone you find brave or inspiring. Their name will be printed in the “Gifts from the Heart” section of Heartbeat magazine.

- **Use AmazonSmile Instead of Amazon to Shop.** Select Mended Hearts as your charity and AmazonSmile will donate 0.5% of your purchases to Mended Hearts.

- **Use Goodsearch Instead of Google.** Register for “Mended Hearts” on Goodsearch, a charity-fueled search engine, and every time you complete a web search, Goodsearch will donate $.01 to Mended Hearts.

Remember, you can donate any time online at [www.MendedHearts.org](http://www.MendedHearts.org)

Thank you for your support!
HEART IN HANDS
If the term “3-D” makes you think of action movies and goofy plastic glasses, you might be surprised to know that today’s 3-D technology can do much more than entertain us. It can save lives. Modern 3-D printing can be used to help surgeons prepare for heart procedures, to facilitate communication between medical professionals and families and to create realistic three-dimensional models of objects — including the tiniest of human hearts.

Five-year-old Riley Drummond of Olney, Illinois, was born with several congenital heart defects. Her heart lay on the wrong side of her body, a condition called dextrocardia. She had two holes in her heart: an atrial septal defect and a ventricular septal defect. Riley also had a tunnel subaortic stenosis — an obstruction under her aortic valve.

After two open heart surgeries, Riley’s primary cardiologist, Jamie Sutherell, M.D., a SLUCare cardiologist at SSM Health Cardinal Glennon Children’s Hospital, discovered an aneurysm during a routine echocardiogram. He needed to better visualize what was going on, so he ordered a magnetic resonance angiography — an MRI exam of the blood vessels.

Using the images from this scan, fellow cardiologist Wilson King, M.D., a SLUCare cardiologist at Cardinal Glennon, created a 3-D printed replica of Riley’s heart, which the doctors could actually hold in their hands while evaluating treatment options.

“You never want to do an ‘exploratory’ heart surgery. — Jamie Sutherell, M.D.

Studying a 3-D printed replica of Riley’s heart helped her surgeon better plan for a complex, life-saving surgery.

By Stephanie Stephens
Next, Riley’s cardiothoracic surgeon, Andrew Fiore, M.D., SLUCare cardiothoracic surgeon at Cardinal Glennon, used the 3-D model to plan out virtually every step of Riley’s surgery. The goals of surgery were ambitious: to repair the aneurysm within her heart, and to widen the subaortic tunnel.

“It really required us to put our heads together, using different tests and modalities to provide critical information to give to Dr. Fiore,” Dr. Sutherell says. “You want everything in place first and to know what you’re dealing with. You never want to do an ‘exploratory’ heart surgery.”

**We’ve already learned so much before we open the chest. — Sitaram Emani, M.D.**

**Better Preparation Before Surgery**

At Boston Children’s Hospital, Sitaram Emani, M.D., says that 3-D printing has forever changed the landscape of pediatric cardiovascular surgery. He explains that analyzing a patient’s heart prior to an operation reduces the amount of time surgeons spend figuring out the cardiac anatomy during the surgery — and it’s also safer for the patient. “We’ve already learned so much before we open the
chest,” says Dr. Emani, who was not involved in Riley’s case but is well versed in using 3-D printed heart models for his own patients.

“In the past, we would attempt these complex surgeries using only two-dimensional imaging. Then we’d mentally reconstruct and anticipate what we might do during the actual procedure,” he says.

3-D printing in the medical field has wide applicability, he says, and bodes well for future advancements. “We can use the technology for an entire patient simulation and even replicate blood flow with a heart-lung machine,” Dr. Emani says.

How 3-D Printing Works
3-D printing has enabled SLUCare physicians Wilson King and Nadeem Parkar, with support from Parks College of Engineering at Saint Louis University, to understand a patient’s heart condition with tremendous detail and clarity. In conjunction with Saint Louis University School of Medicine, Drs. King and Parkar have printed dozens of heart models to assist with complex surgeries, interventional cardiology procedures and electrophysiology procedures.

Physicians at Cincinnati Children’s Hospital Medical Center are also using 3-D modeling to help congenital heart patients. Ryan A. Moore, M.D., a pediatric cardiologist with specialized training in CT/MRI imaging and 3-D modeling at the hospital says, “A lot of attention to detail is required when we make a model so that everything ‘fits’ just as the imaging looks to us.”

Like Riley’s care team, Dr. Moore uses images from CT or MRI angiograms, and even occasionally echocardiograms, to make his models, loading them into computer software. Then he saves a stereolithography file, which is required for 3-D printing. The 3-D printer builds

3-D Printing: Quick Facts

- In 1983, American engineer Charles Hull invented the first 3-D printer.
- 3-D printers work by laying down a liquid photopolymer (an acrylic-like material), layer by layer. These layers are hit with a laser, which makes the materials solidify.
- By 2018, the 3-D printing market will be worth $4.5 billion.
- 40% of 3-D printing patent applications come from the medical sector.
- 3-D printing has been used to make:
  - Toys
  - Shoes
  - Furniture
  - Wax castings for jewelry-making
  - Automotive and aviation parts
  - Fossil replicas
  - Hearing aids
  - Artificial teeth
  - Bone grafts
  - Replicas of tumors
  - Prosthetic limbs
  - Food

Sources: Charles Hull in interview with CNN; Morgan Stanley; PC Magazine

Riley’s mother, Micah, had a normal pregnancy. Doctors noticed a heart murmur shortly after Riley was born, which led to the discovery of several congenital heart defects.
Sharing information among all the clinicians on a patient’s care team is difficult. But 3-D printed models allow all clinicians to see the patient’s anatomy up close.

up a model layer by layer with liquid polymer that hardens when the UV or laser light contacts it.

“Instead of the printer laying down ink on paper, it lays down liquid polymer using similar technology,” Dr. Moore says. “It allows us to better describe and illustrate defects in a way that’s far superior to drawing on a piece of paper.” Dr. Moore prefers to use the technology for very complex cardiac cases — about 10 to 20% of the total cases he encounters.

Better Communication
Having a 3-D printed model of a patient’s complex heart allows not only for better surgical preparation, but also better communication among cardiologists and family members.

“I may not be able to adequately describe in words to a patient, family or another doctor the type of surgery I need to do, but this allows for the ultimate method of transferring information instead of just using diagrams and ‘beating around the bush,’” says Dr. Emani of Boston Children’s.

“We can transmit important information between caregivers, such as cardiologists or imaging specialists, who don’t normally see the heart the up-close way we surgeons do,” he says. “The fact that this is so visual helps everyone on the team do a better job for our patients.”

3-D Printing: What’s Next
As surgeons and patients benefit from 3-D printed replicas of organs, researchers in the U.S. are developing 3-D printers that can lay down layers of cells to create actual working organs for implanting in the human body. For instance, at Wake Forest Institute for Regenerative Medicine in North Carolina, scientists have made a 3-D printer with a nozzle that lays down a water-based solution containing human cells. A different nozzle exudes biodegradable materials to support those cells. As the materials biodegrade, what’s left is human tissue that can accommodate blood vessels. So far, the researchers have successfully implanted 3-D printed pieces of jawbone, muscle and cartilage in mice.

Meanwhile, Riley’s mother, Micah, is so grateful for what 3-D has done for her daughter. “The 3-D model allowed Riley’s doctors to practice, study and collaborate,” Micah says. “In essence, this technology saved Riley’s life.”

“

In essence, this technology saved Riley’s life.
— Micah Drummond
If you have been limiting your work or your activities because of your chronic angina, be sure to talk about it with your cardiologist.

For tips on how to talk with your cardiologist, information about living better with angina, and support and stories from people just like you—including Donnette—visit www.SpeakFromTheHeart.com.
INTENSE CARDIAC REHAB: NOT FOR THE FAINT OF HEART

ICR programs offer proven heart benefits, but patients in standard cardiac rehab can get great results, too.

By Heather R. Johnson

Before completing the Ornish Reversal program, George Howard weighed 203 pounds and had a 42-inch waist. Today, he weighs in at 165 pounds with a 36-inch waist.
After triple cardiac bypass surgery in 1990, George Howard started following the diet and exercise plan recommended by the American Heart Association. His high cholesterol barely budged.

By 2015, his commitment to exercise and healthier eating had waned, and he found himself back in the hospital to have a stent placed inside another stent from 2006. At this point, he knew he needed a more aggressive cardiac care plan.

Upon completing the Ornish Program for Reversing Heart Disease — an intensive cardiac rehab program offered at the Texas Health Arlington Memorial Hospital in Arlington, Texas — Howard had lost 38 pounds. His doctors decreased most of his medications. His total cholesterol level, once in the 270s, had fallen below 100. Best of all, “I can mow the lawn without any trouble,” says Howard, a member of Mended Hearts Chapter 152 in Arlington, Texas. “I just spent four hours on the lake with my grandkids. I couldn’t do these things before.”

Intensive cardiac rehab worked for Howard, but it isn’t for everyone. Nor does it need to be.

Cardiac Rehab — On Steroids

Traditional cardiac rehab typically allows for 36 sessions (usually in two 1-hour sessions per day), and focuses on exercise with some instruction on non-exercise factors, such as diet and stress management. Intense cardiac rehab includes up to 72 sessions (as many as six sessions per day), and incorporates exercise and in-depth education about nutrition, stress management, meditation, and the relationship between lifestyle and heart health.

ICR programs began gaining traction in 2010 when legislation was passed that provided new parameters for standard cardiac rehab, essentially allowing for more than 36 sessions if the patient needed them, and also defined and outlined intensive cardiac rehab. At that time, the Centers for Medicare and Medicaid approved coverage for two ICR programs: the Pritikin ICR program and the Ornish Program for Reversing Heart Disease. (For a brief time, the Bensen-Henry Institute Cardiac Wellness Program was also Medicare-approved; however the program is no longer offered.)

To be approved for reimbursement by Medicare, ICR programs must show in peer-reviewed published research that they actually reverse the progression of heart disease; reduce the need for coronary bypass surgery; or reduce the need for coronary angioplasty. The research also has to show that the program dramatically improves the participants’:

- Low density lipoprotein
- Triglycerides
- Body mass index
- Systolic blood pressure
- Diastolic blood pressure
- The need for cholesterol, blood pressure and diabetes medications

At Oklahoma Heart Hospital, hands-on cooking demonstrations are taught to Pritikin ICR patients. The new foods and recipes motivate patients to continue their new lifestyle, and soon those behaviors become a healthy long-term habit.
For three to four hours a day, twice a week, for nine weeks, ICR patients exercise and learn how to live a healthy lifestyle. They learn how to cook heart-healthy meals, shop for healthy foods, and order wisely in restaurants. The comprehensive plan also helps patients quit smoking, manage stress, meditate, maintain positive personal and professional relationships, and adopt a positive mindset. At the end of nine weeks, patients are encouraged to attend regular support groups, which follow a similar format as the supervised sessions.

Lower Depression Rates, Weight Loss

For Howard, who had previously tried to follow Ornish’s program on his own, the group support helped him stick with the program long term. “It’s a safe place to talk with like-minded people who have been through what you’ve been through,” says Howard. “We encourage each other to stay on the diet during times when we might get into trouble.”

With the exception of those with stable chronic heart failure, anyone who is eligible for traditional cardiac rehab can participate in ICR. Again, for those willing to make serious lifestyle changes, and have time to attend the outpatient program.

Richard Josephson, M.D., a cardiologist at University Hospitals Case Medical Center, says:

“For most patients, the choice isn’t between Ornish vs. Pritikin, because of geography, but one of these vs. standard cardiac rehab.”

“The three options (standard, Ornish and Pritikin) are more similar than different, and all represent a substantial healthy change from the status quo.”
ICR programs, ICR offers benefits.

Brenda Doughty, cardiac rehab manager for Texas Health Arlington Memorial Hospital, has seen impressive benefits among the hospital’s ICR participants, including a 72% reduction in depression scores. Exercise capacity improved by more than 60%. And time devoted to stress management increased by 50%.

“We also saw phenomenal weight loss,” she says. “Patients decreased their blood pressure medication and some of the diabetics reduced or got off insulin entirely. It’s so rewarding to see people make those changes in only nine weeks.”

Texas Health Arlington Memorial already offered traditional cardiac rehab, but added ICR to give patients one more tool to improve heart health, quality of life and well-being. “Research has shown that education, stress management, and group support, in addition to monitored exercise, when adhered to over a long period of time, can reverse heart disease,” Dougherty says.

**Centered on the Patient’s Needs**

“[ICR programs] work, and I think if one has the time and the information to get that more intensive involvement, then that’s a good thing,” says Richard Josephson, M.D., a cardiologist at University Hospitals Case Medical Center.

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### THE PRITIKIN PROGRAM

**Offered in:**

14 health systems and/or heart centers across the U.S.

**The eating plan:**

- 10 to 15% of calories from fat
- 15–20% of calories from protein
- 65–75% of calories from unrefined carbohydrates, such as whole grains, fruits and vegetables.
- Mostly vegetarian with small amounts of nonfat dairy and fish or chicken

**Education focuses on:**

- Health enhancement
- Nutrition counseling
- Exercise
- Behavior modifications

**History:**

This program is named for, Nathan Pritikin, an inventor who developed severe coronary artery disease and made major lifestyle changes to see if he could reverse his illness. He was one of the first to assert that diet and exercise — not surgery and drugs — should be the first line of defense against heart disease. In 1975, Pritikin opened a health resort and residential program of nutrition, exercise and lifestyle-change education. The residential program is now conducted in Miami, and is being licensed to hospitals and heart centers centers nationwide.

Bob Franceschelli, the President of Pritikin ICR, says:

“Right now, the coverage for ordinary cardiac rehab as well as intensive cardiac rehab is secondary prevention. It would be really neat if it were covered for primary prevention as well.”

“Science has proven that exercise is critical to get people healthy and active and feeling comfortable with life again. If that exercise is not complemented with behavior modification training and with nutritional ... Then it could be a very short-term proposition.”

“The eating plan for the Ornish program is vegetarian-based. They do not allow animal protein to be consumed. Our program allows modest amounts of animal protein.”
in Cleveland, Ohio. However, he adds, “I don’t think that anyone should feel cheated that they’re somehow getting substandard care because they’re in a standard cardiac rehab program.”

He also says that whether a cardiac rehab program is intensive or standard, it should be as tailored to an individual patient as possible, though that’s not always the case. “Just like schools, just like restaurants, just like everything else — the resources, the size, the scope, and arguably, potentially the quality — of cardiac rehab programs differ.

Is ICR Really Better Than Standard?

In addition to meeting the eligibility criteria from Medicare or private insurer, heart patients need to be willing to make an intense commitment for nine weeks and beyond. “Patients need to embrace the [longer] sessions and the diet,” Dr. Josephson says. “If you have a patient who says, ‘I’ve been eating the same way my whole life and I’m not going to change,’ they’re not a good candidate for ICR.”

Patients who can’t commit to ICR, or who don’t have an ICR program offered in their area, can still receive great benefits from traditional cardiac rehab. Like ICR, traditional cardiac rehab helps heart patients increase physical fitness, reduce cardiac symptoms, speed healing, and reduce the risk of future heart problems. For instance, Jake Gray, featured in the May/June issue of Heartbeat, reported that after 36 weeks of traditional cardiac rehab, his heart function increased by 63% and he lost 25 pounds (and kept it off).

“We encourage all heart patients to do one or the other,” says Dougherty. “Our message is to participate in cardiac rehab. Whether you choose traditional or intensive can be your choice — just get into rehab.”

UP CLOSE: ORNISH PROGRAM FOR REVERSING HEART DISEASE

Offered in:
• 14 states through 20 different health systems — a total of 24 sites.

The eating plan:
• About 10% of calories from fat
• 15-20% from protein
• Up to 75% from unrefined carbohydrates, such as whole grains, fruits and vegetables

Social support:
Emphasizes one hour of social support each week; activities include spending time with friends and family, group support, volunteering and forgiveness

History: For some 40 years, Dean Ornish, M.D., has been touting low-fat, high-carbohydrate, vegetarian diets for improving and reversing coronary artery disease. He’s published several best-selling books on the subject. He is the founder of the Preventative Medicine Research Institute, where he directs clinical research focusing on lifestyle changes that can reverse severe coronary heart disease. The Ornish Program for Reversing Heart Disease is offered at hospitals in 14 states, through a company called Healthways.

Bob Porter, Managing Director of the Ornish Reversal Program at Healthways, says:

“It’s not just an exercise program. It’s exercise, stress management, nutrition and group support.”

“People go through the program in cohorts of eight to 15 . . . It’s like a workout buddy multiplied many times over as individuals travel this journey together and support one another to keep one another on track throughout the formal program. Then carry on with alumni framework that we have to continue to support one another once the formal ends.”

In Cleveland, Ohio. However, he adds, “I don’t think that anyone should feel cheated that they’re somehow getting substandard care because they’re in a standard cardiac rehab program.”

He also says that whether a cardiac rehab program is intensive or standard, it should be as tailored to an individual patient as possible, though that’s not always the case. “Just like schools, just like restaurants, just like everything else — the resources, the size, the scope, and arguably, potentially the quality — of cardiac rehab programs differ.

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“We encourage all heart patients to do one or the other,” says Dougherty. “Our message is to participate in cardiac rehab. Whether you choose traditional or intensive can be your choice — just get into rehab.”

“I just spent four hours on the lake with my grandkids. I couldn’t do these things before. — George Howard
The Mended Hearts bylaws allow for the addition of as many as five appointed Board members, who will serve as regular Directors. The objective of these positions is to bring new and different perspectives to the deliberations undertaken by the Board. Donnette Smith, as President, identified three candidates and they were accepted by the Board. The three appointed Directors have been long-time supporters of Mended Hearts and represent three different parts of the medical community: marketing, publishing and professional membership organizations.

**Tina Sampath**
*Director, Patient and AHP Marketing, Medivation*
Currently the Director of Patient and AHP Marketing with Medivation, Tina is an experienced marketing professional and popular public speaker. She previously held leadership positions at Gilead Sciences and CV Therapeutics. Tina is passionate about the intersection of health and technology and their impact on patient outcomes.

**Mr. Norm Linsky**
*Executive Director, Society of Cardiovascular Computed Tomography*
Norm is a proud, active member of Mended Hearts Chapter 94 in Washington, D.C. His background is in public health and health policy, and he is currently Executive Director of the Society of Cardiovascular Computed Tomography (SCCT). Previously he worked in management positions at two other cardiology professional societies.

**Ms. Kathy Boyd David**
*Editor, Cardiovascular Business Magazine*
Kathy Boyd David is the editor of *Cardiovascular Business* magazine. She has nearly two decades of experience in publishing and public relations, with a focus on cardiovascular care. Before joining *Cardiovascular Business*, she worked at the Society for Cardiovascular Angiography and Interventions (SCAI) and the American College of Cardiology (ACC).
Like many Mended Hearts members, a volunteer couple visited Michele Klaben of Leesburg, Fla., soon after heart surgery. “They were so enthusiastic and positive about life after heart surgery that it inspired me and my husband to join,” she says.

Not only did those volunteers motivate Don and Michele Klaben to join Mended Hearts, but it also prompted them to become visitors. “I visit as a heart patient and Don visits as a family member,” she says. “We look forward to it every week.” Michele is chapter president of Mended Hearts Chapter 298, in Leesburg. Don serves as visiting chair for the chapter. Here, Michele explains why she’s excited about visiting heart patients.

I celebrated my 10-year Heartiversary in November 2015. I’m very blessed to be here. I started visiting at the end of 2006.

Before surgery, patients and their families are usually very anxious. It’s nice for them to meet someone that’s been through surgery that can share their heart story — that we recovered and there is a great life after surgery.

A few months ago, one of the nurses was interviewing a pre-op and told me, “This lady is very nervous.” I talked to her for half an hour. She was having surgery next day. I saw her the next week, and she was doing really well. Two months later, we went to another chapter’s meeting, and there she was! “You are why I’m here!” she said. That meant the world to me. To know that we were instrumental in her decision to join the chapter, only two months after surgery, and become a visitor herself, really showed that what we do makes a difference.

The patients keep us motivated. Knowing that when we visit a patient, we can make them laugh, talk with them, or listen to their story, and it makes them feel a little bit better, keeps us wanting to go back and do it again. Sometimes you get back more than you give. The doctors and nurses do a great job of explaining the medical aspects, but to talk to someone that’s been through it means a lot.
N Spokane, Washington, Mended Hearts has found strength in diversity. Rather than create separate Mended Hearts and Mended Little Hearts chapters, organizers in Spokane have joined forces.

“It never occurred to us not to combine them,” says Kathleen Sullivan, who serves as president of the MH group and co-leader of the MLH group. “Thanks to medical advancements, there’s a whole new class of patients who have aged out of Mended Little Hearts and are moving into adulthood. By combining the groups, we can bridge that gap.”

The combined chapter has around 60 MH members and another 55 members of MLH. The two groups hold monthly meetings together and everyone is invited to quarterly educational workshops.

“It’s so cool to see the Mended Hearts members coloring and playing with the Mended Little Hearts patients,” Sullivan says. “They may be separated by 50 years, but they’re all heart patients.”

Combining forces has a lot of practical benefits as well. MLH parents, for example, are often very eager to help and volunteer and are more active on social media, Sullivan says. On the other hand, MH members have a lot of life experiences — and hope — to share.

The chapter is underwritten by the Providence Healthcare Foundation of Eastern Washington, which provided its initial start-up grant in 2013. Today, the chapter organizes outreach programs with patients in cardiac rehab and provides discharge packets inviting them to join the chapter.

The group also builds its presence through relationships with doctors and nurses in the cardiac wing. Brochures for MH and MLH are at every nurse’s station and in the waiting rooms.

For Sullivan, it’s a labor of love.

She was approached by the Providence Healthcare Foundation after she and her daughter, Stephanie, shared their story at a local event. Ten years earlier, Stephanie had open-heart surgery to repair an atrial defect in the upper chambers of her heart.

“I spent the time before and after surgery feeling totally isolated — like I was the only one going through this,” says Sullivan. “When they asked us to found the chapter, I knew there was a piece missing with the emotional care of patients. All heart patients across the board need this. Combining the groups turned out to be an amazing thing with all of these extra benefits.” — Scotty Fletcher
GROUP SPOTLIGHT

MLH of Austin Makes Strides Deep in the Heart of Texas

Until recently, the big state of Texas was home to six Mended Little Hearts groups, though none of them in the state capital of Austin. This year, the musically rich city in Texas Hill Country has an MLH group to call its own.

Milagros, a group formed in the late 1990s at Dell Children’s Medical Center of Central Texas, reformed to become MLH Austin in January 2016. Co-chairs Catherine Case Larson and Dana Kirk introduced MLH to the hospital’s cardiology team, and “that was a transition the hospital agreed to make,” says Larson.

Since then, the group has been in a transition and growth phase, acquiring new members and expanding its services. It raises money for and creates Bravery Bags, which Dell Children’s Medical Center hands out to families of children with CHD. The group is finalizing plans to start its visiting program.

Once a month, MLH Austin hosts its “Second Saturday Social” family gathering and volunteer meeting. These casual get-togethers give parents the opportunity to talk about the ups and downs of raising a child with CHD while the kids get some playtime.

In October, Dell Children’s Regional Heart Center hosts CampRageous, a “superhero” weekend camp that’s also a MLH kids-only event. MLH Austin also participates in local, heart-centered events such as the Children’s Heart Foundation–Texas Chapter Congenital Heart Walk to get the word out about the new group.

The younger kids had a blast at MLH Austin’s Easter egg hunt, pool party, and roller skating outing. Larson says the group also plans to hold events geared toward young adults and preteens. “Some of the children have grown up,” she says. “And we have very committed families.”

As 2016 draws to a close, MLH Austin looks forward to continued growth and partnership with its local hospital. “Austin hasn’t had a Mended Little Hearts group for years,” says Larson. “We are all very excited about the change.”

— Heather R. Johnson

Catherine Case Larson, center, guards Devyn Kirk and Noah Hefta from the dark side at a recent MLH heart walk.
In Memory Of:
Douglas Vogt
Blum, Inc.
Glen McVay
Nancy Robson
Roy Geeliner, Sr.
Barbara Rifkin

In Honor/Recognition/Celebration Of:
Shannon Tucker
Bill Hansen

My Heart Beats For....
71st and Wicklow Neighborhood Family in memory of Glen McVay
Avvy Mar for Emily Budwig
Dr. and Mrs. William Benyak
Dr. Ann Smith for my family, Donna Michelle Smith and Don Smith
Dr. George L. Granger Ph D.
Dr. Phyllis and Leonard Jaffe
Mended Hearts Chapter #338
Mended Hearts Chapter #16
Mr. A. G. Tenpenny for my family
Mr. Abram Van Dover for everyone
Mr. and Mrs. Alan Tenenbaum
Mr. and Mrs. Arnold G. Pressman
Mr. and Mrs. Arthur LeDoux for my wife
Mr. and Mrs. Baba Sokan for me
Mr. and Mrs. Bill Dye
Mr. and Mrs. Bill Myers
Mr. and Mrs. Bob Lane
Mr. and Mrs. Bobby Woodward
Mr. and Mrs. Bruce Richardson
Mr. and Mrs. Bryan Veale for Eli
Mr. and Mrs. Carl Anderson
Mr. and Mrs. Clinton Walther for my wife, Marie
Mr. and Mrs. David Fields for Bonnie Fields
Mr. and Mrs. David Traylor for Dr. Chiwon Hahn, Henrico Doctors’ Hospital, Richmond, VA
Mr. and Mrs. Dennis Pettas
Mr. and Mrs. Dennis Rigney
Mr. and Mrs. Don Barrett
Mr. and Mrs. Ed Spohr for my brother
Mr. and Mrs. Edward A. Melville for life
Mr. and Mrs. Eli Fiss for me
Mr. and Mrs. Frank Adami
Mr. and Mrs. Frank Lindsey
Mr. and Mrs. Gary Cooper for Sammy Cooper
Mr. and Mrs. Harry Stegall for Dr. D. Cundey
Mr. and Mrs. Harry Sullivan for Harry D. Sullivan
Mr. and Mrs. Henry James
Mr. and Mrs. Herman Lieberman
Mr. and Mrs. Jack E. Hughes for us - Jack and Elaine Hughes
Mr. and Mrs. Jack Pontious for life
Mr. and Mrs. James Alexander for Jana Stewart
Mr. and Mrs. James Hughes in honor of Julie Reves
Mr. and Mrs. James J. Checkett
Mr. and Mrs. James James Wright
Mr. and Mrs. Jared Jackson for Mended Hearts Chapter #142 and in memory of George T. Gunter
Mr. and Mrs. Jerry Koudelka for my brother, Charles
Mr. and Mrs. John Burgoon for Caleb Mize
Mr. and Mrs. John F. Davis Jr.
Mr. and Mrs. John Giralamo for Gabriella
Mr. and Mrs. John Marchetti
Mr. and Mrs. John Scott for Benjamin
Mr. and Mrs. John Von Wald for Sophia
Mr. and Mrs. John W. Davis
Mr. and Mrs. Keith Chapman for my son, Davison
Mr. and Mrs. Kevin Reed for Nathaniel
Mr. and Mrs. Kirk Mangold for all heart patients and caregivers
Mr. and Mrs. Leonard Laisblain for 32 years of life
Mr. and Mrs. Marc Shaner for my family
Mr. and Mrs. Mark Turnquist for my son, Max Turnquist
Mr. and Mrs. Marshall Hoffman for me - Marshall Hoffman
Mr. and Mrs. Michael Kanczuker
Mr. and Mrs. Mohammad R. Habibi for life
Mr. and Mrs. Nathaniel Lavenda for my dear family
Mr. and Mrs. Neal Fix
Mr. and Mrs. Paul E. Traum for life
Mr. and Mrs. Paul Schirmer for all heart patients
Mr. and Mrs. Peter Rocco for George Shanks
Mr. and Mrs. Raymond Birdsall
Mr. and Mrs. Richard Schwartz for all the cardiac professionals that have devoted their lives to helping those with cardiac problems
Mr. and Mrs. Robert De Long for Hunter
Mr. and Mrs. Robert and Christine McGregor for my son
Mr. and Mrs. Robert L. Marienau for Robert
Mr. and Mrs. Robert Oberfield
Mr. and Mrs. Samuel Kaiser
Mr. and Mrs. Samuel McClary for Louise Graham
Mr. and Mrs. Seymour Bernstein
Mr. and Mrs. Stephen Hazen for Pamela Carter and the new one
Mr. and Mrs. Steve Hutcheson for our son, Dylan Hutcheson
Mr. and Mrs. Thomas P. Lipinski
Mr. and Mrs. Wilfred Schreifels
Mr. Art Curtis
Mr. Bill Voester for my great grandkids
Mr. Carl Wagner on behalf of my family, Jana Stewart. I knew there was something special about her when we were in sixth grade together.
Mr. Charles Suhor and Ms. Deborah Little in memory of Don Moore
Mr. Clarence C. Wolfe for my children and their children
Mr. Clayton B. Willis Jr.
Mr. Clayton Kilrain
Mr. Cornell L. Boudria for my husband and my brother-in-law
Mr. Danny Capozello for myself
Mr. Darld Brannon
Mr. Dave Belcher for life
Mr. Dewitt H. Ward
Mr. Donald W. Day for all heart patients
Mr. Donnell R. Dixon for Mended Hearts
Mr. Dov Zur for my surgeon, Dr. Nicholas Smedira
Mr. E. Bruce Mather
Mr. Edward Daly
Mr. Edward Melone
Mr. Elliot Schewel
Mr. Eric Martens
Mr. Everett J. Dean
Mr. Francisco Ho
Mr. Frank Messineo
Mr. Frederick Barrett
Mr. G. H. Littlefield for my friends and family
Mr. George Bogart for Dr. John Rhee
Mr. George Day for Charlotte Day
Mr. Gil Melendez and Ms. Penny Layman
Mr. Gordon Allen for Olivia Maserati
Mr. Greg Dorsey
Mr. Harold Kirschenbaum Pharm D.
Mr. Harry Nace
Mr. Harry Zimmerman
Mr. Howard Treshansky
Mr. Hubert Miazza
Mr. Ira Bornstein for gladness
Mr. Ira Bornstein for gladness at your good work!
Mr. Jack Zerobnick for my family
Mr. James E. Puryear
Mr. James H. Parker
Mr. James L. Bacchus
Mr. James M. Carter
VITALS

Mr. James M. Sharpe for Cathy
Mr. James R. Pagans
Mr. James T. Timidiaski for my future wife
Mr. Jeff M. Trenk for all my great doctors
Mr. Jerold Rosenthal
Mr. Jim Richardson
Mr. John A. for survival
Mr. John F. Matzelle
Mr. John Kaufman
Mr. John Maioran for my dad, Sam
Mr. John T. Naismith
Mr. Jonathan Crane
Mr. Joseph E. Sullivan
Mr. Joseph F. Peters
Mr. Joseph J. Nocella for Angelina M. Nocella
Mr. Joshua George for Brooklyn George
Mr. Kenneth Morgan
Mr. Kevin J. Montavon
Mr. Kris Krishnamoorthy for Paul Picklo, my wife’s dad
Mr. Lawrence Hahn
Mr. Lawrence Miller
Mr. Lawrence W. Rand
Mr. Leo A. Donath for Debbie, our daughter
Mr. Louis Kurkjian
Mr. Louis Zembeno
Mr. Marc Pomerleau
Mr. Mark Lichtman for my incredible wife, Odette, two unbelievable daughters, Nina and Shanna, the staff at Jersey Shore University Medical Center and Cardiac Rehab and Mended Hearts
Mr. Marshall Bozzi for Dolores Metcarpa
Mr. Michael Kolansky
Mr. Michael Mivelaz
Mr. Michael Nicastro for myself
Mr. Michael R. Campbell
Mr. Monroe Jacobson for my brother, Stephen
Mr. Neal Mitchell
Mr. Norman Brabec
Mr. Norman Owen for my caring wife, Sandra
Mr. Patrick Timlin for my daughter and family
Mr. Peter Conzemius for Jack
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Mr. Robert L. Booth for life
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Mr. Sam Cardillo
Mr. Sam Malizia
Mr. Sandy Ficican
Mr. Stephen Ruediger
Mr. Terry Auoff
Mr. Thomas G. Dibble for my six kids
Mr. Walter G. Thorne for Michele
Mr. Wayne Shivers for Dr. John Puskas
Mr. William McCollum
Mr. William D. Caddell
Mr. William F. Rossi
Mr. William Goodwin
Mr. William J. Farr for Dr. Manesh Thomas, Interventional Cardiologist at the Cape Fear Valley Health, Fayetteville, NC
Mr. William Schwartz
Mr. and Mrs. William Goellner
Mrs. Alice Ochital for Manny Ochital
Mrs. Barbara Orlando for the Landmark Medical Center Woonsocket Unit
Mrs. Claire Portetto in memory of Frank Portetto, Sr.
Mrs. Dorothy Harp for Tom Harp
Mrs. Dorothy Pauli in memory of Daniel Pauli and in honor of anyone with heart problems
Mrs. Eva Mooney for the Lexington, KY chapter and in honor of Jean (Gloria) Richardson
Mrs. Gail Sulman for my Cleveland Clinic heart doctors - Hepler, Cosgrove and Thou
Mrs. Gene E. Williams for me
Mrs. Glenda Stanko for Stephen J. Stanko, husband and life long supporter of Mended Hearts
Mrs. James W. Duggett, Jr. for all
Mrs. Judy Hladik for my husband, Peter
Mrs. Kristin Cowgill for Ethan
Mrs. Leila Pomerantz
Mrs. Leila Humphrey
Mrs. Maria DeFrancisci
Mrs. Mary Ann Wary in memory of my beloved husband
Mrs. Mary L. Barnes
Mrs. Mary Swoope
Mrs. Pauline R. Ferreri for Rose and Wilfred Brulatte
Mrs. Ruth Bailey for Edgar Bailey
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Ms. Barbara Windmeyer
Ms. Becky Newberry for my friends in Mended Hearts Chapter #380
Ms. Betsy Ann L. Price for Wallace Price
Ms. Cara Weiner
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Ms. Carolyn Wilkin for myself to take care of my family
Ms. Cindy M. Tabor for Cindy
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Ms. Grace A. Hamilton for myself
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Ms. Jo L. Cristian for my mother and father, Bert and Myrtle Hendrickson
Ms. Karen Smith for Steve
Ms. Kristen Bertram for myself for helping others
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Patrick Congdon

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Historical Hearts

Chapter Anniversaries: Sept/Oct 2016

45 Years
- Valley of the Sun, Phoenix, AZ — Chapter 68 — Rocky Mountain Region

40 Years
- Northeast Mississippi, Tupelo, MS — Chapter 97 — Southern Region

35 Years
- Virginia Peninsula, Newport News, VA — Chapter 119 — Mid-Atlantic Region

30 Years
- Mended Hearts of Delaware, Newark, DE — Chapter 198 — Mid-Atlantic Region

10 Years
- First Town Mended Hearts, Lewes, DE — Chapter 344 — Mid-Atlantic Region
- Mad River, Springfield, OH — Chapter 342 — Central Region

5 Years
- Tampa Mended Hearts, Tampa, FL — Chapter 377 — Southern Region


5 Years
- Mended Little Hearts of Asheville, NC — Mid-Atlantic Region
- Mended Little Hearts of Syracuse, Syracuse, NY — Northeast Region

In Memory Of:
Beckham Meierdirk
Mr. Edwin Norris
Douglas Vogt
Ms. Jodi Lewis
Glen McVay
The Saturday Morning Golf Gang
Milo Joseph Sisaithong
Denise Sterzel
The Richmond City Department of Social Services CQI Unit
Stanley Weber
Robert Case

In Honor/Recognition/Celebration Of:
Harper Grace
Cari Raybourn
J. Links Granddaughter
Rebecca LeRoy
Jonathan Ball
Robert Petersen
Landon Perkins — as a gift to Evie Grace and Tucker Moore for their 2nd Birthday
Kathryn Koppanyi
Leighton Chen
David Smock
Lucy Neighbors
Evie Proctor
Sadie and Mia Brown’s 1st Birthday
Rick and Joyce Brown
Shawn Connolly’s 2nd Birthday
Asel Connolly
Christopher McCormick
Jacinda Smith
Sandra Connolly
The Greene Family

2016 CHD Symposium:
Mended Little Hearts of Bakersfield, CA
Mended Little Hearts of Chicago, IL
Mended Little Hearts of Milwaukee, WI

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Harper Grace
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Jacinda Smith
Sandra Connolly
The Greene Family

2016 CHD Symposium:
Mended Little Hearts of Bakersfield, CA
Mended Little Hearts of Chicago, IL
Mended Little Hearts of Milwaukee, WI

General Donations:
Carol J. Gayden
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In 2016, the Mended Hearts National Education and Training Conference will be “on the road” in six locations across the United States. With multiple locations, the conference will reach more heart patients, caregivers and families than ever. We hope you’ll save the date and join us in this exciting journey as we gather across the U.S. Check our website, www.mendedhearts.org, for details.

Mended Hearts gratefully acknowledges the support of our conference sponsors: