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# American Journal of Preventive Cardiology

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ASPC President's Message

## ASPC President's Page: Advancing and Refining Cardiovascular Disease Prevention



### 1. AJPC Highlights

As health care professionals, we are facing truly remarkable new challenges as evidenced by the COVID-19 pandemic, practice constraints imposed by government and managed care organizations, progressive vertical integration of ever more massive health care systems, and frequent inability to institute appropriate pharmacologic and other therapies due to cost, among other issues. It is astonishing that in many ways we are hindered and discouraged from being able to practice state of the art medicine because of cost, access, and sociodemographic issues. It is disappointing, though not entirely surprising, that cardiovascular mortality has reached an inflection point and is now on the rise once again. There are certainly many forces that have produced the current state of affairs. But we must also shoulder some of the blame. As shown by Baum et al. in this issue of the AJPC, lipid lowering therapy (a mainstay for cardiovascular disease prevention and progression) is severely under-utilized throughout the United States [1]. Even when indicated, adjuvant lipid lowering with nonstatins are profoundly under-utilized, leaving patients vulnerable to disease progression and acute cardiovascular events. The ASPC and its members must play a major role in sounding the alarm on these patterns of both non-use and under-use in order to help health care providers understand the critical need to more appropriately apply lipid guidelines in their practice and help to reduce both health care disparities and the rising incidence of cardiovascular events and mortality. I urge ASPC members to bring greater attention to this issue at their respective institutions. In this very important and fundamental area of dyslipidemia management we are clearly failing as a nation.

Cardiovascular imaging is an area that is experiencing furiously rapid development and improved utility. The use of coronary calcium scores have improved our ability to estimate cardiovascular risk and have become something of a crystal ball. These scans are now available at nominal cost (and sometimes provided at no cost at numerous major hospitals), making them widely utilized to ascertain the presence of calcified atherosclerotic plaques, often years before disease becomes clinically apparent. This insight offers patients significant therapeutic advantage. Magnetic resonance imaging, computed tomography imaging, various forms of ultrasonography, and positron emission tomography imaging, among other imaging modalities, have revolutionized our ability to make rapid diagnoses of cardiovascular structural and functional abnormalities. In this issue of the AJPC, Bays et al. provide an up to date and insightful overview of the most important aspects of cardiovascular imaging [2]. All clinicians with a focus on cardiovascular disease prevention will find this to be a rigorous and practical overview of the field. This is knowledge that can be immediately implemented to beneficial effect in clinical practice.

The AJPC is experiencing a rapid increase in submission of high quality manuscripts addressing a wide spectrum of issues in preventive cardiology. Drs. Michos and Wong and the Elsevier staff are working very hard to insure that the journal is included in the major biomedical indices such as PubMed, Medline, EMBASE, etc. Once this occurs, all papers published in AJPC from its inception date will be included within the various indexing services.

### 2. Experts Course

The ASPC Experts Course will be taught live 24-25 September 2021 at the Cosmopolitan Hotel in Las Vegas, Nevada. Consistent with the recent Centers for Disease Control advisory that it is safe for persons fully vaccinated against COVID-19 to travel, we believe our members will be eager to participate in a live educational offering. The course will include 25 one-half hour lectures spanning the entire spectrum of preventive cardiology. All attendees will receive a copy of the textbook for the course (ASPC Manual of Preventive Cardiology; Wong, Amsterdam, and Toth, eds. 2nd edition. Springer 2021). It will be great to see members and colleagues live once again instead of through a computer screen. I know with certainty that many of us miss interacting with one another up front and in person. Faculty will be available throughout the meeting to interact with attendees and answer questions. The Cosmopolitan is a beautiful facility and a reasonably priced one. Encourage your colleagues to attend.

### 3. Certification Process

The ASPC is working diligently under the leadership of Drs. Seth Baum and Stephen Kopecky to develop comprehensive criteria in order to provide added certification in cardiovascular disease prevention. In addition to various forms of CME and attending the Experts Course, applicants will have to complete a comprehensive self-assessment program as well as take and pass a certifying examination. The examination will be developed and validated in collaboration with a prominent national testing service.

We are currently developing the self-assessment program (ASPC Self Assessment Program in Preventive Cardiology) and it will be published by Springer as a companion volume to the ASPC Manual of Preventive Cardiology. This will include approximately 300 questions. Each question will be provided with an explanation of why an answer is correct and the remaining possibilities incorrect. This will be a large undertaking. If any ASPC members would like to participate in this project, please email me at [peter.toth@cghmc.com](mailto:peter.toth@cghmc.com). We will ask volunteers to prepare three such questions. All volunteers will be provided with appropriate

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training in both question writing and on providing a detailed, yet succinct, summary explaining why a specific answer is correct or incorrect.

#### 4. Get Involved

Remember, the ASPC is your professional home. Get involved. If you want to get involved, tell us. Interested in one of the Working Groups, or want to start a new Working Group? Tell us. Interested in becoming part of a committee? Do you have an idea for helping to develop a Clinical Practice Statement, please tell us. We want to make sure the ASPC helps you develop your interests, academic goals, and clinical aspirations.

Peter P. Toth, MD, PhD  
CGH Medical Center, Sterling, IL, USA  
Cicarrone Center for the Prevention of Cardiovascular Disease, Johns  
Hopkins University School of Medicine, Baltimore, MD, USA, Tel: (815)  
632-5366

E-mail address: [peter.toth@cghmc.com](mailto:peter.toth@cghmc.com)

#### References

- [1] Baum SJ, Rane PB, Nunna S, et al. Geographic variations in lipid-lowering therapy utilization, LDL-C levels, and proportion retrospectively meeting the ACC/AHA very high-risk criteria in a real-world population of patients with major atherosclerotic cardiovascular disease events in the United States. *American Journal of Preventive Cardiology* 2021;6:100177.
- [2] Bays HE, Khera A, Blaha MJ, Budoff MJ, Toth PP. Ten Things to Know About Ten Imaging Studies: A Preventive Cardiology Perspective ("ASPC Top Ten Imaging"). *American Journal of Preventive Cardiology* 2021:100176.