Heart Research UK

Pulse

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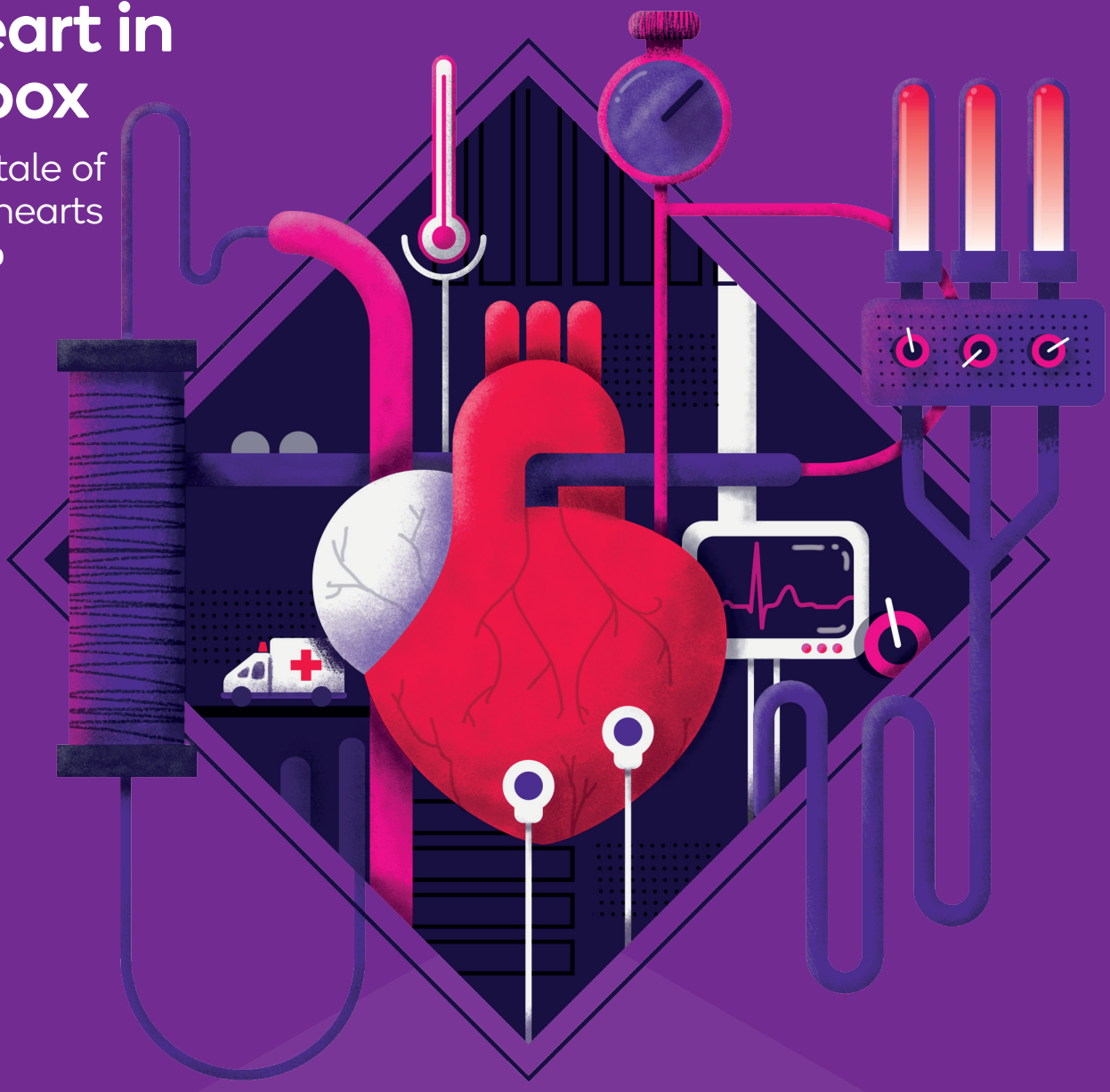

Barbara Harpham, Chief Executive

I am delighted to welcome you to our brand new Pulse magazine, revamped, redesigned and rethought with you in mind.

We want to keep you up to date with what we're up to, how we're spending the money you raise for us, our pioneering medical research and how we invest in communities to help prevent heart disease. You might have noticed we look a bit different too, we updated our logo and colours to help us stand out from the crowd.

In this issue you'll meet the man who made it all possible, our Founder, Mr Watson; Professor Julian Gunn, who makes sure we're funding the best possible research projects; and finally one of our fabulous supporters, Bess Fox, who literally bent over backwards to raise money for Heart Research UK.

Did you spot the heart in a box on our front cover? A truly life changing piece of equipment we are thrilled to have funded, find out more in this issue's feature story.

We're proud to be not like other charities, we never stop you in the street, knock on your door or phone you to ask for money. We simply treat you how we would like to be treated. Everything we achieve is thanks to the generosity and time of our supporters and we certainly don't take that for granted. Thank you from me and the whole team at Heart Research UK.

Enjoy the magazine and let us know what you think.

Barbara

hello

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Here at Heart Research UK we like to spend your money wisely. Sponsorship of Pulse means that we can spend more money on research. We'd like to say a **HUGE THANK YOU** to **FISH INSURANCE** for sponsoring this edition. If you'd like to hear more about options for sponsorship please contact Isabel at **corporate@heartresearch.org.uk**

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Leading the way

In our latest grant rounds, we awarded more than £460,000 for Novel and Emerging Technologies (NET) Grants and over £795,000 for Translational Research Project (TRP) Grants.

Our NET Grants give researchers the unique opportunity to develop new and innovative technologies to diagnose, treat and prevent heart disease while our TRP Grants aim to bridge the gap between scientific research and patient care, bringing about clinical benefits in the most efficient way.

£192,908

Developing a new imaging method to study blood supply to a thickened heart

Dr Erica Dall'Armellina
University of Leeds
24 months

The problem
Small blood vessels in the heart deliver oxygen-rich blood to the heart muscle. However, in hypertrophic cardiomyopathy (HCM), the muscular wall of the heart becomes thickened, making the heart muscle stiff and preventing the small vessels from delivering enough blood.

The project
The aim is to develop a new cardiac magnetic resonance method to assess how the blood supply is affected by the disarray of the microstructure in heart patients.

The team will test it on healthy volunteers and HCM patients to measure how well the heart muscle is supplied with blood and how this correlates with thickness of the heart muscle or amount of scar tissue.

The benefits
It may benefit patients with HCM and other types of heart disease by helping to treat the conditions early and avoid serious consequences.

£29,980

Developing a new blood test to identify high-risk patients following treatment for a heart attack

Prof Ioakim Spyridopoulos
Newcastle University
6 months

The problem
A heart attack is usually caused by blockage of a coronary artery and coronary angioplasty and stenting is used to re-open the blocked artery. However, some patients who undergo this procedure are at risk of developing heart failure in the future which may be because the blood flow to the heart muscle has not been restored.

The project
This team has discovered very small molecules, called microRNAs, that may be useful as 'biomarkers' to predict which patients are at future high risk. The aim is to develop a blood test which measures the microRNAs, to identify at-risk patients.

The benefits
A new and affordable blood test may help doctors to identify which patients are at higher risk of developing heart failure so that they can be closely monitored or given further treatments.

£238,762

Next generation diagnosis of coronary heart disease using 'deep learning'

Dr Jack Lee
King's College London
36 months

The problem
Coronary heart disease (CHD) is where the coronary arteries that supply the heart muscle with blood become narrowed by a gradual build-up of fatty material. This can lead to angina and heart attacks. Measuring the pressure drop across the coronary artery narrowing is an accurate way of deciding the best treatment. However, this involves risks to the patient, extra time and cost.

The project
Using advanced computing processes, the aim is to develop a technique which allows the pressure drop across the coronary artery narrowing to be calculated from angiography images. Angiography is the conventional method for looking at the coronary arteries.

The benefits
This research may develop a test to assess coronary artery narrowings with reduced risk and less discomfort for patients which could help doctors decide on the best treatment for CHD.

New Masterclasses announced

We like to do things differently and our unique Masterclasses do exactly that.

Our Masterclasses give clinicians, nurses, physiotherapists and health professionals the opportunity to gain new skills, knowledge and hands-on experience. Using the latest techniques and led by the leading experts in that field, these Masterclasses enable us to provide more heart patients from across the UK with the latest developments and advances in care.

We are delighted to announce that this year we are planning the following Masterclasses:

October Masterclass
'Minimal Access' Surgery on Mitral Valve and Aortic Valve, Root and Ascending Aorta.

Location: West Midlands Surgical Training Centre, Coventry
Date: Monday 15 – Tuesday 16 October
Course Director: Professor Aung Oo of Barts Heart Centre.

November Masterclass
Surgery for Acute Aortic Dissection.

Location: Keele University
Date: Friday 23 November
Course Director: Miss Deborah Harrington of Liverpool Heart and Chest Hospital

For more information, visit: **www.heartresearch.org.uk/research/masterclass**

Using biological gases to control abnormal heart rhythms

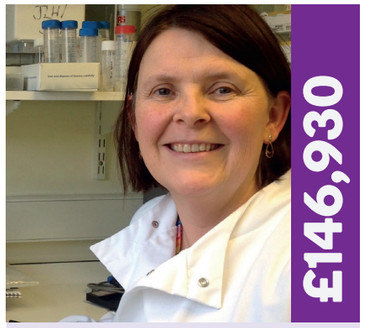
Prof Derek Steele
University of Leeds
24 months

The problem
Beating of the heart is controlled by opening and closing of 'ion channels' which allow particles, called ions, to move in and out of the cells. If disrupted, the resulting abnormal rhythms, called arrhythmias, may prevent the heart from pumping effectively.

The project
Cells of the body naturally produce gases including carbon monoxide and hydrogen sulfide, which have roles in controlling normal processes within cells.

The aim is to understand how a particular ion channel is regulated by these gases. The team will manipulate production of the gases within cells and see how this affects the ion channel, under normal conditions and those which mimic arrhythmias.

The benefits
The project will tell us whether drugs which increase the formation of these biological gases can prevent disruption of the ion channel, which may lead to new treatments for arrhythmias.



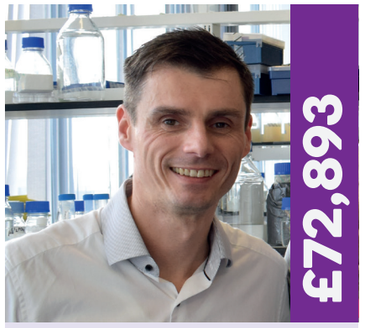
Reducing vein graft failure following heart bypass surgery

Prof Sarah George
University of Bristol
24 months

The problem
A treatment for heart attack is heart bypass surgery which uses sections of vein from the patient's leg to bypass the blocked coronary artery. Unfortunately, these vein grafts suffer from high failure rates which means that some patients will go on to experience recurrent angina or heart attacks, and need further operations.

The project
Vein graft failure is caused by increased activity of cells within the vein graft which causes thickening of the inner layer of the vein. This project will study a protein to see if it can reduce over-activity of cells within the vein and graft thickening, without harmful effects on the blood vessel wall.

The benefits
This may lead to a new treatment to prevent vein graft failure which could improve the outcome of heart bypass surgery and reduce the need for surgery to be repeated.



Investigating the role of the 'basement membrane' in heart disease

Dr Tom Van Agtmael
University of Glasgow
36 months

The problem
Better understanding of how heart function is controlled will help in the development of new treatments. This project aims to understand more about the role of the 'basement membrane' in heart biology and in the development of heart defects.

The project
A major component of the basement membrane is collagen and the team has shown that mutations in collagen lead to defects in the structure and function of the heart. This may lead to defects including the formation of scar tissue in the heart, which is linked with heart failure.

They also plan to test whether a drug treatment can prevent or reduce the severity of heart defects due to collagen mutations.

The benefits
This project could lead to development of new treatments for heart conditions such as cardiomyopathy, heart failure and damage following heart attack.

Could UDCA be a new antifibrotic therapy for chronic heart failure?

Prof Julia Gorelik
Imperial College London
24 months

The problem
A heart attack is usually caused by blockage of a coronary artery which may result in permanent damage to the heart muscle. After the onset of damage, repair starts and special cells appear which form scar tissue.

The project
The aim is to test whether a drug, called UDCA, can reduce scarring of the heart. The team will use donated human heart tissue, treat the samples with UDCA in the lab and compare signs of fibrosis in tissue from healthy and failing hearts.

Also, a small trial with UDCA will be carried out involving patients with chronic heart failure, who have extensive fibrosis in their hearts.

The benefits
The findings will show whether UDCA can reduce fibrosis in the heart and therefore has potential as a protective treatment in heart failure patients.

Studying how DNA is expressed in diseased hearts

This is a new regional grant award for Northern Ireland

Dr Chris Watson
Queen's University Belfast
24 months

The problem
Coronary heart disease (CHD) is the UK's biggest single killer. Understanding the disease processes involved is key to development of new drug treatments and diagnostic tests, and monitoring how well treatments are working.

The project
This project will study 'DNA methylation' – a process that affects how your genetic code is activated or 'expressed'. The aim is to better understand the DNA methylation pattern in the heart and link this to how CHD develops and becomes worse. The team will examine human heart tissue from patients with CHD and study the DNA methylation and how this relates to disease.

The benefits
If successful, the findings may ultimately help to improve the lives of patients through improved treatment, care strategies and survival.

A new treatment to prevent kidney damage in people undergoing angiography

Prof Amrita Ahluwalia
William Harvey Research Institute
36 months

The problem
Coronary angiography is a type of x-ray test to look at the coronary arteries in the heart which can help in the diagnosis and treatment of a number of heart conditions.

During angiography, a special dye is injected which allows the blood vessels to show up, but a potential harmful complication is acute kidney damage.

The project
The dye may cause kidney damage by reducing levels of nitric oxide (NO) in the kidneys. This project will test whether dietary nitrate, abundant in vegetables, can replace NO in the kidneys and prevent kidney damage in patients undergoing angiography.

The benefits
If successful, the benefits to patients with heart disease would be substantial, with reduced rates of kidney damage, less need for treatments such as dialysis and better long term survival.

For more information about any of our research grants, visit **heartresearch.org.uk/research/medical**

Coffee with... Professor Julian Gunn

Professor Julian Gunn recently joined our Novel and Emerging Technologies (NET) Medical Review Panel. The panel assesses the grant applications and advises the Charity on which to award. Julian is Professor of Interventional Cardiology at the University of Sheffield and a Consultant Cardiologist at Sheffield Teaching Hospitals NHS Foundation Trust.

What made you choose your career?
I was a junior hospital doctor working for Dr Roger Boyle at York, long before he became Heart 'Tsar'. He was an inspirational physician, cardiologist and teacher. I then learned all about angioplasty (balloons and stents) from Dr David Cumberland at Sheffield – a brilliant, wise and innovative man.

What are you currently working on and what could it achieve?
Computational models of blood flow from images of the arteries in the heart. It can help work out when a patient with coronary artery disease needs treatment, avoiding unnecessary interventions and complications, and making sure everyone receives the right treatment.

How would you describe your day job to a child?
Being the best plumber to call when the pipes in a patient's heart need mending.

If we're sitting here in the future celebrating, what did you achieve?
Helping improve the quality of life of patients with chest pains.

If you could switch jobs with someone, who would it be?
Edd China. For those of you who don't know him, he's a car mechanic and motor expert who presents on television. I'm a big fan.

What is your guilty pleasure?
Saucisson sec. I know, not a typical guilty pleasure, but trust me it's delicious. It's a dry-cured sausage which originates from France. Think salami but so much better. And personally speaking, the harder and more mature, the better it tastes.

What would be your superpower?
Invisibility, so I could escape quietly.

We finish the interview and you step outside the office and find a lottery ticket that ends up winning £10 million. What would you do?
Find the owner, unfortunately.

What is your role for Heart Research UK?
I am on the NET grants panel. I'm the newbie on the panel, so this has been my first year.

In basic terms, we are the scientific advisors. Each year, Heart Research UK receives written outlines from researchers from across the UK and this year we had 35 outlines. We then asked 18 applicants to submit full written applications – our job is to review them – and we then whittled them down to the top five applications. The whole panel then met together and the applicants presented their proposals.

It's fascinating, I've thoroughly enjoyed the whole process and the best part is we've been able to award three projects with funding. The exciting bit now is waiting to see what they discover.

If you were Prime Minister for the day what would you do about research?
Guarantee its funding as a % of the healthcare budget.

Tell me one thing about you that people would be surprised to learn?
I am an organist. That is someone who plays the organ, not an enthusiast for body parts or growing vegetables.

Help us shape the future of heart research

We are committed to giving people affected by heart surgery the chance to have their voice heard. We want to hear what matters to you, what do you wish we knew more about?

What is it all about?
The Heart Surgery Priority Setting Partnership (PSP), is a collaboration between the University of Leicester and the James Lind Alliance, funded by Heart Research UK.

The aim of the Heart Surgery PSP is to identify the top 10 unanswered questions about adult heart surgery from patients, carers and healthcare professionals.

Why are we doing this?
We want to ensure that everyone who funds heart surgery is aware of what really matters to both patients and clinicians. These questions could help with the progression of modern medicine and be to the benefit of patients.

How does it work?
It's simple. The national survey is live now to collect questions about heart surgery. It could be about prevention of heart disease, care of people undergoing heart surgery, or diagnosis and treatment.

Over the coming months these will be worked through and ultimately we will end up with our top 10 priorities.

What will Heart Research UK do with the results?
Your top priorities will help us decide what research to fund in the future. We will also make sure other heart surgery funders know how important these priorities are. This way we can make sure future research is going to give us the best possible outcomes and ensure that research is relevant to people dealing with heart surgery every day.

How to get involved
Have your say, we need to know what you think. We are asking past and present heart surgery patients, their friends, families and healthcare professionals to complete the survey. In fact anyone with an interest in improving healthcare for heart surgery patients can get involved.

Please complete the survey online and be a part of future research. Visit **https://bit.ly/2tLKSyz**

HEART SURGERY PRIORITY SETTING PARTNERSHIP

James Lind Alliance
Priority Setting Partnerships

UNIVERSITY OF LEICESTER

Project update

Developing new imaging techniques for coronary heart disease

Dr Richard Siow
Kings' College London
24 months
£190,877

This project involved an advanced imaging technique called positron emission tomography (PET) and studied a new 'probe' which may be useful in imaging human heart and blood vessel cells.

Key research findings from the project
- Showed that a chemical used in cancer imaging can protect heart muscle and blood vessel cells from damage
- Highlighted the importance of studying cardiovascular cells at the correct oxygen levels in the lab using an oxygen-regulated workstation

In more detail
An exciting finding was that the PET imaging compound had 'cardioprotective' effects. This compound has already been shown to protect against degenerative conditions of the brain and an early clinical trial is taking place in Australia to test it as a treatment for motor neurone disease. In this Heart Research UK-funded study, Dr Siow and his team showed, for the first time, that the compound also protects heart muscle and blood vessel cells from damaging processes, called oxidative stress, that contribute to heart disease.

Importantly, they also studied the behaviour of cardiovascular cells when exposed to different oxygen levels in the lab. Most scientific studies take place in room air which means that cells are exposed to higher oxygen levels than in the body. Using a special oxygen-regulated workstation, purchased with Heart Research UK funding (pictured), this research highlights the importance of maintaining the correct biological oxygen levels when studying cardiovascular cells in the lab, to reflect lifelike conditions.

Image Helen Wilson, Head of Research at Heart Research UK and Dr. Richard Siow with an oxygen-regulated workstation

Help tomorrow's hearts, today

Over half of our work is funded by people who decide to leave Heart Research UK a gift in their Will. One of these people is Margaret Watson who sadly passed away in September last year. We don't always know why we have been chosen to receive a gift, but when we do the story is always so inspiring, and Margaret's is no different.

Margaret chose to support Heart Research UK because she understood the need for research into medical conditions. In 1948, she was part of the team who established the NHS, which this year celebrates its 70th birthday. She worked in the NHS for over 30 years until she retired in 1979.

Then, in 2006 Margaret's great – nephew was born with Tetralogy of Fallot which is a congenital heart condition.

In 2007, when only a year old he had open heart surgery at the Leeds General Infirmary children's heart unit. In 2015 he then had to have further heart surgery to replace a leaking heart valve.

Margaret was in awe of what could be and had been achieved with the surgery. She was equally impressed with the skill of the surgeons and nursing staff. This intervention greatly improved the quality of life of her great–nephew, who is now a fit and healthy 12 year old. In fact without surgery he would not be here today.

Her family says, "Auntie Margaret understood and embodied duty, responsibility, sacrifice and hard work. She could be formidable, yet she was loving, kind and generous. By no means was Margaret a wealthy woman but she supported many causes during her life, and now in death continues to do so with her legacies."

Thanks to Margaret's generosity, along with everyone else who has left a gift in their Will, we are able to continue our work into the prevention, treatment and cure of heart disease.

To find out more about leaving a gift in your Will to Heart Research UK, email Abi at giftsinwills@heartresearch.org.uk

What we're doing about congenital heart disease

We are currently investigating a way to build life-like blood vessels to treat congenital heart disease. These 'living grafts' would grow with the child and remove the need for multiple operations as they get older.

How we're training the experts of tomorrow.

We invest in the education of surgeons, like those who treated Margaret's great–nephew, we help fill in gaps in training, showcase new methods and give world-leading surgeons the opportunity to pass on their expertise.

Our thanks to everyone who has left a gift in their Will to Heart Research UK and to those who have remembered their loved ones through donations in their memory.

Abdul Wahid Rehman • Angela Brooke • Barbara Holyland • Barry Edmonds • Betty Fox • Brian Clough • Bryan Thomas • Bryan Walton • Cheryl Hamilton • Christine Cromack • Christopher Fyans • Colin Landymore • Cyril Grange • Daisy Davies • David Hill • David Newman • David Stringer • Derek Smith • Dominic Kelly • Dorothy Bourne • Dorothy Constandinou-Pittaras • Dorothy Seager • Elsie Copley • Elsie Standerline • Ethel Maude Gardner • Frances Humphries • Geoffrey Duke • Gillian Lawton • Gladys May Mitchell • Henry Alexander Bell • Ian Anderson • Jacqueline Foley • James Arthur Barnes • James Barrie Shaw • James Shaw • Jane Jeffrey • Janet Lord • Janet Williams • Jean Hudson • Jean Pearson • Jeffrey Williamson • John Anthony Shilcock • John Devaney • John Jowitt • John Phillips • Joyce Gowans • June Barratt • Justine Barringer • K Clay • Kathleen Wesbury • Kenneth Davies • Kevin Speck • Leonard Fraser • Linda Kathleen Freeman • Margaret Watson • Marjoire Horgan • Marlene Vera West • Martyn Shaw • Mary Green • Mary Nolan • Michael O'Donnell • Mollie Cass • Monica Brown • Mr Haigh • Mr Johnson • Mr Nash • Mrs Hackney • Muriel Cakebread • Muriel Kirby • Noel Bernard D'cruze • Olive Jeremy • Pat Deverall • Peter Lancaster • Peter Lawton • Phil Hawgood • Phillip Jones • Ray Coggan • Robert Claude • Robert Ewart • Rory McClelland • Rose Winterton • Sheila Mary Wilkins • Simon William Lyons • Stephen Paul Garey • Stephen Whiting • Steve Hogg • Susan Willis • Terry Sirdifield • Thomas Murry Naylor • Louise Tomlinson

Barry Edmonds

John Devaney

Justine Barringer

Phil Hawgood

Kenneth Davies

Road trip: we travel to see what Heart Research UK is funding

Two members of our Fundraising team, Fran and Rachel, travelled north to Glasgow, to meet the next generation of researchers. Here they tell us how they got on.

As fundraisers, our job is to support people and to create innovative campaigns to raise money for Heart Research UK. But it's not often we get to see first-hand how that money is being spent.

So when we were offered the chance to visit two of our recently funded PhD students in Scotland, we jumped at the chance.

We didn't know what to expect when we first arrived at the University of Glasgow to see Dr Tom Van Agtmael, a senior lecturer, and Erin, the first of two students we were meeting that day.

Both were so friendly and welcoming. As we walked to the lab, Erin explained the project that Heart Research UK is funding.

"I'm looking at collagen but not the collagen you are probably thinking of; this isn't cosmetic surgery or face cream!

"The tissues in our hearts are made up of cells. They are surrounded by a material called the extracellular matrix. Within this matrix is something called the basement membrane which surrounds the muscle cells of the heart. Collagen is one the key components of this membrane.

"For us this is the exciting bit – we know that small changes in collagen (called mutations) cause defects which can affect the structure and function of the heart. I'm going to be testing whether we can prevent or reduce the severity of the effects on the heart due to these collagen mutations."

Erin's enthusiasm for her work and studies was contagious. She's a young, confident student – we're sure she'll have a bright future.

She told us how she was born and raised within just a few miles of the university and is now studying there. "It's amazing how these things work out", she said with a smile.

As we got to the lab, Erin pointed out some of the equipment she was using. We haven't been in a lab since school. Would you believe there wasn't a Bunsen burner in sight?!

What there was, though, was lots of advanced machines (don't ask us what most of them do!), blinking lights and test tubes with multi-coloured liquids – so different from our desks back in the office.

It was great to learn that the money raised by our fundraisers and supporters, however large or small, helps pay for everything from large, sophisticated machines to test tubes and pipettes. It really shows you that any and all donations are worth it as without them, students like Erin wouldn't be able to carry out their research.

Feeling quite at ease in our new lab surroundings, we were quite reluctant to leave and hand our lab coats back but we needed to head off to meet Richard, the second student Heart Research UK is funding in Glasgow.

Richard studies at Glasgow Caledonian University. We drove the short distance across the city and met Richard and Professor Annette Graham, who supervises his studies.

"It's a tongue-twister", Richard says, "but we're studying a disease called atherosclerosis. This is actually the underlying cause of both coronary heart disease and stroke.

"Atherosclerosis involves the build-up of fatty deposits in the walls of major arteries. Recent evidence suggests that a class of small molecules called microRNAs controls the activity of genes that are involved in different processes within the human body.

"What we're trying to do is to investigate microRNAs further to see whether they can be altered to prevent or even reverse atherosclerosis.

"Their knowledge and passion for advancing medical research makes us feel excited about what the future holds."

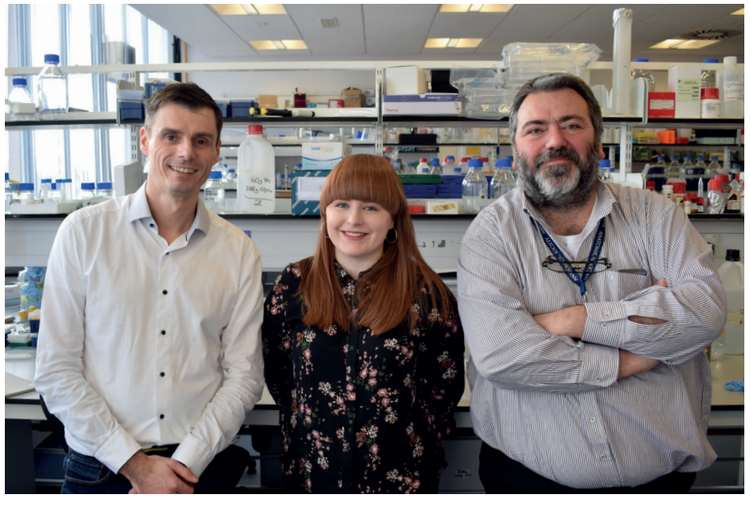


Image Professor Annette Graham, Fran and Richard Lightbody (left to right, top). Dr Tom Van Agtmael, Erin Boland and Professor Fabio Quondamatteo (left to right, bottom)

"Despite fewer people dying from cardiovascular diseases over the last two decades, coronary heart disease and stroke are still major causes of death in the UK. Glasgow has the highest premature death rate from cardiovascular disease in the UK.

"That's why I'm so passionate to study here in Glasgow."

What surprised us is not only how well Richard, and Erin, explain their projects but also how passionate they are when speaking about the work they're involved in.

Both Erin and Richard are incredibly invested, enthusiastic and knowledgeable. Their knowledge and passion for advancing medical research makes us feel excited about what the future holds for the prevention, treatment and cure of heart disease.

It was a wonderful experience to get out and see where the money our supporters raise actually goes and to hear about which patients it could potentially benefit in the future. It was beyond our expectations. We came away feeling so inspired and positive.

The icing on the cake was when Erin showed us part of the university that inspired JK Rowling's Hogwarts. We both came away that day believing a little bit more in the magic of research.

Through our charity partnership with Subway®, we fund Healthy Heart Grants across the UK to inspire and motivate communities to live healthier, happier and longer lives.

So far this year we have awarded eight new Heart Research UK and Subway® Healthy Heart Grants, here is what they are aiming to achieve:

YORKSHIRE
Ravenscliffe Community Association: Hearty Beat Programmes (£10,000)

This project provides adults in deprived areas of East Bradford a programme of exercise and healthy eating through GP referrals. The programme aims to reduce heart disease risk through cooking, educational workshops, 1 – 1 behavioural coaching and regular physical activity.

A weekly peer-led support group will provide personalised actions and will be accompanied by a 'Beat it' maintenance plan to provide long term support.

HTV
Swindon Fencing Club: Healthier Futures (£10,000)

Using the exciting sport of sword fencing, more than 1,800 primary school children will gain the confidence, knowledge and skills to get away from sedentary activities and into active sport. They will learn the benefits of a healthy heart and be encouraged to complete healthy lifestyle challenges as part of their skill development plan. Learning important balance and co-ordination skills at this age will raise aspirations, giving them the confidence to pursue an active lifestyle beyond their school years.

WALES
Rhondda Netball: Rascals & Back to Netball (£5,500)

This programme aims to break the barriers of gender inequality with sports in Rhondda. Girls aged 4 – 7 years will be able to access netball through subsidised and tailor-made classes for little hands and little hearts, while women over 40-years-old, who might not have played sport since school, will be encouraged to get involved again, develop new friendships and become more active.

NORTHERN IRELAND
Friends of St Brigid's Primary School Association: Brighter Futures (£10,000)

A diverse and engaging programme of heart healthy activities for the whole rural community of Coalisland. The project will include a two week summer healthy heart camp for 4 – 11 year olds. 'Generation Games' will target the whole community and will involve a family health day and taster sessions for different sports. Parents will be invited to take part in children's PE lessons and all the family will be able to join the healthy hearts four week couch to 5K culminating in a 5K park run.

Willowfield Parish Community Association: Life Guards Healthy Hearts (£10,000)

A six week programme, teaching children the skills to look after their hearts. It will include fun, interactive workshops and a four week fitness journey, including measureable fitness challenges. Cartoon characters, Larry the Lifeguard and Harry the Heart, will engage the children to enforce key healthy heart messages through a child friendly comic book, fitness journal and YouTube channel.

Supporting communities to live healthier, happier, longer lives

WEST COUNTRY
The Dangerous Dads Network CIC: Dad Dancing Fitness Club (£8,000)

This fun infused programme, based in Torbay, will take the success of the annual DadFest and the World Dad Dancing Championship to get men more active.

The eight week programme of heart healthy dad dancing sessions, including air guitar, disco and 80s pop, will get dads moving, with an evaluation programme being backed by a local university to show impact. Children and partners can get involved with some sessions designed for families.

CENTRAL
West Chadsmoor Family Centre: Happy Healthy Families (£9,300)

The Happy Healthy Families project encourages parents with children under the age of five to exercise and learn to eat healthily together. Families will take part in buggy walks, music and dance classes and grow vegetables that they can use to create healthy recipes on a budget. Parents will receive cooking lessons, learning about nutrients in food and how small changes can lead to healthier lifestyles.

TYNE TEES
Women Today: Power to Change (£9,000)

This grass roots community project will empower black African women to embrace a heart healthy culture. Based in Darlington they will have access to nutrition and health education, along with fitness classes. 'Power to Change' also aims to change the myths around rich foods, which are high in fat and are a danger to people's health rather than being symbolic to wealth and success.

For more information visit www.heartresearch.org.uk/grants/healthy-heart

In partnership with:

SUBWAY®

Image Women Today: Power to Change

A massive thank you to all our London Marathon runners. You raised an incredible £70,000

Sally Crabb
Henry Goodger
Devon Billington
Craig Lewis
Natasha McNamee
Lauren Neve
Finlay Brewin
Lindsay Schulze

Rachel Turney
Leon Ancliffe
Chris Murray
Meera Badiani
Shara Jones
Lynne Haywood
Marcus Bentley
David Jones

Caroline Carter
Ellen Kay
Ric Cipriani
Ariane Denny
India Flint
Jonathan Ball
Michael Rutherford
Rachel Hardy
Ryan Bennett

The tale of two hearts: how ‘heart in a box’ can change lives

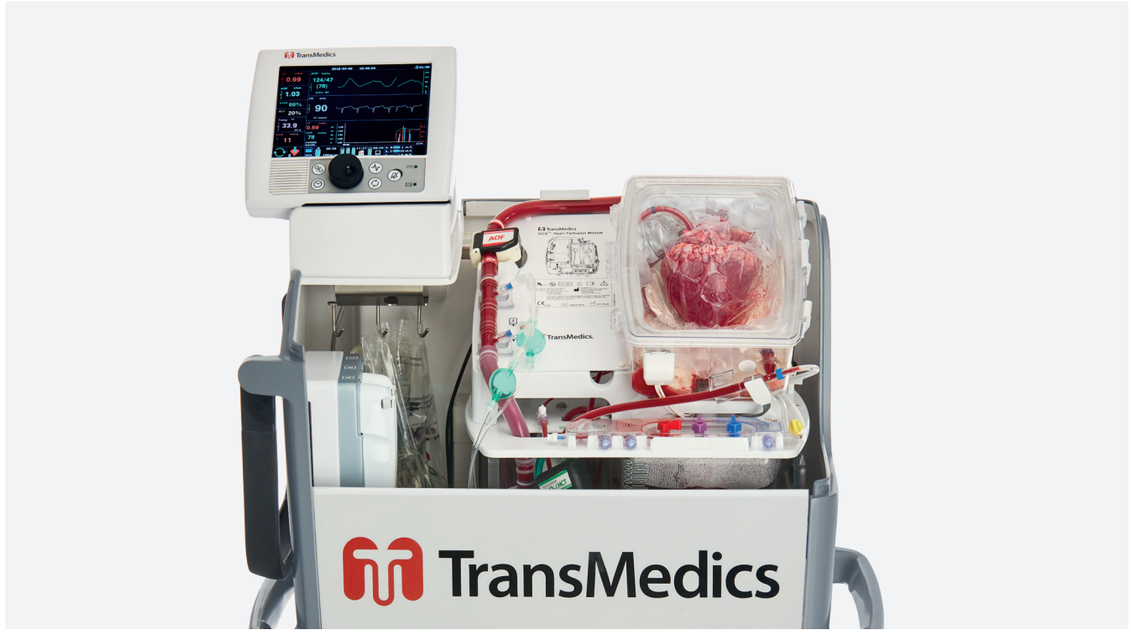


Image OCS™ Heart image courtesy of TransMedics, Inc

“How do you tell someone that you can’t give them the new heart you promised them?”

Neil Howell, a consultant cardiothoracic surgeon, stands in front of a crowd. He’s at Heart Research UK Midlands’ anniversary event to raise money for ‘heart in a box’, a revolutionary machine that makes the impossible possible – keeping a donor heart beating outside the body.

Behind a podium he looks down at his notes and then back up before continuing to speak. He doesn’t look at them again; he knows what he wants to say. He’s spoken these words too many times.

‘We’ve found you a heart’ is what every heart transplant patient is waiting to hear. Some wait most of their lifetime to hear it.

“But then you have to give them the most painful news – the transplant heart is no longer useable.

“A patient can be prepped for surgery and even anaesthetised. They fall asleep dreaming that when they wake they will have a new heart.

“It’s in that moment of hope when they wake, you deliver the devastating news.

“It’s devastating for the patients and the medical professionals too.”

John and Anne Bill sit listening to Neil’s speech. They know more than anyone how heart transplants can affect a family forever.

“My wife Anne needed a new heart. Twice we were told they had a new heart for her and twice, only after it arrived, did they find out it wasn’t good enough to be used.

“Decades earlier, not long after giving birth to our two children, Paul and Nick, she was diagnosed with cardiomyopathy – a form of heart disease that affects the shape, size and structure of the muscle. The effect of having our two children had triggered a genetic condition that she inherited from her father.

“Anne was told her condition was not life-threatening. So other than regular check-ups every six months, we lived a normal, happy life with our children. Just like Anne though, the children too were diagnosed with the same condition but started suffering at a much younger age.

“Paul was at university playing a tennis match when he had to stop; he was struggling to breathe.

“When the doctors saw him they said his cardiomyopathy had become worse. His heart wasn’t pumping powerfully enough and instead was expanding. It was then I heard the words for the first time – heart transplant.

“We were lucky; a suitable donor heart was found quite quickly.”

Just 10 days after the operation, Paul was at home recovering. He took the rest of the year out from his studies to recover, before returning to complete his degree.

Four years passed with no major issues. Then Nick, now 21 and studying at Swansea University, started to struggle.

“I had mixed feelings about her having the operation. On the one hand she could get better with a new heart; the other she might not survive the operation and we could lose her.”

“Nick’s heart, just like Paul’s, lost its pumping power. He was determined to finish his degree so continued. He completed university, but by the end of the year had become very ill.

“He needed a new heart but there was simply not enough time to find him one.

“Nick’s heart just couldn’t cope.

“Seeing him fighting for his life was horrific. Both he and Paul were fit as a fiddle. After Paul successfully recovered, we hoped Nick would do the same.

“He was only 21. He had so much of his life in front of him.

“I still remember clearly the last time we spoke.”

John’s voice tails off and he becomes momentarily quiet.

“For a long time I couldn’t talk about Nick. It was just too painful.

“The medical professionals who treated Nick were very close to him. I remember one was in floods of tears the day he passed away. A heart transplant really does affect everyone involved.

“You think about what life Nick could have had and the life Paul now has.

“Paul had his heart transplant when he was so young. The longest someone has lived following a heart transplant is 34 years. If Paul matches that, he will only be in his mid-50s.

“He’s a family man; he has a wife and a child. She was with him when he had his heart transplant. Together they’re a happy family making memories. The heart transplant gave him a new life and we are grateful for that every day.

“With Nick though, it’s difficult not to look back and think ‘what if?’”

Anne’s cardiomyopathy started affecting her more seriously five years ago. It was then she was told she needed a heart transplant.

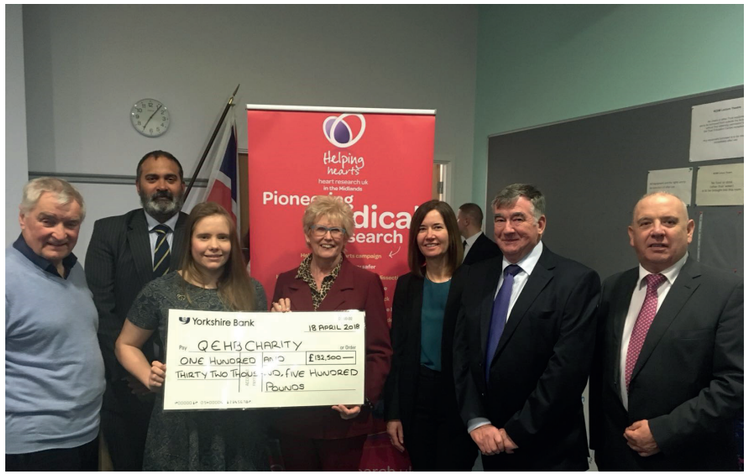
“After two failed attempts at finding a suitable heart, the third time proved to be the charm.

“I had mixed feelings about her having the operation. On the one hand she could get better with a new heart; on the other she might not survive the operation and we

Image (Left to right, top) John, Nick, Paul and Anne. (Left to right, bottom) John, grandson Josh and Anne.

John Lloyd, Regional Executive at Heart Research UK said:

"The money was raised here in the Midlands. We raised it in just over nine months which is incredible. This new technology will increase the chance of survival for so many patients."



could lose her just like we lost Nick.

"Hope got us through."

Anne had a successful transplant and is now celebrating her fourth transplant anniversary.

"Every day Anne and Paul think about the people who gave them their hearts. Anne writes a letter once a year to the hospital to pass on to the family of the person whose heart she has now.

"She also has check-ups every six months. She uses the time to visit the people who cared for her in the coronary care unit.

"What can you say though in both situations? How many different ways can you say 'thank you'? It will never be enough.

"Heart transplants really do affect so many people, not just the person who gets a new heart.

"That's why we were determined to help raise the money to buy a 'heart in a box'.

"There's such a shortage of useable hearts. Anything that can be done to help this means the world to people who have to wait for a heart like our family did."

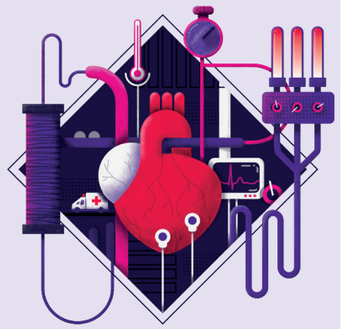
That night, we reached our target to buy a 'heart in a box' – the first one in the Midlands.

Currently in operation at the Queen Elizabeth Hospital Birmingham, it has already started to make an impact on heart patients in the region.

"'Heart in a box'", Neil explains, "has the potential to increase the number of heart transplants by up to 50% and for me as a surgeon that is so exciting.

"All patients and their families need is hope.

"That's what 'heart in a box' is. It provides hope to everyone."



What is heart in a box?

The OCS™ (Organ Care System) Heart, otherwise known as 'heart in a box', allows a donor heart to keep beating outside the body.

Traditionally, transplanted hearts are kept in ice during transport. However they can rapidly deteriorate meaning they are often not in a suitable condition when they arrive.

'Heart in a box' is a portable, miniature intensive care unit that uses warm, oxygenated and nutrient-rich blood to perfuse the heart and maintain it in a near physiologic state.

The heart is encased in what looks like a Tupperware box, meaning you can see the heart actually beating in front of you. The machine itself is on a trolley allowing for it to be easily transported from one location to another.

The overall cost for 'heart in a box' is £264,000.

In 2017, there were around 250 patients on the heart transplant waiting list in the UK. However, only 198 people received the heart transplant they needed.

'Heart in a box' has the potential to increase the number of heart transplants by up to 50%.

Your challenge, your way!

Ever fancied cycling LA to San Fran, swimming the Channel or running a marathon?

Complete the distance in your local gym or pool or in your favourite spot. Do it all at once or take up to 12 weeks at your own pace. It's your challenge so do it your way whilst raising money to fund pioneering medical research.

To find out more visit
heartresearch.org.uk/challenges

Meet Bess Fox

Bess Fox is a yoga teacher from Falmouth. She organised a yoga festival with 11 other 'yoginis' (female yoga practitioners) to raise money for Heart Research UK. Here's Bess's story.

I've been studying for my Level 2 teacher training course, focusing on 'Bhakti' yoga.

As part of our assessment, we were set a task by our teacher – 'to work as a team to organise and deliver a one day, charity, Bhakti yoga festival for the local community. It should showcase our love of yoga and all the richness and health benefits that it has to offer.'

Quite a challenge! So the team - fuelled by 'Shakti' energy (Sanskrit for - female power & essence!) - set about our challenge.

As project leaders our first task was to choose a charity to give us purpose and direction. Bhakti yoga is all about heart-centred practice of yoga and coupled with some of our group, including myself, having a very personal connection to heart disease, that led us to Heart Research UK.

Jane, a member of our group, lost her dad just a year ago from heart failure. Through continuing her yoga practice, Jane finds grief easier to manage. Meanwhile I was shocked and saddened to learn that my young friend, a mum of two, had been admitted to hospital following a heart attack. Thankfully she is now recovering well, but at the time this was another marker on the importance of supporting prevention and research into heart conditions.

Bhakti Yoga

It's the path to developing a deep sense of connection with all fellow beings. Through heart-centred yoga practices (Bhakti yoga) our thoughts, behaviours and actions become guided by sharing love, joy and community rather than fear, jealousy or anger.

In a nutshell, our actions can all stem from a place of love to make the world a healthier place to be.

Image Bess and her Bhakti Yoga group. **Credit** Owain Stratton

Organising the festival was tough. We had just three months to plan, promote and prepare - it was a real team effort. The Heart Research UK team provided on-call support, offering as much help as we required. They were such a friendly team to work with, making our efforts even more worthwhile.

Before we knew it, the night before the big day had arrived. We blew balloons, hooked up bunting and ran through the classes. We were all buzzing about the next day and proud of everything we'd managed to plan.

Jane's pumping tunes and dance yoga got the day off to a fantastic start, whilst Louise was busy in her workshop making meditation beads. Tess cooked up amazing Indian dhal for lunch and Sarah's bliss balls were utterly blissful! Anna and Hannah delivered two amazing movement and breath-based yoga classes themed around love and Jo and Tess delivered partner yoga - plenty of laughter was heard from this class! We held harmonium lessons, a poetry workshop and the final offering by Ness and Hannah was a beautiful 'Kirtan' – a musical, mantra meditation full of soul to close our day.

"Even for a yoga novice like me, the day has been totally accessible and really wonderful; fun and inspiring! Thanks for broadening my yoga experience and thanks to all involved, I have loved it." Festival-goer

The local community really got involved. We were thrilled when our local radio station arrived and we received great coverage from the press. Some very kind local businesses also donated prizes for our raffle, giving us a little bit extra on top of our final donation to Heart Research UK.

The outcome – we all 'passed' our Level 2 with flying colours! Phew! But of course it wasn't just about that; the day was all about working together to share something wonderful which will benefit others in many ways.

It was a truly magical, heart-warming day not just because everything ran smoothly but because of the community. People wanted to support an amazing cause and they wanted to learn more about Bhakti yoga. The personal stories and connections to heart disease made it all the more worthwhile.

Want to organise your own fundraising event? Get in touch with our team for a fundraising pack. Email Rachel at community@heartresearch.org.uk

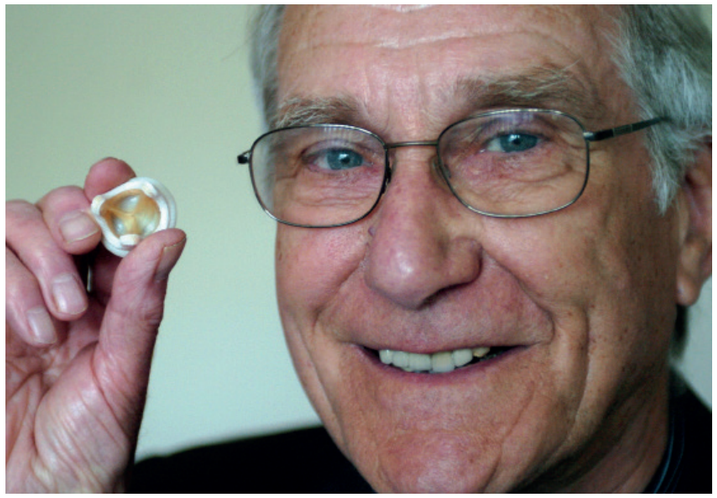
Did you know?

Yoga isn't just about stretching, it can help improve your overall well being. It can help lower blood pressure, increase lung capacity, improve respiratory function boost circulation and muscle tone. Find a class in your area and give it a go.

10 questions with...

Mr Watson

As a heart surgeon in the 1960s Mr Watson was tired of having to tell patients that there was nothing more he could do for them. There was a distinct lack of funding for research so he decided the only way to break that impasse was to do his own fundraising. In 1967 the National Heart Research Fund (now Heart Research UK) was formed. Now 95 years old, Mr Watson gives us an insight into his years of heart surgery experience and shares a few of the lessons he learnt along the way.



"I don't think I was given enough advice when I was young. The advice I wish I'd been given is to get your work - life balance right."

Image Mr Watson with wife Maureen

Why did you found Heart Research UK?
The fact is that when open heart surgery started in this country it posed some very serious risks and mortality was very high. The patients were terribly ill and many of the procedures were very new. The intention of founding Heart Research UK was to fund research into the risks which would lead to safer surgery.

What are you most proud of?
Heart Research UK has been a wonderful success in promoting research and the risk of heart surgery has been reduced by an extraordinary degree. Risk of a standard heart procedure now is very low. I had no idea all those years ago the organisation would still be going 51 years later. It has succeeded beyond my wildest dreams and the educational aspect of the Masterclasses for surgeons is quite remarkable.

What is your biggest achievement to date – personal or professional?
I'm very proud of the part I've played in making heart surgery safer.

What's on your bucket list?
Well, I never really expected to live this long. I still enjoy travelling to other countries and continue to take an interest in the latest research. We love going to India and recently visited one of the surgeons I trained. Seeing what he has achieved was a wonderful experience.

What's the best piece of advice you've ever been given?
I don't think I was given enough advice when I was young. The advice I wish I'd been given is to get your work-life balance right. In my day you had to work all hours of the day and night and it was very arduous. New limits on working hours are a real blessing to surgeons nowadays.

What are your top tips for living a heart healthy lifestyle?
We've always done a huge amount of walking and when I was younger I played golf and tennis. My tip is to make time for plenty of exercise.

Which film or song pulls at your heartstrings?
Dame Judi Dench singing Send in the Clowns and the film Casablanca gets me every time. On a serious side, Marietta's Song by the classical composer Korngold, is a remarkable piece of music.

Given a chance, who (alive or dead) would you like to sit down and have a heart-to-heart with?
I had a younger sister and her and I shared a very deep bond. She sadly died young, so to sit down with her would be an absolute delight and a dream.

Who is your role model?
My own father was a great role model. Professionally I was fortunate enough to work with several of the pioneers of heart and chest surgery; they were gods to us back then. I suppose the one who stood out was Sir Russell Brock, who was a leading British chest and heart surgeon and one of the pioneers of modern open-heart surgery.

We finish the interview and you step outside the office and find a lottery ticket that ends up winning £10 million. What would you do?
I would be inclined to fund a centre dedicated to research into heart disease.

Ain’t no mountain(s) high enough

Our fantastic corporate partner, adi Group, a one-stop shop for engineering services nationwide, have done everything from bake sales to football tournaments for Heart Research UK. Recently they took on their biggest challenge – conquering the Three Peaks in 24 hours.

“Yesterday we climbed some of the largest mountains in the UK. This morning we can barely climb downstairs to breakfast!”

David Barnes is sitting in a hotel in Wales. Like the other 11 climbers, he is recovering from a mountainous challenge the day before – climbing the Three Peaks in 24 hours.

Consisting of Ben Nevis (Scotland), Scafell Pike (England) and Snowdon (Wales), the challenge sees walkers cover a total of 23 miles and climb over 3,000 metres, that’s 10 Eiffel Towers.

“It was a crazy idea really, they say Ben Nevis, which is the biggest of the three, should be climbed in seven hours. One team took less than four hours”

“We started at 5.30pm, so we knew it would be dark when we finished. It’s a six hour drive to Scafell Pike and you want to get there just as it gets light so you have more of the day to climb, travel and then climb again.

“You could see other climber’s lights twinkling ahead of you. It was like Snow White and the Seven Dwarves as they went off to work.”

“We had five superb drivers. “They drove 460 miles in 10 hours. I definitely preferred climbing the mountains than driving to each one!”

The group arrived at Scafell Pike at 3am as the sun was rising.

“You could just see the small lights of other walkers on the mountain. It was like Snow White and the Seven Dwarfs as they went off to work – twinkling lights lining the way up the mountain.

“Scafell Pike was definitely the worst to climb. It’s the shortest yet it was like relentlessly going up and down ladders.”

Next, it was onto Snowdon.

“All was going well, but I’ll never forget the descent. 30 minutes from the end, my walking partner Shaun Johnson painfully twisted his ankle.

“We’d only met once before taking on the challenge. But after everything we’d been through, I was never going to leave him. We’d all joked that we wanted to be the quickest, but actually I was just relieved we’d made it.”

David and his walking partner, Shaun, completed the Three Peaks Challenge in just 21 hours. All 12 walkers completed it in under the 24 hours target.

“Completing it was a wonderful moment.”

So what’s next?

“We’ve heard we may cycle 150 miles coast to coast, east to west. Let’s hope it’s more downhill that way!”

A huge achievement and a massive thank you from all of us at Heart Research UK. The team raised an impressive £5,095.50 which the adi Group board match funded to £9,840.50.

If your organisation would like to take on a challenge, please get in touch with our fundraising team: **corporate@heartresearch.org.uk**

A big thank you to all of our fantastic fundraisers

65th Bradford South Beavers, Cubs and Scouts
Sponsored Walk

Stephen Lowes, 'Grand Primo of the Chesterfield and Mansfield Province Royal Antediluvian Order of Buffaloes' – Charity of the year

Stu Davies and his dog, Lola – climbed Snowdon

Graham Baines and family – coffee morning

Tom Duke
triathlon

Mark Harrison, The Fox Pub, Leeds - Fun Day

Carmel Thompson – Edinburgh Marathon

Hereford Women's Institute – Charity of the year

Angie Moore – Book sale

Rachel Donald, Eva and Jenna Henkelmann, Nathan Hill, Chrissy Harrison and Vivien Lo – Swim the Channel

Sarah Walton
Zumbathon

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SUB

All our Subway Helping Hearts™ Family 5K runners

Jamie Lewis
Team skydiving

Tina Best's Beginners2runners and Natalie Hogg
Taking on My Run, My Way

War on sugar

Sugar. It seems to be the topic of the moment. It's all over the newspapers, everyone is talking about it, everyone has an opinion on it and we all appear to be eating too much of it.

But why are we at war with sugar? Is sugar really to blame? And why is the government getting so involved? Alexandra, Head of Lifestyle at Heart Research UK, explains all and gives us her view.

Simply put, as a nation we are getting bigger. The long term impact on the NHS budget for dealing with the consequence of an overweight adult population just isn't sustainable – with many conditions such as heart disease, high blood pressure and Type 2 diabetes being largely preventable, something needs to be done.

Although the general blame is focused on a more sedentary lifestyle with desk jobs, video games and on demand TV, along with unhealthy fast food choices and snacking becoming an accepted society norm, there is actually far more to it. Dig a bit deeper and look at the evidence – sugar is a big issue. A review by the Scientific Advisory Committee on Nutrition showed that a diet high in sugar typically is also high in calories and the associated weight gain has an impact on your health. But do we really know how much sugar is in our supermarket trolley? And is making the healthy choice, an easy choice? I would say no.

So the Soft Drinks Industry Levy (SDIL), dubbed the 'sugar tax', came into force on 1 April 2018 as a key part of the government's strategy on childhood obesity. It was met with mixed reactions. While some drink manufacturers changed the recipe of their drinks to reduce the amount of sugar, others accepted the levy would increase the price of their drinks. Irn-Bru fans stormed social media demanding the old sugary recipe came back but others couldn't tell the difference between the old and new recipe of their favourite fizzy drink.

But was this the way to go? Is the health of our country really in such a mess that personal consumer choice needed to be taken away and a 'nanny state' approach introduced?

Well, I'd say yes, obesity has got to a point where something has to be done. Children aged four to ten years old should consume no more than five – six cubes (24g) of sugar a day. The reality is, almost 13 cubes a day are being consumed. That means by June each year most children have already consumed their annual sugar allowance and a third of children leave primary school overweight – these children are the adults of our future.

I accept that taxing fizzy drinks isn't going to simply solve the problem, it has to be an approach with multiple strategies, but the levy was a good place to start. Sugary soft drinks account for 10% of the sugar in children's diet and other approaches are now being introduced to tackle the other 90%.

The Sugar Reduction Programme is one of those approaches, reduce sugar by 20% from a range of products by 2020. That could help, but it's only a target, it's not mandatory like the SDIL. And while drinks such as classic coke and full sugar Pepsi remain subject to the higher levy charge despite the legislation, it questions whether manufacturers of the other food groups will listen and then act, particularly if no price penalty is in place?

Looking at the year one results, despite being slated in the media, there is positive progress in some areas. Of the eight food groups, three have reached the first year target of 5% but others are a significant way behind and puddings have even increased in sugar content over the last 12 months.

Yoghurts and fromage frais managed to reduce by 6%, but the SDIL resulted in an 11% reduction in year one. For me the evidence is in the numbers; introducing legislation has had a far bigger impact than a target. I understand reducing sugar in drinks is far easier than food, but will the eight food groups make it to 20% by 2020,...only time will tell.

The war on sugar is here to stay and for now the jury is out on whether we will not only reduce the amount of sugar in our diets but also see the health of our country improve. The government's announcement on Chapter Two of the Childhood Obesity strategy is committing to halve childhood obesity by 2030 – that's a huge ambition in 12 years. Will targets be enough or will mandatory action be the only way?

Kellogg's might have axed Ricicles from the supermarket shelves and reduced the sugar in Coco Pops, but the big question I'll leave you with is: 'is it a war with sugar or should portion size be more under the spotlight?' The majority of us still eat far more than the recommended 30g breakfast serving and pile up our plates at dinner. Is the war all about sugar or should we just generally eat less as a nation and get up and move more?

Fruit ball snack recipe

Ingredients

Pumpkin seeds
Sunflower seeds
Sesame seeds
Linseeds
Oats
Raisins
Apricots
Walnuts
Desiccated Coconut

*A little water or fruit juice may be needed depending on consistency of your mix

Make your fruit balls unique to you. Have a favourite ingredient or not so keen on others? You can modify the recipe to suit you. We added cranberries to ours.

Method

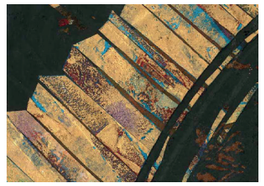
1. Put a handful of sunflower seeds, pumpkin seeds, linseeds and sesame seeds into a food processor until they are in very small bits
2. Add a handful of the remaining ingredients to the processor
3. Mix until the mixture is sticky. If it's too dry, add a little water or fruit juice
4. Using the palm of your hand, roll the mixture into little balls
5. Place them on a tray in the fridge to set for 30 minutes
6. Eat and enjoy

Brighton and Hove Food Partnership received one of our Heart Research UK and Subway® Healthy Heart Grants. They are delivering 'The Hearty Cookery Club' project for people with learning disabilities and their carers to learn about heart health, cooking healthily and undertaking exercise. A big thank you to the Brighton and Hove Food Partnership for allowing us to use their recipe.

Brighton & Hove FOOD Partnership | COMMUNITY KITCHEN

Heart Research UK

Milliner:
Philip Treacy



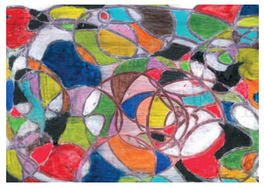
Hollywood Actor:
Tom Hardy

Artist:
Ashley Jackson

Artist:
Ralph Steadman

Playwright:
Alan Ayckbourn

Singer:
Nick Cave



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Next issue

Pulse

Find out about the latest round of Translational Research Project Grants to be awarded

A sneak peek at the launch of our Heart of Scotland Campaign

The anonymous heART project

You can find out who was lucky and who was not in our anonymous heART project auction

SUBWAY HELPING HEARTS FAMILY 5K 2018

Meet Lewis, who had revolutionary heart surgery and ran a Subway Helping Hearts™ Family 5K fun run

BACK PAGE CHALLENGE

Heart Research UK

Ditch the lift, take the stairs

Did you know that it only takes 100 days to make a healthy habit stick?

Over the next 100 days challenge yourself to ditch the lift, take the stairs and improve your heart health. Whether it's at home, in the office, or out and about.

Take a picture and let us know how you are getting on using #hrukchallenge

Why taking the stairs is a great idea:

- It burns more calories per minute than jogging
- Reduces cardiovascular risk by more than 30%
- Helps control weight
- Builds muscle tone
- Saves you time – it's quicker than waiting for the lift
- Cuts carbon footprint
- Easy to build into your routine

Follow us @heartresearchuk and get involved