

Identity:

Title: Associate professor
 Family Name(s): Hage
 First Name(s): Anna Camilla
 Age: 51

Photo:**Application for the following position in the HFA Board or Nominating Committee:**

Ordinary Board members

Place of work

If you work in multiple places, please provide the one where you spend the most time or that you consider to be your main place of practice.

Institute/organisation:	Karolinska University hospital
Department:	Department of Cardiology
Address:	Eugeniavägen 27, Heart,Vascular and Neuro Theme, S1:02, Norrbacka
Post code / Zip:	171 64 Stockholm
Country:	Sweden

General Curriculum Vitae (500 words max)

Please also include your H index and top 5 to 10 publications in the last 5 years

The applicant is Associate Professor with 20 years of experience in HF research, sub-group leader of clinical interventional/mechanistic studies in the HF research group headed by Prof Lars Lund at Karolinska University hospital. Member of several steering committees in national and international clinical studies in heart failure. Present research interests focusing on phenotyping of HFpEF by deep characterization models using imaging, proteomics, metabolomics, transcriptomics and genomics together with traditional epidemiological analyses. Aim actively facilitating research implementing structures for extraction of health data, imaging and setting up biobanking platforms. Steering committee member of Swedish Heart Failure Registry increasing coverage by linking it to electronic health records and founder in the integrated Biobank. Teaching students, Main supervisor of 2 PhD students defense planned 2024, co-supervisor of 5 and has co-supervised 5 to PhD exam. Published 91 original articles 91, 3 editorials, and 2 book chapters, with a total 1795 citations and H-index 23.

1. **Hage C**, Stahlberg M, Thorvaldsen T, Faxen UL, Pironti G, Webb DL, Hellstrom PM, Andersson DC, Lund LH. Acyl ghrelin infusion increases circulating growth hormone in patients with heart failure and reduced ejection fraction. *EJHF* 2023; 2093-2095
2. Lund LH, **Hage C**, Pironti G, Thorvaldsen T, Ljung-Faxen U, Zabarovskaja S, Shahgaldi K, Webb DL, Hellstrom PM, Andersson DC, Stahlberg M. Acyl ghrelin improves cardiac function in heart failure and increases fractional shortening in cardiomyocytes without calcium mobilization. *EJHF* 2023 44;22 2009-2025
3. Guidetti F, Lund LH, Benson L, **Hage C**, Musella F, Stolfo D, Mol PGM, Flammer AJ, Ruschitzka F, Dahlstrom U, Rosano GMC, Braun OO, Savarese G. Safety of continuing mineralocorticoid receptor antagonist treatment in patients with heart failure with reduced ejection fraction and severe kidney disease: data from Swedish Heart Failure Registry. *EJHF* 2023 ;
4. Kapłon-Cieślicka A, Benson L, Chioncel O, Crespo-Leiro MG, Coats AJS, Anker SD, Ruschitzka F, **Hage C**, Drożdż J, Seferovic P, Rosano GMC, Piepoli M, Mebazaa A, McDonagh T, Lainscak M, Savarese G, Ferrari R, Mullens W, Bayes-Genis A, Maggioni AP, Lund LH, on behalf of the HFA of the ESC and the ESC Heart Failure Long-Term Registry Investigators. Hyponatraemia and changes in natraemia during hospitalization for acute heart failure and associations with in-hospital and long-term outcomes - from the ESC-HFA EORP Heart Failure Long-Term Registry. *EJHF* 2023 25;9 1571-1583

5. Michaëlsson E, Lund LH, **Hage C**, Shah SJ, Voors AA, Saraste A, Redfors B, Grove EL, Barasa A, Richards AM, Svedlund S, Lagerström-Fermér M, Gabrielsen A, Garkaviy P, Gan LM, Lam CSP. Myeloperoxidase Inhibition Reverses Biomarker Profiles Associated With Clinical Outcomes in HFpEF. *JACC. Heart failure* 2023 11;7 775-787
6. **Hage C**, Löfgren L, Michopoulos F, Nilsson R, Davidsson P, Kumar C, Ekström M, Eriksson MJ, Lyngå P, Persson B, Wallén H, Gan LM, Persson H, Linde C. Metabolomic Profile in HFpEF vs HFrEF Patients. *J Cardiac failure* 2020 26;12 1050-1059
7. Joseph P, Dokainish H, McCready T, Budaj A, Roy A, Ertl G, Gomez-Mesa JE, Leong D, Ezekowitz J, **Hage C**, Lanas F, Maggioni AP, Sliwa K, Zhu J, Rouleau J, Balasubramanian K, Yusuf S, G-CHF Investigators. A multinational registry to study the characteristics and outcomes of heart failure patients: The global congestive heart failure (G-CHF) registry. *Am Heart J* 2020 227; 56-63

Describe previous experience within the HFA, ESC and/or your National Cardiac/ HF Society

150 words maximum

2016 - Fellow European Society of Cardiology (FESC)

2022 - Fellow Heart Failure Association of the European Society of Cardiology (FHFA)

2022 - Member of the European Society of Cardiology Heart Failure Association- Scientific Committee on HFmrEF and HFpEF headed by Prof Marc Petrie

2022 - Member of the European Society of Cardiology Heart Failure Association- Structural Committees Digital Health & Patient Care headed by Prof Loreena Hill; Within this working group Co-author of the ongoing work on the updated Heart Failure Nurse curriculum and publications: Exploring the role of heart failure nurses in Europe and Role of digital technologies for heart failure education

Why are you motivated to join the HFA Board or Nominating Committee?

150 words maximum

The HFA stimulates and inspires heart failure specialists in different professions. To me being a part of the Board offers opportunities to contribute to the education and development of heart failure care and management in Europe. I am applying for the HFA Board due to my strong clinical and research interest for heart failure. I believe my experience and expertise in within the field of heart failure and experience in clinical trials, registries and organization might allow me to significantly contribute to the activities of the Board.

How will you combine your HFA position with your daily clinical/research workload?

80 words maximum

I have a position with integrated research and clinic with freedom to arrange my time. Applying to the HFA board is taking on a responsibility that needs to be acknowledged and I intend to prioritize my time accordingly.