

Identity: Title: Family Name(s): First Name(s): Age: Application for the following position in the HFA Board or Nominating Committee: Choose an item.	Photo: 
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Place of work <i>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.</i>	
Institute/organisation:	Medizinische Universität Wien
Department:	Cardiology
Address:	Währinger Gürtel 18-20 , Wien
Post code / Zip:	1090
Country:	Austria

General Curriculum Vitae (500 words max) <i>Please also include your H index and top 5 to 10 publications in the last 5 years</i>
<p>I would like to apply for membership of the Ordinary Board. I have been a member of the HFA for many years and, since my central role in the organization of the HFA Congress in Vienna in 2018, I am also a fellow member of the institution. My cardiac training took throughout place in Vienna, Austria. When I joined the Department of Cardiology at the Medical University of Vienna, I began my training with a focus on heart failure, which is still my central focus today. I had the privilege of being involved in the early hours of heart failure research and the gradual clinical implementation of the study results. In our own practice. This resulted in a wealth of clinical experience directly with patients (we are currently caring for 600 patients with advanced heart failure in a dedicated heart failure center under my management, and the numbers are increasing). However, the implementation of therapies also took place via regional training courses, position papers, congress organizations and university lectures, either organized by myself or mediated via the working group for heart failure in Austria which I had the opportunity to co-found and chaired for 2 years. I am also head of the scientific heart failure group at our University. This enabled us to combine the clinical care with the scientific work by a structured processing of all patient data, and this register, which was developed by our group and accompanied by a biobank, served to generate hypotheses, which in turn resulted in prospectively implemented randomized (also international multicenter like PONTIAC II, ADOPT) study protocols. Our group is one of 8 participating universities at the IHI project ICARE4CVD (funded with 22 Million Euro). Based on researchgate I co-authored 362 peer-reviewed original data manuscripts, which resulted in 9655 citations and an h-index of 47 citations. I have also contributed to position papers of the HFA and recently had the honor of co-authoring a chapter in the ESC Textbook of heart failure.</p> <p>Guideline directed medical therapy and reduction of secondary mitral regurgitation. Spinka G, Bartko PE, Heitzinger G, Prausmüller S, Winter MP, Arfsten H, Strunk G, Rosenhek R, Kastl S, Hengstenberg C, Pavo N, Hülsmann M, Goliash G. Eur Heart J Cardiovasc Imaging. 2022 Apr 23</p> <p>Malnutrition outweighs the effect of the obesity paradox Prausmüller S, Heitzinger G, Pavo N, Spinka G, Goliash G, Arfsten H, Gabler C, Strunk G, Hengstenberg C, Hülsmann M, Bartko PE.J Cachexia Sarcopenia Muscle. 2022 Mar 29. doi: 10.1002/jcsm.12980</p>

Burden, treatment use, and outcome of secondary mitral regurgitation across the spectrum of heart failure: observational cohort study. Bartko PE, Heitzinger G, Pavo N, Heitzinger M, Spinka G, Prausmüller S, Arfsten H, Andreas M, Gabler C, Strunk G, Mascherbauer J, Hengstenberg C, Hülsmann M, Goliash G. *BMJ*. 2021 Jun 30;373:n1421. doi: 10.1136/bmj.n1421

Myocardial Angiotensin Metabolism in End-Stage Heart Failure. Pavo N, Prausmüller S, Spinka G, Goliash G, Bartko PE, Wurm R, Arfsten H, Strunk G, Poglitsch M, Domenig O, Mascherbauer J, Uyanik-Ünal K, Hengstenberg C, Zuckermann A, Hülsmann M. *J Am Coll Cardiol*. 2021 Apr 13;77(14):1731-1743. doi: 10.1016/j.jacc.2021.01.052.

Performance of the recommended ESC/EASD cardiovascular risk stratification model in comparison to SCORE and NT-proBNP as a single biomarker for risk prediction in type 2 diabetes mellitus. Prausmüller S, Resl M, Arfsten H, Spinka G, Wurm R, Neuhold S, Bartko PE, Goliash G, Strunk G, Pavo N, Clodi M, Hülsmann M. *Cardiovasc Diabetol*. 2021 Feb 2;20(1):34. doi: 10.1186/s12933-021-01221-w.

Increased Concentrations of bioactive Adrenomedullin subsequently to ARNi Treatment in Chronic Systolic heart failure

Henrike Arfsten MD*, Georg Goliash MD PhD*, Philipp E Bartko MD PhD*, Suriya Prausmüller MD*, Georg Spinka MD*, Anna Cho MD*, Johannes Novak, MD*, Helmuth Haslacher MD MSc*, Guido Strunk MSc PhD[§], Joachim Struck PhD[#], Martin Hülsmann MD*, Noemi Pavo MD PhD*
Br J Clin Pharmacol. 2020 Jun 29. doi: 10.1111/bcp.14442.

Secondary valve regurgitation in patients with heart failure with preserved ejection fraction, heart failure with mid-range ejection fraction, and heart failure with reduced ejection fraction.

Bartko PE, Hülsmann M, Hung J, Pavo N, Levine RA, Pibarot P, Vahanian A, Stone GW, Goliash G. *Eur Heart J*. 2020 Apr 29

Prescription Bias in the Treatment of Chronic Systolic Heart Failure.

Arfsten H, Goliash G, Pavo N, Ulmer H, Hülsmann M, Stefenelli T; Austrian Working Group of Heart Failure. *Ann Intern Med*. 2020 Jan 7;172(1):70-72

A Unifying Concept for the Quantitative Assessment of Secondary Mitral Regurgitation Bartko P Arfsten H; Heitzinger H; Pavo N; Toma A,; Strunk G; Hengstenberg,C; Hülsmann M Goliash G

J Am Coll Cardiol. 2019 May 28;73(20):2506-2517

Refining the prognostic impact of functional mitral regurgitation in chronic heart failure. Goliash G, Bartko PE, Pavo N, Neuhold S, Wurm R, Mascherbauer J, Lang IM, Strunk G, Hülsmann M.

Eur Heart J. 2018 Jan 1;39(1):39-46

Low- and High-renin Heart Failure Phenotypes with Clinical Implications. Pavo N, Goliash G, Wurm R, Novak J, Strunk G, Gyöngyösi M, Poglitsch M, Säemann MD, Hülsmann M.

Clin Chem. 2018 Mar;64(3):597-608

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

150 words maximum

1. Founding member of the Austrian heart failure group
2. Chair of the Austrian Heart failure group
3. Organisation of biannual training program in heart failure since 2000 (about 200 attendances)
4. Development of a annual meeting in Cardiology in Vienna since 2019 (about 400 attendances) accompanied by an online program 4 times a year
5. Host and organisational member of the Congress of the HFA in Vienna 2018
6. Member of the working group of diabetes
7. Member of the working group of advanced heart failure
8. Co-author of several position papers of the HFA
9. Co-author of the HFA Textbook on heart failure

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

150 words maximum

For me personally, the time has come when I would like to make my more than 30 years of experience in clinics, organization, training and heart failure science available to the HFA.

A gap of HFA structure, is the support of investigator initiated multicenter studies. Many questions are not of commercial interest, but are crucial for therapy decisions. All IITs that I know of in recent years have failed due to insufficient participation by centers. This is where the HFA can and shall provide crucial networking support. In particular, topics that are identified by the guidelines as important gaps can be supported in this way.

However, the central problem within our community is undoubtedly the penetration of the recommended therapy guidelines in the recommended dosage. Every new development is scientifically interesting, but of little use to the patient as long as he does not receive the known therapy.

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

80 words maximum

At my current age (facing 62 years), I am preparing the gradual handover of scientific projects and management to my young team. This will give me time for activities within the HFA. Since the current head of my department, Prof. Hengstenberg, has approached me personally to recommend such an activity, I also see full support there.