

*Dedicated to
a Future Free of
Heart Disease
and Stroke*

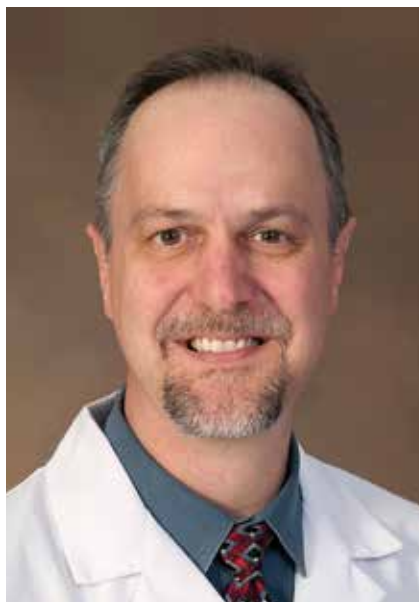
New Endowed Chair Fulfills Dream of Congenital Heart Disease Program for Adults

A generation ago, adult cardiologists had little need to study congenital heart disease. Few children born with these heart conditions lived to adult age. Great advances have been made during the past few decades in caring for children with major structural heart issues (congenital heart diseases), allowing survival to adulthood and a productive life. Today, more adults are living with congenital heart disease than children with these conditions.

“With this rapidly growing population, there is a critical need to care for these patients. A congenital heart condition doesn’t go away at age 18,” says Scott Klewer, MD, professor of pediatrics in the UA College of Medicine - Tucson who specializes in pediatric cardiology. Dr. Klewer has been named the Sarver Heart Center’s *Peggy M. Barrett Endowed Chair for Congenital Heart Disease in Adults* and is a member of the UA Steele Children’s Research Center and the Sarver Heart Center.

“This is a tremendous opportunity for the University of Arizona College of Medicine

and the Sarver Heart Center to become a leader in caring for these adult congenital heart disease patients and improving the training of cardiology fellows,” says Gordon A. Ewy, MD, director of the UA Sarver Heart Center.



Scott Klewer, MD

“While we have started the groundwork to establish an adult congenital cardiology outpatient clinic, much more needs to be done. When Dr. Ewy offered the endowed chair to me, I saw this as an opportunity to make important strides toward fulfilling a dream of building a comprehensive adult congenital cardiology program for southern Arizona. Without the support of the Peggy M. Barrett Chair it would have taken much longer to achieve,” says Dr. Klewer.

“An academic medical center is an ideal setting for an adult congenital cardiology program. It will provide patients and their cardiologists in communities throughout Arizona with information and support, as well as train our fellows in this expanding population of adults living with moderate and complex congenital heart problems. Here, we have all the necessary expertise under one roof – pediatric and adult cardiology, pulmonary,



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...from the Co-Director

Searching for the Next Rock Star

By Carol Gregorio, PhD, co-director of the UA Sarver Heart Center; department head of Cellular and Molecular Medicine and director of the Molecular Cardiovascular Research Program.

Those of us who have had the honor of working with or being a patient of Dr. Gordon A. Ewy know that he is a rock star among cardiologists. Few approach his caliber when it comes to his distinguished career in patient care, clinical research and as a dedicated teacher. Not only has this rock star launched a video that has been viewed by 8 million people, but if you Google his name, you find about 276,000 hits. The difference is that this rock star is not entertaining people, he is saving lives.

As a basic science researcher and co-director of the UA Sarver Heart Center, I appreciate his willingness to mentor faculty members, including me, and his understanding of the need to build a strong molecular cardiovascular research program. The researchers in our program are extremely grateful for all his time and generosity dedicated to raising funds that enable us to recruit outstanding faculty to the UA and invest in seed grants that have often led to national research funding. He also has dedicated significant time working to make substantive progress in narrowing the difficult gap between bench science and clinical applications. Because of his insight and contributions, the UA is one of the top cardiovascular research programs in the United States.

These past few months, I was given the daunting



Carol Gregorio presented Dr. Ewy with a Lego set to work on with his grandson during his retirement.

task of chairing the committee charged with recruiting Dr. Ewy's successor. Note that I did not say we are replacing him. Dr. Ewy worked energetically and enthusiastically to develop the Sarver Heart Center into an internationally respected gem at the University of Arizona. The greatest honor that we may bestow on him is to identify a leader who brings the commitment and talent

needed to take the Center to the next level. This person will position the Center for significant growth as we respond to increasing academic, research and clinical demands across Arizona.

The diverse search committee is in the process of reviewing an exciting group of applicants from all over the United States. Search committee members include clinical, research, hospital and community leaders from Tucson and Phoenix. Members bring strong qualities that enable them to have in the forefront the best interests of the Center, the Section of Cardiology and UA College of Medicine. Much work lies ahead, but we are hoping to announce the next director by the time our next newsletter is published in September.

In the meantime, we have a little more time to celebrate Dr. Ewy's distinguished career of academic leadership before his retirement on July 1.

Dr. Gregorio is the Sarver Heart Center's Luxford/Schoolcraft Professor of Cardiovascular Disease Research.

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Sarver Heart Center
on Facebook.



OB/Gyn, nutritionists, surgeons. The scope and expertise of the Sarver Heart Center membership truly reflects the multi-disciplinary medical team that is needed to care for this patient population,” says Dr. Klewer.

Who treats these patients now? “Too often we are reunited in the emergency department with past patients who are now adults living with congenital heart disease,” says Dr. Klewer. “This is difficult. Most congenital cardiology patients see their pediatric cardiologist up until age 25, but after that, the adult with congenital heart disease may go over 10 years without a check-up. These lapses in follow-up often do not permit testing or treatment before a situation becomes severe. A multi-disciplinary team, like ours, at an academic medical center is really needed to improve the health and wellness of the rapidly growing population of adults with congenital heart disease.”

Dr. Klewer, who called many of his adult patients “pioneers” as they were the first to survive repairs for their heart conditions, is seeking a better system that will reinforce the need for life-long care and facilitate the transition of patients from pediatric to adult congenital cardiology. ♥

Successor to Ewy Endowed Chair Receives White Coat



At the Sarver Heart Center reunion in February, Karl B. Kern, MD, was presented with his white coat, designating him as the Gordon A. Ewy, MD Distinguished Endowed Chair of Cardiovascular Medicine.

“It is a pleasure to know that with my upcoming retirement, this endowed chair will be filled by someone who has my highest regard. Karl and I have worked together for over three decades. He is an exceptional academic cardiologist, excelling in patient care, education and research,” says Dr. Gordon A. Ewy, director of the UA Sarver Heart Center. “He is a consummate clinical cardiologist, caring, hardworking, talented, honest, kind, and he has made exceptional contributions in medical research,” says Dr. Ewy.



About the Peggy M. Barrett Endowed Chair

Peggy Barrett was a long-time supporter of the University of Arizona and a patient of Dr. Gordon A. Ewy. She set up a charitable remainder annuity trust that paid her a set amount every year. When she passed away last October at age 88, the remaining amount designated for the UA Sarver Heart Center was sufficient to fund an endowed chair. She had an interest in children's health issues and told the UA Foundation that she wanted “to make a difference and to perpetuate my enduring interests, goals and vision that will extend my influence beyond my lifetime.” For more information on gift annuities, please see the article on page 15.

Saving Lives Around the World

Artificial hearts that are powered by a battery that fits in a backpack; use of radiofrequency energy as a better way to treat certain arrhythmias — these are a couple of advances from Sarver Heart

Center researchers that are in use worldwide. The UA Sarver Heart Center Resuscitation Research Group has spent the past several years making sure that Cardiocerebral Resuscitation also is known around the world.

Most people familiar with the Resuscitation Research Group's work think primarily of compression-only CPR, a simple, lifesaving response for bystanders who witness

sudden cardiac arrest, but it is only the first step in the processes that have been researched and advocated by Sarver Heart Center members. The group, which includes members from cardiology, emergency medicine, anesthesiology, pediatrics, medicine and veterinary medicine, also has developed new protocols for 911 dispatchers, emergency responders and hospitals.



Dr. Ewy lectured in New York City



Dr. Kern in Brazil

Oh, the Places We've Been

The World is a Better Place
Thanks to Cardiocerebral Resuscitation

KEY	
●	Gordon A. Ewy, MD
●	Karl E. Kern, MD
●	Bentley J. Bobrow, MD
●	Daniel Spahr, MD



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Dr. Spaite in Europe



*Dr. Ewy
in Japan*



Dr. Kern in Japan



Dr. Bobrow in Korea

Together, each new protocol has been developed to continue to increase survival rates from sudden cardiac arrest, one of the leading causes of death in the United States. In fact, communities that implement these protocols see a three- to four-fold increase in survival.

The group has four frequent flyers, with a growing list of places they have been invited to evangelize on advances.

The map only reflects the travels of Gordon A. Ewy, MD (red), Karl B. Kern, MD (blue), Bentley J. Bobrow, MD (green), and Daniel Spaite, MD (yellow).

Besides lecturing about various aspects of Cardiocerebral Resuscitation throughout the United States, these researchers have lectured in the following countries:

- ul>
- Argentina
- Australia
- Austria
- Belgium
- Brazil
- Canada
- Chile
- China
- Denmark
- England
- France
- Germany
- Greece
- Grenada
- India
- Ireland
- Italy
- Japan
- Malta
- Mexico
- Poland
- Portugal
- Puerto Rico
- Singapore
- Slovenia
- South Korea
- Sweden
- Switzerland
- Turkey
- United Arab Emirates
- Uruguay

Study Reports

Japan's Resuscitation Experience

An analysis of 1,376 out-of-hospital cardiac arrests in Japan in which patients were treated with an automated external defibrillator (AED) by a lay bystander, once again shows that survival was greater when compression-only CPR was administered vs. mouth-to-mouth ventilations plus compressions.

According to the report published by Iwami et. al. in *Circulation* 2012;126:2884-51, the survival rate of patients treated with compression-only CPR (CO-CPR) was 40.7 percent. The survival rate of patients treated with standard CPR (mouth-to-mouth ventilation and chest compressions) was 32.9 percent. These findings were all the more significant since in Japan, 1.6 million citizens per year participated in CPR training that taught only mouth-to-mouth ventilation with chest compressions and AED use. During the period of this analysis,



emergency medical services dispatchers were trained and ordered to give CPR instructions in standard mouth-to-mouth CPR.

When asked to review the *Circulation* article for another publication, Dr. Gordon A. Ewy wrote that, "This is another report showing that the CPR advocated by national and international guidelines for decades, a technique in which thousands of man hours have been spent demonstrating and millions of dollars have been spent on education, is less effective than CO-CPR, a technique that here-to-fore

was not endorsed, advocated nor taught."

Survival rates have doubled and tripled in communities that encourage bystanders to perform compression-only CPR and implement new protocols for emergency responders and hospitals. ♥



Sarver Heart Center Resources on the Web

Since Sarver Heart Center and the SHARE (Saving Hearts in Arizona Research and Education) Program began tracking data at the end of 2004, more than 1,000 lives have been saved in Arizona because of new protocols for the public, emergency responders and hospitals. These protocols are based in large part on research from the UA Sarver Heart Center Resuscitation Research Group.

For resources, including a six-minute training video on compression-only CPR and a new video for emergency responders, please visit Heart.arizona.edu/learn-cpr.



Girl Scout Uses Camp Skills to Save Band Mate

The day started like any other school day for Erika Yee, a junior at University High School in Tucson. Erika and her band-section mates were enjoying dinner on the school grounds before band practice would start. In the middle of dinner, however, her band mate, Chris Miller, suddenly collapsed onto the floor. This is when Erika, who learned compression-only CPR at the Girl Scout's Camp Fury, jumped into action.

"They shouted out asking if anyone knew how to resuscitate someone. None of the adults or students in the room knew, so I acted on impulse and took control," explained Erika. She immediately began applying compressions to Chris. According to Erika, the three minutes it took for the ambulances to arrive "felt like 20 minutes, and I kept worrying that I would lose him because he was fading in and out."

Thanks to Erika's quick response and the swift arrival of paramedics, Chris' breathing returned and he was transported to the hospital.

Erika received this important training at Camp Fury, the annual fire-fighting camp organized by Northwest Fire Department, Tucson Fire Department and Girl Scouts of Southern Arizona. Melissa Ludgate, then a health education assistant at the UA Sarver Heart Center, was invited to teach these lifesaving skills. "My experience at Camp Fury in particular, was the first that jumped to my memory in order to help Chris. I believe everyone should learn how to do compression-only CPR," Erika urges.



Chris Miller, cardiac arrest survivor, and Erika Yee, his bandmate and rescuer, were reunited with Melissa Ludgate, who trained Erika at Camp Fury. Erika received a "Copper Letter" in honor of her heroic act from Tucson Mayor Jonathan Rothschild.

"It's very rewarding to know that the information I conveyed to someone led to lifesaving action in this case. I've used this story to tell other medical students how important our education and outreach activities are when it comes to the REACT [Resuscitation Education And CPR Training] Group," said Ludgate, who is now a medical student at the UA College of Medicine – Tucson and president of the REACT Group.

Resources for responding in the event of sudden cardiac arrest are available free on the UA Sarver Heart Center website: heart.arizona.edu/learn-cpr ♥

Gootter Grand Slam

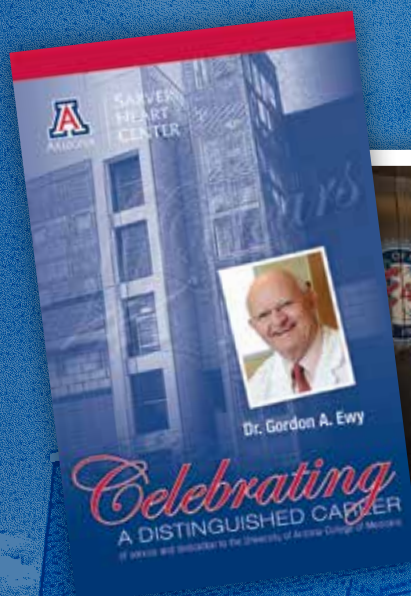
The 8th Annual Gootter Grand Slam took place on March 16 and 17 this year. The event featured a gala dinner honoring Tucsonan Ginny Clements, a live and silent auction, health fair, tennis tournament and pro-exhibition featuring Bob and Mike Bryan (#1 doubles team in the world), tennis great Murphy Jensen, and UA Head Football Coach Rich Rodriguez. The annual two-day event supports sudden cardiac arrest research at the UA Sarver Heart Center.

The Steven M. Gootter Foundation was formed by the friends and family of Steve Gootter, a vibrant, athletic 42-year-old father of two who lost his life to sudden cardiac death on Feb. 10, 2005, and is dedicated to the mission of defeating sudden cardiac death (SCD), a leading cause of death in the United States. ♥

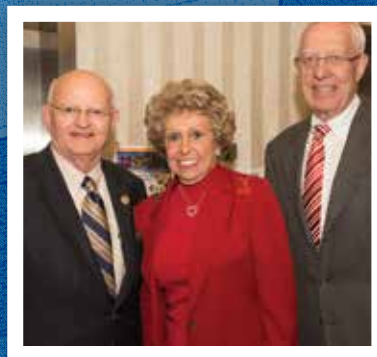


UA Sarver Heart Center's Dr. Karl B. Kern instructs tennis pros about the 3 Cs of responding in case of sudden cardiac arrest—Check, Call, Compress. Here Murphy Jensen directs Mike Bryan to "Call 911" while Rick Small awaits his turn.

Celebrating A Distinguished Career Program



The Ewy's with Mary Anne Fay.



Dr. Ewy with Alfie and Allan Norville.

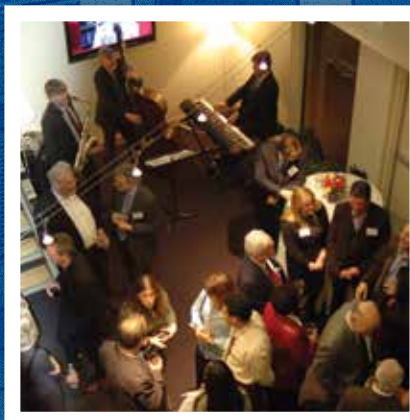


Jennifer Camano presents a replica of the plaque that will be hung in the Sarver Heart Center in Dr. Ewy's honor.

Cardiology Fellows Reunion, Feb. 9



The crowd of 76 was scattered throughout the Center, including the cozy, prime spot on the staircase landing.

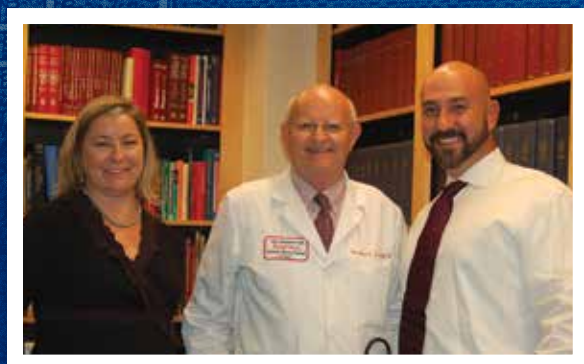


The Sarver Heart Center lobby was transformed for the 2013 Cardiology Fellows Reunion. Fellows came from eight states and two countries.



Alumni fellow Mark Gonzalez, MD, Carlos Deck, MD, the graduated furthest distance from Santiago, CA, MD of Minneapolis and Gregory I.

Welcoming a New Director of Development, Nov. 29



Jennifer Camano with Dr. Gordon A. Ewy and Clint McCall.



Women's Minority Outreach Committee members congratulated the outgoing development director while welcoming the new. (From left) Cheryl Alli, Wanda Moore, Jennifer Camano, Clint McCall, Dyann Roller and Marilyn Robinson.



Yuma Friends of the Arizona Heart Center members.

am and Reception, March 8



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A Year of Transitions

Last fall the Sarver Heart Center began a year of transitions, including a new director of development as Clint McCall moved to the UA College of Medicine Development Office and Jennifer Camano joined the Sarver Heart Center development team. The biggest transition, of course, is Dr. Gordon A. Ewy's upcoming retirement, which sparked a series of celebrations of his 44-year career at the UA College of Medicine – Tucson. These photos provide a glimpse at some of these celebrations.

See more photos on the University of Arizona Sarver Heart Center Facebook page and please "Like" our page.



Dr. Ewy with cardiology fellows Tam Truong and Branden Snyder.



Isabelle Preiss, Jerry Preiss, Debbie Young and Abby Totten listen to Dr. Ewy's thank you message.



Dr. Ewy with colleagues from the University of Texas at Mission, Texas, joins Dr. Ewy's fellow who traveled the world, and Anil Poulou, MD of Tucson.



The conference room/library also became a dining room.



Dr. Ewy and colleagues at the Yuma Health Sciences Center.



Dr. Ewy gave Melinda Graham of Yuma Friends, a brief lesson on Harvey—a patient simulator that teaches medical students how to detect heart conditions.

New Catheter Procedures Gives High-Risk Cardiac Patients Lifesaving Options

← Ultrasound device provides TAVR team with images that guide valve placement

By Kapil Lotun, MD, associate professor of medicine in the UA College of Medicine, Department of Medicine, Division of Cardiology; director, Structural Heart Disease Program; medical director, Transcatheter Aortic Valve Replacement (TAVR) Program; and associate director, Cardiac Catheterization Laboratory at University of Arizona Medical Center – University Campus.

← Pliable Valve

↗ Balloon opens the space in the existing valve



Replacement valve is implanted in the existing space of the blocked valve.

↘ Pacemaker wire stops and starts the heart during valve placement procedure



Wynema Schwarz (center) at 80 years old had a calcified valve and was a candidate for a TAVR procedure in which the team inserts a catheter through the artery near the groin area. It contains a pliable valve that is opened and implanted into the damaged valve. "Age shouldn't keep you from living a better life with your family and grandchildren," said Mrs. Schwarz. Also pictured: Sreekumar Subramanian, MD, assistant professor of surgery in the Division of Cardiothoracic Surgery (left) and Kapil Lotun, MD.

Until recently, management of congestive heart failure symptoms was the only treatment option for elderly high-risk patients who suffered from heart valve diseases or leaks around surgically replaced valves. Now, non-surgical catheter procedures are available for many of these patients whose conditions are considered too risky or not suitable for open-heart surgery.

In some valvular patients, the aging process causes calcium and scar tissue build up that leads to blockage of the aortic valve. In other cases, congenital heart conditions, can increase risk of

heart failure or stroke.

Open-heart surgery currently is the gold standard for treating such conditions, but in some cases, the patient's health is considered too risky for surviving open-heart surgery. In such cases, recently developed procedures are now available in which an interventional cardiologist inserts a catheter through a small incision in the groin area and feeds it through the arteries to the site of the diseased or leaking valve.

Who is eligible for this procedure? Patients who are high risk for open heart surgery: typically, a person who is

evaluated by two surgeons and whose condition is deemed too risky for open-heart surgery.

Why aren't these procedures offered to all patients needing valve replacement or repair? While the results are very good and appear to be comparable to open-heart surgery for these very high-risk patients, more data need to be gathered before these procedures can be recommended as the standard of care for patients who are candidates for heart-valve replacement. In the TAVR procedure, the valves used may not last for decades and presently are only indicated for elderly patients at very high risk of not surviving open-heart surgery. ♥

About UAMC's Program

Under the direction of Dr. Lotun, the medical director of TAVR and the director of the Structural Heart Disease Program, and Dr. Robert Poston, the surgical director of TAVR, patients are evaluated for aortic valve disease in the dedicated Valve Clinic. In addition, the University of Arizona Section of Interventional Surgery offers the latest and newest treatment options for patients with coronary artery and structural heart diseases including valve diseases, atrial septal defects and patent foramen ovale, paravalvular leaks, alcohol septal ablation and other complex cardiac diseases.

Heart Health Updates from UA

UAMC – University Campus Earns National Accreditation in Treating Heart Failure

The University of Arizona Medical Center – University Campus received full Heart Failure Accreditation from the Society of Cardiovascular Patient Care.

“Heart failure is the only heart disease that continues to increase in both incidence and prevalence,” said **Mark Friedman, MD**, medical director of the hospital’s Heart Failure Program and Cardiac Transplant Service and the Sarver Heart Center’s *Thomas & Sabina Sullivan Sr. Endowed Chair for the*



Dr. Mark Friedman (left), pictured with Thomas Sullivan, Sr., heads the recently accredited Heart Failure Program.

Prevention and Treatment of Heart Failure. “More Medicare dollars are spent for diagnosis and treatment of heart failure than any other disease.”

Heart failure is a fairly common

condition in which the heart can’t pump enough blood to meet the body’s needs. In some cases, the heart can’t fill with enough blood. In other cases, the heart can’t pump blood to the rest of the body with enough force. Some people have both problems.

Heart failure is a leading cause of morbidity and mortality in the United States, affecting an estimated 5 million individuals, said Dr. Friedman. Although there is no cure, in most cases heart failure can be managed with medicine and lifestyle changes. ♥

Dr. Teodori Gives Haitian Boy Gift of Life

When Dr. Michael Teodori was asked by Gift of Life-Arizona to perform a life-saving heart surgery in Tucson for 16-year-old Roosevelt Gateau from Grand Goave, Quest, Haiti, it was easy for the cardiothoracic surgeon to say yes. Roosevelt contracted Rheumatic Fever as a child, which left two heart valves severely damaged and provided all the symptoms of a major congenital heart defect. His journey with heart surgery began in early 2012 when open-heart surgery was performed in the Dominican Republic to correct

his valves. However, the surgery was not as successful as doctors hoped and the daily struggle of keeping alive became a way of life for Roosevelt. After the Haitian earthquake, the Phoenix Mayo Clinic sent a group of doctors and nurses to Haiti to help care for people in need. One of the Mayo doctors came across Roosevelt and contacted Dr. Michael Teodori to help. Roosevelt and his mother were sent to Tucson and complex heart surgery was performed by Dr. Teodori in December, 2012 at the University of Arizona Medical Center – University Campus. After a successful surgery, Dr. Teodori indicated that while this was one of his more complex cases, all went well. ♥



Dr. Michael Teodori checks the incision on Roosevelt Gateau of Haiti.

Sarver Heart Center Members



Dr. Aiden Abidov is improving imaging systems and patient care.

Advanced Cardiovascular Imaging System Implemented at University Campus

Advanced imaging system upgrades, designed to improve patient care and save time for patients and doctors, have been achieved by a University of Arizona Medical Center team that included experts from information systems, cardiology and medical imaging. The upgrade moved multiple imaging modalities to one platform and enables doctors to view and compare these reports with one log in, explained **Aiden Abidov, MD, PhD, FACC, FAHA**, the Sarver Heart Center's *C. Leonard Pfeiffer Endowed Chair in Cardiology*, and associate chief of the Division of Cardiology and medical director of Cardiovascular Imaging at UAMC.

"This is an exciting time for our imaging lab. We will be able to perform cutting-edge cardiovascular imaging and will gain significant diagnostic power. It will turn us into one of the most powerful cardiac imaging labs in the country. This is a truly impressive collaborative effort of the UAMC ISS, cardiology and medical imaging," said Dr. Abidov.

The team currently is implementing a project with UAMC – South Campus to analyze remotely cardiac images obtained anywhere in the UA Health Network system. In the past, the imaging experts needed to physically drive between campuses to consult on an imaging case. The remote analysis allows doctors to respond more quickly, which improves patient care. The next step is to offer this program to rural communities. ♥



Henk Granzier, PhD

Sarver Heart Center Researcher Awarded \$1.6 million

Henk Granzier, PhD, professor of physiology at the University of Arizona College of Medicine and the Sarver Heart Center's *Allan and Alfie Norville Endowed Chair for Heart Disease in Women Research*, has been awarded a \$1.6 million grant from the National Heart, Lung, and Blood Institute branch of the National Institutes of Health to study the function of very large contractile protein in heart muscle. The application focuses on the role of titin – the largest protein known – in heart failure with preserved ejection fraction, but increased diastolic stiffness. This frequently occurring disease results in poor filling of the heart. The underlying disease mechanisms are not well understood and, as a result, no effective treatments exist. Recent work suggests that the giant protein titin plays an important role in the disease and the grant, therefore, focuses on this protein. This work will greatly improve the fundamental understanding of the filling phase of the heart and the mechanisms that cause hypertrophy.

Building Legacies:

Mark & Mary Anne Fay

Mark Augustine Fay, Jr. was a blessed man and he knew it. Kind and generous, Mark fully participated in life — often with a wink and a grin. He had a way of making everyone he met feel special, perhaps out of gratitude for his own rewarding life, which included his family and his faith. Mark Fay, Jr. passed away on January 14. He was a dedicated board member of the Sarver Heart Center since 1999 and we will miss him very much.

Even with his passing, Mark continues to give. Together with his wife, Mary Anne, they have created a meaningful legacy through thoughtful gift planning that includes a combination of bequests and annuities. Together, the Fays have made significant contributions to both the *Gordon A. Ewy, MD Distinguished Endowed Chair of Cardiovascular Medicine* and the *Gordon A. Ewy, MD Endowment for Resuscitation Research*.

As dedicated career professionals and thoughtful savers who did not possess substantial wealth, both Mark and Mary Anne felt strongly about paying tribute to their physician and friend, Dr. Gordon Ewy. He helped establish the Sarver Heart Center Resuscitation Research Group, whose seminal work has saved thousands of lives

across the globe.

The Fays utilized different avenues for charitable giving including a charitable gift annuity that provides income for life. Through a simple contract, you make a donation of cash, stocks or other assets to the Sarver Heart Center/University of Arizona Foundation.

In return, you receive a fixed amount each year for the rest of your life. You also can designate another recipient, if you choose.

A bequest is a provision in your will or living trust that directs a portion of your estate to

a named person or charity, such as the Sarver Heart Center. You may bequeath a specific asset, a dollar amount, a percentage of your estate or the remainder of your estate after all other gifts have been distributed.

When combined, these charitable gift options make a profound impact on the future of the Sarver Heart Center. Mark and Mary Anne's lifetime of successful planning will further Dr. Ewy's scientific achievements and those of the Sarver Heart Center. Thank you, Mark and Mary Anne.

For more information on annuities and other gift planning, please contact Jennifer Camano, director of Development at the UA Sarver Heart Center, 520-626-4164, or jcamano@shc.arizona.edu.



"What we have done for ourselves alone dies with us; what we have done for others and the world remains and is immortal."

— Albert Pike

SAVE THE DATE!



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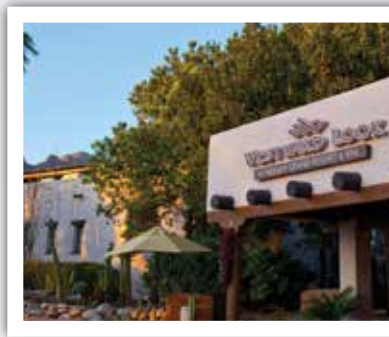
8th Annual

The Heart of the Matter

An Educational Luncheon
on Heart Disease in Women

Oct. 12, 2013

\$35



The Heart of the Matter Luncheon committee is working with our new venue—the Westward Look Resort in Tucson—on an inspirational, educational, heart healthy program. While we get ready for press, the program is being brainstormed, but one new highlight we can share is an optional tour of the Westward

Look's Chef's Garden. So, if you want to take to heart the advice about scratching salt from your cooking, plan to bring walking shoes to learn about delicious, nutritious, heart-healthy seasonings.

Please check the Sarver Heart Center website for more information as details are finalized. Online registration will be available at heart.arizona.edu (**click on Events**) beginning August 15, 2013. Sponsored by the UA Sarver Heart Center Women's Heart Health Education Committee.

How a Charitable Gift Annuity Works

Through a simple contract, you make a donation of cash, stocks or other assets to the Sarver Heart Center through the University of Arizona Foundation. In return, the UA Foundation agrees to pay you (and someone else, if you choose) a fixed amount each year for the rest of your life.

In addition to providing a gift to the UA Sarver Heart Center and receiving fixed payments for life, you also receive these benefits:

- Your initial gift is partially income tax-deductible.
- Your charitable gift annuity payments are partially income-tax free throughout your estimated life expectancy.
- Your payments are not affected by ups and downs in the economy.
- The gift annuity can be for one or two people, so your spouse or another loved one can also receive payments for life.

If you use appreciated stock to make a gift, you can usually eliminate capital gains tax on a portion of the gift and spread the rest of the gain over your life expectancy.

Your Rate

- Generally, the older you are at the start of your charitable gift annuity, the higher your payments.
- These rates are the maximum rates recommended by the American Council on Gift Annuities and are adjusted periodically.

Age	Rate
65	4.7%
68	4.9%
70	5.1%
72	5.4%
74	5.7%
76	6.0%
78	6.4%
80	6.8%
82	7.2%
84	7.6%
86	8.0%
88	8.4%
90+	9.0%



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University of Arizona and community leaders paid tribute to Dr. Gordon A. Ewy on March 8. From left: James H. Moore, Jr., president and chief executive officer, University of Arizona Foundation; Robert Sarver, UA Sarver Heart Center Advisory Board member whose family named the center; Karl B. Kern, MD, co-director of the UA Sarver Heart Center and the new holder of the Gordon A. Ewy, MD, Distinguished Endowed Chair of Cardiovascular Medicine; Carol Gregorio, PhD, co-director of the UA Sarver Heart Center and head of the Molecular Cardiovascular Research Program at the UA College of Medicine; Gordon Ewy; Priscilla Ewy; Steve Goldschmid, MD, dean of the UA College of Medicine – Tucson; Kalidas Madhavpeddi, chair of the UA Sarver Heart Center Advisory Board; and Allan Norville, UA Sarver Heart Center Advisory Board member. During the program, Robert Sarver called the Center “one of the best investments my family has made.”

A Final Word *...from the Director*

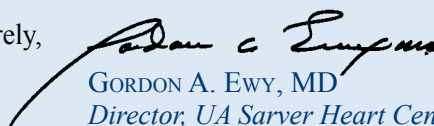
As Priscilla and I prepare for our upcoming retirement, beginning July 1, we are not celebrating “our retirement,” more importantly, we are celebrating all that YOU have helped the University of Arizona Sarver Heart Center accomplish. The Center shares a legacy with YOU, our patients and friends, for without you, our accomplishments would not have been possible.

Without you, the Sarver Heart Center building would not be standing. Without you, we would not have the endowments and gifts that have enabled us to offer outstanding faculty opportunities for research, professorships, fellowships and lectureships. Because of you, this endowed support will continue to advance research, lead to discoveries and improve therapies in cardiovascular disease for decades to come.

So thank you for this shared legacy and thank you to everyone who was able to join us on March 8 to celebrate our journey together. For those of you who were unable to be with us in person, please note that the program was videotaped and is available on the Sarver Heart Center website at heart.arizona.edu. Click on the “Celebrating” banner and you’ll find a video link on that page. Now, you also can “friend” Sarver Heart Center on Facebook and see photos from the program and reception.

I also want to thank so many of you who have given me advice on retiring successfully. Priscilla, in particular, appreciates those of you who have told me that while most of our space is shared, to make sure we have our separate, sacred spaces as we enter this new episode in our 55 years of marriage.

Sincerely,


GORDON A. EWY, MD
Director, UA Sarver Heart Center