



August 13, 2004

Dr. Jay Perman
Dean of the College of Medicine
University of Kentucky
MN-150 Albert B. Chandler Medical Center
Lexington, KY 40536-0298

Dear Dr. Perman:

When Jack and I made our gift to help establish the new Heart Institute at the Chandler Medical Center, the emphasis was to balance cardiovascular research, clinical care, and the education and training of physicians and staff.

A leading program in cardiovascular research can differentiate the Gill Heart Institute from most other medical centers. The Gill Heart Institute's mission is to develop and adopt "cutting edge" innovations, technology and their use in clinical care. Without the creation of a dedicated **Cardiovascular Research Center**, the mission of the Gill Heart Institute cannot be fully achieved.

We are so proud that the state of Kentucky rose to the challenge of improving the health of its citizens when it created a second medical school in the 1960's at the University of Kentucky. When it became known that the heart health of Kentuckians ranks as fifth worst in the nation, again the state responded by building a "state of the art" facility for patient care and cardiovascular research. Additionally, the state matched our donor funds which endowed more Chairs and Professorships. Kentucky thereby, drew a "line in the sand" against heart disease. Now we must expand our research and collaboration with other leading centers to continue finding answers to the mysteries of cardiovascular disease, so that we will not fail the citizens of our state, national, and worldwide communities.

Jack and I firmly believe without the **Cardiovascular Research Center** leading the way for future of cardiovascular medicine and using the Gill Heart Institute to provide the clinical research expertise as a bridge to patient care, Kentucky will remain the 5th worst in heart disease. We cannot allow that to happen.

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Dr. Jay Perman

We strongly support and urge the approval of the proposal for the creation of the **Cardiovascular Research Center** under the leadership of Dr. Alan Daugherty, Dr. Fred de Beer and Dr. Lisa Cassis.

Sincerely,

Linda and Jack Gill /rm
Linda and Jack Gill

cc: ✓ Alan Daugherty Ph. D., D.Sc.
David J. Moliterno, MD
Victor A. Ferraris M. D. Ph. D.
Sibu P. Saha M. D.

Klaus Ley, M.D.
Director, Cardiovascular Research Center
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August 19, 2004

Dr. Jay A. Perman
Dean, College of Medicine
University of Kentucky
MN150 Medical Sciences Building
Lexington KY 40536-0298

Dear Dr. Perman,

It is great to hear of your plans to establish a cardiovascular research center at the University of Kentucky. I have read Dr. Daugherty's proposal and find the proposed structure very clear and useful for the purpose.

At the University of Virginia, the Cardiovascular Research Center was established in 1993. Its founding director was Brian Duling, who directed the center until 2001, when I became director. Similar to the reporting structure you propose, I report directly to the Dean. We have an internal and external advisory board. The Center does not have faculty lines, but has space and startup packages. When I recruit a new faculty member, I work with one of the department chairs, which has resulted in several successful recruitments. The CVRC has an endowment that generates enough income to run a seminar series and support some shared facilities. Shared facilities are operated by CVRC resident faculty at no cost to the investigator. The CVRC has nine resident faculty, who are served by an office consisting of a business manager, a financial administrator, a seminar coordinator, and one secretarial staff for each two faculty.

The Cardiovascular Research Center (CVRC) has been extremely successful at attracting NIH funding, which totals about \$33 million per year. Most significantly, it has supported the inception or continuation of five cardiovascular program project grants in the areas of atherosclerosis and diabetes, smooth muscle cell biology, cardiovascular development, salt-sensitive hypertension and cardiopulmonary inflammation.

There are several mechanisms through which the Cardiovascular Research Center has been able to help fledgling new initiatives. First, we have a Partner's Award, funded by donors who give to a joint fund and allow us to make two to four awards per year for \$25,000 each. The return on investment for this program has been more than 5,000%, i.e. for every dollar spent, \$50 were generated in NIH and other outside funding.

Director

Klaus F. Ley, M.D.

Scientific Advisory Committee

Thomas Braciale, M.D., Ph.D.

David Brautigan, Ph.D.

Brian Duling, Ph.D.

Coleen McNamara, M.D.

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A second mechanism is the institution of shared facilities. Since these are operated free of charge to the investigator, and they are located in an investigator's laboratory, they are both popular and inexpensive. If a need arises, the center director would poll all 99 faculty members and collect contributions amounting to about 50% of the total cost. The investigator with the most need would typically make the largest contribution and would offer to house the instrument in his or her lab. This has worked extremely well. A few of these shared facilities have grown to the point where they become institutional resources and are then operated as core facilities (fee-for-service), accessible to anyone in the School of Medicine.

Thirdly, our biweekly seminar series (outside speakers) and the interlaced research-in-progress series (mostly in-house postdocs) have really created a wonderful intellectual atmosphere in cardiovascular research. We are careful in striking a balance between the interests of cardiologists, other clinicians, and basic researchers. Sometimes, a Grand Rounds speaker in cardiology will give a more science-oriented seminar in the CVRC. Finally, there are educational activities for fellows, postdocs, graduate students, and others. The CVRC spearheads a flagship course in Vascular Biology, which is taught every other year and is very popular with both students and faculty.

Overall, I wish to emphasize that many of these activities would not be possible without the Center.

With best wishes for a successful establishment of your new center,
Yours sincerely,

Sincerely,



Klaus Ley, M.D.
Director, Cardiovascular Research Center
Professor of Biomedical Engineering,
Molecular Physiology and Biological Physics



Washington University in St. Louis

SCHOOL OF MEDICINE

Center for Cardiovascular Research
Department of Medicine
Cardiovascular Division

August 13, 2004

Dr. Jay A. Perman
Dean, College of Medicine
University of Kentucky
MN150 Medical Sciences Building
Lexington, KY 40536-0298

Dear Dr. Perman,

I write to you as Director of the Center for Cardiovascular Research at Washington University School of Medicine to provide some insight into the potential benefits that could be provided if a similar Center was established at your Institution.

The Center for Cardiovascular Research (CCR) was established at Washington University School of Medicine as an outgrowth of the Cardiovascular Division, Department of Medicine. We had several goals in mind when developing the CCR. First, we sought to establish a cardiovascular research community that would span across divisional, departmental, and college boundaries at Washington University. This was particularly important given the significant number of cardiovascular scientists, albeit widely distributed, at Washington University. Second, upon establishing this critical mass of investigators, we could provide benefits for this research community such as training programs, key core facilities, enhanced interactions leading to larger programs and funding opportunities, and formal didactic educational activities.

In January 1996 the CCR was established. The CCR has *bona fide* "Center" components including a dedicated endowment and research space. It also has virtual components in that approximately 50% of its membership have primary appointments outside the cardiovascular division and have their laboratories throughout the University. I believe that the CCR has fully realized its mission. We have 22 members of the CCR who participate at varying levels in its activities. We have an exciting and innovative trainee program that is supported by three NIH training grants focused on areas ranging from molecular and cellular biology to clinical research. The trainee mix is rich including graduate students, M.D./Ph.D. students, clinical postdoctoral fellows, and Ph.D. postdoctorates. In addition, we have temporary trainees from the undergraduate campus

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and visiting senior sabbaticals. The CCR supports important core facilities to assist our young and established investigators. The most important core is an extensive Mouse Cardiovascular Phenotyping Facility that has grown in “leaps and bounds” to keep pace with the needs of our investigators. This Core facility, now nationally known, provides extensive mouse cardiovascular phenotyping capabilities including echocardiographic imaging, metabolic studies, vascular surgery, and exercise evaluation for genetically engineered mouse models of cardiovascular disease. The existence of the Center has fostered new collaborative activities that have spawned several larger grants including an NHLBI-supported SCOR in Pediatric Heart Disease, a new NHLBI-supported SCCOR (Specialized Center for Clinically Oriented Research) focused on the diabetic heart, a PPG focused on fundamental aspects of diabetic cardiomyopathy, and a recently acquired P20 Planning Grant for the development of a interdisciplinary center sponsored by the NIH Roadmap initiative. The Center has also been critical in our ability to recruit young faculty. In this latter regard, young scientists are attracted to the security and the potential for acquiring trainees provided by the CCR. Lastly, I believe the development of the CCR has played an important role in the “esprit-de-corps” of our scientists. In the current environment, where we are realizing increasing potential for discovery yet growing concern about future funding, the CCR has provided a wonderful setting for addressing long-term issues and strategies relevant to career pathways and funding.

In summary, I believe if well-organized and with appropriate leadership, the development of a Center focused on cardiovascular research will generate extraordinary academic and financial dividends. Given that the University of Kentucky has already established an umbrella Heart Institute, it seems like a “no-brainer” to proceed with the Cardiovascular Research Center concept. Moreover, with leaders such as Alan Daugherty and others, the Center would undoubtedly thrive. Please do not hesitate to contact me if I can be of further assistance.

Sincerely,



Daniel P. Kelly, M.D.
Professor of Medicine, Molecular Biology &
Pharmacology, and Pediatrics
Director, Center for Cardiovascular Research
Co-Director, Cardiovascular Division

DPK/msw