You may now log onto [Grants@Heart](#) to create and submit your application for AHA research funding. Application deadlines are throughout January. Please [check the deadline](#) for the program you are applying to. All deadlines are 5 p.m. Central Time.

**Note the Following Changes to AHA Programs**

The AHA Research Committee reviewed each affiliate and Association-wide funding opportunity in the AHA Research Portfolio. The following updates will go into effect with all applications submitted after January 1, 2016.

1. **Award Amounts**
   1. Predoctoral and Postdoctoral Fellowship stipends will follow the NIH sliding scale, plus $1,000 per year for health insurance.
   2. Additional annual project support will be $2,000 for Predoctoral Fellows and $3,000 for Postdoctoral Fellows.
   3. Mentored Clinical and Population Research Award, Scientist Development Grant, and Grant-in-Aid award amounts will be $77,000 per year.

2. A primary sponsor may have no more than two AHA-funded fellows (predoctoral and/or postdoctoral) at any time. This limit does not include fellows who are part of an AHA Strategically Focused Research Network award.

3. **Budget Line Items**
   1. No limit on most line items, including supplies, computers, and equipment.
   2. While some awards continue to have annual limits on travel, international travel is permitted and does not require prior AHA approval.

4. The Beginning Grant-in-Aid will be replaced with the Scientist Development Grant.

5. **Award Durations**
   1. Predoctoral Fellowship, Postdoctoral Fellowship, Mentored Clinical and Population Research Award, and Grant-in-Aid – two years.
   2. Scientist Development Grant – three years.

6. The Association-wide program will offer the Mentored Clinical and Population Research Award and Scientist Development Grant in only one cycle per year, and the Affiliates will offer these programs in the opposite cycle.

7. Grant-in-Aid limit on other research funding available to the principal investigator may not exceed $250,000 annually. This includes direct funds, and does not include the PI’s salary/fringe and intramural funding.
Great Job

Congratulations to the Publication Acceptances!


Professor
Chief, Division of Pulmonary & Critical Care Medicine
Director of Research, Internal Medicine
Director, Simulation-Based Training

Subspecialty: Critical Care Medicine

Administrative Office: 432-703-5340 Email: lavi.oud@ttuhsc.edu

Congratulations

Dr. Natalia Schlabritz-Lutsevich has been appointed to serve on the Endocrinology, Metabolism, Nutrition and Reproductive Sciences Study Section of the NIH.
A Randomized Trial of Intensive versus Standard Blood-Pressure Control

BACKGROUND
The most appropriate targets for systolic blood pressure to reduce cardiovascular morbidity and mortality among persons without diabetes remain uncertain.

METHODS
We randomly assigned 9361 persons with a systolic blood pressure of 130 mm Hg or higher and an increased cardiovascular risk, but without diabetes, to a systolic blood-pressure target of less than 120 mm Hg (intensive treatment) or a target of less than 140 mm Hg (standard treatment). The primary composite outcome was myocardial infarction, other acute coronary syndromes, stroke, heart failure, or death from cardiovascular causes.

RESULTS
At 1 year, the mean systolic blood pressure was 121.4 mm Hg in the intensive-treatment group and 136.2 mm Hg in the standard-treatment group. The intervention was stopped early after a median follow-up of 3.26 years owing to a significantly lower rate of the primary composite outcome in the intensive-treatment group than in the standard-treatment group (1.65% per year vs. 2.19% per year; hazard ratio with intensive treatment, 0.75; 95% confidence interval [CI], 0.64 to 0.89; P<0.001). All-cause mortality was also significantly lower in the intensive-treatment group (hazard ratio, 0.75; 95% CI, 0.60 to 0.90; P=0.003). Rates of serious adverse events of hypotension, syncope, electrolyte abnormalities, and acute kidney injury or failure, but not of injurious falls, were higher in the intensive-treatment group than in the standard-treatment group.

The SPRINT Research Group
November 9, 2015
DOI: 10.1056/NEJMoa1511939

Questions regarding Resident Peeks should be addressed to Dr. Vera-Aguilera @ jesus.veraguilera@ttuhsc.edu

Dear Colleagues,

The Bill & Melinda Gates Foundation announced the latest Grand Challenges Explorations (GCE) grant recipients.

Grand Challenges Explorations grant program funds early-stage discovery, awarding initial grants of US$100,000 and potential follow-on grants of up to US$1 million. Grants target an expanding set of topics. 52 projects in 19 different countries received an initial grant of US$100,000 and 5 projects received follow-on funding. We have highlighted some of the funded projects on our slideshow and blog.

We will begin accepting applications for the next round of GCE starting September 2015. Congratulations to the grant recipients and thank you for your commitment to solving the world’s greatest health and development challenges.

The Grand Challenges Team

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Guided by the belief that every life has equal value, the Bill & Melinda Gates Foundation works to help all people lead healthy, productive lives.

Visit our site http://www.gatesfoundation.org

Resident Peek

ST-segment elevation: Differential diagnosis, caveats

Our first concern is myocardial infarction. However, several other conditions can also cause ST elevation.

ABSTRACT
The differential diagnosis of ST-segment elevation includes four major processes: ST-segment elevation myocardial infarction (STEMI); early repolarization; pericarditis; and ST-elevation secondary to an abnormality of the QRS complex (left bundle branch block, left ventricular hypertrophy, or preexcitation). Other processes that may be associated with ST elevation include hyperkalemia, pulmonary embolism, and Brugada syndrome. The clinical setting and specific electrocardiographic criteria often allow identification of the cause. This article reviews ST-T and QRS configurations specific to each diagnosis.

Questions regarding Resident Peeks should be addressed to Dr. Vera-Aguilera @ jesus.veraguilera@ttuhsc.edu

Any Questions regarding the Weekly Research newsletter please contact

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Assistant Editor