The past year has been an exciting one at the Vanderbilt Heart and Vascular Institute (VHVI). Our clinical and academic programs continue to grow, through the recruitment of leading physicians and researchers, the launch of several new research centers, and the expansion of our renowned clinical programs.

With more than 120 faculty members, we have one of the largest academic cardiology programs in the country. We recruited several new physician leaders in the past year. Dr. JoAnn Lindenfeld, current president of the Heart Failure Society of America (HFSA), joined Vanderbilt as the Section Head for Advanced Heart Failure and Transplantation. Dr. Thomas Force, immediate past president of the HFSA, assumed the role of Director of Cardiovascular Research. Dr. Matthew Freiberg moved from the University of Pittsburgh to start a new center at Vanderbilt in cardiovascular outcomes research. Dr. Javid Moslehi moved from the Brigham and Women’s Hospital to direct our recently expanded program in Cardio-Oncology. Dr. George Crossley joined our electrophysiology group and assumed the role of Associate Director of the Clinical Research Enterprise.

We have had substantial growth in our research programs. Federal funding for research at VHVI increased by 55% compared with the prior fiscal year. We were named one of the four national centers in the American Heart Association’s Strategically Focused Prevention Research Network, an effort led by Dr. David Harrison. Investigators at VHVI also played key roles in a large award from the Patient Centered Outcomes Research Institute to form the Mid-South Clinical Data Research Network. Over the winter, we opened the new Vanderbilt Translational and Clinical Cardiovascular Research Center (VTRACC), which includes 12 full-time faculty members. Finally, Vanderbilt’s DNA biobank (BioVU, led by Dr. Dan Roden) moved past 190,000 samples. It remains the largest biobank at a single academic institution worldwide.

Our clinical programs have never been stronger. Vanderbilt cardiologists conducted more than 130,000 clinic visits in the past year, a five-fold growth since 2008. Our ventricular assist device (VAD) and transplant programs remain among the largest in the country, with approximately 90 left ventricular assist devices (LVADs) and 40 heart transplants performed annually. In early 2014, we moved into the new cardiac catheterization and electrophysiology laboratories at VHVI. Our procedural volume in both areas continues to grow.

This issue of Advances in Heart Care highlights several new clinical programs for patients with advanced coronary disease or heart failure. Dr. Elias Haddad, an interventional cardiologist and part of the VHVI Complex Coronary Revascularization and Coronary Chronic Total Occlusion (CTO) program, discusses the clinical significance of CTO and emerging percutaneous approaches for revascularization. Drs. Jayant Bagai and Robert Piana review recent data regarding percutaneous ventricular restoration (PVR), a novel treatment for severe chronic heart failure after myocardial infarction.

VHVI also continues to expand the range of therapeutic options for patients and referring physicians. Dr. Meredith Pugh and colleagues in the Pulmonary Vascular Center review chronic thromboembolic pulmonary hypertension, an important sequela of pulmonary embolism, and describe medical and surgical treatment options. Dr. Arvindh Kanagasundrum and colleagues provide a series of case-based vignettes that highlight a range of catheter-based ablation options available for patients with ventricular arrhythmias.