



# WHL • NEWSLETTER

News from the World Hypertension League (WHL).  
In Official Relations with the International Society of Hypertension and the  
World Health Organization.

No. 155, March, 2017

## President's Column



Dr. Daniel Lackland

The first quarter has started with great progress for global hypertension control with great efforts and achievements from our partners and regional offices. These activities include strategies for population hypertension control and prevention, and most important – the increase in high blood pressure awareness on a global scale.

World Hypertension Day with the theme 'Know Your Numbers' continues to be an effective global campaign, and WHL is highly enthused to partner with the International Society of Hypertension and President Neil Poulter to enhance the global initiative of May Measurement Month, which will develop a worldwide system of reporting blood pressure levels.

The WHL co-sponsored a special section of the 2017 International Stroke Conference which was presented to a standing-room overflow audience of international health care providers.

The plans for the 2017 World Hypertension Congress (WHC) scheduled for September 21-25, in SHANGHAI, CHINA are developing wonderfully and we look forward to an outstanding conference.

The World Hypertension League continues to recognize global hypertension champions and is pleased to have the achievements of Professor Bruce Neal in those ranks. As well, the WHL was part of the Consortium for Southeastern Hypertension Control (COSEHC), recognizing the accomplishments of regional population high blood pressure control.

*Continued on page 2*

## Note from the Editor



Dr. Lawrie Beilin

In this first issue for the year we give notice of three sentinel events in 2107:

**World Hypertension Day (WHD)** in May, complemented by an exciting innovation; **"MMM" or May**

**Measurement Month** developed by ISH in collaboration with the World Hypertension League and finally the **WHL Shanghai China Hypertension Congress** in September.

Ernesto Schiffrin presents an in depth assessment of an AHA/WHL symposium on the highly topical 'SPRINT' study. Other articles refer to the growing number of partnerships with cognate organisations that share the objectives of WHL.

Enjoy reading.

Lawrie Beilin  
Editor, WHL Newsletter

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*President's Column continued*

It is with great enthusiasm that we welcome the Program for Appropriate Technology (PATH) into the WHL family. We feel it provides a valuable compliment to the comprehensive global hypertension detection, awareness, control, and prevention mission.

Finally, I thank each and all of you for your commitment and accomplishments in the reduction of the global impact and burden of elevated blood pressure.

Daniel Lackland  
President, WHL



### AHA/ASA/WHL Joint Session



Philip B Gorelick, Daniel T. Lackland, Adriana Conforto, Paul K Whelton, Clive Rosendorff, and Robert Carey at the 2017 International Stroke Conference in Houston Texas

The 2017 AHA/ASA and World Hypertension League (WHL) Joint Session entitled "The Implications of SPRINT and the New Hypertension Guidelines on Clinical Practice and Future Research" was very well attended, and included the following presentations:

- > **The Implications of SPRINT Results and Stroke Risks**
- > **The Implications of the New Hypertension Guidelines on Stroke Risks**
- > **Remaining Questions for Future Research of Hypertension and Stroke Risks**
- > **Implementing Hypertension Guidelines for the Reduction of Stroke Risks**



### May Measurement Month (MMM)



By: Eugenie Verney

### ISH and WHL put spotlight on raising blood pressure awareness with global May Measurement Month Campaign

In May 2017, a new joint initiative between the International Society of Hypertension and the World Hypertension League is being launched aimed at highlighting the global need for increased blood pressure awareness.

ISH President Neil Poulter said: 'Raised blood pressure is the biggest single contributing risk factor for global death and the worldwide burden of disease, and we want May Measurement Month (MMM) to lay strong foundations for significantly increasing public understanding.

'The goal for May Measurement Month is therefore to screen at least 25 million people worldwide who have not had their blood pressure measured in the previous year.'

May Measurement Month runs between 1 and 31 May and builds on the WHL's established World Hypertension Day — held on 17 May each year — which was launched as an annual event in 2005.

The wider MMM project will be delivered by volunteer health professionals at local screening sites in more than 100 countries.

Among those already involved are:

Afghanistan	Guatemala	Russian Federation
Algeria	Hungary	Rwanda
Angola	India	Serbia
Argentina	Indonesia	Singapore
Australia	Iraq	Somaliland
Bangladesh	Israel	South Africa
Belgium	Italy	Spain

Benin	Ivory Coast	Sudan
Brazil	Japan	Sweden
Burundi	Kenya	Switzerland
Cameroon	Libya	Tanzania
Canada	Lithuania	Togo
Cape Verde	Malawi	Tunisia
Chad	Mali	Turkey
Chile	Mexico	UAE
China	Mozambique	Uganda
Colombia	Nicaragua	United Kingdom
Congo	Niger	Ukraine
Croatia	Nigeria	Uruguay
Dominican Republic	Pakistan	U.S.A.
DRC	Paraguay	Venezuela
Ecuador	Peru	Vietnam
Georgia	Philippines	Zambia
Ghana	Poland	Zimbabwe
Grenada	Romania	

More details at: <http://ish-world.com/news/a/May-Measurement-Month-Get-Involved-Now>

## LINKS OF NOTE

### ISH HYPERTENSION NEWS

February 2017 Issue [click here](#)

### ESH 2017 Meeting

Milan, Italy

June 16 – 19, 2017 [click here](#)

### AHA Council on Hypertension/ American Society of Hypertension Joint Scientific Sessions

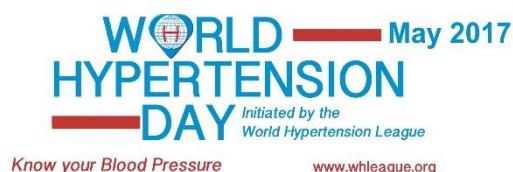
San Francisco, California

September 14 – 17, 2017 [click here](#)

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## EVENTS OF NOTE

### WORLD HYPERTENSION DAY



Once again WHL is helping lead the global annual celebration of World Hypertension Day ([WHD info click here](#)) through a 'Know Your Numbers' Theme & Campaign to increase the awareness of high blood pressure and the risk for hypertension related noncommunicable diseases (NCDs). A large part of this 2017 campaign is May Measurement Month.

### WORLD HYPERTENSION CONGRESS

WHC 2017

4<sup>th</sup> World Hypertension Congress & 19<sup>th</sup> International Symposium on Hypertension and Related Diseases  
第四届世界高血压大会暨第19届国际高血压及相关疾病研讨会

21-25 September 2017 Shanghai

From Evidence Based Policy to Best Practice for Blood Pressure Control



## SEPTEMBER 21-25, 2017 SHANGHAI, CHINA

It is with great excitement and enthusiasm to announce that there will be a WHL Congress to be conducted in alliance with the 2017 Chinese Hypertension Meeting. The themes, venue, and speakers are currently being developed. Amongst the featured symposia, talks, and strategies, there will be sessions on: 1) Dietary Salt: Perspectives, opportunities, and challenges, 2) Enhancing hypertension prevention and control, 3) Training workshops with emphasis on low to middle income countries, and 4) Blood pressure measurement: the evidence base and resources. In addition, the WHL Executive Board and Council will convene during the Congress. We will share more detailed information as it becomes available.

## WHL/ISH Sponsored Session at AHA Scientific Sessions in New Orleans, LA

### *Clinical Management of Hypertension: Moving Forward from SPRINT - Global Implications*

By: Ernesto L. Schiffrin MD, PhD McGill University, Montreal, QC, Canada

A Cardiovascular Seminar at the American Heart Association Scientific Sessions in New Orleans, LA, USA, took place on Monday morning, November 14, 2016. Entitled "*Clinical Management of Hypertension: Moving Forward from SPRINT-Global Implications*", it was a session organized by the World Hypertension League and the International Society of Hypertension. The session was chaired the President of the WHL Dr. Daniel Lackland from Charleston, SC, USA, and the Immediate Past President of ISH, Dr. Rhian M. Touyz from Glasgow, United Kingdom.

Dr. Lackland introduced the Cardiovascular Seminar by pointing out that hypertension was an increasing source of morbidity and mortality in low and middle income countries, and that this was the reason why ISH and WHL had decided to organize a discussion on the impact of SPRINT on management of hypertension across the world.

The first speaker was Dr. Ernesto L. Schiffrin from McGill University, Montreal, QC, Canada, whose subject was: SPRINT - Is it Time to Redefine Hypertension? Dr. Schiffrin started by presenting current guideline definitions of hypertension and target BP for low and high CV risk groups, as well as the observational data from the Trialists' Collaboration suggesting that CV risk rises log linearly above 115/75 mm Hg,<sup>1</sup> leading to the question of whether low BP targets will provide greater CV protection than usual ones such as <140 mm Hg, particularly for high CV risk hypertensive individuals. He then showed a summary of the main SPRINT results,<sup>2</sup> as well as the recent meta-analyses by Ettehad et al.<sup>3</sup> and Xie et al.<sup>4</sup> from their 2016 Lancet publications, which support the SPRINT-based SBP target of 120 mm Hg for high CV risk patients. He indicated that Hypertension Canada had already issued a SPRINT-based guideline for SPRINT-like patients.<sup>5</sup> However, this guideline recommends unattended automated office BP (AOBP) measurement, which is similar to what was done in SPRINT. In fact AOBP may give values that are below daytime ambulatory BP and 10 or more mm Hg lower than obtained in usual clinical practice.<sup>6</sup> Even unattended AOBP may give lower SBP than observed AOBP.<sup>7</sup> Unattended AOBP has been shown in a recent

study to demonstrate in a >6000 people community hypertensive cohort aged >66 years old, and followed for >4yrs, that the nadir of hazard occurs at 110-119 mm Hg, supporting the SPRINT conclusions regarding target BP.<sup>8</sup> Therefore, if unattended AOBP is performed as in SPRINT (and in Canada, 40% of family physicians use AOBP), hypertension should be redefined as BP  $\geq$ 130/80 mm Hg, and target BP should be <130/80 for low risk patients and SBP<120 mm Hg for high CV risk SPRINT-like patients, perhaps cautiously including diabetic subjects.<sup>9</sup> However, if BP is measured manually as in most of the world, the classical definition of hypertension, BP  $\geq$ 140/90 mm Hg, should remain, with a target BP preferably close to 130/80 mm Hg for most patients, and <130/80 for high CV risk SPRINT-like subjects,<sup>10</sup> perhaps also including diabetic individuals as in the CHEP Hypertension Canada guidelines. His final thought related to AOBP becoming more widespread as a result of SPRINT, allowing 110 years after Riva- Rocci achieving reliable, accurate and stable BP measurements. Importantly, he suggested that the main impact of SPRINT beyond the actual target SBP of <120 mm Hg for high CV risk subjects could be that intensifying antihypertensive therapy would improve outcomes in hypertensive patients.

The second speaker was Dr. Lawrence Fine of NHLBI, Bethesda, MD, USA speaking on SPRINT Results and Hypertension Management. Dr. Fine presented an analysis of SPRINT, the 25% relative risk reduction in the primary endpoint for the 13 mm Hg difference between the standard and intensified therapy groups over 3.26 years until the trial was stopped because of dramatic benefit to the intensive therapy group, and the 37% relative risk reduction in heart failure and 43% relative risk reduction in cardiovascular death in the intensified therapy group compared to the standard therapy group.<sup>2</sup> Interestingly, of the components of the primary endpoint, ACS, myocardial infarction and stroke were not significantly different in both groups. He showed the consistency of results across pre-specified subgroups, such as males and females, African Americans and non-African Americans, >75 years of age or <75 years old, with or without CKD, lower or higher baseline BP, etc. He showed that the elderly fit or less fit benefitted equally to the whole cohort from intensive therapy.<sup>11</sup> He underlined the similarity and paucity of serious adverse effects on standard and intensive therapy, although hyponatremia, hypokalemia and acute kidney injury were more frequent in the intensified therapy group. It would be important to reproduce the results in subsequent trials, including trials with populations excluded from SPRINT such as diabetic persons. He showed that a recent



publication in JAMA demonstrated the cost-effectiveness of the SPRINT intensified treatment since it was lower than 25 thousand dollars per QALY gained,<sup>12</sup> and less than the 50 thousand dollars considered cost-effective for any treatment. He indicated that already some guidelines such as Canadian and Australian ones had included recommendations based on SPRINT. He concluded that SPRINT intensive treatment is achievable as demonstrated by the Kaiser Permanente data from Northern California.

The third speaker was Dr. Paul K Whelton of Tulane University, New Orleans, LA, USA, on SPRINT Results and Implications for Management of Hypertension in North America. Dr. Whelton reported that the SPRINT results are consistent with other trials, and collectively the data indicate that “lower is better”. He stated it is unlikely that the benefits of intensive treatment noted in SPRINT can be explained by overestimation of treatment effects or underestimation of adverse effects. Generalizability of all landmark blood pressure trials, including SPRINT, is challenging, but they provide the best scientific underpinning for practice of evidence-based medicine.

The fourth speaker was Dr. C. Venkata S Ram from Dallas, TX, USA, who spoke on SPRINT Results and Implications for Global Management of Hypertension. Dr. Ram described the situation in low and middle-income countries, where manual BP is the norm. In fact, this is the case worldwide with few exceptions. Thus he argued that SPRINT BP targets could not be applied worldwide. We had to accept that manual BP measurement is carried out in most countries, and that BP control is dismal around the world, and therefore we have to concentrate on getting hypertensive patients to the target BP of <140/90 mm Hg, although in high risk CV patients 130/80 mm Hg might be recommended, before concentrating on achieving the SPRINT targets. If AOBP became accessible, then lower BP targets might be considered. He was not optimistic on this occurring in the near future, and felt that we had to content ourselves with the older targets while intensifying treatment with the idea that BPs measured with manual equipment gave results >10 mm Hg higher than with AOBP, which might be inaccessible for the foreseeable future in the low and middle-income world.

A final speaker was Dr. Michael A. Weber from SUNY Downstate College of Medicine, New York, NY, USA, who also spoke about global implications of SPRINT on management of hypertension. Dr. Weber reminded

the audience of the results of the VALUE trial,<sup>13</sup> and how prompt BP lowering succeeded in improving outcomes. As well, the results of ACCOMPLISH, which showed that diabetic subjects benefitted from intensive BP lowering to <130 mmHg<sup>14</sup> despite the apparent failure of intensified BP lowering to <120 mmHg in ACCORD. He also pointed out the CLARIFY study, suggesting that in patients with hypertension and CAD, lowering of SBP below 120 mm Hg resulted in a J-curve phenomenon with adverse cardiovascular outcomes, including mortality,<sup>15</sup> thus raising concern about excessive office BP reduction. He pointed out that the difference between AOBP (unobserved method) and usual office BP measurement was in his view 7 mm Hg for SBP, suggesting that the SPRINT BP goal should be targeted if BP was measured as done in SPRINT. If not, and done as performed in most clinics, the SBP target should be replaced by 130 mm Hg for high-risk patients. Dr. Weber presented the ASH/ISH guideline for management of hypertension in the community,<sup>16</sup> which suggested simple recommendations and algorithms for hypertension management, perhaps including single pill combinations to improve adherence. He pointed out that the main conclusion should be that intensifying treatment, not just intensifying lowering BP, is what will improve outcomes for hypertensive patients. Dr. Weber explained this on the basis of the fact that intensive therapy patients received more diuretics, more RAS inhibitors and more calcium channel blockers, and thus effects of the drugs, and not only BP lowering, could be responsible for the benefits found in this group.

A panel discussion ensued, with participation of Suzanne Oparil, from University of Alabama, Birmingham, AL, USA, and Dr. Paul Whelton, who reiterated the need to intensify BP lowering as the main conclusion from SPRINT, and improve the quality of BP measurement.

For Full Article with References, please [click here](#)



From left to right: Daniel Lackland, Michael Weber, Rhian Touyz, Suzanne Oparil, C. Venkata Ram, Paul Whelton, Lawrence Fine, and Ernesto Schiffrin.

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## COSEHC Annual Meeting Report

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From left to right: Robert Carey, MD, Joey Granger, PhD, Paul Whelton, MB, MD, MSc, Dan Lackland, DrPH, Ed Roccella, PhD, MPH, Richard Schuster, MD, MMM

By: Debra Simmons and Richard Schuster, MD

COSEHC (the Consortium for Southeastern Hypertension Control) is an organization in the Southeast United States plus 4 Caribbean island nations – Bahamas, Barbados, Jamaica, and St. Lucia. The Mission of the Consortium for Southeastern Hypertension Control is to empower health care professionals, patients, and the public with better knowledge, tools, and competencies through continuous quality improvement to secure cardiometabolic health for all people. COSEHC supports 32 Centers of Excellence throughout the region (13 states in the Southeast US and 4 Caribbean nations). It has recently received a \$15.8 M contract through a US government (CMS) sponsored Practice Transformation Network Initiative to support over 3,000 physicians and other providers in improving outcomes of care and transitioning to a value-based delivery system. COSEHC held its annual meeting in February, 2017 and focused on new and critical factors for success in the new healthcare environment including new techniques in using data to drive quality (with a focus on cardiovascular risk factors); integrating effective and efficient processes in the delivery of care, and attaining quality goals to maximize revenue opportunities. Medical groups interested in learning more about COSEHC (or joining as a Center of Excellence) should refer to the COSEHC website: <http://www.cosehc.org/V2/Home.aspx>



Awardee Joey Granger, PhD (center) with Dan Lackland, DrPH (left) and Richard Schuster, MD, MMM (right)



Awardee Paul Whelton, MB, MD, MSc (center) with Dan Lackland, DrPH (left) and Richard Schuster, MD, MMM (right)



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## Welcome PATH! A New WHL Member with a Complementary Mission & Mandate

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The World Hypertension League (WHL) is honored and pleased to welcome PATH or Program for Appropriate Technology in Health (website: <http://www.path.org/>) as a new Full WHL Member. The organization's Mission, Mandate, Partners, and Resources fit nicely with the WHL to further impact global and nation-wide populations.



By: Ansley Kahn

PATH is driven by an unshakeable commitment to health equity and a belief in the power of innovation to improve health and save lives. For nearly 40 years, PATH has been a pioneer in translating bold ideas into breakthrough health solutions, with a focus on child survival, maternal and reproductive health, and infectious diseases. In 2012, PATH expanded upon decades of experience developing and scaling approaches to cervical and breast cancer care for low-resource settings to initiate a broader, global NCD program.

The NCD Program draws from vast capabilities across PATH, from technical supply chain and monitoring and evaluation specialists to communications and advocacy experts.

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The program aims to reduce premature morbidity and mortality by using innovation and technology to increase access to NCD prevention and care. NCD Program efforts are designed to enable people at risk of or living with NCDs in low- and middle-income countries to achieve and maintain the highest attainable standards of health, quality of life, and productivity at every age.

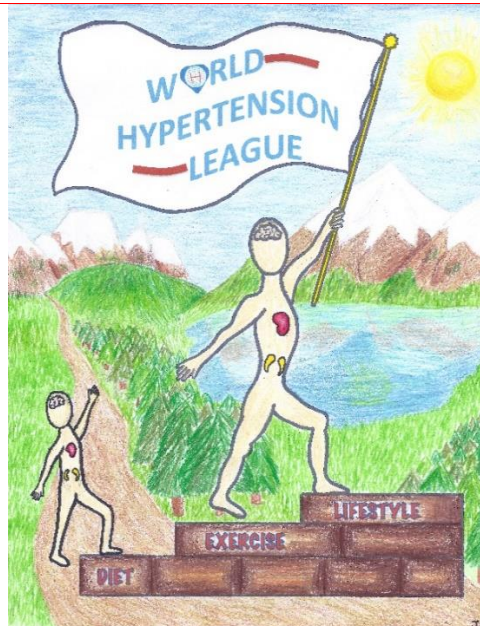
PATH leads the way with integrated programming focused on sustainable impact and first-of-their-kind, multi-sectoral partnerships, including recent groundbreaking work to improve care for cardiovascular disease and hypertension. For example, in collaboration with the Novartis Foundation, PATH is building on previous successes to introduce an innovative health care delivery model designed to improve hypertension management and control in Vietnam. The Community for Healthy Hearts (CH2) project increases awareness of hypertension and its complications, the silent nature of the disease, modifiable risk factors, and the importance of screening. PATH is also working to engage local social enterprises to leverage new approaches to increase the number of access points for cardiovascular health education and screening services. The CH2 project incorporates innovative technology solutions to support self-care, such as SMS messaging, and an electronic tool for health volunteers and commune health stations to track and respond to patient care needs over time. The model is implemented in collaboration with the Ministry of Health and the Provincial Health Department in four districts of Ho Chi Minh City, covering a population of approximately two million people and a target population of 700,000 people aged 40 years or older. The goal of the three-year program is to improve blood pressure control among adults by increasing access to and use of high-quality hypertension services that are sustainable and scalable.

Like the World Hypertension League (WHL), PATH is committed to improving access to prevention, early diagnosis, care, and management of hypertension. We look forward to leveraging WHL professional resources as we train health workers and build capacity in Africa and Asia. World Hypertension Day will be marked with activities to raise awareness and provide screening and referrals as appropriate in our project countries. Innovative partnerships are key to

reaching the targets set by WHO for NCDs. PATH looks forward to future opportunities with WHL.



## WHL Children’s Art Poster Contest



**2015-16 Student Art Awardee Juliet**

The World Hypertension League is launching an art poster contest among children, coordinated by Dr. Edward Roccella, National Heart, Lung, and Blood Institute, asking them to draw or paint a poster alerting the viewer of the danger and describing methods to prevent hypertension. Posters will be judged for scientific accuracy and creativity, and then exhibited. This contest is part of the annual World Hypertension Day Celebration to raise awareness & action on preventing uncontrolled hypertension and its health impact (e.g. stroke, heart disease, kidney disease).

## Linda Joy Pollin Women's Heart Health and Cardiovascular Wellness Centers Join WHL Children’s Art Poster Contest

By: Lori Younger

The Linda Joy Pollin Women's Heart Health Centers at Brigham and Women's Hospital in Boston, Cedars-Sinai Medical Center in Los Angeles, and Johns Hopkins Hospital in Baltimore, along with the Linda Joy Pollin Cardiovascular Wellness Centers at Hadassah Hospital in Jerusalem, are pleased to jointly announce a children's art poster contest to raise public awareness of hypertension. According to estimates from the World Hypertension League, fewer than 20% of those with hypertension are



controlled and approximately one half of people with hypertension are unaware they have it. High blood pressure is a leading risk factor for stroke and heart disease. The poster contests at these four centers seek to raise public awareness of hypertension through children's artwork. Participating schools or children's groups will be provided with age-appropriate educational materials about hypertension and encouraged to develop posters that communicate the importance of prevention and treatment of hypertension. Select posters will be displayed at each of the four Linda Joy Pollin centers. The winning poster at each center will receive a \$500.00 prize and will also be featured on the World Hypertension League website and the websites of 60 member nations of the League, various social media sites, and in League newsletters. We look forward to the sharing the creations of our newly aware young artists!

**Submissions: More details to follow in the June WHL Newsletter**

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## WHL AWARD NOMINATIONS

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In alliance with World Hypertension Day 2017, the WHL proudly announces that nominations are now being accepted for this year's Distinguished Service, Excellence, and Notable Achievement Awards in the categories of: Hypertension Control at the Population level, Dietary Salt Reduction at the Population level, and inaugural Rising Star Award in Promotion of Public Health for Cardiovascular Disease Risk and Hypertension Prevention & Control. All of these awards were developed to provide recognition to individuals, organizations and interventions that make tangible progress towards WHL's Mission & Mandate on the prevention and control of hypertension at the population level.

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### Notable Achievement Award Nominations

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As part of WHD, WHL presents our annual awards and we are now accepting nominations for 2017 Notable Achievement Awards. Nomination forms will be emailed to all WHL members and may be downloaded at: <http://www.whleague.org/index.php/news-awards-recognition/nomination-guidance-information-for-notable-achievement-awards> or by emailing us at [CEO@whleague.org](mailto:CEO@whleague.org).

As an exemplary recipient of the 2016 Awards, congratulations to Prof. Bruce Neal, MD, Senior

Director, Food Policy Division—The George Institute, Chair of the Australian Division of World Action on Salt and Health, Professor of Medicine—University of Sydney, Sydney, Australia, who was recently awarded the WHL 2016 Award for Excellence in Dietary Salt Reduction at the Population Level.



Prof. Bruce Neal (on right) accepting his WHL 2016 Award from Dr. Norman Campbell (WHL Past President and recipient of the WHL 2016 Award for Lifetime Achievement & Excellence in Hypertension Prevention & Control at the Population Level)

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## REGIONAL CORNER

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### Congratulations to India

For a regional BP screening in patients with diabetes, USV Pharmaceutical has donated 350 digital BP monitors. These BP monitors are given to the patients to keep and check their BP as recommended by the doctors. The generous gift from USV will enhance patient participation and responsibility in controlling their hypertension more effectively. The USV team shown in the picture was headed by Mr. Sagar Patil. WHL South Asia office thanks and congratulates USV for their leadership in community health and the prevention of cardiovascular disease via hypertension screening and detection.

By the WHL South Asia Office, Hyderabad/India





**Mission**

The objectives of the WHL are to promote the detection, control and prevention of arterial hypertension in populations. The World Hypertension League (WHL) is a federation of leagues, societies and other national bodies devoted to this goal. Individual membership is not possible. The WHL is in official relations with both the International Society of Hypertension (ISH), and the World Health Organization (WHO).

**Board Officers:**

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**Calendar of Events**

**9th International Congress of Cardiology and Diabetes**

Dubai UAE  
 April 7-9, 2017

Information: <http://www.iccsk.com/>

**XXVI Congreso Peruano de Cardiología**

Lima, Peru  
 27-29 de Abril del 2017

Information: <http://sopecard.org/portal/>

**WHL Regional Meeting – North America**

Montreal, Canada  
 May 8-9, 2017

<https://www.worldhealthsummit.org/regional-meeting.html>

**Seventieth World Health Assembly (WHO)**

Geneva, Switzerland  
 May 22-31, 2017

Information: <http://www.who.int/mediacentre/events/2017/wha70/en/>

**PCS 2nd Global Conference on Cardiovascular Diseases - 2017**

Mumbai, India  
 May 27-28, 2017

Information: <http://www.pcscongress.org/gccd2017/>

**ESH 2017 Meeting**

Milan, Italy  
 June 16 – 19, 2017

Information: <http://www.esh2017.eu/>

**Diabetes World Summit**

Stockholm Sweden  
 August 22-24, 2017

Information: <http://vbripress.com/emcc17/>

**AHA Council on Hypertension American Society of Hypertension Joint Scientific Sessions 2017**

San Francisco, California  
 September 14 – 17, 2017

Information: [Click here](#)

**World Hypertension Congress 2017**

Shanghai, China  
 September 21-25, 2017

**American Heart Association Scientific Sessions**

Anaheim, California  
 November 11–15, 2017

Information: [Click here](#)

**3rd International Hypertension Conference New Trends and Challenges**

Khartoum, Sudan  
 November 24- 26, 2017

Information: <http://ssh-sd.org/>