

# Lynne W. Stevenson

Dr. Stevenson has been Director of Cardiomyopathy and Heart Failure Programs at UCLA, Brigham and Women's Hospital, and has recently moved to become Director of Cardiomyopathy at Vanderbilt University. She has been an active member of AHA, ACC, ISHLT, and HFSA societies and a major contributing writer to 30 national guidelines relating to heart failure, cardiac transplantation, ventricular assist devices, arrhythmia de-vices, and decision-making in advanced heart failure, and co-chair of the ACC Expert Consensus Pathway on Risk Assessment, Management, and Clinical Trajectory of Heart Failure Hospitalization, just released in September 2019..

She has served on the FDA cardio-renal panel and the MEDCAC advisory panel and participated over many years in the national accreditation of heart transplant and VAD programs. She has played leadership roles in NHLBI-spon-sored studies for strategies of medical and device therapies in advanced heart failure, was one of the designers of the INTERMACS and NCDR ICD registries, collaborates with the Cardio-Thoracic Surgery Network and has mentored 2 networks of NHLBI young investigators. She has been an associate editor of Circulation, the senior associate editor for the launch of Circulation Heart Failure and is now an associate editor of Journal of American College of Cardiology.

Her academic work reflects multiple aspects of heart failure physiology and clinical assessment focusing on hemodynamic profiles, relief and prevention of congestion in heart failure, and incorporation of patient-reported outcomes into evaluation and design of therapies. During the past 30 years she has supervised training of 50 fellows in heart failure and transplantation, over half of whom over are women and almost all are currently in academic positions in heart failure/transplantation. Strong commitments for her remain training for the next generation to sustain the spirit of challenge, the patient-doctor relationship, and the synthesis of evidence to guide individualization of care into alignment with patient goals for quality and length of life.