Quite unexpectedly, Alan T. Hirsch died suddenly Friday, April 14, 2017. Those of us in the vascular medicine community, his family, professional colleagues, friends, and patients are devastated. But the light of Alan Hirsch cannot be quenched, and his light will shine in the darkness of our loss.

I have been a close friend and professional colleague of Alan for the past 25 years, primarily regarding his work in vascular medicine but extending to our personal lives as we journeyed through the challenges and joys of life. He loved the wilderness in the Rocky Mountains, Minnesota, and abroad. Adventure travel and his family occupied his time outside his profession. Looking back at his academic beginnings, Alan graduated from Harvard University Magna Cum Laude and Summa with Highest Honors in 1976—something that most of us growing up in Colorado could only dream about. His early career development spanned the country, with medical school at University of California, San Francisco, residency at the University of California and Cardiology fellowship at Beth Israel Hospital in Boston. Alan then joined the faculty of the recently formed Vascular Medicine Division at Brigham and Women’s Hospital, where his passion for vascular medicine was kindled. This was followed by his recruitment to join the faculty at the University of Minnesota, where he ultimately created his own program in Vascular Medicine.

Early in his career, Alan became a dominant voice in Vascular Medicine. He was active in the Society for Vascular Medicine, starting as one of its founders, then becoming the President of the society, as well as developing key affiliations with the Peripheral Artery Disease (PAD) Coalition. In addition, with the formation of Peripheral Vascular Disease Council of the American Heart Association, Alan was dedicated to its educational efforts, and he was a major force behind the success of its Fellowship in Training Program given each year at the American Heart Association’s Scientific Sessions. Through his work in these societies, he focused on the under-recognition and undertreatment of patients with PAD. This clinical gap in the identification and management of patients with PAD moved Alan to also focus on national policy to improve screening methods, detection, and treatment. A critical contribution was the PARTNERS (the PAD Awareness, Risk, and Treatment: New Resources for Survival program) paper, where we evaluated >7000 patients in primary care offices to characterize the demographics and clinical features of PAD, the intensity of disease management, and appropriate use of preventative therapies.¹

Related to Dr Hirsch’s focus on the clinical challenges of PAD was his chairing of the first American Heart Association–American College of Cardiology Inter-societal Guidelines on Peripheral Artery Disease.² This effort (along with the international TASC [Transatlantic Inter-Society Consensus Document] guideline) firmly established the evidence to evaluate and treat PADs. Alan then devoted his efforts to shape the focus and dissemination of the guidelines, which has had a major impact on the vascular world. Dr Hirsch has also directed many of the major education commitments in vascular disease with the Society for Vascular Medicine and the American Heart Association. Through these activities, Alan became the predominant voice in Vascular Medicine to represent the clinical research and clinical management challenges in patients with vascular diseases, focusing on building awareness, improving contemporary management, and targeting key research activities to improve the health of this patient population.

Alan was one of the key investigators on the National Institutes of Health–sponsored CLEVER trial (Claudication: Exercise Vs. Endoluminal Revascularization) that compared...
the effectiveness of an endovascular versus exercise strategy to treat claudication, improve exercise performance and patient-reported outcomes. This study, along with substantial evidence from a variety of prior trials, finally allowed the Centers for Medicare & Medicaid Services to put forward its decision to provide coverage for supervised exercise therapy for symptomatic PAD. This was a major priority for Alan and a tribute to his persistence (along with others in the vascular community) to make available a nonpharmacological and noninterventional treatment for intermittent claudication. This is an example where Alan played an essential link between the scientific community and public policy. Personally, I am so pleased that Alan had a chance to see this effort come to fruition—his passion was to serve patients using a holistic approach that included evidence-based lifestyle interventions along with the latest catheter-based technologies.

Alan was a key member of the National Institutes of Health–funded Cardiovascular Cell Therapy Research Network that is currently evaluating cellular therapies to treat a variety of cardiovascular disorders including PAD. Alan was senior author on a study evaluating the clinical and mechanistic effects of cell therapy in PAD run by the network. Alan’s impact in this arena demonstrated that he was active and energetic all of the time moving forward our research agenda in PAD. As a cheerleader, Alan was insuppressible, enthusiastic making decisive arguments. Alan simply overcame the artificial boundaries we construct to impede effective communication, and we quickly learned that trying to stop the force of his argument was as futile as trying to stop the rivers’ flow. His energy was centripetal and cohesive, not centrifugal and divisive. We all felt privileged to work with this diligent, genuinely honest force for good.

This history certainly documents the extraordinary talents and contributions of Dr Hirsch, but they do not fully describe the man. Where would Vascular Medicine be today without Alan? It is hard to imagine because his efforts touched all aspects of the discipline. He functioned as a community organizer and activist (and sometimes agitator) in promoting the Vascular Medicine for which he often used the imagery of an underrecognized and underappreciated patient population hiding in the shadows of coronary artery disease and stroke. Conversations with Alan were sparkling, and there were times when Alan filled the room with his intelligence. When Alan arrived for an event (teleconference, professional presentation, or community event), he announced his presence as “Hirsch here,” and from that moment forward, Alan was the force and the vision, imagining a better vascular world if we would all just get on board. When faced with challenges, Alan would state that “setbacks are really opportunities requiring more work.” And, he would always announce, when the rest of us were tired or frustrated, “Isn’t this fun!” It is those 2 contradictory poses that are Alan’s essence for all of us: The happy vascular warrior, finding his stride when others can not see the goal line.

So how do we go forward without Alan? Vascular Medicine is still a young discipline without formal American Board of Internal Medicine recognition yet inadequately represented by traditional general cardiology training. Peripheral vascular diseases represent a unique clinical challenge that spans atherothrombosis, primary vasospastic and inflammatory syndromes, and unusual arterial, venous, and lymphatic disorders. Alan recognized this, and his deep understanding became the cheerleader and spokesperson for Vascular Medicine.

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**Disclosures**

None.

**References**


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