Thank you for participating!

I extend a warm welcome to all MASALA study participants. This is the first issue of MASALA Pulse, the official newsletter for our study. I thank you very much for taking part in the MASALA study.

We know that heart disease affects many South Asians. MASALA is a landmark study that we anticipate will help us better understand the root causes of heart disease in South Asians. This is the first long-term study in South Asians to understand what factors may lead to future cardiovascular disease. Knowing the causes of heart disease will lead to better prevention and treatment of this risk.

The MASALA study is a collaboration between scientists at 4 university medical centers: University of California, San Francisco (UCSF), Northwestern University, UCLA and Wake Forest University. MASALA is funded by the National Institutes of Health.

Most progress in medical research would be impossible without the generous participation of volunteers like you. While MASALA is truly a team effort, we know that you are a critically important part of this project and the key to our success. Please spread the word about this study to your friends and family so that if they are invited to participate, they respond to our invitation.

If you have any feedback about our study, please feel free to contact us. We hope that you share our excitement and enthusiasm for MASALA as we work together to determine what factors lead to heart disease in South Asians.

Alka Kanaya, MD
Principal Investigator
University of California, San Francisco

Why Sticking With Us to the End is Important!

1. When MASALA started, none of you had any signs of cardiovascular disease (CVD). Over many years, some of you may develop CVD. As that happens we will begin to better understand why some people develop CVD and others do not.

2. We’re studying a lot of new and improved ways to measure risk factors for CVD. It takes time to figure out if these new methods predict and treat (and perhaps prevent) CVD before it affects people’s health.

3. MASALA is unique! This is the first long-term study of South Asians in the world. Your participation helps us understand what is causing this reported high rate of cardiovascular disease in South Asians.

Three Things You Can Do to Help Us

1. Please call us if you have a major change in your health status, a new address, or a new phone number. And if you were recently in the hospital or if you underwent a serious outpatient medical test, please give us a call. It’s not required, but it helps us know that MASALA is collecting the most complete and up-to-date information.

2. Please take part in our phone interviews. Every 9-12 months, we will call you on the phone to interview you about your health. It doesn’t take long and is an essential part of MASALA. If we don’t reach you and we leave a message, please call us back.

3. We sometimes send you forms asking you to give MASALA permission to collect your medical records from hospitals and doctors’ offices. Please quickly return those forms, so we will be able to get records MASALA needs for its research.

Did You Know?

60% of the world’s heart disease patients are South Asians (Indian, Pakistani, Bangladeshi, Nepali, and Sri Lankan).
Spotlight on Our Study Staff

Namratha Kandula, MD, MPH
Principal Investigator
Northwestern University

I am an Assistant Professor of Medicine in the Division of General Internal Medicine, Northwestern University. After completing my internal medicine residency at Bellevue Hospital- New York University, I was a Robert Wood Johnson Foundation Clinical Scholar at the University of Chicago. My research has focused on healthcare for immigrants, cross-cultural health communication, and heart disease and diabetes prevention in minority communities. I am very excited and proud that Northwestern University and the Chicago South Asian community can contribute to the MASALA study.

My professional goals are rooted in my childhood. My family came to the U.S. when I was three years old. As a child, I remember hearing stories about my grandfather who was a doctor and provided primary health care for countless people in rural India. One morning, my grandfather developed chest pain while walking in the rice paddy. He was having a heart attack. Little could be done for him, and he died later than evening. He was only 55 years old. The stories about my grandfather motivated me to pursue a career as a primary care physician.

As a practicing primary care physician, I get to take care of patients with many different types of problems. I never get bored being on the front lines of the health care system- primary care doctors are often the first ones that a patient consults when there is a problem. My practice is focused on helping patients understand their health and if they do have a chronic disease, how to take better care of it. I especially enjoy working with patients to help them make the lifestyle changes that can prevent heart disease and diabetes. Even though many people think of South Asians as “model minorities” who are successful and well educated, my research has shown that South Asians have poor knowledge about heart disease prevention. To address the lack of knowledge and unhealthy behaviors in our community, I led a research study developing a program to teach South Asian immigrants about heart disease prevention and motivate them to live a healthier lifestyle.

When I am not working, I enjoy being with my family. I am the mother of a 5 year old boy and 2 year old girl. My husband is an Infectious Disease doctor who studies HIV prevention in Chicago and India. My family keeps me really active. Now that spring is coming, we are working in our garden where we are growing many different vegetables and herbs. We started the seeds in the house in February and will be transplanting them in the next few weeks. Gardening has taught me about many new vegetables that I did not eat before- such as beet greens, kale, and chard.

This year, I am trying to grow some bitter gourd (karela) and am curious how it will turn out! My children love eating the vegetables that they planted, watered, and then harvested. We also enjoy riding our bikes along Lake Michigan, going on long walks, and traveling. The highlight of the past year for me was climbing Mount Olympus in Greece with our son. Although I did not grow up doing many of these things, I have discovered that these activities help me relax and bring me a lot of joy because I can do them with my children.

Ritu Gupta, MBBS
Clinical Research Coordinator
University of California, San Francisco

I am a medical physician from India, with several years of experience in clinical research. My research career started at Stanford University, where I was a Clinical Research Coordinator, assisting with participant enrollment, data collection and analysis, and management of multiple databases.

Following my work at Stanford, I took on the role of Clinical Project Manager for a tobacco control program in Des Moines, Iowa, sponsored by the Iowa Department of Public Health. Most recently, I was the Clinical Research Coordinator for the MASALA pilot study at UCSF, conducting clinical visits and managing participant retention. I have a broad range of clinical research experience and am very excited to see the MASALA Pilot Study move forward into a multi-center study.

In my free time my interests include women’s rugby, charcoal art drawing and reading about ongoing clinical research and new developments in basic science research. Nowadays when I am not avidly recruiting participants for the MASALA Study, I enjoy spending time with my 15 month old baby. Being a research coordinator is especially exciting for me because I enjoy the challenges of clinical research and the opportunity to meet with both old and new participants of this wonderful and unique research study, the MASALA Study.
Studying the Arteries: Carotid Arteries

In this issue we turn to the carotid arteries and how they provide us with valuable information about cardiovascular disease. An artery, like a pipe, has a wall and a lumen, which is the space inside the wall through which blood flows. Normally, the wall of the carotid artery is less than 1 millimeter thick (about 1/25th of an inch), and the lumen is clear and open. During the first MASALA examination you had a carotid artery ultrasound to measure the thickness of the walls of your carotid arteries and to check for narrowing of the lumen. While something as thin as an artery is not easy to measure, state-of-the-art equipment, like the ultrasound machines we used in MASALA, can do it.

Why measure carotid arteries? Research has shown that an increase in the thickness of the carotid artery wall is related to a higher risk of heart attack and stroke. If you’re wondering how changes in the arteries that supply the brain can be related to heart attacks, read on.

Atherosclerosis (hardening of the arteries) is a systemic disease that affects the body’s entire system of large arteries at about the same time. So, if a person has thickened carotid arteries, he or she will probably also have thickened coronary arteries (arteries that supply blood to the heart).

In rare cases, the carotid wall is not only thickened, but the lumen of the artery, through which blood flows, is partially or completely blocked. Such blockage can put a person at a high risk for a stroke.

Did You Know?

Olive oil is a better choice for cooking and baking because it contains monounsaturated fat. According to the American Heart Association, monounsaturated fats lower your risk of heart disease by reducing cholesterol levels in the blood.

Did You Know?

Carotid arteries carry oxygen-rich blood from your heart to your head and brain. The carotid arteries travel up each side of your neck. You can feel your pulse in either carotid artery by lightly pressing your fingers to your neck, just under the back of your jawbone.

Carotid artery ultrasound uses high-frequency sound waves to create an image of your carotid arteries. The ultrasound probe emits sound waves and then picks up the returning waves that have “bounced off” the artery. The probe sends this information to the ultrasound machine, and the machine calculates the distance that the sound waves travelled and the time it took them to return to the probe. Using these calculations, the ultrasound machine creates a two-dimensional image of your arteries.
A Note About Your Privacy and MASALA

As you know, we collect a lot of important and valuable information about your health. Here are some of the steps we take to make sure your information is safely transmitted, stored, and used.

Require strict oversight: A group made of scientists and non-scientists must approve all study plans to ensure that the rights and welfare of study participants are protected.

Protect charts: We keep your data forms locked in file cabinets and/or locked rooms.

Use de-identified data: We provide combined data from all participants to MASALA investigators so they can analyze and learn from it. Before we do this, we “de-identify” the data. This means that, in addition to not including personal information, unique data values are adjusted to ensure they can’t be associated with any individual. We never give investigators any personal information that can identify you.

Certificate of Confidentiality: Because medical research is so important to our country, Congress has passed a law that protects information about research volunteers. It says that we cannot release any information about you to any person or agency without your permission, even if courts demand it.

At all times, MASALA personnel at every center are aware of your valuable contributions to the study and of their special responsibility to protect your privacy.