From April 18th to 22nd, the delegation of the Chinese American Academy of Cardiology (CAAC)-Arteriosclerosis, Thrombosis, and Vascular Biology (ATVB) was visiting General Hospital of Ningxia Medical University in Yinchuan, Ningxia Hui Autonomous Region. The delegation was led by Dr. Hong Wang and included Drs. Alan Daugherty (chief editor of ATVB journal), Steve Lentz (Chair of AHA-ATVB council) as well as other six Chinese scholars from several institutions in USA (Drs. John Shyy/UCSD, Bo Liu/UW-Madison, Zhenguo Liu/UM, Changcheng Zhou/UK, Jun Yu/Temple, Qing Miao/MCW). The delegation was attending Ningxia International Cardiology Conference (NICC) on April 20th, which was organized by the Ningxia Medical University and CAAC. Meanwhile, the delegation visited the cardiovascular research lab and shared their expertise with graduate students in Ningxia Medical University. The delegation also presented their recent work in the special section, Basic Medicine, and Translational Medicine, of the 21st China Cardiovascular Intervention Forum on April 21st. This visit is another successful event for improving the international collaboration of China-USA cardiovascular research. We appreciate the hospitality of Dr. Shaobin Jia’s team at Ningxia Medical University and General Hospital of Ningxia Medical University and support of CAAC-ATVB.

Reported by Qing Miao
Part One: PhD student seminars and laboratory visiting at the Ningxia Medical University
Part Two: Oral Presentation of Ningxia International Cardiology Conference (NICC)
Part 3 Oral presentation at the 21st China Cardiovascular Intervention Forum
Familial and Sporadic CCM

1. Familial CCM is a hereditary disorder. More than 90% of familial CCM cases are caused by mutations in the CCM1 gene, with the remaining 10% resulting from mutations in CCM2 and CCM3 genes.
2. Sporadic CCM is characterized by a lack of a family history of the disease and the presence of a single lesion. It is rare and is thought to result from sporadic mutations in the CCM genes.
3. CCM lesions may follow a "two-hit" mechanism, requiring two mutant alleles, one inherited and one de novo.
4. CCM lesions are characterized by a lack of family history of the disease and the presence of a single lesion. It is rare and is thought to result from sporadic mutations in the CCM genes.