3/27/2014

Dear USCIS,

Please accept my most sincere and wholehearted recommendation of [Name] and his talents in the clinical research field. As the Medical Director of [Hospital], where I have worked in some capacity since 1985, I am a well-respected member in the field of cardiology. I am a fellow of the American College of Cardiology and founded the [Center] in 1995. I lecture on interventional cardiology both nationally and internationally in addition to serving on the editorial boards of some of the most prestigious medical journals and scientific advisory boards worldwide. Though I have not met [Name], his work is well known in our shared field and I am familiar with his research.

Two of the most common medications for platelet inhibition during stent replacement are aspirin and Clopidogrel. As previous research done by [Name] shows, however, these drugs are markedly less effective in patients who have diabetes; high platelet aggregation remains when either of these treatments are applied. In this novel study, [Name] examined the relationship between glycemic control and platelet aggregation in diabetic patients being treated with aspirin and Clopiogrel. Through this research, he demonstrated that diabetic patients had a high 5 and 20 µmol/L ADP-induced platelet aggregation, and that diabetic patients with a concentration of Glycosylated Hemoglobin equal to or higher than 7 g/dL had significantly higher 5 and 20 µmol/L ADP-induced platelet aggregation than those with lower concentrations. Patients with higher concentrations of Glycosylated Hemoglobin also exhibited a higher prevalence of platelet reactivity, 65%, compared to the 19% shown in patients with lower concentrations. This conclusively shows there is an important correlation between platelet reactivity and glycemic control within type 2 diabetes mellitus patients who are using dual antiplatelet therapy. Namely, that diabetic patients with poor glycemic control also have the greatest amount of platelet reactivity. Because of this, a substitute for traditional antiplatelet strategies is a necessity for these patients.

The majority of the almost 24 million Americans diagnosed with diabetes mellitus have type 2 diabetes mellitus, which greatly increases their rate of cardiovascular disease and the risk of myocardial infarctions. The latter is twice as common in men with diabetes as opposed to non-diabetic men and 4 to 5 times more typical in diabetic women than non-diabetic women. In relation to this, people with poorly maintained diabetes also have higher platelet aggregation and propensity for blood clots. As shown, they seem to notably benefit from larger doses of commonly used platelet inhibitors, as well as newer, more potent platelet inhibitors alongside aggressive medication for diabetes. This study was also demonstrative of the necessity of treating individual patients with drugs most suited to their

condition to best prevent complications and future heart issues. Furthermore, it established, for the first time, a cut point for glycemic control in diabetic patients: HbA1c that is less than 7 g/dL, as patients below that mark had considerably lower amounts of platelet aggregation and therefore a lower risk of cardiac complications. Supplied with this crucial knowledge and documentation, cardiologists, scientists, and researchers across the globe can now develop more effective therapy plans for those under their care and study who suffer from diabetes and related heart issues. Given the prevalence of diabetes within the population of the United States, the impact of [Name]'s research is widespread and is already helping improve the lives of millions.

As a testament to the relevant and influential nature of [Name]'s work on platelet reactivity and diabetes, I have cited his findings in my own research. My paper, "[Title]" was published in the *[Journal],* and provides adequately powered, prospective, and randomized clinical trial data necessary to evaluate change in clinical guidelines regarding PPI and dual antiplatelet therapy for gastrointestinal bleeding events. I would not have been able to complete this work without the invaluable contributions of [Name]'s published article, and the fact that it has been cited 34 times illustrates that others, too, have relied upon his work to advance the field.

I am convinced that [Name]'s exceptional research work is just the beginning of ever more impressive successes he will achieve in the future. He has been and will continue to be an extraordinary scientist, making original scientific contributions vital to the national interests of the United States. [Name]'s research is beneficial to the world as a whole, but the United States is an ideal place for him to continue to foster his innovations, as the United States' economy and scholarly community are equipped to welcome and implement new technology. If you have any further questions about my credentials or [Name]'s work, please do not hesitate to contact me for more information.

Respectfully,

Dr. [Name]
Medical Director
[Hospital]