

LOWN NORTH STAR NEWSLETTER



Summer 2026

Dear Patients and Friends of Lown Group,

We hope this letter finds you well and that you are enjoying a healthy summer. We have meaningful news to share on several fronts, and we are grateful for the opportunity to stay connected with you.

The Qualities That Guide Us- Not long ago, I had the privilege of sitting with a patient focus group to hear, firsthand, what people look for in a physician. The comments were both humbling and affirming. What patients described was this: a physician with emotional intelligence, warmth, and empathy, paired with the precision of thought needed to diagnose and manage both straightforward and complex medical concerns. Someone who meets patients where they are, who takes the time to listen and explain, and who creates a plan for the whole person, not just the problem in front of them. These are the qualities we have been guided by since the very beginning. I would not hesitate to refer any member of my own family to any of my colleagues, and that is the standard we hold ourselves to every day.

I am deeply proud of what we have built together. The Lown Group is a physician-owned and physician-run academic medical practice, and we have grown to ten physicians (five cardiologists and five primary care physicians) supported by a dedicated and talented clinical team.

We Are Moving- Our growth is a reflection of your trust, and that growth has brought us to an exciting milestone. We have outgrown our current space, and over the past year, we have carefully designed a brand-new, state-of-the-art clinical facility that will bring all of our providers together under one roof.

We will be moving in November 2026. Our new location is just a few miles from where we are today, with easy first-floor access, ample parking, and a seamless environment for coordinating your cardiac and primary care. We will also be neighbors to other clinical practices whose physicians are colleagues and friends. Our new address will be: 110 Worcester St., Suite 101, Wellesley, MA 02481

We are genuinely excited about this next chapter and look forward to welcoming you to our new home.

Welcome, Dr. Naomi Rounds- We are thrilled to introduce Dr. Naomi Rounds, a highly experienced cardiologist who joins our group with outstanding credentials and, just as importantly, the values that define the Lown Group. Dr. Rounds completed her Internal Medicine Residency and Cardiovascular fellowship at Brigham and Women's Hospital with Dr. Lee Lewis, and we have had the privilege of knowing her and her work for many years. We are confident you will find in her everything you look for in a physician. Please see the next page for a full introduction.



With warmth and gratitude,
Dr. Brian Bilchik, on behalf of the staff and physicians of Lown Group

Introducing our New Cardiologist: Dr. Naomi Kenmotsu Rounds

Naomi Kenmotsu Rounds, MD graduated from the University of Rochester School of Medicine and completed her Internal Medicine residency and Cardiovascular fellowship at Brigham and Women's Hospital in 1998. She is Board Certified in Cardiovascular Medicine.



Before joining the Lown Group, Dr. Rounds practiced at South Shore Cardiology for 25 years, serving as Managing Partner and Medical Director. During her tenure, she helped build the practice into the largest single-specialty provider of cardiovascular care on the South Shore.

Dr. Rounds has extensive experience caring for patients with all types of heart disease, including coronary artery disease, valvular heart disease, arrhythmias, heart failure, and preventive cardiovascular management. She believes the best medical care begins with truly understanding each patient — not only their symptoms and medical history, but also the personal, professional, and lifestyle factors that shape their overall well-being.

Her approach is collaborative and grounded in evidence-based medicine, with a focus on guiding patients to maintain health, vitality, and purpose throughout every stage of life.

Outside of medicine, she enjoys spending time with her family and staying active through Pilates, walking, and cooking. Dr. Rounds is excited to join the Lown Group and contribute to its mission of delivering personalized, patient-centered cardiovascular care.

Roasted Bell Peppers with Feta and Mint Salsa

Try this delicious, colorful, summer inspired dish from our friends at [Joyce Health](#), previously known as POM Health. Talk with your Lown physician at your next visit if you are interested in learning more about personalized, virtual nutrition support from Joyce Health.

INGREDIENTS:

4 bell peppers, a mix of red, orange, and yellow, finely sliced
4 banana shallots, finely sliced
80g feta, crumbled
Chilli flakes
2 tbsps olive oil
Handful of mint, chopped
Kosher salt to taste
Optional: crushed, roasted hazelnuts or toasted breadcrumbs on top

METHOD:

Preheat oven to 375 degrees
Lay the pepper and shallots out on a baking tray
Season with salt, olive oil, and chilli flakes
Roast for 30-45 minutes or until caramelized and golden
To plate, lay the peppers on a platter and top with crumbled feta, mint, and optional hazelnuts or toasted breadcrumbs
Enjoy!

This recipe serves 4-6

Essentials of the 2026 American Heart Association (AHA)/American College of Cardiology (ACC) Lipid Management Guidelines

In addition to healthy lifestyle behaviors including regular physical activity, abstaining from tobacco, healthy nutrition and optimal weight control, lipid lowering therapy remains the mainstay for effective prevention and management of atherosclerotic cardiovascular disease (ASCVD) (primarily coronary heart disease and cerebrovascular disease), the leading cause of mortality and morbidity in the United States.

The newly released 2026 guidelines represent a shift towards earlier, more personalized and more aggressive prevention of heart disease and stroke caused by ASCVD.

Atherosclerosis is the process of plaque build-up in arteries by atherogenic lipid particles that penetrate the arterial walls and promote inflammation, which over time results in arterial narrowing and restriction of blood flow to organs such as the heart or the brain, potentially causing heart attacks and strokes.

The rationale for cholesterol-lowering therapy is grounded in decades of epidemiologic, genetic, imaging, and randomized clinical trial evidence demonstrating that ASCVD is driven largely by cumulative exposure to atherogenic lipoproteins, especially low-density lipoprotein cholesterol (LDL-C) ("bad" cholesterol). Evidence shows that ASCVD develops over decades before it is clinically evident and therefore a central theme of the new guidelines is to test lipids earlier (initial test recommended at age 9-11) and maintain desirable values throughout life. Clinical trials consistently show that lowering LDL-C reduces the risk of heart attack, stroke, and cardiovascular mortality, with benefit proportional to the magnitude and duration of LDL reduction; "lower and earlier is better". Under the new guidelines, LDL cholesterol level remains the main treatment target to follow, depending on individual risk:

- For people with known ASCVD (secondary prevention):

LDL goal <55 mg/dL for most patients

- For people without known ASCVD (primary prevention):

LDL goal < 100 mg/dL for most, <70 mg/dL if other risk factors are present, e.g. diabetes

A major change in the new guidelines is the use of the newer PREVENT risk calculator to estimate 10- and 30-year risk of heart attack or stroke. This calculator is based on age, gender, body mass index, systolic blood pressure, hypertension treatment, non-HDL cholesterol, "good" HDL, use of statin drugs, diabetes, smoking status and kidney function tests. Unfortunately, it still does not incorporate family history of ASCVD.

The new guidelines broaden the focus from basic lipid profile and LDL to "dyslipidemia" including lipoprotein (a) (Lp(a)), recommended at least once in adult lifetime, and apolipoprotein B (ApoB). Lp(a) is an inherited potent atherogenic particle. ApoB is a protein found in all atherogenic lipoproteins and is therefore a more accurate measure of overall ASCVD risk assessment. The new guidelines also recommend an expanded role for coronary calcium score (CAC) scanning to identify asymptomatic ASCVD and to refine the intensity of lipid lowering therapy.

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Statin therapy remains the proven cornerstone of lipid lowering therapy and improved ASCVD outcomes. If LDL target goal is not achieved by the maximally tolerated statin dose, combination therapy with other meds such as ezetimibe (Zetia), PCSK9 inhibitors (e.g. Repatha) and/or Bempedoic acid is recommended.

Overall, the 2026 guidelines represent a shift from reactive treatment of established disease towards proactive, lifelong-based prevention aimed at minimizing cumulative exposure to atherogenic lipoproteins. The central message is that aggressive early lipid lowering prevents ASCVD events more effectively than delayed intervention.

Your Lown MDs are committed to tailoring the latest scientific evidence and technologies to your personal health characteristics to provide optimal long-term cardiovascular health outcomes.

Shmuel Ravid, MD, MPH
Associate Professor of Medicine, Harvard Medical School
Associate Professor, Brigham and Women's Hospital
Lown Group

Lown Group Patient Experience Survey:

Thank you to all of our patients who recently completed the first annual Lown Group Patient Experience Survey. Our team appreciated the overwhelmingly positive feedback!

New Features:

- State of the art, accredited Cardiology testing
- Easy driving access with plenty of free, covered parking
- Updated blood draw station
- Outdoor space, walking trails, and cafe
- Complimentary Uber service from the Wellesley MBTA stations

