Editorial

Circulation: Cardiovascular Interventions
Keeping Pace With Progress

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Welcome to the first issue of Circulation: Cardiovascular Interventions, the fourth of 6 new journals to join the AHA family. The AHA Scientific Publishing Committee made the decision to expand the AHA journals because it recognized that to fulfill its mission to widely and effectively disseminate scientific information, it should more effectively address the needs of the subspecialty areas in cardiology.

Interventional cardiology, perhaps more than other fields of cardiology, has realized tremendous growth. For my younger colleagues, it is hard to remember the time before coronary angioplasty. Early pioneers like Charles Dotter, Melvin Judkins, and Eberhardt Zeitler introduced the concept of peripheral angioplasty in the 1960s, but it was not until Andreas Gruentzig developed a unique inelastic balloon catheter that permitted access to small and tortuous coronary vessels that coronary angioplasty become a reality. His genius was not only that he dared to perform the first coronary angioplasty in September of 1977 (only 31 years ago) but that he carefully and thoughtfully guided the early development of the procedure with the power of his personality and his commitment to careful scientific evaluation. As a result, a new revolutionary procedure was born, and it has changed cardiology for ever.

The remarkable story of the past, present, and future of interventional cardiology is the subject of the review included in this first issue by Drs Holmes and Williams. Today, coronary interventions have grown to become the most frequently performed coronary revascularization procedures in the United States, with more than 1.2 million procedures performed in 2008 according to the AHA Heart Disease and Stroke statistics. Interventional cardiology now encompasses not only coronary interventions but peripheral vascular interventions, including carotid, aortic, renal, and peripheral interventions; structural heart disease with balloon valvuloplasty and percutaneous valve replacement; and repair and percutaneous treatment of congenital heart disease. Interventional cardiology is founded in the basic science of cardiac and vascular biology. Because the field has broadened beyond coronary interventions, the practitioners of interventional cardiology now include not only the interventional cardiologist but the pediatric interventional cardiologist, the vascular medicine physician, the vascular surgeon, the cardiac surgeon, the interventional radiologist, and the neurointerventionalist.

The growth in publications in interventional cardiology has been equally staggering. In 1979, Gruentzig published his initial experience of the first 50 patients, 29 of whom had a successful procedure, in the New England Journal of Medicine. In the same year, the National Heart, Lung, and Blood Institute established a national registry to track the course of the field. The registry included Dr Gruentzig’s initial patients, and it has actively charted the changes in the field ever since. A MEDLINE search showed that since 1977, more than 67 000 papers have been published on the topics of angioplasty or stents. Last year (2007), more than 3300 articles and 245 randomized trials were published. With this number of reports, it is surprising that until now only 3 dedicated interventional or invasive cardiology journals have existed. Last year, the major randomized trials in interventional cardiology were published in more than 65 different journals. Because only 12% have been published in the interventional journals, the interventional cardiologist has needed to search general cardiology and medicine journals to identify the key interventional articles to keep abreast of the field. A premier journal that would focus on the large and growing field of interventional cardiology has been long needed and too long in coming. The goal of Circulation: Cardiovascular Interventions will be to fill this important unmet need and provide the greater interventional community with a reliable source of the highest-quality articles in the field.

As William Osler said in 1874 at the valedictory address to the graduates in medicine and surgery at McGill College, “Medicine is pre-eminently a progressive science, day by day receiving fresh acquisitions, opening up new fields for investigation, and it will your duty, as far as in you lies, to keep pace with this progress.” Our hope is that this journal will assist in this process.

The core mission of the new journal will be to publish original experimental and clinical investigations that provide new and important contributions that will lead to improvement in care of patients. In addition, we will publish authoritative reviews by recognized leaders in the field. This will include bimonthly publication of Advances in Interventional Cardiology, Controversies in Interventional Cardiology, and Images in Interventional Cardiology. Every 2 months, we will publish the journal in printed form, but original research articles will be published online as they are accepted. Our goal will be to publish manuscripts as rapidly as possible, and we will utilize the proven expertise of the Circulation editorial office staff and the supervision of the Circulation
editorial board to accomplish this. We encourage authors to submit papers directly to *Circulation: Cardiovascular Interventions*. In addition, authors of manuscripts that have been considered for *Circulation* but are believed to have a subspecialty focus will be offered the opportunity to have their papers considered for *Circulation: Cardiovascular Interventions*.

I am honored to have the privilege to serve as Editor-in-Chief and am delighted that David Williams will be serving as Senior Associate Editor with me. We welcome your input into the journal and suggestions for improvements.

**Disclosures**

None.