

EDITOR'S PAGE

Steve Jobs and *JACC: Heart Failure*

This past month I finished reading the biography of Steve Jobs by Walter Isaacson (1) and an Editor-in-Chief was selected and a timeline finalized for the birth of a new journal: *JACC: Heart Failure*. We have been fortunate enough to attract Chris O'Connor of Duke University as the Editor, and we will begin accepting submissions to *JACC: Heart Failure* on July 1 of this year with the first issue to appear in January/February of 2013. Although reading Jobs' biography and starting the new journal might seem totally unrelated, in fact, they have a number of parallels. So I thought that I might try to draw on some of these analogies in this month's Editor's Page.

It has been the general impression that the *JACC* journals are doing reasonably well. We continue to receive an increasing number of submissions, readership surveys indicate that the great majority of cardiologists read *JACC* journals regularly, and our impact factors (as flawed as the metric is) is among the top tier of cardiology publications. Given this status, one would wonder why we would seek to make any major changes. However, as Jobs told Isaacson in an interview, he always tried to keep moving and innovating. This was, of course, well exhibited by the sequential introduction of the iPod, iPhone, and iPad. Drawing upon the music industry, Jobs pointed out how the Beatles and Bob Dylan kept evolving and refining their art. In fact, he quoted Dylan as saying "if you're not busy being born, you're busy dying." We are in complete agreement with this philosophy at *JACC*, and the creation of *JACC: Heart Failure* is the latest evidence of this commitment.

We are aware that many will question whether another cardiology journal is necessary. Surveys often record that cardiovascular specialists cannot keep up with all the publications that currently exist, much less find the time to devote to a new one. There was little enthusiasm among our readers prior to the initiation of *JACC: Cardiovascular Imaging* and *JACC: Cardiovascular Interventions*. Nevertheless, these new publications have been a resounding success, and are the leading journals in their respective fields. Our actions in this regard parallel the philosophy espoused by Jobs to figure out what customers are going to want before they realize it themselves. He suggests that prior to the creation of automobiles, if people had been asked they would have requested a faster horse. I certainly never yearned for a digital tablet, but I now use my iPad regularly. We have faith that *JACC: Heart Failure* will meet with similar success.

The creation of new journals is certainly consistent with the mission of the American College of Cardiology to bring new knowledge to its members. What better way to educate than through scholarly publications. In addition, mother *JACC* currently has an acceptance rate of approximately 10%, and many of the very meritorious submissions that we must reject due to page limitations are in the field of heart failure. In addition to direct submissions, the new journal will enable us to deliver many of these worthwhile studies to the cardiovascular community.

There are, of course, a number of subject areas within cardiovascular medicine that could have been selected for a new journal. We did consider other topics, such as pre-



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vention. However, heart failure had several characteristics that made it the clear choice. It is the final common pathway in the natural history of most cardiovascular disorders. Coronary, valve, myocardial, and congenital cardiac diseases all often ultimately lead to heart failure. The prevalence of diastolic abnormalities in our increasingly obese, diabetic, hypertensive, and elderly society has also increased the prevalence of cardiac failure, which is now the most rapidly increasing category of cardiac patients. Heart failure is a condition that is truly encountered and managed by virtually all cardiovascular specialists.

Interestingly, the field of heart failure has been majorly impacted and expanded by advances in electrophysiology, and vice versa. Heart failure frequently leads to cardiac arrhythmias, and as these patients survive longer, the incidence of rhythm disorders is increasing proportionately. It is the common experience that most patients with heart failure ultimately exhibit some abnormality of rhythm or conduction, and that the largest category of patients with electrophysiological disturbances are those with heart failure. Moreover, the development of new therapies for heart rhythm disorders, such as cardiac resynchronization and implantable defibrillators, has markedly increased the armamentarium for the treatment of heart failure. Accordingly, the knowledge base required for the optimal management of these patients has expanded. In fact, in classifying manuscripts under topic headings for the cover of each *JACC* issue, I have encountered so many papers that deal with electrophysiological disturbances in heart failure patients that we strongly considered creating a single journal devoted to both disorders.

The field of heart failure has also been impacted by the emergence of left ventricular assist devices (LVADs) both as bridge and destination therapy. Patients who had undergone cardiac transplantation always presented a challenge to the general cardiologist. Now it is becoming progressively more commonplace to have patients in the hospital in whom LVADs have been placed. Until recently I always felt very comfortable in covering the heart failure service when necessary. Now I feel intimidated and inadequate if LVAD patients are included. It is not surprising, therefore, that the American Board of Internal Medicine has established a Certificate of Added Qualifications for Advanced Heart Failure and Cardiac Transplantation.

All of the foregoing issues give strong support to the rationale of creating a new publication devoted to the

management of heart failure. However, just as Steve Jobs had the goal to create a constellation of products that worked together to serve the multiple wishes of his customers, we at *JACC* seek to have an integrated line of publications to serve the same purpose. This clearly has been a major driver in developing the new journal. Jobs created a system at Apple that could fulfill the music, telephone, and digital consumption needs of customers through the integrated group of iPod, iPhone, iPad, and iTunes products. Similarly, our vision is to ultimately provide our readers with a co-ordinated group of publications that cover the spectrum of cardiovascular diseases. *JACC: Heart Failure* is just the latest in that *JACC* family line of journals.

While it is difficult to say that Steve Jobs was the inspiration for *JACC: Heart Failure*, his philosophy and implementation was certainly analogous in many respects to our own vision. Having been the first cardiology journal to create daughter publications devoted to specific cardiovascular disciplines, it was almost mandatory that we not rest but rather continue to evolve. *JACC: Heart Failure* will further round out the integrated *JACC* family of journals, and we are convinced that our readers will embrace this new publication as avidly as they did our *Imaging* and *Interventions* offspring. Heart failure is clearly one of the most ubiquitous and rapidly expanding conditions in cardiovascular medicine. With the expertise and enthusiasm of Chris O'Connor leading the effort, we anticipate that July 1, 2012, will bring a wealth of submissions and that January/February 2013 will provide a spectacular inaugural issue. Our belief is that the rationale for *JACC: Heart Failure* shares much in common with the philosophy of Steve Jobs and Apple. Our only hope, and anticipation, is that we be nearly as successful.

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REFERENCE

1. Isaacson W. Steve Jobs. New York, NY: Simon and Schuster, 2011.