

EDITOR'S PAGE



## JACC Moving On Maintaining Vision While Implementing Change



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*“I avoid looking forward or backward, and try to keep looking upward.”*

—Charlotte Bronte (1)

Being the Editor-in-Chief of the *Journal of the American College of Cardiology (JACC)* has brought challenges that I did not anticipate, as well as obstacles I had anticipated from my previous experience as an Editor. However, one thing I have learned through my years in both medical publishing and hospital administration is that a leader must have a vision that rises above the distractions, which is why this Bronte quote seemed so relevant (1). When you are the driving force behind something, the vision should encapsulate a broad view of the direction and landscape, while also having concrete and specific focus—which may seem paradoxical. You also need the perseverance to perfect and refine that vision, as well as a strong team to execute on it. With the *JACC* Board and its staff, I am constantly working to improve the *Journal* in specific ways for our readers. I think about methods for improvement constantly.

As readers know, from the inception of my editorship, I have sought to publish insightful content that seeks to impact practice, and to deliver that content in a simple manner for the busy cardiovascular clinician and cardiovascular investigator (2,3). Now we have developed a few new series for the *Journal* that will continue to fulfill that vision. The name *JACC* will precede each of these paper types, in the hope that our readers will come to recognize *JACC* as a symbol of quality:

- *JACC* State-of-the-Art series
- *JACC* Review Topics of the Week
- *JACC* Health Promotion series
- *JACC* Scientific Expert Panels
- *JACC* Guideline Comparisons
- *JACC* CVD International
- *JACC* Focus Seminars

First, the State-of-the-Art papers and Review Topics of the Week will remain largely unchanged due to their popularity, except for the fact that they will now be branded with *JACC*.

Over the past year, we have been working to develop the 8-part *JACC* Health Promotion series. I have long since promulgated that cardiology clinicians and investigators need to focus their efforts on understanding cardiovascular health and its promotion, in addition to treatments and therapies once the disease state expresses symptomatology. Therefore, 8 risk factors will be addressed (nutrition and diet, healthy weight, exercise and physical activity, tobacco-free lifestyle, blood pressure, cholesterol, blood sugar, and psychological health) in a comprehensive paper through 4 distinct sections for each risk factor. The paper will be based on the highest-quality information from the published data:

- *Pathophysiological effects* that can result from the designated risk factor.
- *Mechanistic/triggering factors*: How personal proclivities, communities, or the society and culture in a given geographic region can influence the development of these risk factors.
- *Role of preventive action*: Based on the above-mentioned triggers, this section will explore to what extent—depending on the geographic region—personal, education/community, and societal/authoritative actions may have influence in preventing the development of specific risky habits.
- *Caregivers of health promotion*: Finally, this section will seek to develop competencies for training health care professionals to health promotion in preventing these varied risk factors.

This 8-part series will appear in subsequent issues of the *Journal*, creating an important reference that will truly begin to move the cardiovascular literature

toward promoting health and preventing disease, as opposed to only treating disease when it manifests.

The *JACC* Scientific Expert Panels will be solicited-only manuscripts, wherein a group of experts will analyze a highly relevant clinical topic and make recommendations based on the most up-to-date published data. These documents will not be policy of the American College of Cardiology, but they will seek to fill clinical gap areas where guidelines or consensus documents do not provide clear direction. To ensure the quality and rigor of these documents, our editors will identify and request 4 experts to review the manuscript in advance of the submission.

The *JACC* Guideline Comparisons are critically important, because the busy practitioner needs to understand the nuances between the guidelines of the American College of Cardiology/American Heart Association and the European Society of Cardiology. These will not be written by guideline writing committees from either side of the pond, but will instead seek to explore the similarities and differences in recommendations for our readers. We published 2 such comparisons in 2016 (4,5), which had a great response, so we wanted to continue to fulfill this void for our readers.

The *JACC* CVD International series is one of the most exciting for me personally, as it will host a variety of manuscript types. First, we have begun

inviting manuscripts that examine particulars of cardiovascular disease in varying regions of the world; for example, advances in China and India. In addition, we will produce short human-interest papers highlighting international cardiovascular experts or specific institutions that are undertaking innovative endeavors.

Finally, we launched the *JACC* Focus Seminars in late 2016 (6-8), wherein we solicit a series of 3 to 5 State-of-the-Art review papers focused on specific disease entities in a single issue of the *Journal*. These Seminars have continued to be quite popular, including a 5-part series on cardiovascular genetics led by Dr. Robert Roberts (9-13) and a 3-part series on oxidative stress led by Dr. Jason Kovacic (14-16).

In conclusion, although the specific content types may need to be altered over time based on the evolving needs of the cardiovascular clinical and research community, my overarching vision remains the same: to publish the highest-quality, most insightful papers that are delivered in a simple manner for the busy cardiovascular clinician and cardiovascular investigator.

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