Welcome to the new journal Circulation: Heart Failure.

Following Circulation: Arrhythmia and Electrophysiology, it is one of the first of 6 Circulation subspecialty journals to be published.

Knowledge in the field of heart failure has grown substantially over recent years, as has the breadth of research, paralleling the growth of the clinical problem. Because of better survival rates after myocardial infarction and the aging of the general population, heart failure has occupied and will likely continue to occupy a greater share of clinicians’ focus over time. The array of potential therapies has expanded, and the coming years will likely see the emergence of new advances in devices and regenerative therapies and more focused therapies based on pharmacogenomics as our vision expands beyond broadly based pharmacological therapies. Transplantation and its accompanying therapies, as well as ventricular assist and ventricular replacement, are fields that continue to push boundaries.

Given this explosion of information and nascent knowledge, the time seemed right for a journal devoted to exploring the growth of the clinical problem. Because of better survival rates after myocardial infarction and the aging of the general population, heart failure has occupied and will likely continue to occupy a greater share of clinicians’ focus over time. The array of potential therapies has expanded, and the coming years will likely see the emergence of new advances in devices and regenerative therapies and more focused therapies based on pharmacogenomics as our vision expands beyond broadly based pharmacological therapies. Transplantation and its accompanying therapies, as well as ventricular assist and ventricular replacement, are fields that continue to push boundaries.

Given this explosion of information and nascent knowledge, the time seemed right for a journal devoted to exploring and highlighting many of those advances. At the manuscript review meetings for Circulation, we found ourselves commonly having to reject quality manuscripts simply on the basis of priority or because the work had a focus that was felt to be too highly subspecialized in nature. Such manuscripts will now have a potential home in Circulation: Heart Failure.

The journal will publish high-quality and rigorously executed investigations in the fields of clinical science and translational science, as well as basic research articles that have potential clinical implications for the heart failure field or for an understanding of pathophysiology. Well-conceptualized and -performed clinical trials of new therapies or management strategies will be of interest whether the results are positive, neutral, or negative, as there is something important to be learned from all possible results.

Several ongoing series will be featured. Over the course of many issues, “Development of Therapeutics for Heart Failure” will explore the trajectory of drug and device development, from animal models to dose finding to the clinical trial process, critically examining the methods, including end points and analytic methodologies, that are used to bring new therapeutics to patient care. This series will also attempt to critically explore whether assessing a population-based average response is hindering the discovery of smaller patient groups that may be responding quite favorably to new therapeutic approaches. In this inaugural issue, Dr Eugene Braunwald, who has been at the forefront of so many developments in the field, provides an initial perspective on the development of heart failure therapies in the past, present, and future that critically frames the issues for the articles that will follow. A second series, “Advances in Heart Failure,” is conceived as a series of concise review articles highlighting what we feel are important cutting-edge topics in the field. In this first issue, Dr Arnold Katz provides a fascinating historical perspective on how heart failure has been conceptualized over the years and how we reached the state of our current concepts.

“Controversies in Heart Failure” will be modeled after the “Controversies in Cardiovascular Medicine” series that appears in Circulation but will have more of a subspecialty focus. In this first issue, Drs Barry Maron and Perry Elliott debate classification schemes for cardiomyopathies that recently have proceeded in somewhat different directions in the professional societies on different sides of the Atlantic. Given the steadily growing ability to identify genetically based cardiomyopathies, as well as the ability to define ion channelopathies, this is indeed timely.

The series “Challenges for the Basis of Practice” is described in detail elsewhere in this issue by the Senior Associate Editor of Circulation: Heart Failure, Dr Lynne Warner Stevenson. This series of challenging cases, meant to highlight real-life scenarios that call for clinical thinking beyond current guidelines, is intended to be highly interactive, with readers working alongside experts to propose solutions to the complex issues at hand.

Finally, “Images and Case Reports in Heart Failure” will highlight brief case reports that may be accompanied by imaging data that are of interest in illustrating diagnostics, pathophysiology, or therapeutics.

We hope that Circulation: Heart Failure will be a forum that receives high-quality papers that have focus in this field. Manuscripts may be submitted directly to Circulation: Heart Failure or to Circulation. If an article is submitted to Circulation and is believed to be better suited for Circulation: Heart Failure, the initial Circulation reviews will be considered as the reviews for Circulation: Heart Failure, and authors can simply respond as appropriate. We aim to facilitate the publication of good work within the Circulation family of journals without adding additional steps such as a completely new submission process.

We look forward to working with and hearing from readers and authors. As the heart failure field grows and new directions unfold, it is our hope that Circulation: Heart Failure will provide a forum for continuing expansion of new knowledge that ultimately will increase our understanding of pathophysiology and translate into improved care for our patients.

Disclosures

None.
The Inaugural Issue of *Circulation: Heart Failure*
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*Circ Heart Fail.* 2008;1:1
doi: 10.1161/CIRCHEARTFAILURE.108.774679

*Circulation: Heart Failure* is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 1941-3289. Online ISSN: 1941-3297

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circheartfailure.ahajournals.org/content/1/1/1

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