

Editor's Note

With this issue of *Circulation Heart Failure*, the founding editorial team comes to the end of its tenure. With the July issue, we will be turning over the reins to Nancy Sweitzer, MD, PhD, and her talented editorial group.

Back in 2008, Dr Joseph Loscalzo, then Editor-in-Chief of *Circulation*, had the audacious vision to give birth to 6 subspecialty journals to create the *Circulation* family of publications, and I was honored when invited to be the founding Editor-in-Chief of *Circulation Heart Failure*. At the beginning, we envisioned covering broad topics across the spectrum of heart failure while always keeping in mind service to the mission of the American Heart Association and focusing on its major topic areas of population science, clinical science, and basic and translational science. We also wanted to give voice to as many of the American Heart Association's Council areas as possible when the topic was appropriate, such as with heart failure in children.¹ Each issue, therefore, spanned a spectrum across the field, which we hope served readers well.

The major focus of any journal such as this is the selection of papers of original work to advance knowledge in the field. Often such papers proceed to advance knowledge in an orderly scientific manner, providing incremental bricks in the wall, building concepts, and opening up further questions to be pursued. Some papers though call into question prior lines of thinking, shaking things up in a paradigm shift (described in a larger way by Thomas Kuhn many years ago²). Examples include the rethinking about the significance and implications of decrements in renal function during episodes of decompensated heart failure³ and the implications of early worsening renal function with the onset of renin-angiotensin inhibition in chronic heart failure.^{4,5} We attempted to engage thoughtful experts for editorials to contextualize selected papers for readers and to share the enthusiasm (or reservations) that the editorial group may have had for a paper.

We also attempted to inject some new thinking into the sections outside the original research work. Clinical trials play a critical role in the heart failure world as in so many other fields, and journals will often publish study design papers detailing inclusion/exclusion criteria and trial methodologies. Those papers are often constructed from the trial protocol and may not resonate with many readers beyond trialists interested in such details. We invited principle investigators of cutting edge trials to submit design papers that emphasized the background and rationale for the trial, as well as novel design and analytic features, so that readers could benefit from a mini review of the area and understand the context for the trial.^{6,7} Another novel new section was the Forum for Early Career Clinical Investigation, spearheaded by Lynne Stevenson, MD, who has had sustained interest in the development of academic careers for trainees. This section enabled young investigators to ask and begin to answer focused questions that might be addressed by single-center observations and investigations, overseen by a mentor.⁸ The reviews and statistical reviews for those submissions were meant to educate as well as constructively criticize. The Development of Therapeutics for Heart Failure series focused in part on regulatory issues, which recently have highlighted broader pathways toward approval in challenging syndromes like heart failure with preserved ejection fraction.⁹

Any journal is only as good as its editorial group. I learned early on as an Associate Editor at *Circulation* from Dr Loscalzo that while reviewers are critical to our vetting process, they are consultants to the editorial group. It is the editors who bear complete responsibility for every publication that is accepted. In that light, we were blessed at *Circulation Heart Failure* to have an outstanding and highly rigorous editorial group, who worked tirelessly reviewing manuscripts for the past 9 years and held the bar high. The group includes Senior Associate Editor Lynne Warner Stevenson; Associate Editors (both past and present) Biykem Bozkurt, Paul J. Hauptman, Eileen Hsieh, Lorrie A. Kirshenbaum, Richard N. Kitsis, Eldrin F. Lewis, Ayan Patel, Margaret M. Redfield, Marc J. Semigran, and Michael R. Zile; and Senior Guest Editors Douglas L. Mann and Kenneth B. Margulies.

Dr. Loscalzo set high standards for the analytic rigor of manuscripts in the *Circulation* journal family because every paper on its way toward publication underwent statistical review. Thus, a note of gratitude is also due to our statistical consultants, from whom I have learned so much: Nancy R. Cook, Roger B. Davis, Kimberlee Gauvreau, Martin G. Larson, Robert A. Lew, Joseph M. Massaro, and Paola Sebastiani.

Finally, all of us in academic or clinical medicine increasingly recognize the importance of patient (customer) satisfaction. In journal work, we have many customers, including both authors and readers. I cannot say enough about the staff at *Circulation: Heart Failure* and indeed across the *Circulation* journal family. Close to 10000 submissions annually are handled by the staff, assembled over the years by Karen Barry into a highly polished team. Their interactions with authors, reviewers, and the editorial group are efficient, polite, respectful, and mindful of the satisfaction of all of our customers. So, many thanks are due to Emily Picillo, Christine Beaty, and Martin Banigan for their great work and their dedication.

As I wrote in my inaugural editorial, “[k]nowledge 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.”¹⁰ My hope remains that *Circulation: Heart Failure* will continue to “...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.”

James E. Udelson, MD

Disclosures

None.

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