

## EDITOR'S PAGE

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# Heart Failure: Where the Paths Cross

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In this issue of *JACC: Heart Failure*, we have dedicated a mini-focus section to the intersection of cardiac surgery and heart failure, which has been an important field over the past decade. This month represents the anniversary of the STICH (Surgical Treatment for Ischemic Heart Failure) trial program funded by the National Heart, Lung, and Blood Institute. This study aimed to investigate the treatment of heart failure patients with surgical versus medical therapy. Since that time, we have seen the enormous development of mechanical support devices in the treatment of heart failure and the optimization of cardiac transplantation. Today, if we look at the U.S. National Institutes of Health's [ClinicalTrials.gov](http://ClinicalTrials.gov) registry, more than 600 clinical trials are being conducted in patients with heart failure utilizing surgical strategies. These include perioperative management of high-risk patients with various types of pharmacologic agents, the role of valvular surgery in patients with heart failure, and a combination of revascularization and stem cell therapy in patients with ischemic cardiomyopathy. It is this unique collaboration that has advanced the concept of a team approach in the management of cardiovascular disease, cardiothoracic surgeons work hand-in-hand with cardiologists.

Our previous issue of *JACC: Heart Failure* included a mini-focus section on the important intersection of electrophysiology and heart failure, which we foresee will continue to grow as the burden of atrial fibrillation in heart failure patients continues to rise. This is an intersection of disciplines that has shown continued

growth with important developments over the past 2 decades, the utilization of which the greatest advances have perhaps been devices not only for treatment but also for hemodynamic diagnostic monitoring. As we go forward in the next several years, it is my belief that the role of diagnostic monitoring could play an even greater role in heart failure. Heart failure specialists and electrophysiologists will work hand-in-hand to optimize the goals of drug and device therapies, including surgical therapy, to improve the outcomes of these patients and maintain the highest quality of life outside of the hospital without progression of the disease.

Thus, as the field moves forward, we are excited to consider the results of the extension of the STICH trial (STICHES [STICH Extended Study]) with data on long-term surgical outcomes; the continued implementation of advanced diagnostics for better hemodynamic monitoring of our patients in the outpatient setting; and the role of combined strategies of mechanical support, revascularization, and stem cell therapy. There is so much potential for other subspecialties to cross paths with heart failure care. Certainly, the editorial team at *JACC: Heart Failure* will continue to encourage the publication of these papers that reflect the integration of disciplines to improve care in heart failure patients.

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