JAMA Cardiology
A New Member of the JAMA Network Family of Journals

Robert O. Bonow, MD; Thomas J. Easley; Howard Bauchner, MD

(Cardiovascular disease) remains the leading cause of death and disability worldwide, in developed and developing countries.\(^1\)\(^3\) Despite the success in the last decade in reducing heart disease-related mortality in many countries, with aging of the population and persistent cardiovascular risk factors, the burden of hypertension, ischemic heart disease, heart failure, stroke, valvular heart disease, and atrial fibrillation is reaching epidemic proportions worldwide.

Against this global burden, cardiovascular medicine continues to advance rapidly. New drugs, like the PCSK9 inhibitors for hypercholesterolemia and sacubitril for heart failure, and new technological advances, like transcatheter aortic valve replacement, offer the promise of improving care, outcomes, and quality of life for patients with and at risk for cardiovascular disease. Understanding of the morbidity associated with undiagnosed conditions, such as hypertension and atrial fibrillation, is beginning to emerge, and new insights into treatment goals and new technologies and devices provide opportunities for earlier identification and intervention for patients with cardiovascular disease.\(^4\)\(^5\) The anticipated benefit from stem-cell and other regenerative therapies remains unrealized, but promising research continues.\(^6\)\(^7\) Yet at the same time, the marked increases in obesity and diabetes, coupled with changing nutritional and lifestyle patterns worldwide, are likely to exacerbate the ongoing cardiovascular disease epidemic. Moreover, cardiovascular medicine is not without its controversies. For the past few years, the “statin debates” have raged on both sides of the Atlantic.\(^8\)\(^9\) Targets for preventive therapies, the appropriate use of expensive new therapies such as PCSK9 inhibitors, indications for transcatheter aortic valve replacement among elderly patients with advanced comorbidities as well as among patients at low surgical risk, and the role of the polypill in global risk reduction all remain controversial topics.

With these and other important issues in mind, JAMA and The JAMA Network are pleased to announce the addition of a new journal—JAMA Cardiology—to our network of journals. The inaugural issue of the journal will be published in early 2016 and will include major research investigations, informative reviews, scholarly opinion articles (including Viewpoints and Editorials), and other articles that will provide clinicians and researchers high-quality reports about cutting-edge scientific advances as well as practical clinical information. The vision for JAMA Cardiology is to become the definitive journal for clinical investigators, clinicians, and trainees in cardiovascular medicine worldwide.

JAMA Cardiology also will assign a high priority to serving the cardiovascular medicine author community. Our goal will be to provide initial review of submitted manuscripts within 3 to 5 days and complete external peer review within 4 to 5 weeks. Articles that have been accepted for publication will be published Online First approximately 2 months after acceptance, with publication in print to follow. Like all of the JAMA Network Journals, articles will be released online weekly and more frequently as warranted, followed by inclusion in formal monthly print issues. Posts on Twitter and Facebook, email alerts with electronic tables of contents and links to articles, and worldwide outreach to news media will promote rapid and extensive dissemination of JAMA Cardiology content worldwide. All research articles will be freely accessible 12 months after publication, and all of the content of JAMA Cardiology (along with that of JAMA and the other JAMA Network Journals) will be available free on the JAMA Network Reader. In addition, authors will be able to opt for immediate open access.

On October 12, 2015, JAMA Cardiology will begin to accept manuscript submissions for consideration for publication. The journal will focus on all aspects of cardiovascular medicine, including epidemiology and prevention, diagnostic testing, interventional and pharmacologic therapeutics, translational research, health care policy and outcomes, and global health. JAMA Cardiology will serve both the research and clinical communities, with the goals to advance science, educate our readers, inform the practice of cardiovascular medicine, and influence health care policy. We look forward to receiving manuscripts from authors as we pursue the vision of advancing the science of cardiology, improving the art of caring for patients with cardiovascular disease, and enhancing the health of those at risk. Please visit http://cardiology.jamanetwork.com to learn more about the journal, for information about submitting manuscripts, and to view the announcement Video.

ARTICLE INFORMATION

Author Affiliations: Northwestern University Feinberg School of Medicine, Chicago, Illinois (Bonow); Senior Vice President and Publisher, Periodical Publications, The JAMA Network (Easley); Editor in Chief, JAMA and The JAMA Network (Bauchner).

Corresponding Author: Howard Bauchner, MD, Editor in Chief, The JAMA Network, 330 N Wabash Ave, Chicago, IL 60611 (howard.bauchner@jamanetwork.org).

Published Online: October 12, 2015. doi:10.1001/jama.2015.12867.

Conflict of Interest Disclosures: All authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

Correction: This article was corrected to add a link to the JAMA Cardiology website on October 16, 2015.
REFERENCES


