



***Festina Lente*—a curiously apt aphorism for Interventional Cardiac Electrophysiology in 2018**

Sanjeev Saksena¹

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As we start a new year, the *Journal* now enters its twenty-second year of continuous publication. Today, we see the results of a long voyage that has resulted in the *Journal* achieving its current status. This is indeed a time for reflection on past accomplishments and a hopeful look into the future. It is also a time to take a critical look at the science and practice in Interventional Electrophysiology.

For this editorial, I have chosen a particular Latin aphorism that I consider apt for our consideration this year. Since the launch of this *Journal* in 1997, we have witnessed momentous pendulum swings in the directions of our field. At that time, implantable defibrillators were in their heyday, sources of origin of atrial fibrillation had been identified in the pulmonary vein, and the older discipline of cardiac pacing had seen a resurgence of vitality with the development of ventricular resynchronization for heart failure patients. The momentum bought by these findings and technology/product development led to generalizations in patient application, such as prophylactic standby defibrillators for almost all patients with moderate to severe left ventricular dysfunction, focal/ostial or antral pulmonary vein isolation for the majority of forms of atrial fibrillation, and resynchronization therapy in almost any form of ventricular dyssynchrony. Two decades later, the landscape has changed a great deal. In this period, we have seen great scientific turmoil and fiery debate focused on a series of unexpected therapeutic failures. We have identified generations of defibrillators that remained silent without delivering any therapy, diminishing success rates of rhythm control with pulmonary vein isolation when comprehensive monitoring was employed for longer periods of time and in its application to advanced forms of the arrhythmia, and virtually

no change in the overall response rate to cardiac resynchronization therapy in two decades.

What is particularly remarkable is the oscillation of the scientific pendulum. Today, debate centers on the DANISH trial challenging defibrillator benefits in a large segment of the ventricular dysfunction population [1]. Biatrial mapping in atrial fibrillation performed by a few groups two decades ago suggested biatrial triggers and tachycardias that had been in disfavor for this epoch, now have returned to center stage with new mapping technology [2–4]. This has initiated a major pendulum swing in ablation therapy beyond the pulmonary vein triggers and tachycardias. In fact, the very pioneering center that established the pulmonary vein origin hypothesis now applies noninvasive arrhythmia mapping to identify these very biatrial drivers of atrial fibrillation before ablation [5]. Multisite pacing, long in disfavor, has emerged in new ventricular resynchronization technology as multipoint pacing, and is finally showing improved heart failure response rates [6–8]. In this remarkable ebb and flow, one message is quite clear. The rapid pendulum swings in therapy are not always driven by new pathophysiologic information, and as these trends translate ultra-rapidly into new therapy, a thoughtful observer cannot but be concerned if this is well-considered. For this reason perhaps, the aphorism “*Festina Lente* (translation: Make Haste Slowly)” is indeed most appropriate in 2018. At a time when the role of physicians in promotion and dissemination of new health care therapies and the existence of the medical-industrial complex are under scrutiny, critical appraisal in scientific fora seems in order to maintain our credibility and our value to our patients [9, 10].

In this commentary, I would also like to take a look back at the *Journal*, both for our early followers and our more recent readers. In 1995, when the *Journal* project was conceived in conjunction with Kluwer Academic Publishers, a focus group of 200-thought leaders was polled worldwide. Most felt the concept of Interventional Cardiac Electrophysiology as a long-term journal focus was untenable, perhaps a brief obsession and that a journal dedicated to this concept was unnecessary and unlikely

✉ Sanjeev Saksena
cmenj@aol.com

¹ Rutgers’–Robert Wood Johnson Medical School, Piscataway, NJ, USA

to succeed. Kluwer Academic Publishers had launched a review journal in the meantime called Cardiac Electrophysiology Reviews which had fine contributions and a very high quality. The first issue of *JICE* in 1997 had nine editors who believed in the concept on our masthead. One of our first challenges was being indexed and I was warned by an eminent editor of another EP publication not to be dismayed if it was not successful. It had taken them three submissions over consecutive years to be indexed. We were all amazed that *JICE* was indexed at first pass. Since that test, the *Journal* has grown in readership, developed a worldwide presence and contribution profile, a social media following second to none in our field, and robust progress in all journal metrics. *Journal of Interventional Cardiac Electrophysiology* now constitutes the vast majority of current clinical activity for practicing electrophysiologists worldwide.

Since that time, we also have witnessed momentous changes in the publishing and medical world. Journals have been absorbed or launched by medical societies in our field with a captive audience of society members. Society papers on health policy and standards help support their impact factors. Publishers have also consolidated and, in this time, *JICE* has seen transitions from Kluwer, then on to Springer, and now Springer Nature. Journal readership from paper issues has moved to online consumption, from detailed full length articles to abstracts, precis' pieces, and imagery for social media proliferation. In this world of big medicine, big data, and big medical publication groups, the survival of an independent journal led by editors without outside pressures has become uncommon. It is precisely for this reason, I believe, that such independent voices need to exist. Challenging the "conventional wisdom" mentality that inevitably permeates large organizations is often necessary for pivotal change, scientific progress and better health care. It is the role of independent journals such as *JICE* to stay the course to permit such dialogue and information exchange.

It was my objective as Editor-in-Chief at the founding of this journal to interpret the term "interventional" in the broadest sense, and we had many spirited discussions about the inclusion of basic science, pharmacology, anesthesia surgery, imaging, and other disciplines in this journal. The importance of basic science in pathophysiology is truly underlined by our current turmoil in designing therapy. We need more physiologic studies and thorough pilot clinical experiences that include physiologic measures to develop truly well designed clinical trials with a high likelihood of success. It has also long been my belief that the "art of medicine" in our present day scientific environment is in the proper choice and careful application of each and every mechanistic, diagnostic, and therapeutic option for the best care we can deliver to our patients. As we now move to multidisciplinary health care teams and health care organizations, *JICE* can also take satisfaction in being an early believer and adopter of this approach.

As 2018 commences, the *Journal* is in a robust state, with submissions rising over 25% last year, rising journal metrics

and readership and an incredibly deep and diverse editorial leadership. A true international journal without geographic bias in a true global partnership with all our continental societies is a welcome anomaly in the current atmosphere of competitive behavior over collegiality and partisanship over solidarity.

2018 will also be the last year I will shepherd the *Journal*. As one of the longest serving Founding Editor and Editor-in-Chief of a cardiology journal, I have had the honor to build and guide the *Journal* for over two decades. It has been a joy and a calling for me. However, there is also no better time for me to seek an orderly transition in the *Journal's* leadership. It only remains to thank all the editors and Board members that have supported this *Journal* from its inception and many stops along the way. Without you, this superb project would not have achieved its goals. It would be remiss for not to recognize the extraordinary partnership with our editors at Springer Nature, Melissa Ramondetta in our early years and Lisa Aquilino currently, who supported this *Journal* through two decades of progress. To our readers around the world, I wanted to take this opportunity to thank each and every one of you for your support of and involvement in the *Journal of Interventional Cardiac Electrophysiology*.

Meanwhile, we have much work to do in 2018. We will continue to listen to our readers, monitor the prevailing winds in our field, take the long view to scientific progress, *make haste slowly* and continue to strive for another bumper year for the *Journal*.

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