The 2020 trials and tribulations

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“Love and compassion are necessities, not luxuries. Without them, humanity cannot survive.” - Dalai Lama

“When the winds of change blow, some people build walls and others build windmills.” Chinese Proverb

The year 2020 will be remembered by its major events. It started just like any other year, but calamities hit the human race one after another. First the COVID-19 pandemic, which started in Wuhan, China, but spread globally. In the process, our lives changed and will likely continue to change for the foreseeable future. The increase in number of people infected, the number of deaths and hospitalizations especially stating in November of 2020 (the so called second wave) is nothing short of real tragedy. The USA leads the world in all of these categories! The hope that the vaccine will change the picture in mid-2021 is high. It is noteworthy to remember that the Nobel Prize in Medicine and Physiology in 2020 was awarded to 3 researchers for discovering the Hepatitis C virus (known before then as non- A, non- B); however, 30 years later there is no vaccine, though there is effective treatment. The rapid discovery of vaccine for COVID-19 in that context is a big success story indeed.

We lost a few colleagues worldwide, our imaging laboratories had to adapt to serve our patients, safety was the word most often used rather than radiation, new guidelines were published, and a new brand of manuscripts hitherto unfamiliar made the big headlines. COVID-19 had dire consequences on the economy with job losses of unprecedented magnitude that included academic institutions and health workers, and long lines of on free food distribution centers. Tangible consequences also included the fact that for the first time the annual scientific sessions of ASNC (September 2020)

and the Editorial Board meeting of JNC (October 14, 2020) were virtual (as were many other medical conventions); the irony was the fact that attendance was much better for both meetings!

Our authors, editors and support staff understood the need to accommodate during these difficult times and rigid deadlines were suspended and replaced with words of love and compassion. Most if not all of my letters have included the statement ‘stay well and safe.’

Then, there is the Black Lives Matter movement, which has spread globally seeking racial justice in all walks of life. Demonstrations spread across the USA and many major cities around the world following the tragic death of George Floyd on May 25, 2020. Healthcare workers were well represented in these demonstrations. The American Society of Nuclear Cardiology and many other societies and groups such as the American College of Cardiology, the American Heart Association and the Association of Black cardiologists, Inc have strongly denounced racism in all aspects; they surely speak for all of us. Academic institutions started examining the social injustices within their own environments and the role of people and policies. Actually, Black Lives Matter started in 2013, in response to Trayvon Martin’s murder by George Zimmerman. The movement has grown in response to the other murders of black citizens, often at the hands of police (including Tamir Rice, age 12). I’m hopeful that a meaningful change will occur.

The explosion on August 4th in Beirut, Lebanon where hundreds died or were injured was another tragedy. What makes that event even worse was the fact that it occurred in a country reeling from economic meltdown.

Then, there were the natural disasters; tremendous fires in the west and hurricanes in the south of the USA, which resulted in loss of lives and damage to properties beyond any imagination! My heart goes to all who died or suffered and the ones they left behind.

Last but not the least, was the historic (in so many ways) Presidential elections in the USA and the unusual process of transition of power to a new leadership. The process was unusual to put it mildly and has never

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before been witnessed in this country! These events will be remembered for years to come.

How did the Journal do during these difficult times? Actually, it not only survived but flourished! the Journal received more submissions than any other time in its history and the downloads of papers continued to increase. Of particular interest is that amongst the top downloaded papers, there are quite a few editorials and “What Is This Image” articles.

The Journal continues to search for better ways to serve our readers and authors. This year, our average turnaround time from receiving an original manuscript to decision-making was 21 days. We greatly appreciate the efforts of our reviewers. Of all the manuscripts received during this period, 1/3 came from the USA and the remaining ones from the rest of the world. The percentage of manuscripts (but not absolute numbers) from the USA is decreasing over the years as both the number of manuscripts from other countries (and the number of countries) continue to grow. I suspect this is true for many of the imaging and non-imaging journals. This is so much different than the first issue of the Journal in 1994, where of the 12 papers published, 10 were from the USA, one was from Japan and one from Italy!

A typical JNC issue these days contains a poem, a photo, quotes, an editor page, a quick glance at selected topics, reviews of the literature: (nuclear and cardiovascular), what is this image?, a lead article with abstract translations in Chinese, French and Spanish, original articles (at least 20) with editorials, review articles with (Continued Medical Education credits), Images that teach, Letters to editor, select abstracts from AHA, ACC, ESC and SNMMI and miscellaneous topics such as history corner, fellows’ corner, brief reports, technical corner, debates, position papers, statements, clinical pathological case presentation, cases from a busy lab, themes, molecular imaging corner, ASNC-President report and ASNC news. Most if not all original and review articles have a set of power point slides, a tweet, and audio recordings.

Our history corner committee (Frans Wackers, MD, Chair) was active and the following individuals were honored for their important contributions to the field: Heinrich R Schelbert, Mario S Verani, George A Beller, Paul J cannon, Frans J Th Wackers and Ernest V Garcia. In this issue, Joseph C Wu and colleagues honor the late Sanjiv Sam Gambhir, MD, PhD.

The Journal database contains information on the performance of the reviewers in terms of number of times they have been invited, accepted, declined and the turnaround time. Our reviewers are not limited to our large editorial board (EB), which has superb members that includes many previous Editors- in- Chiefs of major

journals. The selection to the EB is very competitive and the prestige comes with some obligations, such as reviewing a minimum number of manuscripts per year if requested; attending one annual editorial board meeting; submitting some of their original manuscripts to JNC; contributing or writing editorials, debates or reviews when requested; suggesting names of new members, contributing interesting photos, memorable quotes, or poems, and providing feedback on how we can improve. As one Associate Editor so aptly put it: “Being a member means being active; it is not a diploma for merits of the past.”

I remind ourselves that we, the editors, are custodians of the *Journal* and we are accountable to our authors and readers. With that in mind, each EB member in 2020 was provided confidentially with a score card outlining their efforts as a reviewer during the preceding 12 months period. Many of our members have gone beyond the call of duty and for that I’m grateful. We mourn the loss of an esteemed EB member, Keiichiro Yoshinaga, MD who died on October 7, 2020. (Obituary by Tamaki and others are in this issue of the Journal.)

Our database now also contains the areas of expertise of each EB member to streamline the reviewing process by selecting appropriate reviewers for each manuscript. This does not imply that we only use EB as reviewers; on the contrary, more than half of the reviewers are not EB members. In 2020, a few EB members rotated off the Board and new members were added based on their contributions. The photos of the entire new group are in this issue.

The social media was revamped and now Niti R. Aggarwal, MD (Assistant Professor of Medicine, Department of CV Diseases, Mayo Clinic – Rochester, Rochester MN, Twitter: @NitiCardio) is the Editor. She is assisted by 5 assistant Social Media editors: Krishna Patel, MD (Fellow in CV diseases- Harvard University); Javier Gomez, MD (Assistant Professor of Medicine, Cook County Health); Aditya A Joshi MD (Fellow in CV diseases, Icahn School of Medicine at Mount Sinai); Mrinali Shetty, MD (Fellow in CV diseases, University of Chicago (NorthShore) Program) and Kyla Lara-Breitinger, MD (Fellow, CV Diseases, Mayo Clinic,- Rochester). Their photos are also included in this issue of the journal. We look forward to their support and contributions.

The JNC award winners (announced during the virtual ASNC meeting) in 2020 were:

- Zaret-Beller Award (Best Reviewer)-Thomas H. Schindler, MD, Washington University School of Medicine, St. Louis, MO.

- Ken Brown Award (Best Editorial)- Sarah Cuddy, MD, Harvard Medical School and Brigham and Women's Hospital (J Nucl Cardiol 2020; 27, 38–40).
- Raymond Gibbons Basic Research paper- Sadik R. Panwar, MD, Northeastern University, Boston (J Nucl Cardiol 2019; 26:1327-1344).
- William Strauss Best Technical paper- Martin L. Lassen, MD, Medical University of Vienna, Vienna, Austria (J Nucl Cardiol 2019 26:1107-1118).
- Frans J Th Wackers Best Clinical paper- Hop Hilde, MD, University of Groningen, The Netherlands (J Nucl Cardiol 2019; 26: 1064-1075).

The one inevitable conclusion from the events in our field over the past 5 decades is that the young and the young at heart agree on its tenacity and the undisputed value in patient management that explains why it has remained the most popular imaging modality.

A couple examples may illustrate the changes over time. Earlier the size of the perfusion abnormality (by planar thallium-201 imaging) was “quantitatively” assessed by measuring the perimeter of the LV silhouette (3 projections) and the perimeter of the defect and expressing it as a percent (defect perimeter/total perimeterX100). Today, artificial intelligence could be used to do that with a high degree of precision. Measuring myocardial blood flow (MBF) in man was limited to few centers (using inert gases, Xenon-133, coronary sinus thermodilution and positron emission tomography [PET]). The MPI was a poor's man way to evaluate MBF (the black box). Measuring the perfusion defect size before and after thrombolysis or balloon angioplasty in patients with acute ST elevation myocardial infarction or measuring the defect size during temporary balloon occlusion during planned coronary interventions were important to the understanding of tracer kinetics in man.

Today, measuring MBF by PET (and SPECT) has opened new and important opportunities in patient care and research and their role will only increase with time.

The second example is the use of technetium-99m pyrophosphate (PYP), earlier it was used for the detection of acute myocardial infarction (MI). Amongst the causes of false-positive scans, cardiac amyloidosis (CA) was listed! Who would have thought that PYP will eventually be the imaging method of choice for CA and that acute MI will be one of the causes of false-positive scans? More recent data, however, suggest that PET imaging using F-18- and C-11-labeled tracers might be superior to PYP for earlier diagnosis where therapy might be more effective in this otherwise fatal disorder.

These examples coupled with the many innovations in software and hardware, tracers and applications have reshaped the field and changed the debate from one emphasizing artifacts, specificity and unclear images to one that defines attributes of the field in managing patients with a variety of cardiac disorders and not just those with atherosclerotic coronary disease.

I would like to thank the editors, Managing Editor (Kristen Connell, PhD) and Wendy Passerell (Education Program Development & Editorial Liaison, American Society of Nuclear Cardiology) for their support and guidance.

Please feel free to write to me about concerns, ideas, and how you may participate in our future endeavors.

Stay safe and best wishes.

Ami E Iskandrian, MA, MASNC
Editor-in-Chief

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