

iVIEW

EDITOR'S PAGE

*i*JACC in the Evolving World of Integrated Imaging: A Spectator, a Follower, or a Trail Blazer

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Alice came to a fork in the road.
"Would you tell me, please, which way I ought to go from here?"
"That depends a good deal on where you want to get to," said the Cat.
"I don't much care where—" said Alice.
"Then it doesn't matter which way you go," said the Cat.

Lewis Carroll, *Alice in Wonderland* (1)

What will be the future of cardiovascular imaging? The multiplicity of imaging modalities, coupled with the rapid advances in technology and their clinical application, make the crystal ball a bit perplexing. This outlook is further being buffeted by professional and financial pressures (2), concerns about utilization (3,4), and third-party barriers (5), all of which are likely to further increase. This changing environment has engendered a new kind of thinking about the role of an imager (6,7). The American College of Cardiology (ACC) has played an important role in this debate, and their integrated imaging journal, *iJACC* (*JACC: Cardiovascular Imaging*), is best expected to anchor the evolution of the new breed of cardiovascular imaging specialists. We, the editors of *iJACC*, have continued to extensively deliberate this issue, and are committed to playing an important role in shaping the future of imaging. The very positive reader feedback we have re-

ceived in the past 9 months since the birth of *iJACC*, has made us confident that we will be able to choose the correct fork in the road to the future of cardiovascular imaging.

The Evolving Imaging Specialty, Imager, and *iJACC*

We would like to share with you our great delight in announcing that, due to overwhelming reader enthusiasm, *iJACC* will be published monthly starting in January 2009. Starting next year, *iJACC* will unveil many new features that will enhance the value and pleasure of reading this journal. We will continue to target the way you practice and provide patient care. The following is how we envision the future of cardiovascular imaging and how we plan to position *iJACC* in the rapidly evolving world of cardiovascular imaging.

Physicians will be imagers. Imaging will become a mainstay of physical examination. For instance, the arrival of better handheld ultrasound technology will diminish the need for relying on stethoscopes. Only seeing will be believing! Traditional models of teaching, case discussions, and conferences will be anchored primarily around the initial imaging observations. Towards this goal of cultural change, *iJACC* plans to introduce a new feature, *iTutorial*, where core imaging concepts will be presented in a simple didactic format with a large amount of visual imagery, catering mainly to the student of imaging at all levels. Some sections will be particularly directed towards trainees, such as residents and cardiology fellows, and others towards practicing cardiologists. These instructional articles will ensure a gradual change in how imaging information is effectively obtained, interpreted, and assimilated.

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Imaging specialists will be the conductors of the orchestra. Imagers will be expected to comprehensively address the clinical queries of interventionists, surgeons, or referring physicians. They will need to characterize the problem with the greatest amount of certainty while employing the least amount of testing. Imagers will need to know and use the best modality as well as the best test for each situation. As Dr. Braunwald commented in his interview when the first issue of *iJACC* was launched, "The imager will be the conductor of the orchestra; the imager would need to know when the string instruments should become louder and when the wind instruments need to do so . . ." (8). Integrated imaging training and certification, as well as the breadth of the subspecialty itself, will evolve. *iJACC* will meet this challenge by bringing you the very best in cutting edge science, complemented by a uniquely innovative, multiauthored review format, called *iP3* (Imaging: From Pictures to Practice and Paradigms). These reviews present the collective wisdom of multiple specialists who write about their niche expertise in the context of a larger clinical question. An expert generalist synthesizes the information to avoid "modality bias." We expect that these reviews will become white papers for your practice and will serve as guidelines for your day-to-day imaging needs. Your suggestions for authorship panels are welcome. The *iP3* feature will be interspersed with *iReviews* of the routine format.

Imagers will be at the frontlines. The imaging experts will operate on the frontlines, shoulder-to-shoulder with the interventionists, electrophysiologists, and surgeons. The number of percutaneous procedures will increase exponentially and the imagers' expertise in understanding and manipulating complex 3-/4-dimensional imaging datasets will become necessary for the efficient delivery of these procedures. To accomplish this, *iJACC* will bring you dynamic images from the catheterization labs and operation rooms. In addition to the print version, this new feature, *iLive*, will demonstrate actual clips of the procedures and discuss the role of imaging on Cardiosource Video Network (CVN). Please send us your suggestions for this feature and let us know how you would like to contribute.

More on Education . . .

The need for acquiring new knowledge will continue to increase; the end users will be both physicians and their patients. *iJACC* is getting ready to introduce an instructive continuing medical education feature (*iCME*). We are also developing

patient information pages in a simple package discussing indications of a test, procedural details, adverse effects, and outcomes of imaging procedures. This feature, called *iCare*, will be written in easily understandable language by the experts in the field and will be a resource for your practice. *iCare* pages will be easily downloadable for printing and distributing to your patients and will be linked with the official ACC website for patients, *CardioSmart*. The current *iNews* feature will become *iForum*; it will bring you viewpoints and debates on controversies in imaging. *iLights*, which brought you the highlights from numerous cardiology meetings will continue to cover "The Year in Imaging." *iLights* will now discuss the important manuscripts on the role of imaging in various cardiovascular diseases published in the past year. We would also like to remind you about *iMail*, which is not only your reaction to the published material, but provides you a platform to share some of your unique experiences. Please do refer to this issue for examples of *iMail*. Finally, *iPLX*, *iBiz*, and *iStory* will continue unchanged.

Embracing the Imaging Medium and Harnessing the Web

We are very aware that traditional paradigms about journals, especially one devoted to imaging, may not stand the test of time. As Eric Schmidt of Google reminds us, "Simplicity is triumphing over complexity, accessibility is beating exclusivity, the power is increasingly in the hands of the user" (9). In this regard, readers will gradually notice robust upgrades to our future digital presence, including greater use of newer display technologies coupled with powerful search and cross-reference capabilities. Thanks to the most valuable asset, *Cardiosource*, which the family of *Journals of the American College of Cardiology* is able to share. Since a single image in the printed form does not offer a comprehensive feel of the disease, the dynamic online supplement to the original manuscript will allow the authors to provide a larger selection of imaging studies to illustrate the finer points. In addition, the "Electronic Data Bank" of *iJACC* illustrations for learning/teaching purposes (*iLibrary*) will allow readers a streamlined process of adding related figures from their own collection and downloading others for personal use. This would allow for the de-

velopment of an encyclopedia of an entire spectrum of severity through different imaging modalities. Podcasting of *Journal* articles and a running blog dealing with *iJACC* and its articles will become an additional feature. Finally, in the spirit of harnessing Web 2.0 there are multiple projects in the planning stages. One of the most successful roles of the Web is utilizing the collective wisdom of the involved community. In this regard, a feature named *iQuery* is being discussed, which will be an ongoing moderated forum that may produce a compendium of evidence-based solutions to imaging is-

sues. *iJACC* content will utilize robust cross-linking technology and should make searching for information even more fun in the future.

You will notice that we are continuously evolving and refining *iJACC*. With your participation we hope to make it a "one-stop-shop" experience for you. We are rapidly innovating to fulfill the mandate from the ACC and from our readers; we will be the resource of choice for the modern physician and evolving imager. To slightly paraphrase a quote from a different time period: "If not your Journal, then who? If not now, then when?" (10).

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