JAMA Cardiology: A New Cardiovascular Journal

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The accelerating pace of cardiovascular science and practice provides new opportunities for prevention, diagnosis, and treatment, along with the hope of a better future for individuals with heart disease and those at risk of disease. At the same time, there are pressing challenges: aging of the population, the persistent burden of risk factors, health care disparities, and the emergence of cardiovascular disease in low- and middle-resource countries present challenges that may slow the potential benefit of these advances. Gaps in knowledge and the variability in resource use and implementation of proven interventions underscore the need for ongoing research and education.

To address the growing need for science discovery and dissemination, JAMA Cardiology has arisen as the newest member of the JAMA Network of journals. With weekly Online First publication and monthly issues in print and online, JAMA Cardiology will publish the findings of important research as Original Investigations, including clinical trials and meta-analyses, Brief Reports, and Research Letters, along with scholarly Reviews and timely opinion articles by thought leaders in the form of Viewpoints, Invited Commentaries, and Editorials. The journal will focus on all aspects of cardiovascular medicine, including hypertension, ischemic heart disease, heart failure, stroke, valvular heart disease, rhythm disorders, peripheral artery disease, cardiac critical care, and resuscitation science. We will publish articles in the disciplines of genetics, epidemiology and prevention, diagnostic testing and imaging, interventional and pharmacologic therapeutics, translational research, health care policy and outcomes, and global health. In addition to cutting-edge research investigations and state-of-the-art reviews, practical clinical information will include guidelines synopses, evidence reviews, and clinical challenges, and many of our articles will offer our readers continuing medical education. The vision for JAMA Cardiology is to serve both the research and clinical communities and become the definitive journal for cardiovascular investigators, clinicians, and trainees throughout the world.

A taste of the content to be found in future issues of the journal is represented in this week’s inaugural Online First issue. Fox and colleagues from the National Heart, Lung, and Blood Institute-sponsored Jackson Heart Study examine prediction models for major cardiovascular events in African American individuals. The report of this seminal study is accompanied by an editorial by Goff and Lloyd-Jones, who discuss the implications of this study in light of the 2013 American College of Cardiology/American Heart Association pooled risk equations for estimating atherosclerotic disease risk. Anderson and coinvestigators from the American Heart Association’s Get With the Guidelines-Resuscitation group report outcomes of patients with in-hospital cardiac arrest according to adherence to process measures of quality of care for in-hospital cardiac arrest. Engel et al and the accompanying commentary by Baggish provide unique insights into the effects of long-term, intense exercise conditioning on cardiac structure and function in more than 500 professional athletes in the National Basketball Association. These data from highly trained athletes, whose height and body surface area greatly exceed those of participants in previous reports on athletic conditioning, extend the knowledge base on the extremes of normal cardiac remodeling.

JAMA Cardiology assigns a high priority to serving our authors. Our goal is to provide initial review of submitted manuscripts within 3 to 5 days and complete external peer review in 4 to 5 weeks. Articles accepted for publication will appear Online First approximately 2 months after acceptance, followed by publication in a formal monthly issue in print and online. The association with the JAMA family of journals via The JAMA Network links JAMA Cardiology with tremendous resources, extensive physician reach, exposure to colleagues in diverse fields, and cutting-edge electronic platforms. Our online and print presence is enhanced by constantly growing social media and multimedia visibility, with posts on Twitter and Facebook, email alerts with electronic tables of contents and links to articles, and global outreach to news media that 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 of research articles have the option to pay for immediate open access.

The outstanding editorial team of JAMA Cardiology includes deputy editors Robert Harrington, MD, Clyde Yancy, MD, MSc, Marc Sabatine, MD, MPH, and Michael Pencina, PhD. Our associate editors are Adrian Hernandez, MD, MHS, Christopher O’Donnell, MD, MPH, Gregg Fonarow, MD, Elizabeth McNally, MD, PhD, Mark Huffman, MD, MPH, Sanjiv Shah, MD, Mintu Turakhia, MD, MAS, and Laine Thomas, PhD. Our team has years, breadth, and depth of...
The Pooled Cohort Risk Equations—Black Risk Matters

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Dating from the 27th Bethesda Conference in 1996, there has been a consensus in the preventive cardiology community that the intensity of preventive interventions should be matched to an individual’s absolute level of risk of development of atherosclerotic cardiovascular disease (ASCVD). This consensus was reflected in the adoption of the Framingham Risk Score (FRS) for estimating the 10-year risk of a hard coronary heart disease (CHD) event by the National Cholesterol Education Program’s 2001 Adult Treatment Panel (ATP III) in their executive summary and by the adoption of the Pooled Cohort risk equations (PCEs) for estimating the 10-year risk of a hard ASCVD event by the American College of Cardiology and the American Heart Association in their 2013 guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults.

The ability to estimate risk accurately in African Americans is particularly important because they are a higher-risk population. In comparison with non-Hispanic white populations, African Americans have 2 to 3 times the risk of stroke, 2 times the risk of heart failure (HF), and 1.5 to 2 times the risk of CHD. Failure to recognize this high-risk status could lead to missed opportunities for prevention. Hence, black risk matters.

The PCEs, validated by Muntner et al in a large contemporary cohort of community-dwelling African Americans and whites in the United States, were adopted by the American College of Cardiology and the American Heart Association in 2013 as an improvement on the older FRS for CHD for several reasons. First, the PCEs included stroke and ASCVD as outcomes of substantial importance to African Americans. Second, and also related to the use of multiple cohorts, the PCEs derived risk estimation algorithms specific to African Americans and potentially more applicable to African Americans than the FRS, derived from a white cohort in a single community. Third, and also related to the use of multiple cohorts, the PCEs might be more widely applicable to white populations across the United States.