Editorial Prognostication

It is my honor and pleasure to serve as Editor-in-Chief for *Advances in Pulmonary Hypertension* volumes 14 and 15. Importantly, I would like to thank Myung Park, MD, for her excellent leadership as past Editor and her support in my transition. The editorial board strives to continually improve the journal under the direction of the Scientific Leadership Council for PHA. Under Dr Park's leadership, the journal has transformed to meet scientific publication standards and yet remains committed to address important clinical challenges and active areas of inquiry in the scientific understanding of pulmonary hypertension.

In this issue, Drs. Ioana Preston and Ray Benza serve as guest editors and have secured manuscript submissions addressing prognostic risk scoring and cardiac imaging in pulmonary arterial hypertension (PAH). *Prognosis*, derived from Greek, literally means *foreknowledge* and may be defined in a medical dictionary as a forecast of probable outcome. As with weather forecasts and the limitation of applying statistical probabilities to individual patients, we are challenged in the determination of prognosis in PAH. Nonetheless, significant progress has been made in this area warranting a whole issue on this important topic.

I would also like to welcome Drs. Jonathan Rich and Oksana Shlobin who have agreed to co-edit a special section entitled Research Review. I would also like to thank Drs. Sean Studer and Deborah Levine for their continued support as section editors. Lastly, Ms. Deborah McBride, managing editor, works tirelessly to bring everything together in a seamless fashion.

I suspect the readers will find this issue both enlightening and provocative and most importantly, clinically applicable.

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Pulmonary hypertension is a rapidly evolving field in which physicians and healthcare professionals are challenged with the complexity of the disease. Assessment of disease severity and determination of risk factors associated with a poor outcome require the integration of multiple parameters derived from clinical practice, clinical trials, and from risk prediction models.

This issue of *Advances* focuses on these specific tools, which include echocardiography, exercise, and biomarkers, as well as various risk prediction models derived from a number of databases.

From the didactic articles describing prediction parameters to the dynamic discussions at the roundtable and PH Grand Rounds section highlighting their applicability in clinical practice, this issue provides clinicians a description of the multitude and intricacy of tools at their disposition to best assess and treat their patients with pulmonary hypertension. We hope you will appreciate the issue.

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