

EDITOR'S MEMO

Welcome to the first issue of *Advances in Pulmonary Hypertension* Volume 18. As I transition to the role of editor-in-chief, I look forward to taking part in this incredible effort with our PHA *Advances* staff, editorial board (Harrison Farber, MD; Sean Studer, MD, MSc; Marc Humbert, MD, PhD; Jeffrey D. Edelman, MD; Dunbar Ivy, MD; Richard Krasuski, MD; Ioana R. Preston, MD; Traci Houston, RN, MS; Anna R. Hemnes, MD; Usha Krishnan, MD; Nick Morrell, MD, ScD, FMedSci; Jonathan D. Rich, MD; John J. Ryan, MD, FACC, FAHA; Oksana A. Shlobin, MD; Anjali Vaidya, MD, FACC, FASE, FACP), and guest editors to continue the quality work that has been delivered over the last two decades. 2019 is an important year for scientific topics in *Advances* as we continue the momentum that Dr Farber initiated during his tenure as editor-in-chief. The expert-led issues will include coverage of congenital heart disease, imaging, exercise and PH, and the 6th World Symposium on Pulmonary Hypertension.

I would like to thank and congratulate Dr. Harrison Farber for his solid leadership of our editorial board over the past two years. His exhaustive knowledge of our field and the insight on how to best navigate each issue led to the publication of eight excellent issues covering important current topics in PH. I look forward to his continued guidance and his innate ability to bring a smile to every conversation over the next two

years. I would also like to thank the editorial board members for all of the time and effort toward making each issue an important addition to the PH literature and to our patients' lives. Thank you to PHA and the *Advances* staff for their solid commitment and dedication to the focus of this important journal. And to Deborah McBride, our managing editor for the last nine years, a very special heartfelt thank you for all of the devotion, generosity, and hard work you have provided us to make it all happen. Your support has been invaluable. You have touched us all.

The new year brings exciting developments in how information in *Advances* will be delivered to us. Similar to many other scientific journals, *Advances* will transition its format to an online-only journal. By transitioning to a new online platform, the journal offers the PH community enhanced access to the information, and an opportunity to reach and benefit a wider audience. We encourage readers to register on the site to receive announcements about updates and to be able to take advantage of all the features the new platform offers. The focus of this journal will not change. It will continue, as it has for the last 17 years, to deliver up-to-date valuable peer-reviewed knowledge dedicated to clinicians, scientists, and those in training on the complicated topic of PH.

In this issue, we examine the complicated topic of congenital heart disease

(CHD) and PH. I want to congratulate and thank Dr Dunbar Ivy (our guest editor) and Dr Hap Farber for assembling a world-class group of contributors to focus on this difficult subject. This topic truly reflects the idea that evaluating and managing our patients is a team-based, complicated, multispecialty process. *Advances* in therapies continue to improve for patients with CHD, making it possible for children to live well into adulthood. Complications, however, from both CHD and PH still require the input from a multitude of specialists working together to improve survival and quality of life. This issue of *Advances* is a valuable resource that provides original research; current reviews on the evaluation, management, and future options of patients with CHD and PH; and an important roundtable discussion on CHD management.

I look forward to working with our *Advances* team over the next two years as editor-in-chief with the goal of bringing the quality education, research updates, and current discussions to all of our readers in hopes of improving our patients' lives.

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GUEST EDITOR'S MEMO

For this issue of *Advances in Pulmonary Hypertension* we are focusing on pulmonary hypertension in congenital heart diseases in child and adult. Treatment of these patients is challenging due to the lack of randomized trials. Medications used in congenital heart disease patients are rarely studied as a prospective cohort study, but rather as part of other clinical trials in Group 1 PH (PAH).

This issue is dedicated to the cross-over between the adult and child with pulmonary hypertension and congenital heart disease. Several important gaps are recognized between our knowledge and treatment of adults and children. These are readily apparent in the guidelines, which have been published recently by the European Respiratory Society, as well as in the journal *Circulation*. The adult guidelines include

very strict criteria for operability. These criteria discourage a treat-and-repair approach, where the patient would be treated with medication and then undergo a repeat catheterization and then a reconsideration of cardiac defect closure. In contrast, in the pediatric guidelines, there is a potential for a treat-and-repair strategy, where patients who would not be classically operable could be treated and then reconsid-

ered for surgical operability. Another key issue is the growing number of older children and adults with a single ventricle circulation or palliation. In these patients, a small rise in pulmonary vascular resistance may lead to circuit failure. In the classic sense, these patients do not meet the criteria for

PH of an increase in mean pulmonary artery pressure, but they do have circuit failure due to an increase in pulmonary vascular resistance. I am grateful to the authors of the articles in this issue and to those participating in the robust roundtable discussion.

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