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Editor's Note: This issue focuses on the very common but poorly understood problem of pulmonary hypertension due to left heart disease. Dr Margaret Redfield and her colleagues present typical cases and summarize the issues related to left heart disease and PH, examining the forces at play in detail. Drs Jose Tallaj and Raymond Benza offer a practical approach to PH out of proportion to left heart disease, examining treatment options for PH and for the left heart disease. Finally, Dr Srinivas Murali describes his approach to assessing and treating PH in a heart transplant candidate. These articles are timely and offer insight into the complex forces that challenge the clinician when dealing with PH and left heart disease.

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Cover image:
Diastolic assessment of the left and right ventricle using Doppler echocardiography in a young woman with severe idiopathic pulmonary arterial hypertension. Echocardiographic results are superimposed on ECG tracings. (Images courtesy of Margaret M. Redfield, MD, Mayo Clinic College of Medicine).

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Editor's Memo

Chronicling the Evolution of a Journal: We Welcome New Support to Meet Growing Educational Needs of Physicians

"Ten years ago physicians treating pulmonary hypertension would have been amazed at today's options for managing a disease that had a dismal prognosis. Progress has been swift, and we stand at the threshold of a new era in treatment. As our treatment options for pulmonary hypertension have expanded dramatically, so has our need for more information to keep pace with major advances."

With this statement, our previous Editor-in-Chief, Victor Tapson, MD, kicked off the first issue of *Advances in Pulmonary Hypertension* in Spring 2002. With this hefty, 48-page issue, we stand somewhat similarly on the threshold of a new era—this one in providing essential information to our readers with a journal that continues to evolve as the most comprehensive source of knowledge for clinicians whose primary focus is pulmonary hypertension.

We are pleased to welcome a new cohort of commercial supporters to *Advances in Pulmonary Hypertension* because it means the journal can (1) expand its coverage by bringing readers more content on the most important topics relevant to the care of patients, (2) present more information on translational research by investigators worldwide, and (3) help us to more firmly establish the journal as an authoritative source as we eventually pursue a designation as an indexed journal on the MEDLINE database.

The support by additional sponsors suggests exactly how far we are moving into the new era of treatment and the therapies represented here reflect the growing commitment by the pharmaceutical industry to research and development of drugs that expand the spectrum of therapy. While it is encouraging to see this support, we remain committed to a journal that will present rigorously peer-reviewed, unbiased, scientifically valid and balanced information, reflecting the highest standards of care by the medical community.

This community is well represented on our Editorial Advisory Board, our Editorial Committee and the Scientific Leadership Council of the Pulmonary Hypertension Association. All of the physicians listed on page 3 play an integral role in planning the program of the Pulmonary Hypertension Association (PHA), including the Scientific Sessions held every other year. Please see pages 24 and 25 for information on this year's dynamic International Conference in Minneapolis, *Roadmap to a Cure*, June 23 to 25.

Many of these physicians also take on leadership roles in developing content for our conferences and guiding creation of manuscripts for our journal. Our Associate Editor for this issue, Ronald J. Oudiz, MD, had the particularly daunting task of overseeing the content development of this expanded issue and we greatly appreciate his contribution in reviewing and editing the manuscripts. As Dr Oudiz points out in his introduction, this issue focuses on the very common but poorly understood problem of pulmonary hypertension due to left heart disease, including reviews examining the relationship between diastolic heart failure and pulmonary hypertension, another review on pulmonary hypertension out of proportion to left heart disease, and heart failure patients with pulmonary hypertension referred for cardiac transplantation.

In looking ahead, I recall another perspective from the first Editor's Memo by Dr Tapson who also noted, "As exciting as the last decade has been in expanding the spectrum of therapy, the years ahead look even more promising as we gather more data on the use of endothelin receptor antagonists and perhaps additional agents that will address the proliferative mechanisms of the disease." We look forward to continuing our mission to put these trends in intelligent perspective and welcome your comments and suggestions.

Vallerie V. McLaughlin, MD
Editor-in-Chief