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Cover Image
A new day is dawning in the treatment of pulmonary arterial hypertension as new therapeutic approaches become available. These advancements are captured visually in Max Hayslette's painting "Tuscan Sunrise." Copyright © Grand Image, Ltd.

Guest Editor's Memo

A New Day for PAH

When the editorial board first considered an issue devoted to recent clinical trial results, clinicians had 6 FDA approved drugs to treat pulmonary arterial hypertension (PAH). We now have 7, and it seems conceivable that we might have an 8th before the end of 2009. With collaborative, international efforts, the pace of progress has quickened in the last 5 years, and indeed, a "New Day is Dawning" on treatment options for our patients.

In this issue, Bob Schilz and I wanted to provide an authoritative update on recent clinical trials and to highlight therapies that have "graduated" from bench science to bedside investigation. An author on the pivotal epoprostenol report, David Langleben has a long perspective and remains committed to bench research on mechanisms of vascular dysfunction in PAH. His article highlights Phases I and II trial data that have been reported only in abstract form at international meetings in the last 2 years. He also invites readers to consider an important question about whether our current therapies address fundamental disease mechanisms. I think readers will especially appreciate the figure illustrating how cicletanine, riociguat, and phospho-diesterase inhibitors are related in the nitric oxide-cyclic GMP signaling pathway.

Murali Chakinala's information-packed article summarizes key data from recently published or presented combination trials including PACES (adding sildenafil), TRIUMPH (adding inhaled treprostinil), and PHIRST (adding tadalafil). A useful table in the paper shows trends in the baseline characteristics of patients over the last decade, and his thoughtful analysis on endpoints highlights the limitations of our current approach in drug development and invites us to "Raise the bar" for future investigations.

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Editor's Memo

Starting with this issue of *Advances in Pulmonary Hypertension*, I am delighted to assume the editor-in-chief position. I am extremely grateful to Ron Oudiz for his productive tenure and his guidance through the process of creating and producing a quality journal. The feedback we have received during Ron's time in charge has been almost uniformly glowing, a testament to his calm leadership. I will do my best to maintain the quality of the journal and provide similar (although possibly less calm) guidance.

The mission of *Advances* has always been to provide, for practicing physicians, cutting edge updates on all aspects of pulmonary hypertension (PH). The journal has, we hope, been accessible and understandable to the diverse readers, including nurses, pharmacists, internists, rheumatologists, pulmonologists, and cardiologists. We have, thus, avoided including primary, original research papers or articles with too narrow a focus.

The overall tenor of *Advances* will continue, unchanged under my editorship. However, I am excited to introduce several new features that we believe will enhance the variety and accessibility of the journal. These 4 new sections will debut in the Summer 2009 issue:

Article Reviews (Section Editors: Drs Todd Bull and Francisco Soto): Brief summaries of recently published papers related to pulmonary vascular disease.

Pulmonary Hypertension Resource Network Corner (Section Editor: Glenna Traiger, RN, MSN): Topics of particular interest to allied health personnel involved in PH, such as nutrition, insurance issues, etc…

Ask the Expert (Section Editor: Dr Myung Park) We will solicit questions related to any

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Program Description

The mission of *Advances in Pulmonary Hypertension* is to serve as the premiere forum for state of the art information regarding diagnosis, pathophysiology, and treatment of pulmonary hypertension. The 2003 Venice revision of the World Health Organization Classification serves as a guide to categories of pulmonary hypertension addressed by the Journal. While focusing on WHO Group I PAH, the other categories (Group II, Left heart disease; Group III, Associated with lung disease and/or hypoxemia; Group IV, Thrombotic and/or Embolic Disease; Group V, Miscellaneous) are also addressed. This mission is achieved by a combination of invited review articles, Roundtable discussions with panels consisting of international experts in PH, and original contributions. In addition, a special section in selected issues entitled "Profiles in Pulmonary Hypertension" recognizes major contributors to the field and serves as an inspiring reminder of the rich and collegial history of dedication to advancing the field.

Objectives

- Provide up-to-date information regarding diagnosis, pathophysiology, and treatment of pulmonary hypertension.
- Serve as a forum for presentation and discussion of important issues in the field, including new paradigms of disease understanding and investigational trial design.
- Recognize and preserve the rich history of individuals who have made major contributions to the field via dedication to patient care, innovative research, and furthering the mission of the PH community to cure pulmonary hypertension.

The Mission of the Scientific Leadership Council is to provide medical and scientific guidance and support to the PHA by:

- Developing and disseminating knowledge for diagnosing and treating pulmonary hypertension
- Advocating for patients with pulmonary hypertension
- Increasing involvement of basic and clinical researchers and practitioners

More information on PHA's Scientific Leadership Council and associated committees can be found at: www.PHAssociation.org/SLC/