Cardiology without borders

Cardiovascular disease takes place in a border-free world. The challenge at the American College of Cardiology (ACC) and anywhere else in the world is to hold patient care above the artificial barriers raised by geopolitical issues. Fundamentally, the goal of ACC members or of any cardiology societies in the world is to provide excellent patient care. Cardiovascular disease is essentially the same throughout the world. Where there are minor variations among individuals, as clinicians we find priceless opportunity to learn. Expanding — rather contracting — our experience base helps us as individuals to realize our best potential as practitioners.

The ACC has always had an international perspective. In fact, more than 10% of its members practice outside the U.S. Clinical and educational contributions from the international members continued to be highly prized and eagerly integrated in the College thinking. Indeed, many important cardiovascular scientific discoveries have been made away from the U.S. shores. The Journal of the American College of Cardiology has benefited greatly from our international colleagues commitment to research. Every issue of the twice-monthly publication counts more than 60% of its contributed articles from international researchers. Generously sharing our knowledge dramatically improves patient care wherever we call home. This is why fostering international dialogue and encouraging a free flow of information have become priorities for the ACC and its president. Global science depends on our collective good will, cooperation, and dedication. The ACC values its professional relationship with colleagues around the world.

Last month, a team of faculties from the American College of Cardiology and I were honored to visit the Institute of Geriatric Cardiology of the Chinese PLA General Hospital in Beijing. There I met Professor Shiwen WANG and her dedicated team of cardiovascular specialists. As colleagues, we start naturally our friendship and cement our international fellowship.

This month, in the second issue of the Journal of Geriatric Cardiology (JGC), the ideal of scientific discussion and dialogue is not only honored but literally practiced. For each original article from China, there is an editorial from an US clinician or researcher and vice versa. This is real-life academic exchange and first-class scientific practice. When I mention that we should focus on things that bring us together rather than issues that pull us apart, that is on the social issues. However, when we talk about leading-edge science and research, then we show each other what we have in differences: perspective, point of views or scientific research results. Similarities unite us and differences enrich us. These differences will stimulate more creative thinking, foster greater improvement and at the end, lasting progress. This is the working principle of the Journal of Geriatric Cardiology: to be a Forum for Idea Exchange and Innovation.

I congratulate Professor Shiwen WANG and her international editorial team at the publication of the second issue of the JGC. I hope the Journal of Geriatric Cardiology will make important contribution to the scientific discussion and international collaboration against cardiovascular disease and multi-organ failure.

Michael Wolk, MD, F.A.C.C.
President of the American College of Cardiology

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Journal of Geriatric Cardiology comes to press with a new look

On behalf of all the editors and editorial board members, I would like to announce that the inaugural issue of the Journal of Geriatric Cardiology (JGC) was published after over two years of preparation, and the JGC will be continuously published. The JGC was born in accordance with the tough challenge of higher prevalence of cardiac diseases and/or complicated with other organ diseases in the elderly accompanied by the rapid growing number of the aged. Basing on the current conditions, we provide this forum for exchanging opinions in geriatric