

Editor's Page

A New Home for Innovation

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Innovation in heart failure therapeutics continues, in both the pharmacologic and device space, possibly accelerated by changes in the regulatory framework proposed by the Food and Drug Administration.¹ This shift may reflect an increased willingness to consider endpoints that are less rigorous (at least in perception) than heart failure hospitalization and all-cause mortality. Adaptive study designs are increasingly an option for clinical trialists, as well as post hoc analyses, though they are fraught with potential errors.

At the Journal, we are interested in and open to publishing papers that posit innovative ideas, and report findings from novel pre-clinical models and First-in-Man experiences. Like any good investor, we know that some of these ideas will progress and many will not, but even when there is a failure, we learn as much if not more than during the times an intervention works. Investigators studying novel approaches in both heart failure with preserved and reduced ejection fraction have seen their fair share of failures in early stages; for example the Corolla device for the former and the Cancion device for the latter.^{2,3} Nevertheless, our focus on this area is active and ongoing. Indeed, we have published papers on innovations such as inhaled milrinone⁴ and in the current issue of the Journal, the Doraya catheter.⁵ We are interested in seeing more of the same.

Given the time sensitive nature of some very early stage studies, the Editors are willing to offer fast (e.g. 4 working days) turnaround times for selected submissions. We advise prospective authors to provide us with as much advance warning as possible prior to formal submission in order to allow us to plan appropriately. In other words, providing

notification of the intent to submit will go a long way in facilitating a very rapid editorial response.

One of our colleagues at another heart failure journal initiated a Dead Letter Office. We are opting for very early stage evaluations, in effect a Seedling Letter Office (but it will not be officially labeled as such). Dare we say that the JCF likes to look forward?

It's an exciting time in HF and we are very much excited by the opportunity to disseminate innovative ideas.

References

1. "Treatment for Heart Failure: Endpoints for Drug Development Guidance for Industry", June 2019. Available at: <https://www.fda.gov/media/128372/download>. Accessed September 27, 2019
2. <https://clinicaltrials.gov/ct2/show/NCT02499601>
3. Greenberg B, Czerska B, Delgado RM, et al. Effects of Continuous Aortic Flow Augmentation in Patients With Exacerbation of Heart Failure Inadequately Responsive to Medical Therapy: Results of the Multicenter Trial of the Orqis Medical Cancion System for the Enhanced Treatment of Heart Failure Unresponsive to Medical Therapy (MOMENTUM). *Circulation* 2008;118:1241–9.
4. Haglund NA, Burdorf A, Jones T, Shstrom V, Um J, Ryan T, Shilcutt S, Fischer P, Cox ZL, Raischlin E, Lowers BD, Dumitru I. Inhaled Milrinone After Left Ventricular Assist Device Implantation. *J Card Fail* 2015;21:792–7.
5. Dierckx R, Vanderheyden M, Heggermont W, Goethals M, Verstreken S, Bartunek J. Treatment of Diuretic Resistance with a Novel Percutaneous Blood Flow Regulator: Concept and Initial Experience. *J Card Fail* 2019;25:932–4.

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1071-9164/\$ - see front matter

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<https://doi.org/10.1016/j.cardfail.2019.11.001>