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What is changing and what isn't in *The Journal of Thoracic and Cardiovascular Surgery*: The cardiovascular and thoracic service-line concept

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It is a great honor to be elected Editor of the *Journal of Thoracic and Cardiovascular Surgery* (JTCVS), and I am looking forward to increasing the presence and effect of the JTCVS. My predecessor, Andrew Wechsler, has done a great job these past 7 years editing the world's oldest and most authoritative journal in thoracic and cardiovascular surgery, significantly improving the *Journal's* impact factor, beginning journal continuing medical education programs, and helping to pioneer electronic publication at the highest level.

Everyone in the field of thoracic and cardiovascular surgery understands that we are in a period of great transformation. Although I plan to preserve the *Journal's* great tradition of academic excellence in thoracic and cardiovascular surgery by publishing the most important clinical findings in our field, some changes that are compatible with the changing global scene in our specialty will be forthcoming.

Because there continues to be an increase in the complexity of operations and new technologies, there also is a growing awareness of the interrelationship of our specialty with cardiovascular and thoracic anesthesiologists, cardiologists, pulmonologists, intensivists, and cardiopulmonary bypass perfusionists, as well as basic scientists. This service-line concept is something that I have personally recognized as an increasingly powerful force in all medicine, and it represents the best effort to promulgate our specialty of thoracic and cardiovascular surgery. By prioritizing the service-line concept, we will be able to keep our training current and our practitioners up to date and, most importantly, extend the best possible care to patients who have thoracic and cardiovascular disease. Therefore, the *Journal* will now be soliciting and publishing high-quality articles on cardiovascular and thoracic anesthesia and intensive care, cardiopulmonary perfusion, and relevant topics in adult and pediatric cardiology, pulmonology, and oncology. Specialists from these areas will be appointed to the Editorial Board to help ensure that our readers have access to the very best information concerning every aspect of thoracic and cardiovascular care as it relates to cardiothoracic surgery. Associate Editors in some of these areas, such as cardiovascular and thoracic anesthesia and critical care, will be appointed to actively manage papers from this discipline. This service-line concept will bridge the gap between interventional cardiology, interventional pulmonology, cardiovascular and thoracic anesthesia, and cardiothoracic surgery.

To further the service-line concept, concise and appropriate reviews of important topics will be sought from leading experts in all fields to provide relevant commentary on the state of the art of a particular procedure, technique, technology, drug, or interventional therapy as it relates to our specialty. Fast-breaking news on cardiologic, pulmonologic, oncologic, and anesthesia topics that are relevant to cardiothoracic surgeons will be abstracted and presented in a fast-breaking trial section.

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In keeping with this focus on the future, I have created a new Associate Editor position, the Electronic or e-Editor. In general, the surgeon that coordinates the American Association for Thoracic Surgery electronic Web site will hold this Associate Editor role and will further integrate the *Journal* with CTSNet, work on our online continuing medical education program, and eventually coordinate the online availability of operative videos to journal articles.

The JTCVS is fortunate to have a new Managing Editor, Mr Ryan Walther. He comes to us with a great deal of previous managing editor experience with surgical journals and a long working relationship with Elsevier Publishing, which will make the editorial transition extremely efficient.

You will also see some changes in the format of the *Journal*. The cover will display the titles of important articles contained in the *Journal's* pages. Photographs on the cover have been expanded to include one from each of the subspecialties.

The Associate Editors and Editorial Board will be listed along with the officers of the official organizations of the *Journal* in the first pages. Information for authors, obviously important but hardly the most exciting aspect of the *Journal*, will be relocated to the back of the *Journal* and will continue to be available electronically.

Finally, as we embark on this new editorial mission, I would welcome comments from readers, critics, and soothsayers as to the current and future state of our specialty. I am looking forward to your comments and advice and will always take them in the spirit of improvement. Our new E-mail address is jtcvs@aats.org. As my mentor, the late Norman Shumway, said, "The only way to predict the future is to invent it yourself." Hopefully, these proposed changes and focus on the service-line concept will help create substantial improvements in the care of our patients, the most important objective of all and the very reason for our *Journal's* existence.