Ischemic Mitral Regurgitation: The 2007 H.J.C. Swan Memorial Prize for Medical Writing

This issue features the winner of the 2007 H.J.C. Swan Memorial Prize for Medical Writing, established by former Editor-in-Chief Joe Alpert to foster medical writing skills among trainees and early posttraining biomedical scientists who work in the field of cardiovascular diseases. Dr. Swan's name, added to the contest 2 years ago with permission from his widow, commemorates the fact that, in addition to his own towering contributions to medical knowledge through research, H.J.C. Swan was an indefatigable proponent of involvement of trainees and young investigators in scientific inquiry, investigation and, subsequently, medical writing. The winner is selected by a panel of 7, now chaired by Ira Gelb, MD, Associate Editor of *Cardiology* and former Senior Associate Editor of the *Journal of the American College of Cardiology* and, before that, of the *American Journal of Cardiology*.

This year, the winning submission is a truly comprehensive review of the pathophysiology, evaluation and management of ischemic mitral regurgitation. The topic is quite timely. With the aging of our population, valve diseases, themselves largely diseases of aging, have become progressively more prevalent. Indeed, current estimates suggest some echocardiographically identifiable functional valve abnormality is present in more than half of persons older than 70 years. One of the reasons for this relatively high prevalence is the continually improving survival of patients afflicted with other medical problems that, in an earlier era, would have been fatal before age 70. Certainly, one of the most successful survival stories is that of patients with coronary artery disease and, particularly, of those who suffer myocardial infarction, the

most common problem underlying ischemic mitral regurgitation. The result is a disease very different in pathophysiology, natural history and effects of current therapy compared with the more common 'organic' mitral regurgitation, now most commonly resulting from congenital mitral valve prolapse and, less so, from rheumatic heart disease. As indicated in the article by Magne et al. [*Cardiology* 2009;112:244–259], current therapy is suboptimal in resolving the outcome of patients with ischemic mitral regurgitation. Their review highlights areas in which additional research may be useful in enabling better mitigation of this problem.

However, the authors have not addressed an issue which needs to be emphasized in this context. That is, that in the area of valve diseases, randomized controlled clinical trials of therapeutic interventions are exceedingly rare; for mechanical therapies, they are almost nonexistent, an omission thankfully beginning to be resolved for percutaneous valve replacement/repair due, in large part, to the insistence of the US Food and Drug Administration. As further research is performed and the potential for improved therapies evolves, it is imperative that all those with interest in valve diseases, including investigators, regulators, practitioners who apply results and patients, must demand rigorously designed, appropriately controlled studies to evaluate the utility of the solutions devised to the problems of ischemic mitral regurgitation and other valve diseases.

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