Editors' Note

Welcome to the first issue of *Heart Drug* in its third year of appearance. This issue emphasizes our primary focus on cardiovascular clinical trials. It features the 'Clinical Trials' section with an original contribution on a multi-center registry database, addressing the outcome of an invasive treatment modality in intensive care cardiology: the intra-aortic balloon pump. The 'Standardization of Core Laboratories' series will continue to provide state-of-the-art reports on how to implement important techniques in clinical trials: the current contribution sets the stage for the nuclear cardiology core laboratory. The 'Lessons in Trial Statistics' section (for which we have received much acclaim) this time provides a more advanced look at statistical methods in population and genomics research, an area of increasing importance in future trials. Our 'Reviews' are hand-plucked, trial-oriented contributions: one of them focuses on the important, yet difficult assessment of quality of life in studies of atrial fibrillation, another scrutinizes the available evidence for dual-chamber pacing in heart failure. Finally, the combined risk of cardiovascular disease arising from type 2 diabetes and hypertension is negotiated in a third review. An expert 'Editorial' deals with a related topic: the risk factor 'microalbuminuria', commenting on a previous original study published in *Heart Drug* a year ago. Taken together, we are very satisfied to see the trial focus of the journal being enlightened from such a variety of viewpoints. We do hope that the readership will continue to appreciate this concept.

Also, the third-year anniversary offers a timely occasion to update you on the development of the journal in general.

First, we are glad to inform you that *Heart Drug* is now officially affiliated with the ESC Working Group-3 'Cardiovascular Pharmacology and Drug Therapy'. This im-

portant affiliation shall be upgraded next year to the status of the 'Official Journal of the Working Group'. We believe this success will further consolidate our mission and enhance the visibility and credibility of *Heart Drug*.

Second, as you might have noted, we have now an Associate Editor for North America, and we are particularly pleased that P.R. Liebson, Chicago, Ill., has accepted this position.

The journal is developing much better and faster than skeptical critics had expected. *Heart Drug* experiences an increase of nearly 20% in quality submissions. New manuscripts come from all over the world with a strong predominance from Western Europe and the United States.

During the course of the year 2003, authors will experience an important change in the editorial review process: we will transform the process into an entirely web-based administration. Although the process was thoroughly tested, we realistically have to expect some initial struggling. However, we are confident that all of you very quickly will appreciate the advantages of the new online system. Good, fair and fast reviews will remain our goal. The result of the efforts from both the Editors and Reviewers is illustrated by the fact that the average time lag from manuscript receipt to first decision was as little as 4.7 weeks in 2002.

Last but not least, we would like to invite you to get in touch with us by e-mail or phone (see 'Guidelines for Authors'), or by way of a personal contact. *Heart Drug* is always present at the ACC, ESC and AHA with a booth in the exhibit hall – look out for the booth of 'S. Karger Publishers'. This provides a wonderful opportunity to meet with our Authors and Readers.

Thank you for your ongoing support and interest in the journal.

Dan Atar, Hideo Kusuoka, Victor L. Serebruany