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Editorial

CJC Pediatric and Congenital Heart Disease: The Next Frontier

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As the *Canadian Journal of Cardiology* (*CJC*) enters its 38th year of publication, I am tremendously excited to lead the newest companion journal in the *CJC* family, *CJC Pediatric and Congenital Heart Disease* (*CJCPC*). Building on the success of *CJC Open*, the Canadian Cardiovascular Society has launched the first journal to focus on pediatric cardiology and congenital heart disease across the lifespan. This is a rapidly growing area of scientific discovery and, in the recent years at *CJC*, we have seen an increase in submissions of high-quality science.

As a Canadian journal with an international reach, I reflect on the contributions to the field from Canadians. There is a rich history of pioneers in both congenital heart disease and pediatric cardiology in our country. It was the formative work of Dr Maude Abbott in the early 1900s, when she began to categorise congenital heart lesions that laid the groundwork for the development of the field of congenital cardiology. Her work, based on specimens she collected and had donated, was spurred on by Sir William Osler. In response to Dr Osler's request that she contribute a chapter on congenital heart disease to his book, *System of Medicine*, Dr Abbott developed a systematic approach to categorize congenital heart disease. This culminated in her seminal publication, *Atlas of Congenital Heart Disease*, published by the American Heart Association in 1936.[1]

Nearly a century later the field has evolved from one of making postmortem diagnoses, to one where the vast majority of children born with congenital heart disease live and thrive well into adulthood. The development of cardiopulmonary bypass in the 1950s, the use of prostaglandin therapy and the development of the Fontan operation in the 1970s and neonatal surgery in the 1980s. With these dramatic advances in care, we have seen the birth and growth of the field of adult congenital heart disease. More recently, advances in interventional catheterisation have reduced the morbidity of congenital heart disease treatment. There has been an increased focus on long-term quality of life. There continues to be tremendous growth in preventive pediatric cardiology and the genetics of pediatric cardiology and congenital heart disease.

As Editor-in-Chief of *CJCPC*, I look forward to growing our journal into an internationally recognized brand for the dissemination of science in pediatric cardiology and congenital heart disease across the lifespan. I am grateful to my colleagues who have joined the editorial board at *CJCPC*—the range of scientific expertise amongst the associate editors and editorial board members is truly impressive. Collectively, we aim to support the next generation of scientists in our field by developing specific opportunities for trainees both as trainee reviewers and trainee editorial board members.

In this inaugural issue of *CJCPC*, we have a range of articles representing the type and spectrum of science we publish. Dr Bolduc and colleagues group has conducted a national environmental scan to evaluate the developmental follow up practices for children with congenital heart disease.[2] Gaps in care are identified and represent obvious opportunities for improvements to our systems to support children with congenital heart disease in reaching their full potential.

Mr Wei and colleagues report their findings from a prospective, observational registry and literature review on the management of supraventricular tachycardia in infants, a common medical problem for pediatric cardiologists.[3] They found that propranolol and digoxin are the most commonly used agents, with both being effective and disease recurrence rates low, but there is a clear trend away from use of digoxin in recent years.

Dr Egbe and colleagues report on their use of right atrial reservoir strain as a marker of right atrial dysfunction in adults with pulmonary atresia and intact ventricular septum.[4] Their data suggest that this imaging is nearly universally feasible and that right atrial dysfunction is prevalent in this population and associated with clinical outcomes. Their report lays the groundwork for future studies to determine both the prognostic significance and potential clinical utility of this marker of right atrial function in the care of these patients.

Finally, Dr Blanchard and colleagues have conducted a survey and teaching module to determine whether automated external defibrillators could be effectively implemented in the elementary school setting to improve outcomes in sudden cardiac arrest.[5] They found that, although most schools had automated external defibrillators, formal training was not common. Implementation of a short teaching module significantly improved the appropriate use of automated

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external defibrillators. Clearly, it is important to advocate for both access and training to optimise outcomes from sudden cardiac arrest in the school setting.

I hope you enjoy this inaugural issue of *CJCPC* and I look forward to connecting with you regularly as, together, we continue on the journey of learning and working steadfastly to improve the lives of our patients with heart disease.

Ethics Statement

The manuscript adhered to relevant ethical guidelines.

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Disclosures

The author has no conflicts of interest to disclose.

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