EDITORIAL

What's Past Is Prologue: A 2012 Update

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The International Society for Holter and Noninvasive Electrocardiology (ISHNE) was established in 1984 to advance the science of noninvasive electrocardiology and to disseminate new knowledge and developments in this field throughout the world. In 1995 when I was the President of ISHNE, I was honored when the Board of Trustees of the Society asked me to serve as the Editor-in-Chief of the *Annals of Noninvasive Electrocardiology*, the new official journal of ISHNE that would be published quarterly. The first issue of *Annals* was published in January 1996, and during the past 16 years we have published 64 issues of *Annals*. It has been my special pleasure to function as the Editor of *Annals* during this period of time, especially with the superb Co-Editor-in-Chief, Dr. Shlomo Stern, who took on the primary responsibility for the selection of review articles that have been part of each issue, our outstanding Deputy Editors and Associate Editors, my Editorial Assistant, Ms. Nancy Kellogg, our knowledgeable and experienced Editorial Board, and our numerous external reviewers who evaluated and critiqued over 500 articles submitted to *Annals* and suggested improvements in the 182 articles published in the first 16 years of this journal.

The title of my initial Editorial in 1996 was "What's Past Is Prologue," and my final Editorial in this issue of *Annals* is entitled "What's Past Is Prologue: A 2012 Update." The new incoming Editor-in-Chief of *Annals* is my esteemed Rochester colleague, Dr. Wojciech Zareba, Professor of Medicine (Cardiology), Director of Cardiology Research, and Director of the Heart Research Follow-up Program at the University of Rochester Medical Center in Rochester, NY. Wojciech comes well prepared to take on this new editorial position as he has been a Deputy Editor of *Annals* since 1996, was President of ISHNE during 2005–2007, and is currently

Editor-in-Chief of *Cardiology Journal*, the official journal of the Polish Cardiac Society. He is the principal investigator of several NIH and corporate grants focused on risk stratification of cardiac death and on clinical usefulness and prognostic significance of ECG parameters in the evaluation of patients with cardiac disease. Dr. Zareba will draw upon the past 16 years of *Annals* as prologue for his future direction of *Annals*.

During the past 16 years, the manuscripts published in *Annals* have reflected the transition and evolution that has and is taking place in noninvasive electrocardiology. Electrocardiography has taken on a progressively more important role in clinical cardiology. We have seen increasing emphasis related to: the diagnosis and treatment of atrial fibrillation and ventricular tachyarrhythmias; the influence of the autonomic sympathetic and parasympathetic activity on cardiac arrhythmias; the genetics of inherited cardiac arrhythmias; electrocardiographic risk stratification for various cardiac disorders; the use of implanted cardiac defibrillators with antitachycardia pacing and shock therapy for the termination of life-threatening cardiac rhythm disorders; and the use of cardiac resynchronization therapy to prevent heart failure. Digital electrocardiography and telemedicine have ushered in a new era in international cardiology. Web-based electrocardiographic educational programs, first initiated by ISHNE, have now become standard. With our improved ability to accurately quantify cardiac arrhythmias, more effective pharmacologic antiarrhythmic therapy is being identified.

What is the direction for the future? It is clear to me that the electrical and mechanical dysfunction of the heart that gave rise to separate subspecialties of electrophysiology and heart failure in the past will come together as a more integrated

specialty in the future. Variations in the altered electrical and mechanical substrate are part and parcel of the same disease process and interact with each other. For example, left bundle branch block is associated with dyssynchronous cardiac contraction that exacerbates left ventricular dysfunction in the vulnerable heart. Left ventricular pacing with cardiac resynchronization therapy can dramatically improve cardiac function with favorable remodeling of the left ventricle in cardiac patients with left bundle branch block, but not in those with right bundle branch block. Improvement in mechanical cardiac function with drugs or cardiac resynchronization therapy reduces the frequency of atrial and ventricular arrhythmias and the risk of tachyarrhythmic complications. We will learn more about these complex interactions in the future.

This has been an exciting time, but the best is yet to come. Paper copy journals are becoming a thing

of the past, and beginning with this issue (January 2012) of *Annals*, Wiley-Blackwell will be moving *Annals* to an exclusive online format of the journal. This will allow Internet access to the journal by physicians and health care professionals from all seven continents of the world. It may take some time in getting used to it, but it is clearly the direction for the future.

Annals was initially published by Futura Publishing Company, and for the past 10 years Wiley-Blackwell has been publishing *Annals*. Throughout these 16 years it has been our special privilege to work with these two outstanding publishing companies. The quarterly publication of *Annals* has always been on time and our interactions with the staff of Futura and Wiley-Blackwell have been of the highest order. I will miss these interactions, but I know that Dr. Zareba and ISHNE will continue this effective collaboration in the second decade of the 21st century.