

MEMORIES, MILESTONES, AND THE MILLENNIUM AHEAD

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The first attempt to chronicle the evolution and development of cardiac medicine in the region was in 1985 through *APEX* (Asia Pacific EXchange), a cardiac newsletter for Asia. It served well as an Asia/Pacific communication vehicle for clinicians and industry with a vested interest in this vast region. Published in a timely and predictable manner, *APEX* was both brief and focused, keeping its readers informed of meeting dates, new surgical programs, and changing career paths of mutual friends. Occasionally, clinical reporting was included, as well as letters from healthcare professionals espousing their views on cardiac medicine. Often a perspective from the cardiac device industry was aired and discussed.

The general popularity of *APEX* notwithstanding, the need for a dedicated scientific journal quickly became apparent. Cardiothoracic surgeons and cardiologists practicing in the region lacked a credible forum for the publication of their research and clinical experiences. Moreover, their submissions to western journals often faced daunting cultural obstacles despite conscientious efforts to present their scientific data in an acceptable English format.

The opportunity presented itself in 1992 to establish a publishing company in Singapore with the primary mission of producing the region's first scientific journal of international standing. With the support and encouragement of potential authors, advertisers, editors, and advisors, the inaugural issue of the *Asian Cardiovascular & Thoracic Annals* was published in March of 1993.

From the outset, we employed commonly accepted standards and practices for the publication of scientific papers, and were heartened by the flow of original and cogent submissions, particularly in the area of comparative analysis and review of disease patterns affecting Asian patients. Finally, Asia and the Pacific Rim had a quarterly cardiac journal it could call its own.

Now in its sixth year, the *Asian Annals* proudly describes itself as "The Voice of Cardiac Medicine in Asia." The number of contributors, editors, advertisers, and subscribers continues to grow. Our discerning and expanding readership can be assured that the review and editing processes for submitted articles accords with the best

practices established by more senior and respected journals.

As a carryover from the *APEX* newsletter days, we included a regional news section in each issue; a place where new developments and trends in the dynamic science and practice of cardiac care can be reported, ensuring individual achievements continue to be highlighted and coverage given to newsworthy events. A somewhat prescient message in the first issue stated:

The Asian Region with a combined population approaching 3 billion needs a common communication vehicle such as the *Asian Cardiovascular & Thoracic Annals* to assist clinicians in the exchange and review of data and knowledge with their neighboring and Western colleagues. Through the *Asian Annals*, lasting regional and international links can be forged, now and into the 21st Century, as cardiac-related disorders and diseases become better understood and more widely treated.

At the start of 1998, a significant milestone was achieved by the journal's acceptance for indexing in EMBASE, the Excerpta Medica database, to allow authors around the world access to published papers. In addition, affiliations have been made with the Asia-Pacific Society of Cardiology (APSC) and the Association of Thoracic and Cardiovascular Surgeons of Asia (ATCVSA), the region's leading cardiology and cardiac surgery groups. Other links among surgical and cardiological disciplines are constantly under review. An early affiliation with Cardiothoracic Surgery Network (CTSNet) – the online resource for cardiothoracic surgeons – on the internet (www.ctsnet.org) allowed the *Asian Cardiovascular & Thoracic Annals* (www.asianannals.com.sg) to represent the interests of Asian cardiothoracic surgeons in what is quickly becoming a worldwide information network of increasing value. In fact, our web site has recently been enhanced to better serve and inform visitors on the contents and scope of the journal.

As the 3rd Millennium approaches (January 1, 2001), and with rapidly evolving communication technology offering a seemingly endless array of innovations, one might legitimately ask: "In what manner will I benefit

from these changes and at what cost will I obtain my information in the future?" Global satellite systems, smaller and smaller handphones, and computers are dramatically altering the information landscape. E-mail is rapidly overtaking the facsimile as the preferred means of communication in some parts of the world. In many western households and offices newspapers, journals, and magazines are now being routinely read "online". The *Asian Annals* will certainly follow the lead of the more established scientific journals and publish full text online in the future. Still, it is highly unlikely that books and printed journals will suffer greatly diminished circulation. Printed matter is a familiar and portable part of our daily lives. There remains a visceral pleasure in simply turning a page or pausing at that self-same page to reflect on an interesting passage. The electronic screen somehow does not seem destined to render paper obsolete.

A stated purpose of the journal from the very beginning was to bring to light issues and outcomes affecting the way regional cardiac medicine is and will be practiced in the future. One key issue is the cost involved in the exchange of information and ideas which may substantially impact Asian doctors attending meetings, symposia, and conferences under business grants and sponsorship. With the current economic downturn in Asia, the prospect of fewer cardiology and surgical gatherings is not unrealistic. Drug and device companies are beginning to reduce expense budgets in the face of negative market growth. Some are becoming more reluctant to support these meetings where at times lectures and exhibits attract but a handful of interested attendees. Perhaps combining and consolidating future meetings will improve their focus and overall value.

Internet and communication technology may offer more farsighted (and cost-effective) alternatives to the commonly held meeting or convention. Wet labs, live workshops, and demonstrations could be organized (together

with associated lectures on innovative procedures and techniques), and beamed via satellite to convenient locations in Asia.¹ It is not difficult to imagine classrooms full of engaged specialists and general practitioners directing their questions and comments to a moderator linked to a counterpart at the procedure site. Video and audio tapes could be made for future reference and thousands more could access the activities on the internet in the comfort of their homes and medical suites. A virtual exhibit hall could be organized to allow the drug and device companies sponsoring the events to explain and display their products. Alternatively, for those who favor the "book in hand" concept, proceedings could be ordered at reasonable prices, or published in a journal and accessed simply as part of a subscription charge.

A significant decline in return on investment for medical companies and private healthcare providers in Asia may result in higher procedural costs to the patient. Therefore, it is timely and appropriate for the leaders in medicine and the healthcare industry to take a serious look at finding more effective and efficient ways of collating and disseminating the vast body of knowledge that is crucial to advancing the frontiers of medical science. Keeping in mind that the internet and cable television are educating a patient population with a widening knowledge of health matters, it behooves us to address this emerging trend by open and honest collaboration.

The new millennium promises many challenges and opportunities. We encourage our loyal readers to use these pages to discuss and develop the ideas and solutions that will ensure the road ahead in cardiovascular medicine is substantially progressive, delivering superior, beneficial outcomes that are financially sound to all parties.

REFERENCE

1. Tamru FL. A new approach for Asian meetings. *Asian Cardiovasc Thorac Ann* 1994;2:116.