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EDITOR'S PAGE



Heart Failure Editorial Emergencies in the COVID-19 Era



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In March alone, we had approximately a 70% increase in submissions, and over 200 papers have been published on the intersection of coronavirus-19 (COVID-19) and cardiovascular disease. The quality of these publications has varied significantly, but most have been small case series and cohort studies. There have been no COVID-19 cardiovascular randomized controlled clinical trials completed to date.

Editors and the editorial team have been under immense pressure with the overwhelming number of reports and the need for rapid turnaround. The lack of comprehensive review due to reviewers being pulled to conduct clinical care has put enormous burden on journal editors to curate information correctly to protect and not harm the public.

As editors, we have an ethical obligation to promote the highest standard of information that is truly unwavering and stands the test of time. Therefore, I am promoting the following recommendations in order of preferred evidence generation:

1. Randomized controlled clinical trials. These should include a proper description of the patient population, methods, sample size, and endpoints, and include data safety monitoring board deliberations, as well as the clinical events committee manual in supplemental materials (1).

2. Cohort studies. Ideally, these should have at least >100 patients with proper controls and statistical methodology to appropriately correct for differences between the 2 groups.

3. Case report observations of COVID-19. Case report observations should be considered carefully by all major heart failure journals. These may be better suited for journals focusing on case reports, depending on the nature and number of cases.

4. Design papers. Ongoing COVID-19 investigations in heart failure patients should not only include the methods clearly described, but also the underlying hypothesis, a review of the literature, and the potential pathophysiological mechanisms (2).

In a time of distress from this unique and overwhelming pandemic, editorial prudence is necessary to ensure proper curation of knowledge and the advancement of information, so that clinicians and patients may benefit the most.

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