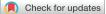


Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

## EDITOR'S PAGE

## Life Is Dynamic and So Is JASE



Michael H. Picard, Editor in Chief, Journal of the American Society of Echocardiography, MD, FASE, Boston, Massachusetts

I had planned that this June issue of the *Journal of the American Society of Echocardiography (JASE)* would focus on the role of echocardiography in surgical decision-making and also include some cuttingedge reports that would serve as a complement to the American Society of Echocardiography's Annual Scientific Sessions. However, the world changed quickly, so I felt it was important for the journal to do so also.

Thus, although this issue includes some of our typical content, a major focus of it is now on echocardiography and corona virus disease 2019 (COVID-19), caused by the severe acute respiratory syndrome coronavirus-2. In this issue, I have included a series of statements from the American Society of Echocardiography (ASE) related to various aspects of the disease, some perspectives regarding the pandemic by authors from various hotspots around the world, and some rapidly compiled data regarding how echocardiography utilization has evolved during this crisis.

A challenge in communicating such dynamic information in a journal published only once a month is, of course, that by the time the reports are read in June, some of this information (composed in March) will be out of date. One solution has been that we post all reports online as soon as they are prepared for publication (www.onlinejase. com). However, this still takes several weeks from the time a report is accepted to its appearance on the website. For the reports on COVID-19, I felt that even this was not adequate, so we modified our standard process. The COVID-19-related reports published in this issue were posted immediately on the *JASE* website in early April in the form submitted by the authors, before they were edited for publication. This provided all readers near instantaneous access. The price we pay for this is that there may be some minor grammatical or formatting errors on those postings, but these were corrected in the final published versions.

On the JASE website we also have a section that provides links to other important COVID-19-related resources. These links also allow access to the most recent version of ASE statements, as these are "living documents" that undergo modifications when necessary.

Two of the reports presented in this special focus section provide anecdotes and personal opinions about various aspects of diagnosis and treatment during the pandemic. Although our *JASE* editorial team prefers to publish objective, evidence-based information, we thought it important to communicate these perspectives from caregivers on the front lines, as they highlight issues and approaches we



all may benefit from. The discussion regarding allocation of limited resources is a grim topic, and one I hope that few of us have to confront, but it is best to be prepared and think about this in advance. I also fear that this will not be the only pandemic many of us treat in the coming years, so experiences now will continue to benefit us in the future.

Compiling these rapid communication reports in a very short time would not have been possible without the efforts of many people. I want to particularly recognize the reviewers, who provided extremely rapid turnaround and yet comprehensive and helpful reviews; they, of course, must remain anonymous. Also, the authors deserve recognition for working very promptly to revise their reports. And special thanks to the staff who got the information onto our online platform so quickly: our *JASE* managing editor, Debbie Meyer, ASE chief standards officer Rhonda Price, our Elsevier journal manager, Colin Conway, and our Elsevier publisher, Jane Grochowski.

I have been impressed by the commitment, creativity, comradeship, and resilience of the echocardiography community. If it has not already occurred, by the time you read this, it is likely many of us will be asked to take on additional or different responsibilities than our normal ones. All of these efforts are appreciated by the world, and I hope we may celebrate your accomplishments soon.

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