

## ACC INTERVENTIONAL SCIENTIFIC COUNCIL: NEWS AND VIEWS

# JACC White Papers

## An Avenue for Interventional Knowledge?

George D. Dangas, MD, Jeffrey J. Popma, MD, on behalf of the ACC Interventional Scientific Council

In the last few months, Anthony N. DeMaria, MD, Editor-in-Chief of the *Journal of the American College of Cardiology (JACC)* has been commissioning articles for a new department known as “JACC White Papers.” Spencer B. King III, MD, Editor-in-Chief of *JACC: Cardiovascular Interventions*, plans to launch a similar feature in his journal soon. The White Papers, which will be published on a periodic basis, offer the opportunity for interventional cardiologists to tap their professional experience and wisdom and provide guidance to the cardiology community on a variety of important topics. It has been an ongoing initiative of the year-old ACC Interventional Scientific Council and Section to push for the development of outlets such as this so that interventionalists can provide their professional experiences as a platform for continued learning and progress within this subspecialty. It is the hope of the Section that these White Papers will act as a catalyst for progressive knowledge-sharing and as a guide for future decision-making within the subspecialty and the College. Below, Drs. DeMaria and King offer insight into the plan and goals for the White Paper initiative.

The rationale behind the creation of the White Paper initiative is to address the number of commonly encountered clinical issues that exist without definitive data to support and guide decision making. While many of these issues are not large enough to grow into a formal guideline document, they are significant enough to warrant addressing. According to Dr. DeMaria, these White Papers would allow recognized experts and authorities to summarize the data that do exist, and then offer their perspective on the current best course of action.

There are many topics considered suitable for a White Paper submission. For example, Dr. DeMaria suggested one appropriate topic would be to discuss the best risk-management strategy behind giving patients multiple anticoagulant-type drugs.

Many patients require multiple drugs after treatment. For example, aspirin and clopidogrel are needed after a coronary stenting procedure, and Coumadin can be added when atrial fibrillation or a prosthetic heart valve is involved. When giving patients all 3 of these drugs, there is a significant increase in bleeding risk. “A White Paper discussing the best course of action given the data we have, would be a relevant and timely topic,” said Dr. DeMaria. Another example would be the best approach for treating bifurcation lesions, since that is an area where there are no definitive data. According to Dr. DeMaria, this topic is in fact a bit of a “moving target,” because new approaches are being constantly developed.

It is the hope of Drs. DeMaria and King that these White Papers will serve to inform the clinical cardiovascular community as well as serve 2 additional purposes: to point out areas where data are needed, so that the appropriate randomized trials can be performed; and to act as a stimulus to guideline writing committees once the data are available. They stress, however, that the White Paper initiative is not a way to circumvent the current guideline processes.

“It is important to say that we are not trying to skirt the guideline process. We are trying to supplement it with focused recommendations from a group of respected authorities in areas where there really is no consensus,” says Dr. DeMaria.

Dr. King also sees these White Papers as an opportunity to advocate updates in guidelines already in place. “By the time guidelines come out, sometimes from the perspective of the interventional community, there are things we think may warrant a change,” says Dr. King. “A White Paper could make the case for updates in guidelines. But there is a line between an op-ed piece and a White Paper. A White Paper would reflect the considered opinion from a group.”

By accomplishing the aforementioned purposes, the White Papers also give representatives of the

interventional community a stronger voice in shaping the conversation around important clinical issues, allowing them an opportunity to state their opinion, taking into account not only the data but also their judgment and experience. Dr. King also sees the initiative as an opportunity to hear voices within the community that might otherwise be silenced by the majority.

"I think it allows for some democratization of the process and more openness. One thing you struggle with in writing guidelines is the need to avoid a minority report, so you work for consensus as hard as you can, and you get it. But it does not always mean that that is all the opinions there are," says Dr. King. "When there are issues that have not been addressed, or alternative opinions, or serious questions about practice performance—how to do something—there should be a mechanism whereby people can get together and propose a paper on that subject."

This openness and collaboration is what makes this initiative a supporting player in the College's Quality First philosophy, and according to Dr. DeMaria, is one of the reasons for the implementation of the White Papers. "When uncertainty exists, usually there is not a complete absence of information or agreement," says Dr. DeMaria. "So White Papers will say, 'While it is true that there are no definitive data of the various options that are available, the bulk of information would suggest one of the approaches is better than the others.' We hope that will lead to higher-quality practice."

If a topic has broad interest, Drs. DeMaria and King hope to have the White Paper published in *JACC* and then point individuals to *JACC: Cardiovascular Interventions*.

However, more focused topics will likely be published solely in *Interventions* due to their specialized character.

"An example [of a more specialized topic] might be technical aspects of aortic valve implantation, or how to structure a training program in structural heart disease," says Dr. King. "I expect many ideas for White Papers will bubble up from the Section and Council on Interventional Cardiology."

The White Papers should ultimately make expert guidance available to the cardiology community more quickly; however, Dr. DeMaria notes that the timeline is dependent on the time it takes to review.

"We hope we can get the White Papers to press in a couple of months. These manuscripts do have to undergo peer review, so it will depend on the review process," says Dr. DeMaria.

The ACC Interventional Scientific Council and Section urges all interventional cardiologists to take an active part in this knowledge-sharing initiative and the future of the interventional subspecialty by participating in the White Paper discussion and submitting White Papers on topics of interest.

Interventionalists can work to influence the subspecialty with initiatives such as this, as well as issues across the breadth of cardiology by joining the member section. Visit <http://www.cardiosource.com/cvn/index.asp?channelid=27> to learn more and discover the new initiatives the Section is working on during 2009.

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