Expanding Horizons in Interventional Cardiology

The field of interventional cardiology (IC) is undergoing a profound transformation, marked by the rapid expansion of structural heart therapies, novel multidisciplinary approaches to a growing number of acute and chronic diseases, and a redefinition of subspecialty boundaries. In this issue of *Cardiac Interventions Today*, we explore the evolving nature of our specialty through diverse perspectives that reflect the complexity, challenges and opportunity inherent in modern cardiovascular care.

We begin our feature coverage with Scott DeRoo, MD, and Jennifer Chung, MD, who reimagine the role of surgeons on the Heart Team and highlight opportunities to leverage their unique expertise and skill sets to better individualize patient care.

Structuralists Laura Flannery, MD, and Isida Byku, MD, discuss approaches to training as the IC field, and structural heart specifically, evolves to encompass management of a broad range of complex conditions with new, emerging device therapies. They share their perspectives on the core competencies necessary for a general interventionalist and those entering structural heart, strategies for ensuring adequate exposure to subspecialties within IC, the costs and benefits of additional training, and the challenges facing trainees today.

Multidisciplinary teams have been shown to be effective in other subspecialties, including tumor boards, transplant teams, and structural heart. Matthew Finn, MD, and Jun Li, MD, share their thoughts on the benefits and challenges of a multispecialty team approach to optimize patient outcomes in the management of pulmonary embolism, renal denervation, limb salvage, and carotid disease.

We close our feature coverage with Preethi Pirlamarla, MD, and Vikrant Jagadeesan, MD, who highlight the potential of interatrial shunting in the heart failure with preserved ejection fraction (HFpEF) population, asking whether this is a promising therapy, or a disappointing mirage. This article underscores how innovation at the intersection of heart failure and structural interventions may reshape treatment paradigms, particularly in the management of HFpEF where few medical therapies have proven benefit.

Elsewhere in this issue, Eric A. Secemsky, MD; Jennifer A. Tremmel, MD; and Sacharias von Koch, MD, participate in a discussion about the landscape of drug-coated balloons (DCBs). They consider the role of DCBs in coronary intervention, including current and future opportunities, the cost-benefit relationship, hurdles to widespread application, and differences between use in the United States and Europe.

In our Today's Practice column, Denise Busman, MSN, RN, and Katie Willerick, MA, ask us to rethink staffing and utilization in today's catheterization and electrophysiology labs, asking the question "When is enough enough?"

We conclude this issue by interviewing Wayne Batchelor, MD, who discusses how his experience as an interventional cardiologist provides insight into his role as President of the Medicine Service Line at Inova Health System, the role of administration in promoting innovation and evidence-based care, his passion for health disparity research, the importance of sustainability in the cath lab, and more.

Together, these articles reflect a specialty in motion—one that is increasingly collaborative, subspecialized, and patient-centered. The boundaries of IC continue to expand beyond the coronary space, challenging us to rethink training models, redefine team structures, and embrace partnerships across disciplines. This evolution is not just procedural and technological—it is cultural. It has been a privilege to serve as Guest Chief Editor for this issue. I am grateful to each of the contributors for sharing their expertise and perspective, and to the editorial team for curating a thought-provoking collection of articles. ■

Christine J. Chung, MD
Guest Chief Medical Editor