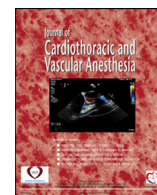




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Special Article

A History of the *Journal of Cardiothoracic and Vascular Anesthesia*: Nearly 40 Years and Counting

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This article describes the history of the *Journal of Cardiothoracic and Vascular Anesthesia*, including its conception, initial publication, remarkable growth, and international standing. The *Journal* is the oldest subspecialty journal in anesthesiology and has served as a model for the many other anesthesia subspecialty journals that have followed in its footsteps since it was first published in 1987. The *Journal* has seamlessly embraced and advanced knowledge about new developments in clinical practice throughout its nearly 40-year history of excellence. Led by its Editor-in-Chief Joel Kaplan and its Editorial Board, the *Journal* remains at the forefront of the most important advances in cardiac, thoracic, and vascular anesthesia. The *Journal of Cardiothoracic and Vascular Anesthesia* is the preeminent journal of its kind in the world today.

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Key Words: history of anesthesia; *Journal of Cardiothoracic and Vascular Anesthesia*; JCVA; cardiac anesthesia; thoracic anesthesia; vascular anesthesia

AS WE APPROACH the 40th anniversary of the *Journal of Cardiothoracic and Vascular Anesthesia* (JCVA), we thought it would be appropriate to commemorate this upcoming milestone by describing the most notable events in the *Journal's* history, including its conception, initial publication, and remarkable growth into the preeminent subspecialty journal of its kind. The history of JCVA is a testament to the vision,

determination, enthusiasm, and energy of its Editor-in-Chief, Joel Kaplan (Fig 1); the dedicated consultants who devote their time and expertise as members of the Editorial Board; the many individuals who volunteer to review papers for the *Journal*; and the authors who trust the *Journal* to publish their clinical and basic science research articles, scholarly reviews, stimulating editorials and pro–con debates, interesting case reports, case conferences, diagnostic dilemmas, and e-challenges, recent technological and educational advances, and thought-provoking correspondence. The support of the publishers of JCVA through the years also deserves to our gratitude.

Joel Kaplan and the *Journal's* Origins

JCVA's history cannot be appreciated without a brief sketch of its founding and only Editor-in-Chief. A native of New

Supported entirely by department funds. Drs. Kaplan and Augoustides are the Editor-in-Chief and Associate Editor-in-Chief of the *Journal*, respectively; Drs. Hessel, Huang, and Pagel serve on the *Journal's* Editorial Board; Dr. Schwartz formerly served on the Editorial Board and is currently an invited reviewer of manuscripts submitted to the *Journal*. The authors have no conflicts of interest pursuant to this work.

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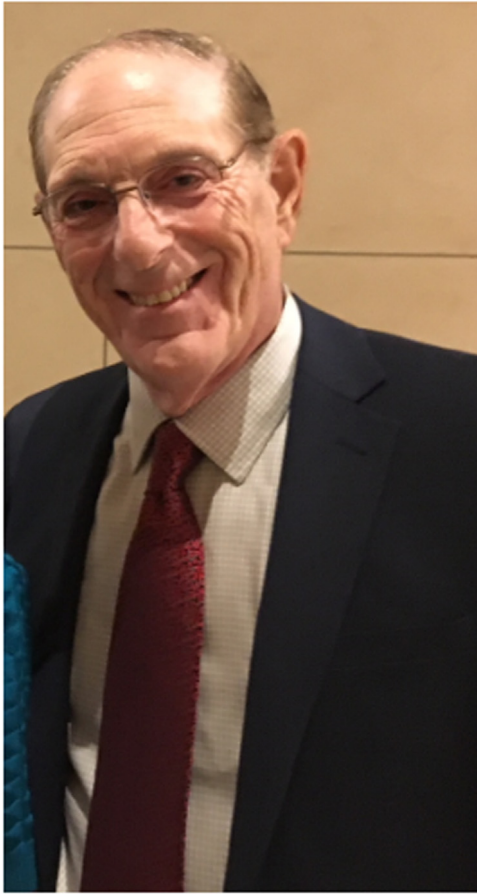


Fig 1. Joel Kaplan.

York, Joel Kaplan was raised in Philadelphia, the city he considers his second home. He earned his medical degree from Jefferson Medical College of Thomas Jefferson University and completed his residency at the University of Pennsylvania in 1971. Kaplan continued his postgraduate training as a cardiac anesthesia fellow at Penn (Table 1). Harry Wollman (who later became Dean at Hahnemann Medical College) served as Kaplan's mentor in clinical cardiac anesthesia, cardiovascular pharmacology, critical care, and research. Wollman was a member of the editorial board of *Anesthesiology* at the time, and Kaplan fondly recalls his teacher planting a seed about journals with a prescient quote: "Joel, I don't read the journals. I write and edit them." After finishing his fellowship, Kaplan served a 2-year tour of duty as a Major in the United States Army Medical Corps at Brooke Army Medical Center in San Antonio, where he led his first cardiac anesthesia program and directed resident education. He conducted research and had many conversations with his friend and colleague Ed Miller (a cardiac anesthesiologist who later became Dean at Johns Hopkins University) about publishing in anesthesiology and cardiology journals. Both men worked extensively with cardiovascular specialists and closely followed the cardiology literature. This experience proved to be invaluable to their further development as consultants and played an essential role in their training of residents and fellows in cardiac anesthesia.

Table 1

Journal of Cardiothoracic and Vascular Anesthesia Timeline

Year	
1969–72	Joel Kaplan completes anesthesiology residency and cardiac anesthesia fellowship at the University of Pennsylvania.
1979	First edition of Kaplan's <i>Cardiac Anesthesia</i> is published while Kaplan is Director of Cardiac Anesthesia at Emory University.
1983	<i>Cardiac Anesthesia, Volume 2: Cardiovascular Pharmacology</i> is published.
	While serving as its President, Kaplan proposes a new subspecialty journal to the Society of Cardiovascular Anesthesiologists (SCA).
1986	First joint meeting of the SCA and the European Association of Cardiothoracic Anesthesiologists (EACTA; International Congress of Cardiothoracic and Vascular Anesthesia) is held in Munich, West Germany.
1987	First year of publication of the <i>Journal of Cardiothoracic Anesthesia</i> by Grune and Stratton with 6 issues/year; Kaplan is Founding Editor-in-Chief; Associate Editors for Cardiac, Thoracic, and Vascular Anesthesia are Earl Wynands, Roger Wilson, and Dennis Mangano; Section Editors are Alan Schwartz, Mike Howie, Ted Stanley, Carol Lake, Dan Thys, and Mike Nugent.
1990	W. B. Saunders acquires Grune and Stratton; becomes the publisher of the <i>Journal</i> .
1991	First edition of Kaplan's <i>Vascular Anesthesia</i> is published. <i>Journal</i> name is officially changed to the <i>Journal of Cardiothoracic and Vascular Anesthesia (JCVA)</i> , acknowledging vascular anesthesia's importance. The <i>Journal</i> is selected by National Library of Medicine for listing in <i>Index Medicus</i> and <i>Medline</i> retroactive to its first issue.
1995	<i>JCVA</i> is first published online.
1998	National Board of Echocardiography (NBE) is founded and offers its first examination in Advanced Perioperative Transesophageal Echocardiography.
2002	Elsevier acquires W. B. Saunders; becomes the publisher of <i>JCVA</i> .
2004	NBE offers formal certification in Advanced Perioperative TEE.
2006	Accreditation Council for Graduate Medical Education begins accreditation of US adult cardiothoracic anesthesiology fellowship programs.
2008	<i>JCVA</i> officially partners with EACTA. The <i>Journal</i> publishes abstracts of the annual EACTA meeting in supplemental issues.
2010	<i>JCVA</i> officially partners with the Chinese Society of Cardiovascular and Thoracic Anesthesiologists (CSCVTA).
2016	John Augoustides is appointed as <i>JCVA</i> 's first Associate Editor-in-Chief.
2017	<i>JCVA</i> begins as an 'Open Access' hybrid journal.
2018	<i>JCVA</i> establishes a Twitter account (@JCVAonline).
2019	<i>JCVA</i> begins to publish 12 issues/year in response to enormous growth in submitted and accepted manuscripts. <i>JCVA</i> establishes a presence on Facebook and LinkedIn.
2020	The "JCVA" abbreviation is added to the <i>Journal</i> 's cover in anticipation of a future family of journals. TEE images chosen by the Editor-in-Chief become a monthly feature of <i>JCVA</i> 's cover. <i>JCVA</i> officially affiliates with the SCA. <i>JCVA</i> joins Instagram (@JCVAonline).
2021	<i>JCVA</i> 's impact factor increases to 2.89.
2022	<i>JCVA</i> launches a YouTube channel.
2023	The 8 th edition of Kaplan's <i>Cardiac Anesthesia: Perioperative and Critical Care</i> is published by Elsevier. The American Board of Anesthesiology offers its first subspecialty certification examination in Adult Cardiac Anesthesia.
2024	<i>JVCA</i> co-sponsors first webinar with EACTAIC; additional quarterly Webinars with other associations and societies are planned.
2025	<i>JCVA</i> partners with the International Academy of Cardiac Anesthesiologists (IACA) and becomes its official journal.

Kaplan began his career as an academic cardiac anesthesiologist at Emory University in 1974 and was its Director of Cardiac Anesthesia for 9 years. Despite facing stiff resistance from department's generalists (including the Chairman, John Steinhaus), Kaplan formed the first cardiac anesthesia division and created independent operating room and call schedules for the cardiac anesthesiologists. During his tenure at Emory, Kaplan and his group (which included Carl Hug, Ron Dunbar, John Waller, Jim Zaiden, and Jerry Levy) were at the forefront of the rapidly emerging cardiac anesthesia field and trained many of its future leaders (including John Murkin, Christina Mora-Mangano, Rob Kates, Patrick Curling, and Lars Newsome) in their large, academically rigorous program¹. In 1979, Grune and Stratton published the first edition of Kaplan's textbook *Cardiac Anesthesia*, which evolved into the specialty's definitive reference and is currently in its eighth edition. The book was developed as a part of J. Willis Hurst's *Clinical Cardiology Monograph* series. As chief of cardiology, Hurst fervently believed that cardiac anesthesiologists were "the cardiologists in the operating room," and he urged Kaplan and his colleagues to describe in detail the actions that they had taken to collaboratively expand and strengthen the cardiac anesthesia and surgery programs and improve the outcomes of their patients at Emory so that others could learn from their collective experience. Hurst had previously published many books with Grune and Stratton and introduced Kaplan to Thomas Mackey, Jr., the company's president. Kaplan recalls that, when the book was finally finished, Mackey took him to celebrate over lunch at the Four Seasons Restaurant's famous 'Pool Room' in midtown Manhattan. However, Mackey had another motive for having lunch with Kaplan that day: he wanted him to change the title of the book from *Cardiac Anesthesia* to *Anesthesia for Cardiac Surgery*. Kaplan objected to the proposal in no uncertain terms. To Kaplan, the suggested name by Mackey was nonsensical because cardiac anesthesiologists did not "anesthetize the heart." After Kaplan explained the significance of his title, the publisher graciously relented, and, Kaplan remembers with a smile, "he bought me dessert!" The book was published with Kaplan's original title intact, which continues to this day, along with various subtitles including "*The Echo Era*" (6th edition), "*For Cardiac and Noncardiac Surgery*" (7th edition), and "*Perioperative and Critical Care*" (8th edition) that reflect the specialty's contributions to and incorporation of advancements in transesophageal echocardiography (TEE), anesthesia for endovascular and robotic surgery, mechanical circulatory support, and cardiovascular critical care among many other topics.

While serving as president of the Society of Cardiovascular Anesthesiologists (SCA) in 1983, Kaplan decided to return to the University of Pennsylvania for a sabbatical with his first mentor Harry Wollman, who had become the Dripps Professor and Chairman at Penn. He worked in the operating room, taught cardiac anesthesia, did clinical research, and introduced TEE to the department using a probe that he had brought with him from Emory. He published *Cardiac Anesthesia, Volume 2: Cardiovascular Pharmacology*, again with Grune and Stratton, and the first edition of *Thoracic Anesthesia* with

Churchill-Livingston. During his sabbatical, Kaplan was selected to become the new Chairman of Anesthesiology at Mt. Sinai School of Medicine and Mt. Sinai Hospital in New York city, which was his family's hospital and was close to his parents' home in Manhattan. Kaplan acknowledges that Wollman's help was invaluable when he negotiated with Mt. Sinai about the position and began his mission of transforming the anesthesiology group from a corporate private practice into "Penn East," a high-powered clinical, educational, and research academic department.

Kaplan had many informal discussions with his cardiac anesthesia colleagues at Penn while on sabbatical about the need for a subspecialty journal. He thought that incorporating the best features from major cardiology and cardiothoracic surgery journals would be the most effective way of structuring a new journal. He and his friends envisioned topics of interest for the new journal such as use of the V₅ lead as a monitoring tool for intraoperative myocardial ischemia, the utility of pulmonary artery (PA) catheters in cardiac surgery, the specifics of conducting and separating from cardiopulmonary bypass, and the creation, organization, and management of dedicated cardiothoracic intensive care units run by anesthesiologist-intensivists. Wollman, Skip Ellison (who later became president of the American Society of Anesthesiologists), Tim Conahan, and Alan Schwartz shared Kaplan's enthusiasm for a new journal and contributed many ideas to it. Kaplan particularly admired Schwartz's background as an educator (Alan was one of the first anesthesiologists to hold a master's degree in education) and was especially grateful for his ideas about incorporating educational material such as review articles and case conferences into the back sections of the journal. Kaplan proposed a cardiac anesthesia journal to the SCA leadership during his time as the organization's president, but they opted not to pursue the idea. Nevertheless, he remained convinced that a journal was a necessity for the continued advancement of the specialty. Kaplan had worked well with both Grune and Stratton and Churchill-Livingston (despite the fact that they were competitors) and he had discussions with these publishers about starting a new journal during his first busy years as chairman at Mt. Sinai. They were enthusiastic about the idea and were eager to help, in part because Kaplan's books had been successful and because publishers were aggressively launching new subspecialty journals in many medical fields during the 1980s.

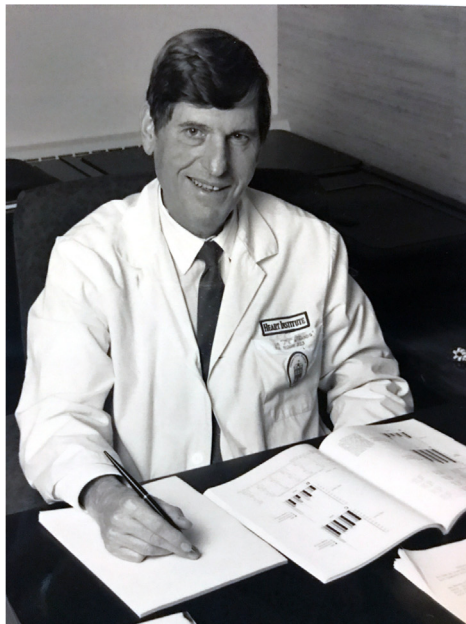
The Journal's First Issue

The first issue of the *Journal of Cardiothoracic Anesthesia* was published in February 1987 by Grune and Stratton, the same publishing house with whom Kaplan had worked on *Cardiac Anesthesia*. An individual subscription to the new journal cost \$75/year, with a discount available to residents and fellows. Grune and Stratton agreed to give Kaplan control of the editorial board and the *Journal's* content while they handled the publishing aspects, which was an ideal arrangement for him. The first issue had a total of 93 pages and contained 5 editorials,^{2–6} 5 original articles,^{7–11} 4 case reports,^{12–15} a

review article¹⁶ (Section Editor, Ted Stanley), a case conference¹⁷ (Section Editors, Alan Schwartz and Mike Howie), a pro–con debate^{18,19} (Section Editor, Earl Wynands), a literature review (Section Editor, Carol Lake), book reviews (Section Editor, Dan Thys), and a cardiac calendar (Section Editor, Mike Nugent). The editorials led the first issue and introduced the *Journal* and its objectives to the readers. Editor-in-Chief Kaplan’s editorial “The subspecialty speaks out” explained, in the clearest possible terms, the rationale for starting a new journal. Kaplan emphasized the rapid growth of the subspecialty, the potential impact of the anticipated lengthening of anesthesia residency training from 2 to 3 years after internship (which occurred during the 1988–1989 academic year) on cardiac anesthesia experience during residency, and the ever-increasing nature of subspecialization within anesthesiology as a whole, especially in the academic setting.² He stated that the *Journal* was begun to further expand the subspecialty and to disseminate clinically relevant information to a broad audience interested in all facets of cardiac, thoracic, and vascular anesthesia. Kaplan envisioned that the *Journal* would involve

many specialists in addition to cardiac anesthesiologists, including cardiologists, cardiac surgeons, intensivists, and internists, and further expressed his desire that the *Journal* would be international in scope so that it would improve patient care throughout the world.

Earl Wynands of McGill University and the Associate Editor for Cardiac Anesthesia (Fig 2A²⁰), wrote the next editorial, which was entitled “Why publish?” He argued that investigators with data that can help to clarify controversial issues in cardiac anesthesia have a duty to communicate these findings to their professional colleagues.⁶ Drawing inspiration from his mentor Harold Randall Griffith (a professor emeritus at McGill who was the first anesthesiologist to use curare for surgical paralysis in 1942), Wynands succinctly stated, “It is essential that relevant scientific data be available to all who are interested in promoting the progression and safety of cardiac anesthesia.” Wynands also emphasized that clinical researchers could help to answer many unanswered and essential questions in cardiac anesthesia, including the need to reliably identify intraoperative regional myocardial ischemia, the potential



(A)



(B)



(C)

Fig 2. (A) Earl Wynands, first Associate Editor for *Cardiac Anesthesia*. (B) Roger Wilson, first Associate Editor for *Thoracic Anesthesia*. (C) Dennis Mangano, first Associate Editor for *Vascular Anesthesia*.

utility of nitrous oxide as an adjunct in cardiac anesthesia, the appropriate choice of inotropic medications for the treatment of heart failure, and the evidence that PA catheters affect outcome in cardiac surgery patients. In his editorial “The cross-fertilization process,” Roger Wilson, an intensivist at Massachusetts General Hospital and the Associate Editor for Thoracic Anesthesia (Fig 2B²¹), discussed the current lack of consensus in several areas of thoracic anesthesia and predicted that the new journal would provide a useful venue to “broaden and strengthen our knowledge” in the perioperative management of the thoracic surgical patient.⁴ He also stressed the need for continued close collaboration among specialists involved in the care of these patients as a means of fostering these objectives.

Dennis Mangano from the University of California—San Francisco and the Associate Editor for Vascular Anesthesia (Fig 2, C²²) opined that inadequate preoperative assessment and lack of aggressive intraoperative monitoring contributed to uncertain postoperative disposition and unacceptably high rates of major morbidity and mortality in a large, often unappreciated patient population with multiple risk factors for coronary artery disease undergoing vascular or major noncardiac surgery annually in the United States.⁵ Mangano’s subsequent career was dedicated to improving the outcomes of these vulnerable patients, and much of the work that he and his team did over the following 2 decades now plays a central role in modern anesthesia practice. Finally, Alan Schwartz and his colleague at the University of Pennsylvania Tim Conahan used 2 case reports in the issue (which described successful treatment of a woman who suffered a PA rupture from a catheter during cardiopulmonary bypass¹⁴ and another woman who was also fortunate to survive after her innominate vein was perforated by a PA catheter¹⁵) as a platform to discuss the risks and benefits associated with the use of PA catheters.³ Their provocative editorial asked 5 key questions: (1) Does routine use of PA monitoring improve patient outcome? (2) What are the risks involved in PA monitoring? (3) What is known about the incidence of complications of PA monitoring? (4) How can the risk of PA monitoring be reduced? And finally, (5) What can be done to reduce the consequences of unavoidable complications? Schwartz and Conahan argued against a prevailing opinion held by many cardiac anesthesiologists (including Kaplan at the time) that PA catheters should be used in the vast majority of, if not all, cardiac surgery patients and many high-risk individuals undergoing noncardiac surgery. Instead, the authors believed that the use of PA catheters should rely on specific clinical indications in each patient and stressed that additional evidence was needed to definitively show that PA catheter monitoring improved outcome. These sentiments that were echoed 2 years later by Kaplan (who was swayed by his friends’ arguments) when he discussed an emerging initiative by cardiac anesthesiologists to independently interpret intraoperative TEE, which he felt was premature.²³ His assertion was proven correct, as the National Board of Echocardiography was not founded until 1998 and did not begin administering its advanced perioperative TEE examination until later that year, nor did it establish a formal

certification process in TEE until 2004, nearly 15 years after Kaplan’s editorial was published. Importantly, the editorial by Schwartz and Conahan also implied the *Journal* was fundamentally committed from the outset to promoting evidence-based clinical practice. Their editorial continues to be relevant today, as questions about whether PA catheter monitoring facilitates interventions that are directly linked to improvements in outcome and if so, in which patients, remain controversial.

The remainder of the *Journal*’s overall layout followed Schwartz’s suggestion: the editorial(s) and original articles appeared first, with the educational sections located in the back half of each issue. The 5 original articles in the first issue addressed topics at the forefront of cardiac anesthesia: (1) the relationship between hemodynamics and myocardial ischemia before cardiopulmonary bypass in sufentanil-anesthetized patients undergoing coronary artery bypass graft surgery¹⁰; (2) a comparison of anesthetic induction techniques (fentanyl with or without etomidate) in New York Heart Association classification III and IV patients¹¹; (3) the physiological consequences of shivering in postoperative cardiac surgery patients and its effective treatment with meperidine but not morphine⁸; (4) a comparison of the pulmonary and systemic hemodynamic effects of right versus left heart administration of sympathomimetic drugs conducted in a canine model⁷; and (5) an experimental study demonstrating that hemodilution-induced vasodilation blunts the actions of norepinephrine as a vasoconstrictor.⁹ The case reports followed these articles and included descriptions of alterations in somatosensory evoked potentials associated with inadequate venous return during cardiopulmonary bypass¹³ and the use of the recently developed technology of color Doppler blood flow mapping for monitoring shunt flow in 2 patients with congenital heart disease,¹² in addition to the 2 previously mentioned reports describing PA catheter complications.^{14,15} The review article style for subsequent issues was based on a scholarly discussion of amrinone, the first clinically approved positive inotropic medication in the recently developed class of phosphodiesterase subtype III inhibitors, that was written by renowned cardiologist Edmund Sonnenblick and his colleagues at Albert Einstein College of Medicine.¹⁶ The case conference discussed a complex mediastinal mass and included expert commentary on its management. The pro–con debate provided perspectives on the ongoing controversy about the use of opioids versus volatile anesthetics for patients undergoing coronary artery bypass graft surgery.^{18,19} This topic was hotly debated in the mid-to-late 1980s because the volatile anesthetic isoflurane was a known coronary vasodilator that had been implicated in coronary steal (the abnormal redistribution of coronary blood flow away from ischemic myocardium) in patients with susceptible coronary anatomy.²⁴ Despite the subsequent resolution of this isoflurane–coronary steal controversy, the subject of which anesthetic technique is best for cardiac surgery patients continues to be controversial for several other reasons (eg, cardioprotection), as a recent pro–con debate in *JCVA* illustrated.^{25,26}

The Journal's Evolution

In subsequent years, the literature review evolved into expert reviews of new articles and topics and annual year-end reviews. These sections were initially edited by John (“Yianni”) Augoustides and are now led by Harish Ramakrishna. The book review section was eventually phased out, as the Editorial Board’s members did not have a desire to critically comment on each other’s work. The cardiac calendar was led by George Silvey and continued for decades. Other sections were added to the *Journal* as deemed appropriate by the Editor-in-Chief and the Editorial Board, including diagnostic dilemmas (originally led by Ron Kahn and now edited by Paul Pagel), which focuses on interpretation of monitoring (most often, the TEE implications of unusual cardiac pathology); the e-challenges section run by Fred Cobey and Jamel Ortoleva discussing the clinical importance and applications of TEE; and emerging technology reviews of new devices and treatments edited by Gerard Manecke. Additional sections dedicated to perioperative hematology (currently edited by Michael Mazzeffi, Michael Fabbro, and Daniel Bollinger), regional anesthesia and pain management (Sibtain Anwar and Jessica Boldt), critical care medicine (Kenneth Sheldon), and perioperative nephrology (Jacob Raphael and Nian Chih Hwang) were also introduced, as were dedicated statistical editors. For many years, letters submitted to the *Journal* were handled by Kaplan himself, but in response to the growing number of submissions, a separate editor (Paul Pagel) was added to manage the burgeoning correspondence section. In keeping with the *Journal*’s commitment to education and the Accreditation Council for Graduate Medical Education accreditation of United States cardiac anesthesiology fellowship programs (which occurred in 2006), a new section entitled “Cardiac Anesthesia Fellows Education (CAFE)” was introduced in 2011.²⁷ Dalia Banks was the original editor of the section and was joined a few years ago by Emily Methangkool. The CAFE section encourages fellows to publish an interesting case report or case conference, a research paper, or an educational article with the assistance of their mentor(s) as a way to teach them how to navigate the peer review process and foster their interest in academic anesthesiology. Regardless of the section, submissions to most sections of the *Journal* continue to be rigorously peer reviewed by a minimum of 3 anonymous reviewers (Editorial Board members and outside referees) who are blinded to the authors and their institutions with the complementary goals of producing reviews of highest possible quality and reducing the potential for publication bias.²⁸

Kaplan is convinced that the most important factor for the *Journal*’s continued success is its outstanding Editorial Board members and the high quality of their peer review work. All those who serve on the Board have earned his deepest respect and gratitude for their advice, proficiency, commitment, and input to the *Journal* and the subspecialty. The Editorial Board has always been rather large to minimize the work of any one individual member. It has been international in scope, multidisciplinary, and inclusive of leaders at many outstanding medical centers since the *Journal*’s inception. In addition to

the 3 Associate Editors in Cardiac, Thoracic, and Vascular Anesthesia (Fig 2), the original Editorial Board had 28 other members (Table 2) consisting of leaders in anesthesiology, 4 cardiologists (Lee Goldman, Milton Packer, Edmund Sonnenblick, and Jeremy Swan), and 3 cardiac surgeons (Robert Guyton, Floyd Loop, and Andrew Wechsler). As the *Journal* expanded, additional Section Editors were added who ran their sections in innovative and often unique ways, as pioneered by the individuals who first served in these roles. Kaplan strongly encouraged this “journal within a journal” concept, allowing the Section Editors considerable autonomy when handling submissions, assigning reviewers, managing revisions and the need for additional reviews, and determining a manuscript’s final disposition. The current Editorial Board has more than 100 members who work alongside with Editor-in-Chief, the long-time Associate Editor-in-Chief (Yianni Augoustides, who was first appointed to his position in 2016) (Fig 3), the

Table 2
Original Editorial Board members, *Journal of Cardiothoracic Anesthesia*, 1987

Joel A. Kaplan, MD	New York, New York	Editor-in-Chief
J. Earl Wynands, MD	Montreal, Canada	Associate Editor, Cardiac Anesthesia
Roger Wilson, MD	Boston, Massachusetts	Associate Editor, Thoracic Anesthesia
Dennis T. Mangano, PhD, MD	San Francisco, California	Associate Editor, Vascular Anesthesia
John L. Atlee, III, MD	Milwaukee, Wisconsin	
Jonathon L. Benumof, MD	San Diego, California	
James Bovill, MD	Leiden, The Netherlands	
Thomas J. Conahan, III, MD	Philadelphia, Pennsylvania	
Adel El-Etr, MD	Miami, Florida	
F. George Estafanous, MD	Cleveland, Ohio	
Simon Gelman, MD	Birmingham, Alabama	
D. David Glass, MD	Hanover, New Hampshire	
Lee Goldman, MD	Boston, Massachusetts	
Robert Guyton, MD	Atlanta, Georgia	
Paul R. Hickey, MD	Boston, Massachusetts	
Dietrich Kettler, MD	Goettingen, West Germany	
Carol L. Lake, MD	Charlottesville Virginia	
Raymond Latimer, MD	Cambridge, England	
Floyd Loop, MD	Cleveland, Ohio	
Michael B. Howie, MD	Columbus, Ohio	
Michael Nugent, MD	Rochester, Minnesota	
Milton Packer, MD	New York, New York	
Alan L. Plummer, MD	Atlanta, Georgia	
Michael Roizen, MD	Chicago, Illinois	
Myer H. Rosenthal, MD	Stanford, California	
Takao Saito, MD	Tokushima, Japan	
Alan Jay Schwartz, MD, MSEd	Philadelphia, Pennsylvania	
Edmund H. Sonnenblick, MD	New York, New York	
Theodore H. Stanley, MD	Salt Lake City, Utah	
H.J.C. Swan, MD, PhD	Los Angeles, California	
Daniel M. Thys, MD	New York, New York	
Andrew S. Wechsler, MD	Durham, North Carolina	



Fig 3. Yianni Augoustides and Joel Kaplan in South Africa, 2015.

previously mentioned 30 Section Editors (some of whom serve in multiple roles), and 14 Associate Editors: Cardiac Anesthesia, Harish Ramakrishna, Gerard Manecke, Jiapeng Huang, and Daniel Bainbridge; Thoracic Anesthesia, Archer Martin, Javier Campos, and Theresa Gelzinis; Vascular Anesthesia and Critical Care, Fabio Guarracino; Perioperative Echocardiography and Structural Heart Disease, Feroze Mahmood, Timothy Maus, and Peter Neuberger; Congenital Heart Disease, Alexander Mittnacht and Viviane Nasr; Social Media, Jiapeng Huang; and finally, History, Eugene Hessel. An especially important, hard-working editorial assistant, Norma Kaplan (Joel's wife of 59 years) (Fig 4), has also served the *Journal* since its founding.



Fig 4. Norma and Joel Kaplan.

The Editor-in-Chief and Editorial Board have always controlled the content of the *Journal* and have worked with 3 publishers during its existence as smaller companies consolidated into the few large firms that are now responsible for publishing most of the world's medical literature and textbooks. The *Journal's* original publisher, Grune and Stratton, was acquired by W. B. Saunders in 1990. These 2 publishers were based in the United States (Philadelphia and New York, respectively). W. B. Saunders published the *Journal* until 2002, when, in turn, it was acquired by the publishing giant Elsevier, an international company headquartered in Amsterdam. The United States medical journals branch of Elsevier is located in New York, but the *Journal* works primarily with its offices in the United Kingdom and Germany. The Editor-in-Chief has always dealt with each of the *Journal's* publishers personally and has had very productive, collaborative relationships with them. Elsevier (and before them the other publishers) owns the copyright to the *Journal* and manages its business details, but the publisher leaves the vast majority of the decisions to the Editor-in-Chief and the Editorial Board. The *Journal's* publisher hosts an Editorial Board meeting each year in conjunction with the annual American Society of Anesthesiology meeting at the Editor-in-Chief's direction. The *Journal* is very fortunate to have the resources, skill, and international stature of one of the world's largest publishers available to it.

The *Journal of Cardiothoracic Anesthesia* became popularly known as the "Red Journal" in the late 1980s because of its distinctive bright red cover (as opposed to *Anesthesiology* ["Green Journal"] and *Anesthesia and Analgesia* ["Yellow Journal"] based on their respective historical cover color schemes) and grew rapidly into the first widely accepted journal dedicated to an anesthesia subspecialty.²⁹ Nevertheless, subspecialization in anesthesiology continued to be quite controversial, because many anesthesiologists continued to adhere to the notion that their broad experience as generalists allowed them to capably manage the intraoperative and postoperative critical care of a wide variety of patients undergoing complex cardiothoracic, noncardiac, obstetric, neurologic, or pediatric surgery. However, many other subspecialties eventually followed the *Journal's* lead and developed journals of their own in critical care medicine, pain medicine, pediatric and obstetric anesthesia, and neuroanesthesia. General anesthesiology journals also expanded dramatically during this period and many developed subspecialty sections, most notably, *Anesthesia and Analgesia*, which is currently affiliated with no less than 16 individual anesthesia-related subspecialty organizations. The American Board of Anesthesiology (ABA) followed suit and, in addition to general certification of candidates in anesthesiology, began to offer subspecialty certification examinations and maintenance of certification programs in critical care medicine (1986), pain medicine (1993), pediatric anesthesia (2013), and adult cardiac anesthesia (2023), among several others.

The Editor-in-Chief and Editorial Board of *JCVA* have strongly advocated for cardiac anesthesiology as a subspecialty since the *Journal's* inception. A particularly noteworthy example of this effort occurred in 1992, 3 years after the ABA extended mandatory anesthesiology residency training from 2

to 3 years, apparently without due consideration of cardiac anesthesiology's growth and inherent complexity. Unfortunately, this action had 3 unintended consequences: (1) the exposure of most residents to cardiac anesthesia rotations during their training decreased because they were diverted to other subspecialties within the ABA's new Advanced Clinical Track model; (2) the number of residents committed to at least 12 months of dedicated cardiac anesthesia experience fell dramatically, and (3) the residents' overall proficiency in the subspecialty declined.^{30,31} The number of residents who subsequently pursued fellowship training in cardiac anesthesiology also did not increase proportionately during this interval.³⁰ In a passionate yet persuasive editorial written in response to these trends in 1992, Wynands and Kaplan argued that the ABA had effectively reintroduced the flawed "generalist" model to anesthesiology training, and in so doing, had inadvertently undercut further advancement of cardiac anesthesia as a subspecialty.³² The authors maintained that anesthesiology residency program directors should follow the lead of their colleagues in other specialties (such as pediatrics, medicine, and surgery) because subspecialization had been essential to their respective growth and vitality and improved patient care. Indeed, Wynands and Kaplan opined that "the academic development of the specialty as a whole undoubtedly is enhanced by subspecialization."³² This statement has proven to be remarkably prophetic for anesthesiology through its diverse subspecialties during the past 3 decades.

JCVA: Affiliations and International Stature

In 1991, Kaplan published the first edition of his book *Vascular Anesthesia* and the name of the *Journal* was also changed, with "Vascular" added to its title to become the now familiar *JCVA*. In his editorial entitled "Vascular anesthesia: recognized at last" that announced the *Journal's* name change,³³ Kaplan evoked Dennis Mangano's powerful editorial in the *Journal's* first issue that emphasized the importance of patients with cardiac disease undergoing vascular or major noncardiac surgery.⁵ Kaplan acknowledged that vascular anesthesia had indeed "develop(ed) its own identity," which deserved to be recognized. He also reviewed the number of articles by subspecialty published during the first 4 years of the *Journal* (1987–1990) and noted that 36 articles dealt with vascular anesthesia subjects and another 59 covered combined cardiac and vascular topics.³³ His analysis indicated that vascular anesthesia-related articles accounted for 26% of those published in the *Journal*, which was greater than those related to thoracic anesthesia (17%). Kaplan further observed that vascular anesthesia articles appeared in all sections of the *Journal*, were often submitted by international authors, and were increasing steadily in number. All of these factors clearly justified the decision to change the *Journal's* name. Another unrelated but equally noteworthy milestone for the *Journal* also occurred in 1991, when it was selected by the National Library of Medicine to be indexed and included in *Index Medicus* and *Medline*.²⁹ The indexing in these databases was retroactive to

the *Journal's* first issue in 1987, and provided further evidence of its relevance to the subspecialty.

JCVA has developed now well-established collaborative relationships with 2 major international cardiac anesthesia societies and a formal affiliation with the SCA. The *Journal* has had a close relationship with the European Association of Cardiothoracic Anesthesiology (EACTA) since Kaplan and Silvey worked on the SCA International Committee and the World Association of Cardiothoracic and Vascular Anesthesia (WACTVA) in the 1980s. The first joint SCA–EACTA meeting (International Congress of Cardiothoracic and Vascular Anesthesia) was planned during Kaplan's term as SCA President and was held in Munich, West Germany, in 1986. Many European colleagues were very interested in the *Journal* during its conception and worked closely with Kaplan on *JCVA* from its beginning. The EACTA was the first international organization to partner with *JCVA*,³⁴ but they subsequently decided to join forces with the *European Journal of Anaesthesiology*. However, the members of EACTA eventually became disenchanted with the *European Journal of Anaesthesiology* as the recognition of cardiac anesthesia as a subspecialty grew. The EACTA Board of Directors decided to renew their collaboration with *JCVA*, but with a stronger connection: *JCVA* became the official journal of the EACTA in 2008 and began publishing a yearly supplement of their annual meeting abstracts.^{35–37} EACTA-appointed specialists joined the Editorial Board as Section Editors, and then-EACTA President Carl-Johan Jacobsen became the first EACTA Associate Editor of the *Journal*. The EACTA (now known as EACTAIC [intensive care]) remains *JCVA's* oldest partner and many of its members serve in high-profile roles on the *Journal's* Editorial Board.³⁷ *JCVA* partnered with the Chinese Society of Cardiovascular and Thoracic Anesthesiologists and became its official journal in 2010,³⁸ which has helped to foster the subspecialty's development in Asia. Although *JCVA* is not its official journal,³⁹ the SCA entered into an affiliation with the *Journal* in 2020, which allows SCA members to receive deeply discounted access to online and print versions of *JCVA* if they so desire. The *Journal* also helps younger SCA members (eg, the Women in Cardiothoracic Anesthesia special interest group) to publish their work and expand their academic profiles.

In his editorial in the first issue of the *Journal*, Kaplan stated that he wanted the new journal to be truly international in scope.² It did not take long to achieve this goal. In 1990, Kaplan wrote that the numbers of submitted and accepted articles from outside the United States were steadily increasing after only 4 years of the *Journal's* publication.³⁴ His editorial entitled "Cardiothoracic anesthesia: a shrinking world" reported that 18% of *JCVA's* articles originated from Europe, whereas 5% were from Canada, 3% were from Japan, and another 3% were from other countries (29% of the total).³⁴ International contributions to the *Journal* have continued to grow since Kaplan's initial observations. In 2010, a bibliometric analysis of the geographical distribution of publications in *JCVA* from 2000–2009 found that *JCVA* published 1,816 articles from 45 countries during the decade, with the United States accounting for 43.8% of

the total, followed by India (8.3%), Germany (5.5%), the United Kingdom (4.7%), and Italy (4.4%).⁴⁰ Three years later, another study analyzed *JCVA* at 4 selected 4-year intervals to quantify temporal variations in geographic publication patterns.⁴¹ The investigators reported that 43 countries published a total of 2,587 papers (including 1,141 original articles, 735 case reports, 175 review articles, and 536 letters) during these time intervals. Progressive declines in the percentage of original articles, case reports, and letters from North America occurred over time. In contrast, significant increases in original articles and letters contributed by European authors, as well as temporal increases in the percentage of all types of publications originating from the Middle East and Australasia were observed. The temporal decrease in publications from the United States (which accounted for the majority of those from North America) observed in this study paralleled steady reductions in research funding and nonclinical time for academic cardiac anesthesiologists.

Data provided to Kaplan and the Editorial Board by Elsevier further supports *JCVA*'s global reach. The total Science Direct use increased by 38% from 2016 to 2023 (316,216 to 437,188 downloads, respectively) (Table 3). The percentage of downloads from the United States fell modestly during this time period, whereas those from China, the United Kingdom, and other countries throughout the world increased. Kaplan also notes that the number of submissions from India, Japan, Italy, Turkey, Germany, and France have steadily increased in recent years (personal communication). Collectively, the results indicated the *JCVA* had become an international journal, as its Editor-in-Chief had originally hoped. Indeed, the *Journal* has recently partnered with the newly formed International Academy of Cardiac Anesthesiologists (IACA; *JCVA* Associate Editor Alexander Mittnacht is the organization's current president). *JCVA* will be the IACA's official journal, which will further expand its visibility on the international stage. *JCVA* also co-sponsored a well-received webinar with the EACTAIC that was led by Yianni Augoustides and Mohamed El-Tahan and discussed artificial intelligence, international patient safety, diversity, and research ethics. *JCVA* is planning to partner with other associations and societies on quarterly Webinars in the near future.

The Cover, Further Growth, and Social Media

JCVA's cover evolved along with the *Journal*. The Editor-in-Chief selected the original cover, a schematic drawing of a

Table 3
Science Direct usage (downloads) by country of origin

	2016	2023
United States	92,742 (29.3)	110,809 (25.3)
China	41,754 (13.2)	72,268 (16.5)
Canada	11,031 (3.5)	15,399 (3.5)
United Kingdom	10,858 (3.4)	16,798 (3.8)
Rest of the world	159,833 (50.6)	221,844 (50.8)
Total	316,216	437,118

Data are numbers (percentages). Data were obtained from Elsevier.

PA catheter in the heart (Fig 5) that was prepared by the device's manufacturer, Edwards Lifesciences. The PA catheter was at the center of cardiac anesthesia practice in the late 1980s; the drawing served not only to convey its importance but also to identify the *Journal*. Other illustrations began to grace the *Journal*'s cover in 2004, including schematic diagrams, intraoperative photographs, thoracic computed tomography, and TEE images depicting interesting pathological findings from articles in the issue (Fig 6). In 2020, Kaplan changed the cover format to its current TEE-based design, selecting a TEE image for the cover of each issue. According to Kaplan's unofficial count, Madan Mohan Maddali currently holds the record for the most color figures on the *Journal*'s cover, which come from his many fascinating diagnostic dilemmas on complex congenital heart disease. The "JCVA" name was added to the cover in 2020 (Fig 7) to increase the abbreviation's visibility and to open a channel for a possible future "family of journals" that the Editor-in-Chief and Editorial Board have envisioned (similar to those of the *Journal of the American College of Cardiology [JACC]*). Plans for a second journal entitled *JCVA: Perioperative Medicine*, which would primarily include case-based articles and special topics and reduce the overall size of its parent *JCVA*, were delayed by the COVID-19 pandemic, and discussions about it continue with Elsevier. The enormous growth of *JCVA* (to more than 2,800 pages in 2018; some individual issues were as thick as paperback textbooks) motivated a change to publication of 12

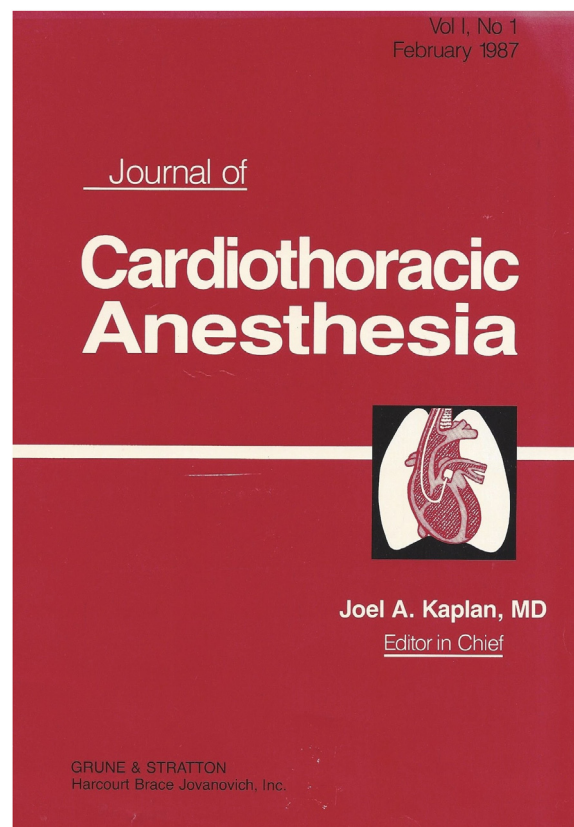


Fig 5. Original illustration of a pulmonary artery catheter traversing the right heart featured on the cover of the *Journal of Cardiothoracic Anesthesia*.

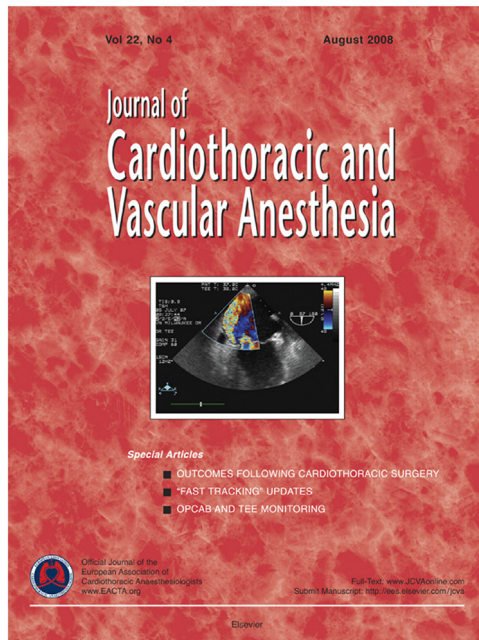


Fig 6. Example of TEE image on the cover of the *Journal*

from 6 issues per year in 2019 to decrease the relative size of each issue. The massive growth in submission has allowed the Editor-in-Chief and Editorial Board to be more selective about articles that they deemed to be worthy of publication, which has improved the overall quality and impact of the *Journal*. Indeed, the impact factor of *JCVA* has steadily increased from 1.45 in 2012 to as high as 2.89 in 2021. The *Journal's* current impact factor is 2.3, which reflects the impact of the COVID-19 pandemic and a recent adjustment in methodology that lowered the impact factors of most scientific journals.⁴² Nevertheless, *JCVA's* CiteScore (a 4-year metric, in contrast with the impact factor, which is a 2-year score) has steadily

increased, reflecting the *Journal's* continued growth and importance.

The *Journal* has seamlessly embraced new developments in technology to expand its footprint as a clinical resource for the worldwide cardiac anesthesiology community. *JVCA* developed its website, jcvaonline.com (previously jcardioanesthesia.com), in 1995 and was receiving more than 70,000 accesses/month from the United States and abroad by 2001.⁴³ Among other features including open access to the table of contents, article abstracts, an archive of past issues, articles in press, and general journal information, the first *JCVA* website allowed readers to view video clips provided by the authors of articles that markedly enhanced the educational utility of the *Journal's* print version. Issue highlights, links to affiliated organizations and social media platforms, publication metrics, announcements, a “video of the month” feature depicting interesting imaging, and podcasts on topical subjects were subsequently added as features of the *Journal's* home page. *JCVA* also began to offer open access hybrid publishing to authors in 2017, which allows them to have their papers indexed almost immediately after paying a fee. This feature is especially useful for researchers with extramural funding and to international authors. Growth of the open access option has been gradual, but more than 40 articles were published using this format in 2024.

Kaplan foresaw the incorporation of social media platforms by academic journals as important tools to educate the next generation of clinicians and to disseminate relevant new scientific findings. In his new role as the *Journal's* inaugural Associate Editor of Social Media, Jiapeng Huang established the official *JCVA* Twitter account (@*JCVAonline*) in the fall of 2018. The *JCVA* X account now has more than 9,300 followers, has published more than 7,400 tweets, and has made more than 4 million impressions during the past 6 years. The *JCVA* Facebook account and page (@*Journal of Cardiothoracic & Vascular Anesthesia*) was created in 2019 with the goal of reaching mid- and late-career physicians. The *JCVA* Facebook account currently has more than 4,000 followers, has published greater than 2,000 posts, and has reached in excess of one-half a million users since its launch. A *JCVA* LinkedIn account and page (@*Journal Cardiothoracic Vascular Anesthesia*) was also established in 2019 to reach the professional accounts of physician users of the platform. The *JCVA* LinkedIn account has grown into a network of nearly 8,000 followers, achieving more than one million post impressions and 15,000 engagements to date. *JCVA* created an Instagram account (@*JCVAonline*) in 2020 to reach younger cardiac anesthesiologists, fellows, residents, and medical students. The Instagram account currently has more than 2,800 followers and has received more than 1 million views. Finally, the official *JCVA* YouTube channel (@*Journal of Cardiothoracic and Vascular Anesthesia*) was begun in 2022 to publish video content from the *Journal*. Collectively, these engaging social media activities facilitate the spread of essential advances in cardiac, thoracic, and vascular anesthesia across the world, including to many countries that do not have reliable access to the printed version of the *Journal*. Cutting-edge



Fig 7. Cover of the first issue (August, 2020) using the *JCVA* logo.

research, reviews, guidelines, and case reports can now be easily accessed using a smart phone. Key article concepts can be captured within minutes by social media users, and extensive discussions and debates over newly published work can be conducted in real-time at a user's fingertips. Under Huang's leadership, *JCVA*'s aggressive expansion into the social media sphere made the *Journal* a leader in this territory, one that is now emulated by many other journals. Huang's current *JCVA* social media team includes Mohamed El Tahan, Alessandro Belletti, Carolina Soledad Romero, Emily Methangkool, Moataz Emara, and Juan Li.

In summary, the *JCVA* is the oldest subspecialty journal in anesthesiology. The *Journal* has seamlessly embraced and advanced knowledge about new developments in clinical practice throughout its nearly 40-year history of excellence. Led by its Editor-in-Chief Joel Kaplan, Associate Editor-in-Chief John Augoustides, and its Editorial Board, *JCVA* remains at the forefront of the most important advances in cardiac, thoracic, and vascular anesthesia. The *Journal* served as a model for the many other anesthesia subspecialty journals that have followed in its footsteps since it was first published in 1987. *JCVA*'s international reach has expanded as a result of its strong partnerships with the EACTAIC, the CSCVTA, and the IACA, its affiliation with the SCA, its innovative, user-friendly website, and its very active presence on several major social media platforms. *JCVA* has become the preeminent journal of its kind in the world today.

Declaration of competing interest

The authors have no conflicts of interest pursuant to this report as defined in the Guide for Authors.

CRedit authorship contribution statement

Paul S. Pagel: Writing – original draft. **Jiapeng Huang:** Writing – review & editing. **John G.T. Augoustides:** Writing – review & editing. **Alan Jay Schwartz:** Writing – review & editing. **Eugene A. Hessel:** Writing – review & editing. **Joel A. Kaplan:** Writing – review & editing.

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