

GUEST EDITOR'S PAGE



Sports Cardiology

From Prevention to Promotion

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Sports cardiology (SC) focuses on competitive athletes and highly active people who have or potentially have cardiovascular (CV) disease.¹ Patients are of all ages and all levels of activity, from recreational and competitive to the tactical athlete (eg, military, first responders). The sports cardiologist has an important role in comanagement of CV conditions with the athletes' primary health team (sports medicine, primary care, trainers, advanced practice practitioners, and other specialists) and promoting wellness, lifestyle modifications, preventive care, and exercise for all their patients.

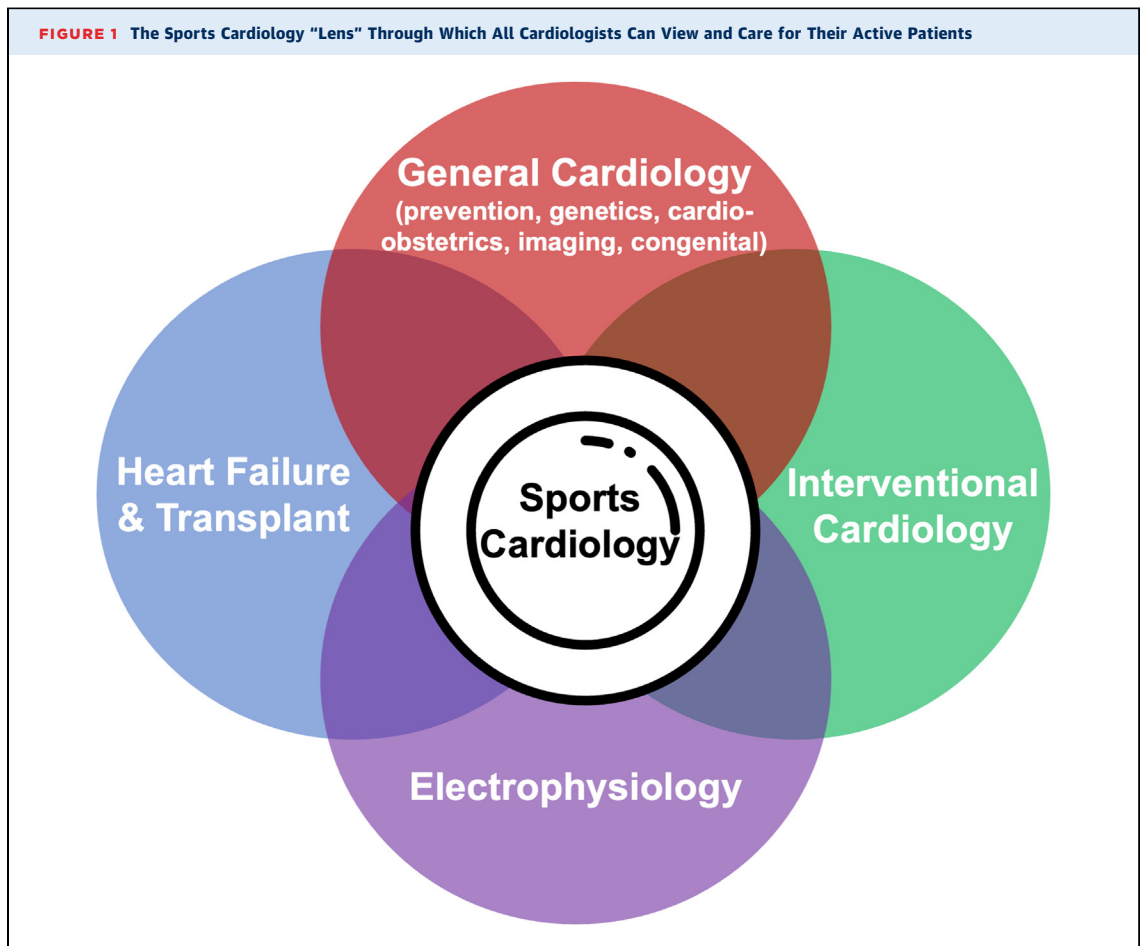
The 2 main aspects of the field could be characterized as a spectrum from "prevention" to "promotion." The former aims to prevent a major cardiac event, such as myocardial infarction, sudden cardiac arrest, or death, through thoughtful preparticipation evaluation, cardiac testing if indicated, and appropriate follow-up, management, and/or consultation with experts. Emergency action planning for a major cardiac event is paramount; the first sign or symptoms of CV disease could be the sentinel event itself. Promotion entails efforts to "return to play" safely through appropriate management of known CV disease or evaluating for previously undiagnosed CV disease.

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SC is not just about screening. Over the last 25 years, the field has transitioned its focus from debating the pros and cons of electrocardiographic screening to estimating risk, communicating risk, and leading shared decision making.²⁻⁴ Advances have been made in our understanding of athlete-specific normative values for CV testing in the areas of electrocardiogram, echocardiogram, and biomarker levels.^{2,5} However, many gray areas remain, requiring sports cardiologists to be constant learners and excellent communicators. Colleagues in the field frequently "run cases" by each other through telephone calls, email, and zoom meetings. Case discussions are essential components of educational content at the annual American College of Cardiology (ACC) Scientific Sessions and the annual Care of the Athletic Heart meeting. Given that sudden cardiac arrest events are (fortunately) rare, SC relies on collaborative team-based and shared decision approaches to patient care. With a growing community and more dedicated SC research, there is shift toward increased structure with region-specific core curricula and accreditation.^{1,6}

We are grateful to the Editorial Board for this first ever SC focus issue in *JACC: Case Reports*. In our call for cases, we received submissions from all over the world. The 14 cases ultimately selected reflect the spectrum of cases from bread-and-butter cases to unique cases seen by sports cardiologists. The broad range of cases illustrates the transcendent nature of the field, encompassing multiple areas of cardiology, including prevention, electrophysiology, heart failure, interventional, and imaging, to name a few. To broaden the expertise and to promote those with an interest in SC, the ACC Sports and Exercise Cardiology section has made involvement of Fellows in Training (FITs) and Early Career (EC) cardiologists its highest priority.⁷ The



Viewpoint by Co-Guest Editor Mustafa Husaini et al⁸ in this issue of *JACC: Case Reports* discusses this close relationship between FITs or EC cardiologists and their mentors as they become independent sports cardiologists. Indeed, the majority of SC articles in this issue were coauthored by FITs or EC cardiologists.

As in any area of medicine, real-world SC cases occur often and spur interest and discussion. The recent case of the European footballer Christian Eriksen reminds us of the benefit and limitations of screening, the need for a multidisciplinary team to be able to diagnose and manage potential cardiovascular issues promptly and expertly, and the evolution of shared decision making as the central approach to the athlete.^{9,10} No screening program is perfect, but a paternalistic, restrict-first approach does significant harm.¹¹ An expeditious and thorough work-up, shared decision making, and a well-established and rehearsed emergency action plan are essential to

keeping the needs of competitive athletes and highly active people first.

FUTURE DIRECTIONS AND CONCLUSIONS

We wish to thank all the authors for their excellent contributions to this issue, ranging from bicuspid aortic valves to long COVID-19 infection to Wolff-Parkinson-White syndrome. SC incorporates all aspects of cardiology, and much progress has been made in the last 20 to 30 years. Yet, we are still learning about athletic adaptation and transitions from physiologic to pathologic (eg, atrial fibrillation, arrhythmogenic cardiomyopathy, coronary atherosclerosis). We must also cultivate interest among FITs and EC cardiologists so that all cardiologists may have an SC “lens” through which they can view and care for their athletic and active patients (Figure 1). Collaboration with our international sports cardiologists must continue to grow. Caring for athletes and highly active individuals

truly takes a team effort. We hope this first focus issue will spark even more interest in the exciting field of SC.

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