



Cardiovascular Disorders in Chronic Kidney Disease

The increasing prevalence of vascular risk factors such as diabetes, obesity, and hypertension coupled with increased longevity has resulted in a worldwide epidemic of chronic kidney disease. The burden of cardiovascular disease in patients with chronic kidney disease is closely interwoven with the backdrop of common risk factors for disease in both organ systems, coupled with the strong influence of disease in one organ system on the development of disease in the other organ system. Cardiovascular disease represents a major cause of morbidity and mortality in patients with chronic kidney disease with all phenotypes of cardiovascular disease including heart failure, ischemic heart disease, valvopathies and arrhythmias being represented with high disease burden in patients with chronic kidney disease. Never has the implication of one organ system on the other been so profound, as in the current context of the cardio-nephrology symbiosis: complex interventional strategies for vascular disease, identification of novel biomarkers of renal and cardiac injury, the ever-increasing transplantation potential of patients with complex cardiac and renal disease, and the mutually significant prognostic implications between these organ systems. The therapeutic options in patients with cardiovascular and kidney disease are poised in exciting times with the advent of several novel anti-diabetic agents that have demonstrated significant benefits towards reduction of adverse cardiorenal events, and the push for cardioprotective strategies in patients with end stage kidney disease such as frequent dialysis and increased transplantation rates with the new health care initiative for kidney disease in the United States.

In this special issue of *Reviews in Cardiovascular Medicine*, we invite original articles and reviews on the topic of “Cardiovascular Disorders in Chronic Kidney Disease” for consideration for publication by cardiology and nephrology clinicians and researchers with an interest in cardiorenal medicine. This issue will address the pathophysiology, best practices with clinical management and knowledge gaps in the area of cardiovascular disease in patients with chronic kidney disease. This summary will be helpful to practicing clinicians and students caring for vulnerable patients with dual organ disease, and more importantly will hopefully catalyze further research towards delivering high quality care in a cost effective manner to these complex patients. (Message from the Guest Editors)

Submission Deadline: 1 April 2020

Submission: <https://rcm.imrpress.org>

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Rm. 19C, Lockhart Ctr., 301-307 Lockhart Rd., Wan Chai, Hong Kong.

Guest Editor:

Prof. Dr. Janani Rangaswami

Sidney Kimmel College of Thomas Jefferson University; Department of Medicine/Nephrology, Einstein Medical Center, Philadelphia. 5401 Old York Road, Suite 363, Philadelphia 19141, United States

Clinical Associate Professor at Thomas Jefferson University; the president-elect for the Cardiorenal Society of America; Vice-chaired the first American Heart Association Scientific Statement on Cardio-Renal Syndrome (2019); Chair of the Cardiovascular Work Group of the Kidney/Pancreas section of the American Society of Transplantation.

nephrologymd1@gmail.com



Janani Rangaswami



Message from the Editor-in-Chief

Reviews in Cardiovascular Medicine was launched in 2000 by MedReviews, LLC, in New York, NY. This journal was conceived to fill a critical gap for clinicians who were struggling with a rapidly expanding knowledge base in cardiovascular medicine with the convergence of basic science, clinical epidemiology, and therapeutic clinical trials. The founding co-editors were David P. Faxon, MD, past president of the American Heart Association, and Norman E. Lepor, MD, who is considered a luminary in interventional cardiology. The contributing editorial board grew over time and Dr. Peter A. McCullough, MD, MPH ascended from contributing, to associate, to co-editor of the *Journal*. In 2018, the *Journal* took its next big step under the leadership of Dr. McCullough as editor-in-chief to become a truly international publication. Its offices moved to IMR Press in Hong Kong, and the editorial board was made more inclusive and representative of the world-wide contributors in academic cardiology. Additionally, the *journal* brought on expertise in translational medicine to help face the future of molecular medicine and its role in cardiovascular disease. Today *Reviews in Cardiovascular Medicine* is considered a top tier journal in cardiology with timely and comprehensive reviews covering all aspects of cardiovascular medicine including atherosclerosis, myocardial disease, arrhythmias, and valvular heart disease. The scope of papers ranges from population science, applied basic investigation, *in-vitro* diagnostics, and evidence-based strategy and therapeutic trials involving both pharmacologic intervention and interventional devices. The highly integrative style of the *Journal* anchored with evidence tables and instructive figures has garnered many citations over the years and many guidelines documents have relied upon works published in *Reviews in Cardiovascular Medicine*. Supplement and focus issues have been very popular among the readership and often are viewed as the most up-to-date compilations of new knowledge in cardiology and related specialities. The future is bright for academic cardiovascular medicine and *Reviews in Cardiovascular Medicine* is well positioned along side the clinician-investigator in the years to come as a trusted source of critical information and analysis.

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Editor-in-chief:

Prof. Dr. Peter A. McCullough

Baylor University Medical Center, Baylor Heart and Vascular Institute, Baylor Jack and Jane Hamilton Heart and Vascular Hospital, Dallas, TX, United States

Professor of Medicine in the Department of Internal Medicine Texas A & M School of Medicine, Vice Chairman of Internal Medicine, Program Director in Cardiology, Baylor Heart and Vascular Hospital, Baylor University Medical Center, Dallas TS USA

peteramccullough@gmail.com



Peter A. McCullough



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