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Editorial

Cardiol Res. 2020;11(6):355

# The Importance of Cardiology Research

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One of my colleagues after reading that cardiovascular disease was not recognized as the leading cause of death did a quick survey of his family and colleagues at the medical center. Outside of the cardiology community, cancer was thought to be the leading cause of death. Unfortunately, this is not correct. Cardiovascular (CV) disease is still the leading cause of death. The age adjusted death rate attributed to cardiovascular disease is 219 per 100,000 individuals, or over 860,000 deaths per year costing 219 billion dollars. Globally cardiovascular death is once again the leading cause of death, taking the lives of 18 million people each year.

With this high number of deaths, one would expect research in cardiovascular disease to be a critical undertaking. However, in the age of the coronavirus disease (COVID) pandemic CV research has been suspended or slowed. With government mandated shutdowns, undertaking cardiovascular research has been greatly diminished. At academic medical centers non-essential employees have been told to stay at home with lab activities suspended or greatly diminished. This is not a good idea in any scientific field but an especially bad idea in the area of cardiovascular research. In many labs in the USA, CV research has been shut down for over 6 months. This is a most unfortunate loss of research time. Restarting research programs will take considerable additional time, further impeding research progress. The effects of these disruptions are especially felt in the basic research areas though clinical research has been affected as well.

Translational research in academic centers and in the pharmaceutical industry has also seen a significant reduction in activity. While the pharmaceutical industry is appropriately targeting COVID-19 disease, programs in cardiology have for the most part been on hold. Clinical trials have stopped recruiting patients and manufacturing of study drug supplies has been shut down or stopped.

These interruptions in CV research are most unfortunate. This area should be considered essential, bypassing government restrictions. Universities, medical centers, and the government research facilities should have considered CV research critically important and worked to improve lab safety with appropriate personal protective equipment and appropriate precautions. However, it needs to be noted that most basic laboratory work is done by individuals or very small groups, often working at a safe distance from one another.

It is understandable that COVID has scared our government, academic and business leaders. But careful reflection should have resulted in appropriate precautions and not the reflexive curtailment of CV research. In the future CV research and in fact, most biomedical research should be considered an essential service. Implementing appropriate precautions to reduce risk to the researchers and the community should have been a priority. The research community should have been encouraged to persevere in these difficult times, striving towards advances in the treatment of cardiovascular disease.

## Acknowledgments

None to declare.

## Financial Disclosure

None to declare.

## Conflict of Interest

None to declare.

## Data Availability

The author declares that data supporting the findings of this study are available within the article.

Manuscript submitted September 24, 2020, accepted September 28, 2020
Published online November 2, 2020

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doi: https://doi.org/10.14740/cr1173