A note from the guest editor:

It is a pleasure to forward this editorial note on the SHAPE Task Force report. The contributors to the SHAPE initiative must be congratulated for their original, ambitious, and provocative approach to the number one problem in the cardiovascular field, affecting millions of lives annually. Since the landmark Framingham Heart Study introduced the concept of cardiovascular risk factors, the prediction and prevention of adverse cardiac events have been primarily based on the identification and treatment of these risk factors. Nonetheless, atherosclerotic cardiovascular disease has remained the number one cause of mortality and morbidity in most countries. It is now obvious that new strategies are needed to fight with the growing epidemic of atherosclerotic cardiovascular disease. In my view, the early detection and treatment of high risk subclinical atherosclerosis is a leading candidate to fulfill that role.

Early observations by our group and others in the 1980s sparked the concept of the vulnerable or high-risk plaque, and generated the search for the immediate underlying cause of acute coronary events. Subsequently, the field of cardiology has witnessed a list of major developments that are likely to change the practice of cardiology. I believe advances in noninvasive imaging lead the list. The notion of the vulnerable or high-risk plaque is rightly evolving into the more comprehensive concept of the "vulnerable patient" as evidenced by the plurality of vulnerable plaques and the total burden of atherosclerotic disease. In addition, other sources of vulnerability from thrombogenic blood and ischemic or arrhythmogenic myocardium must be considered.

Despite questions regarding the feasibility and practicality of such an ambitious proposal, the SHAPE guideline is a worthy and timely effort that goes beyond traditional risk assessment and has the potential to transform the field of preventive cardiology.

The driving passion and commitment of the SHAPE Task Force individuals is commendable. It serves as an example for all of us who wish to stop and reverse the epidemic of atherosclerotic cardiovascular disease. I will certainly feel proud to contribute to the SHAPE initiative in their call for future studies that will validate and accelerate the adoption of screening for subclinical atherosclerosis as proposed by the SHAPE guideline.

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