

Special Issue

Personalized Treatment for Cardiac Surgery: Updates and Challenges

Message from the Guest Editors

Historically, cardiac surgery has been used to manage severe conditions, where the operation has represented the only hope of survival. For this reason, the most used metric to evaluate its results has continuously been mortality.

However, the overall advancement in medical knowledge, the growing experience with classical and novel techniques, and technological improvements present us with unprecedented challenges and demands from patients.

Recent times have witnessed the rise of multiple areas of research focus, including gender, molecular, and gene variations; less invasive surgical incisions; percutaneous alternatives; mitigation of dreaded complications; attention to patient-reported outcomes; and psychological impact, just to name a few.

We invite authors to submit original research papers, reviews, meta-analyses, etc., describing any aspect of adult and congenital cardiac surgery where addressing specific subsets of patients is beneficial, including but not limited to patient selection, specific techniques, and treatment of complications.

Guest Editors

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About the Journal

Message from the Editor-in-Chief

Journal of Personalized Medicine is one of the few journals that covers the diverse areas involved in the field, including research at basic, translational, and clinical levels. It focuses on “omics”-level studies that seek to define the basis of interindividual variation in susceptibility for a disease, its prognosis or definition of clinical subsets, and response to therapy (pharmacogenomics). We are also interested in systems biology as it relates to interindividual variation, and research on new methodologies, informatics, and biostatistics, in the aforementioned areas.

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Rapid Publication:

manuscripts are peer-reviewed and a first decision is provided to authors approximately 25 days after submission; acceptance to publication is undertaken in 5.8 days (median values for papers published in this journal in the second half of 2025).