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On the cover this month: Cardiac transplantation has become an exceptionally successful treatment for end-stage heart failure, but it remains plagued by the development of cardiac allograft vasculopathy (CAV), a progressive fibrosing lesion of the coronary arteries that eventually results in ischemic failure of the transplanted heart. In this issue of AJT, Loupy et al (page 111) provide strong evidence that alloantibody formation is a prominent culprit in this disease. This finding, combined with the association between CAV and recipient alloantibodies reported by Starling et al (page 121), underscore the need for controlling humoral immune responses in recipients and screening for alloantibody formation posttransplantation. See also the thoughtful editorial by Margaret Burke on page 9. *Cover design by Lauren Halligan, Duke University Department of Surgery.*

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