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IN THIS ISSUE OF EUROINTERVENTION

A EuroIntervention state of the art on lipid-lowering therapy and PCI; thin- versus thick-strut stents; ultrathin DES from the SCAAR registry; a mini focus on STEMI; re-clipping versus surgery after failed transcatheter mitral valve repair; heart valve thrombosis after transcatheter mitral valve implantation, and more...

Davide Capodanno, *Editor-in-Chief*

A few weeks ago, on Twitter, a user tagged me on one of his tweets and said it was a kind of “Letter to the Editor”. The text very politely disputed the legend of a figure published in a newly accepted article. These articles, as you may know, are published online as a preview before they are laid out and allocated to one of the issues of EuroIntervention. This allows us to make the content of accepted papers immediately available – readable, usable and citable – for the benefit of authors and readers. In this state, they represent a provisional form of the published paper, following peer review, but not yet subject to the detailed page-by-page control that each paper passes through before final publication (i.e., production is a strength of EuroIntervention, I must say – our team is skilled and remarkable in the care of text, consistency, grammar, style, and visuals).

I replied to the tweet thanking the user for their contribution and explaining that we would contact the authors of the paper, and the related reviewers and editors to consider the point further and check if there were grounds for correction. We then contacted the authors, who further explained the legend, clarifying that, while it was correct, it could still be improved to avoid potential misunderstandings. We then notified the author of the tweet of this feedback, concluding the episode and thanking each other for the attention.

This episode already says a lot about how much the concept of a print journal is outdated or consigned to history. In just a few steps, an attentive reader can give instant feedback on what he or she reads, just as any doctor can report an issue related to a drug on the market in phase IV clinical testing. This continuous peer review process that follows publication rather than preceding it is something that we must take into consideration in this era of global dissemination of content and social media. If the article had been pre-print, obviously this would be an advantage. Post-print, however, it would be less than ideal, because it would imply an oversight in the peer review process, during which the error, if any existed, should have been noticed. In an intermediate phase like the one we're dealing with here, the constructive care of certain readers who spot potential improvements before the production phase can only be commended as it benefits other readers and the journal itself. This is also an aspect of the digital revolution. Will we be ready to embrace it fully when paper editions are just a memory?

Now we move on to what we have in store for you this month. We are keen once again to submit ourselves to the judgement of the reader and hope that our pursuit of perfection in the details will be rewarded by your satisfaction.

We begin with a new feature that was first introduced in the last issue of EuroIntervention. Justifiably called "State of the Art", these articles are written by respected international experts and offer an exemplary level of insights on critical points in interventional cardiology. This month, we begin with **Konstantinos C. Koskinas, François Mach and Lorenz Räber** offering us their expert review on the state of the art in lipid-lowering therapy and PCI. This review is a timely reminder that, even with technical, clinical and procedural advances, the coronary atherosclerotic disease we treat through revascularisation remains a chronic, progressive disease whose natural evolution needs to be limited further. Reviewing current evidence on the role of low-density lipoprotein cholesterol (LDL-C) in the development and progression of coronary atherosclerosis – with emphasis on patients undergoing PCI – this article underlines the importance of lowering atherogenic lipid levels, especially LDL-C, something which should be focused on, even in the acute in-hospital setting after intervention.

Continuing with coronary interventions, **Chang-Hwan Yoon, In-Ho Chae and colleagues** discuss the BIODEGRADE study which compared a thin-strut biodegradable polymer sirolimus-eluting cobalt-chromium stent to a thick-strut biodegradable biolimus-eluting stent. Examining the idea that the stent design itself of a biodegradable drug-eluting stent (DES) may influence clinical outcomes, this trial showed that, in the end, the design may have limited effects on outcomes. Provocative findings at odds with prior meta-analyses on the topic? We will let the reader judge.

Also, in coronary interventions, **Sergio Buccheri, Stefan James and colleagues** present a report from the “real-world” Swedish Coronary Angiography and Angioplasty Registry (SCAAR) on thin DES. With an editorial by **Antonio Colombo and Antonio Mangieri**, the clinical outcomes of a sirolimus-eluting ultrathin-strut DES were compared with new-generation DES. The ultrathin DES showed promise in reducing stent failure rates and improved clinical outcomes, similar to the newer-generation DES, thus adding to our clinical choices.

In coronary interventions, our mini focus this month is on STEMI. We begin with an article by **Oriol Rodriguez-Leor, Raul Moreno and colleagues** which assesses clinical and prognostic differences in patients with COVID-19 and STEMI. Based on a large Spanish nationwide registry involving STEMI care networks, the authors found that COVID-19 patients had higher levels of heart failure as well as an increase in in-hospital mortality. Stent thrombosis and cardiogenic shock development after PCI was also seen in these patients. Therefore, they suggest that more aggressive antithrombotic treatment could be effective. This article is accompanied by an editorial by **Sripal Bangalore and Michael Halista**.

The mini focus then looks at the different techniques for assessing microvascular function which could be of use in determining treatment strategies in STEMI patients. Authors **Roberto Scarsini, Adrian Banning and colleagues** compared pressure-bounded coronary flow reserve with thermodilution-derived physiology and found that, while pressure-bounded coronary flow reserve is a simple tool and superior to thermodilution-derived coronary flow reserve in predicting microvascular obstruction in patients after STEMI, both were inferior to the index of microcirculatory resistance in predicting myocardial injury after primary PCI. The mini focus continues with a report by **Mohamed El Farissi, Luuk C. Otterspoor and colleagues** on a new method which employs selective intracoronary hypothermia to improve results of primary PCI in STEMI patients. The article outlines the planned EURO-ICE trial, which is designed to be a proof of concept to see if selective intracoronary hypothermia provides a beneficial effect with a lower risk of complications for STEMI patients.

Turning to interventions for valvular disease and heart failure, **Hannes Alessandrini, Stephan Geidel and colleagues** explore the clinical impact of percutaneous procedures or surgery following failed transcatheter mitral valve repair. They suggest the clinical validity of a re-clipping strategy in patients with secondary mitral regurgitation, even when faced with unfavourable leaflet morphology. In patients with primary mitral regurgitation, however, open heart mitral valve surgery provided significantly lower mortality than re-clipping. This article is accompanied by an editorial by **Thomas Modine and Walid Ben-Ali**.

Also, in interventions for valvular disease and heart failure, authors **John Kikoïne, Dominique Himbert and colleagues** examine the predictors for, and clinical impact of, transcatheter heart valve thrombosis, a clinical situation commonly seen after transcatheter mitral valve implantation. The authors believe that, by further understanding it, management can be improved using optimal antithrombotic/anticoagulant therapy. This article is accompanied by an editorial by **Hasan Jilaihawi**.

Now it's time to turn the page and let the articles speak for themselves.