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IN THIS ISSUE OF EUROINTERVENTION

**A EuroIntervention State of the Art on optimising physiological endpoints in PCI; a mini focus on biostatistics for clinical trials; coronary flow reserve and invasive coronary flow capacity in non-obstructed coronary arteries; coronary sinus Reducer implantation in refractory angina; post-TAVI aortic manipulation; minimally invasive scar reduction for ventricular reconstruction; and more...**

**Davide Capodanno**, *Editor-in-Chief*

With this issue of EuroIntervention we introduce several novelties. Firstly, our website now hosts a new section called “Author’s centre”, which has been conceived as a pleasant and easily navigable environment (a “home”) within which all the information necessary for the submission of your paper can be found. Our Authors’ instructions have been restructured, greatly simplified and improved, with the help of quick reference tables which will allow you to view the technical specifications concerning the various article categories at a glance. Take a look, because there are some new items here. We have paid a lot of attention to clarifying what we are looking for in an article, and what will make an article less likely to be considered from the start.

All this with respect for your time because we believe that this kind of information is of the utmost importance when planning a submission. A form is available for sending pre-submission enquiries, allowing you to focus your efforts on what is necessary and opening the door for greater dialogue with the journal. Also, notably, there is a section dedicated to the processes that regulate the flow of submissions within the editorial workflow, which we believe represents a welcome addition in terms of transparency. In addition, we explain the benefits of publishing in EuroIntervention, and what you can expect in terms of dissemination if your article is accepted. What else? A resources section, constantly growing with frequently asked questions and much more.

We hope that these initiatives will make your submission experience easier and more enjoyable. All these changes were based on our experience as authors (even before we became editors ourselves). We know how annoying it can sometimes be to submit a paper if the technology is not up to the hectic times we live in and if the instructions for the authors are a labyrinth of rules and exceptions. We are confident that with your feedback we will be able to improve further this very important aspect of your relationship as authors with EuroIntervention. That said, let's move on to the presentation of this month's new papers.

We begin with another EuroIntervention innovation. Starting with this issue, you will periodically see a new rubric entitled "State of the Art". The title is self-explanatory but let me say that what makes these articles special, from our point of view, is their quality. They are intended as "collection pieces", in other words, high-level insights on general topics of interventional interest, written by top-class international experts. Our first is by **Rasha K. Al-Lamee, Allen Jeremias and colleagues**, an expert appraisal of the state of the art in the physiological management of percutaneous coronary intervention (PCI). In this article, the authors move from the selection of patients for coronary revascularisation to real-time guidance during PCI as an aid in optimising physiological results. The latest evidence is reviewed, the emerging indices which underpin this physiological guidance are discussed and considered, and the need for future trials is defined.

Turning to this month's mini focus, we look at biostatistics for clinical trials. While it may seem evident that any of the many methods used for the analysis of composite endpoints have their strengths and weaknesses, do we know what these are and why... and whether other and newly developed statistical approaches that could overcome these limitations exist today? **Hironori Hara, Patrick W. Serruys and colleagues** offer an answer to this and other questions in an expert review on contemporary statistical methods used for composite endpoints – the understanding of which is at the centre of our interpretation of clinical trials and thus underlies our evidence-based clinical decisions.

We continue the mini focus with an article by **David E. Kandzari, Felix Mahfoud and colleagues** on the win ratio methodology for evaluating renal denervation trials. Based on results from the SPYRAL HTN-ON MED pilot study, the methodology compares ambulatory and office systolic blood pressure to define treatment "winners" and "losers". This

analysis allows the inclusion of patient-oriented results while prioritising endpoints considered the most clinically important, thus offering a more real-world look when determining the treatment benefit of renal denervation compared with sham control.

In coronary interventions, **Valérie E. Stegehuis, Tim P. van de Hoef and colleagues** look at coronary flow reserve and coronary flow capacity in an article considering the determinants of flow in non-obstructed coronary arteries. The authors examine the determinants behind these measurements, with coronary flow capacity seen to be less sensitive to variations in clinical and haemodynamic parameters than coronary flow reserve and, as such, a useful tool in clinical decision making. This article is accompanied by an editorial by **Javier Escaned and Tsunekazu Kakuta**.

Also, **Carlo Zivelonghi, Stefan Verheye and colleagues** discuss the use of the coronary sinus Reducer for the treatment of angina. The authors looked at changes in oxygen kinetics and effort tolerance, where the device demonstrated the potential of reducing symptoms, improving effort tolerance and addressing myocardial ischaemia. This article is accompanied by an editorial by **Ranil de Silva and Kevin Cheng**.

Finally, **Kai Xu, Yaling Han and colleagues** present the five-year outcomes of the I-LOVE-IT 2 trial, a non-inferiority study comparing two sirolimus-eluting stents used in patients with coronary artery disease – one with a biodegradable and the other with a durable polymer. Safety and efficacy between the two groups was similar, adding to our knowledge of the use of these devices. This article is accompanied by an editorial by **Clemens von Birgelen and Eline H. Ploumen**.

In our section on interventions for valvular disease and heart failure, an article by **Igor Belluschi, Azeem Latib and colleagues** looks at the expanding use of transcatheter valve implantation in terms of future surgical interventions. As indications broaden across younger age groups, there will be a concurrent increase in the frequency of interventions that occur after transcatheter heart valve implantation, which could impact on future cardiac surgery. Using computed tomography scans, this study investigates, on a theoretical level, the anatomical feasibility of a surgical approach after transcatheter valve implantation. Aortic cross-clamping does not appear to be an issue; however, a “careful and possibly higher aortotomy” might be necessary, though future data from experience and direct surgical operations will be needed to confirm this. In another article, **Yan Wang, Gary Tse and colleagues** present the early single-centre experience using the Revivent TC device designed for modification of the left ventricle – scar reduction – after left anterior myocardial infarction. It is used in a hybrid, minimally invasive catheter-based procedure.

Finally, in peripheral interventions, authors **Pasqualino Sirignano, Francesco Speziale and colleagues** present the early results of the EXTREME study which looks at the treatment of patients with challenging and complex anatomies who have been considered unfit for conventional endografts and who received endovascular aneurysm repair using the ultra-low-profile Ovation stent graft.

And now, let's enter the heart of this issue.