

JUNE 2025

VOLUME 21, Issue 11

A new left atrial appendage closure implanter classification system; measuring pericoronary adipose tissue attenuation; 5-year follow-up of the SORT OUT VIII, SORT OUT IX and IDEAL-LM trials; catheter-directed thrombolysis vs anticoagulation in pulmonary embolism; news from the EAPCI; and more

Cardiology has its own seasons marking the passage of time from one professional meeting to the next – springtime in Paris at EuroPCR, the end of summer with the ESC – and in between we'll keep you company with an array of pertinent and reflective articles.

A new implanter classification system for left atrial appendage closure

With the goal of responding to limitations in current anatomical classification systems, **Jens Erik Nielsen-Kudsk, Philippe Garot and colleagues** from the European Left Atrial Appendage Closure Club present a new implanter classification system for left atrial appendage (LAA) closure. The proposed “ELAAC” system, based on five key LAA parameters: Entrance/ostium, Landing zone, overall Anatomy, Axis/orientation and Contraction, is designed to help distinguish between complex and standard LAA anatomies. The goal of the ELAAC system is to create a common language for those involved in LAA closure and to provide a more structured and overall approach to assessment and functional challenges of this procedure.

See page e594

Pericoronary adipose tissue attenuation predicts outcomes after PCI

Shota Naniwa, Hiromasa Otake and colleagues examine the relationship between coronary inflammation, assessed before percutaneous coronary intervention (PCI) by measuring pericoronary adipose tissue (PCAT) attenuation on coronary computed tomography angiography (cCTA), and clinical outcomes after PCI with drug-eluting stents. PCAT attenuation was demonstrated to be an independent factor associated with the patient-level composite outcome and, if included in cCTA, could help in patient risk assessment. This article is accompanied by an editorial by **Charalambos Antoniades and Kenneth Chan**.

See page e605

SORT OUT IX: 5-year results

Lisette Okkels Jensen, Evald Høj Christiansen and colleagues analyse TLF at 5-year follow-up of the SORT OUT IX trial which compared the biolimus A9-coated BioFreedom stent to the sirolimus-eluting Orsiro stent in a population-based all-comers setting. TLF and safety at 5 years were similar between the two stents, despite a higher 1-year target lesion revascularisation rate seen with the biolimus-eluting stent. This article is accompanied by an editorial by **Raffaele Piccolo and Ernest Spitzer**.

See page e617

SORT OUT VIII: 5-year results

Five-year target lesion failure (TLF) is examined by **Nicolaj Brejnholt Støttrup, Michael Maeng and colleagues** in the SORT OUT VIII trial, comparing the SYNERGY thin-strut everolimus-eluting stent with the biolimus-eluting BioMatrix NeoFlex. The rates of TLF were comparable, with lower rates of myocardial infarction in those who received the everolimus-eluting stent.

See page e629

IDEAL-LM trial: 5-year results

The IDEAL-LM trial was designed to compare a biodegradable-polymer vs a durable-polymer drug-eluting stent for use in left main PCI. **Alexander M. Griffioen, Keith G. Oldroyd and colleagues** present the 5-year results showing that, in patients undergoing left main coronary artery PCI, the use of a biodegradable-polymer stent followed by 4 months of DAPT was no better than treatment with a durable-polymer stent followed by 12 months of DAPT.

See page e639