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A state-of-the-art on antithrombotic therapy in complex PCI; optimal minimal stent areas after left main crossover stenting; VARC-HBR criteria validation for TAVI; the balloon-expandable DurAVR transcatheter heart valve; valve-in-valve TAVI and redo-TAVI; and more

For our last issue of the summer, we'll end the season in the best EuroIntervention style with a wide range of articles to capture your interest and help keep you up to date on the latest research and trends…

State-of-the-art on antithrombotic therapy in complex PCI

Covering the current state of antithrombotic therapies in complex percutaneous coronary intervention (PCI), **Domenico Simone Castiello, Raffaele Piccolo and colleagues** provide us with a state-of-the-art examining different types and durations of antithrombotic strategies. They also review management within specific settings, including patients with long-term indications for oral anticoagulation.

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Optimal minimal stent area after left main crossover stenting

Ju Hyeon Kim, Seung-Jung Park and colleagues analyse intravascular ultrasound-derived minimal stent area criteria for optimal stent expansion following left main crossover stenting. Using the 5-year major adverse cardiac events data available from their centre, the authors established three threshold values to serve as benchmarks for stent optimisation during left main PCI. **José M. de la Torre Hernandez** comments in an accompanying editorial.

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The new intra-annular balloon-expandable DurAVR valve

In this translational research bench study, **David Meier, Stephanie L. Sellers and colleagues** assess the hydrodynamic performance of the intra-annular balloon-expandable DurAVR transcatheter heart valve (THV) in native, valve-in-valve (ViV), and redo-TAVI procedures against other commercially available THVs. The valve demonstrated excellent hydrodynamics in all three scenarios, with minimal pinwheeling, especially in the ViV and redo-TAVI simulations.

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VARC-HBR criteria for risk stratification and prediction of bleeding risk in TAVI

In a subanalysis of the POPular PAUSE TAVI trial, **Daniël C. Overduin, Jurrien M. ten Berg and colleagues** evaluate the Valve Academic Research Consortium High Bleeding Risk (VARC-HBR) criteria for risk stratification and prediction of bleeding risk in transcatheter aortic valve implantation (TAVI) patients and then compare it to other bleeding risk criteria. The authors find that use of the VARC-HBR criteria in clinical practice may help identify patient subgroups who would benefit from additional measures for access site management. This article is accompanied by an editorial from **Kentaro Hayashida and Juri Iwata**.

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Redo-TAVI with a supra-annular self-expanding THV for short-frame THVs

Giuseppe Tarantini, Luca Nai Fovino and colleagues offer practical guidance for performing redo-TAVI with a supra-annular THV in failing short-frame THVs. In this research correspondence, the authors examine the specific preprocedural and procedural considerations needed to optimise outcomes.

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