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**An EAPCI consensus statement on transcatheter interventions for left-sided valvular heart disease complicated by cardiac shock; the DEDICATE Trial; minimally invasive tricuspid valve surgery vs TEER; the VDyne valve for tricuspid replacement; an updated meta-analysis on bifurcation PCI; 3-year outcomes of the SORT OUT X trial; a trial of pulmonary artery denervation for pulmonary arterial hypertension; left atrial appendage angiography; and more**

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

For years, there was something I felt compelled to do. Since becoming Editor of this Journal, the thought of visiting the EuroIntervention headquarters in Rotterdam had always lingered in my mind, but for various reasons and logistical complexities, I had always postponed acting on this idea.

When I took over as Editor, I distinctly remember feeling disorientated by the news that our Editorial Office wouldn't be relocating to Italy to work directly with me but, instead, the office would remain in Rotterdam, where it had been established. Considering the Journal's history of in-person exchanges that have always greatly facilitated the day-to-day operations, the publisher and I initially contemplated the need for a physical presence near where I work. However, the digital age rendered this a

non-issue, particularly in the pandemic period which made physical gatherings unfeasible. And so, as it stands today, the Journal's office is not only in Rotterdam but also in Catania, as well as Toulouse, and wherever an article is reviewed across the world.

This notion might seem obvious now, but it wasn't at the time. Technological advances have enabled swift and efficient communication, dispelling any reservations about remote collaboration. Still, a sense of unfinished business persisted, as I still hadn't visited EuroIntervention's offices, but the spell cast by this paradox was eventually broken when, in August 2023, capitalising on the fact that the European Society of Cardiology Congress was being held in Amsterdam, I used the opportunity to finally make the simple 30-minute train journey to our Rotterdam offices.

While my personal excitement and enthusiasm on that day – for which I'm so thankful to the team – might not be of utmost interest to our readers, the crux lies in appreciating the exceptional and highly skilled professionals behind our daily routine. Witnessing their work firsthand in a modern, efficient facility, in a city with a high quality of life, was inspiring and made me proud. Knowing that the team operates in a tranquil and productive environment eradicates one of my concerns and amplifies my eagerness for our future endeavours. And among these, as usual, is the presentation of the upcoming issue.

We start with an EAPCI consensus statement on transcatheter interventions for left-sided valvular heart disease complicated by cardiogenic shock by **Chiara Fraccaro, Giuseppe Tarantini and colleagues**. Cardiogenic shock is time sensitive with a high mortality rate, and surgery is often deemed too high risk, especially when associated with valvular heart disease. Less invasive transcatheter valve interventions may be an alternative. The authors present the current scientific evidence on the management of cardiogenic shock and left-sided valvular heart disease, beginning with the triggers of cardiogenic shock in both acute and chronic valvular heart disease, the use of invasive and non-invasive diagnostic tools and the available therapeutic strategies.

In interventions for valvular disease and heart failure, **Moritz Seiffert, Stefan Blankenberg and colleagues** present the design and rationale of the ongoing DEDICATE Trial, investigating the efficacy and safety of transcatheter aortic valve implantation compared to surgical aortic valve replacement in low- to intermediate-risk patients aged 65 years or older. Enrolment was completed in 2022 with endpoints designed to study mortality or stroke at 1 year and 5 years. The design of the trial mirrors the clinical situation in Germany for patients with aortic stenosis, with broad inclusion and strict exclusion criteria as well as the use of all contemporary medical devices. The results should help to define optimal treatment strategies for patients with severe aortic stenosis.

In the first of three research correspondences, **Nihal Wilde, Marcel Weber and colleagues** compare two tricuspid regurgitation therapies, minimally invasive beating-heart tricuspid valve surgery (MIC-TVS) and transcatheter edge-to-edge repair, in an all-comers cohort and stratify the outcomes according to the TRI-SCORE. Tricuspid regurgitation was significantly reduced in both groups, but the reduction was more pronounced in the MIC-TVS group, although 30-day mortality was higher in this cohort.

Next, **Paul Sorajja, Nadira Hamid and colleagues** describe the three first-in-human experiences with the VDYne valve, a novel transcatheter tricuspid valve replacement prosthesis that allows for the preservation of the asymmetric shape of the tricuspid annulus and right ventricle. The retrievable double-frame, nitinol prosthesis, with a porcine trileaflet

valve is delivered through a novel lateral approach to the tricuspid valve. All three patients were treated successfully.

In coronary interventions, a meta-analysis by **Kamil Bujak, Salvatore Brugaletta and colleagues** investigated the optimal treatment of coronary bifurcation lesions. The clinical outcomes of those treated with an upfront 2-stent technique were not superior to those treated with provisional stenting. However, a sensitivity analysis showed a lower rate of major adverse cardiac events with 2-stent techniques in patients with true bifurcation lesions and especially for those with long side branch lesions. DK-crush also demonstrated the lowest event rates compared to all the other techniques. This article is accompanied by an editorial by **Marco Zimarino, Luca Scoriglione and Matteo Perfetti**.

**Lars Jakobsen, Lisette O. Jensen and colleagues** share the three-year outcomes of the SORT OUT X trial, comparing the sirolimus-eluting Orsiro stent with the dual-therapy sirolimus-eluting and CD34 antibody-coated COMBO stent. The rates of target lesion failure were similar between the two stents at one to three years, with Orsiro considered to be superior to the COMBO stent due to significantly reduced target lesion failure previously found at one year.

We begin the section on interventions for hypertension and stroke with **Jing Kan, Shao-Liang Chen and colleagues**, who present the one-year outcomes of pulmonary artery denervation (PADN) in patients with Group 1 pulmonary arterial hypertension (PAH). In the PADN-CFDA trial, patients were randomised to PADN plus a phosphodiesterase-5 inhibitor (PDE-5i) versus a sham PADN procedure plus a PDE-5i. At one year, pulmonary artery denervation significantly reduced the risk of clinical worsening and improved the 6-minute walking test in Group 1 PAH patients at all levels of risk. In an accompanying editorial, **Felix Mahfoud and Felix Götzinger** discuss the questions that arise from this study which should be addressed by future trials.

Dissatisfied with the predictive ability of current risk scores, **Lisheng Jiang, Ben He and colleagues** ask whether the assessment of contrast retention using left atrial appendage angiography could help to improve stroke risk stratification for atrial fibrillation patients. By evaluating the mechanical function of the left atrial appendage through measuring the left atrial appendage ejection fraction and then grading the contrast retention, the authors propose a classification system, which, especially when combined with the CHA<sub>2</sub>DS<sub>2</sub>-VASc score, refines and improves stratification for stroke risk. **Gregory Y.H. Lip, Mark T. Mills and Dhiraj Gupta** contribute an accompanying editorial.

In our final research correspondence, **Jien-Jiun Chen, Chia-Ti Tsai and colleagues** propose a technique for using optical coherence tomography to visualise the endothelialisation of left atrial appendage occluders. The results of this first-in-human procedure yielded high-quality images with two different left atrial appendage occluders, although the authors caution that as it is invasive it should remain an adjuvant procedure.

Before we turn to the articles themselves, we wanted to mention two thoughtful viewpoint articles available in this issue. The first from **Nicolas Amabile and Giulio Stefanini** who tackle the question of whether peer-reviewing is still worth the time and effort it requires and what it truly contributes in 2023. (Spoiler alert: it remains crucial!) Then **Troels Thim, Michael Maeng, and Steen Dalby Kristensen** discuss the evidence for bridging with low-dose aspirin in patients treated with oral anticoagulation monotherapy who are scheduled for noncardiac surgery.

And now, it's time to turn the page.