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IN THIS ISSUE OF EUROINTERVENTION

# Applicability of the ISCHEMIA trial in real-world practice, a new “uncaging” coronary stent, PCI of the left main trifurcation in the EXCEL trial, coronary re-access after TAVI, virtual reality and conscious sedation, renal flow reserve, and more…

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

This is certainly not the time to take stock of where we are because, in a way, we’ve just begun. Still, the December issue marks the first year of our journey with a renewed EuroIntervention, so it is useful to look back and take note of the trajectory we have chosen to follow.

The Journal made a change in its Editorship without a real period of overlapping between the old guard and the new; however, as you know, some of us were already on the previous Editorial Board. This presence provided a certain sense of continuity which was maintained in the editorial and, obviously, in the production practices. However, transitions are always a great opportunity for renewal. This is evident not only in the new faces of the Journal, but also in the processes that accompany them.

This first year was spent modernising various aspects of our way of working as a team, with the final aim of offering authors the most effective and timely review process. In 2020, the transmission mechanism of the articles and the contribution of the Deputy and Section Editors was simply exemplary. I will say no more for fear of belittling what in my eyes is a sign of extraordinary attachment to the fate of

EuroIntervention. You can make right choices and wrong choices but, if there is one thing that leaves me serene in the continuation of our adventure together, it is precisely the quality of the process that we have set up – enshrined in the tradition of this Journal. Even when an original article submitted for review is rejected for reasons of merit or priority (which, alas, happens in about 90% of cases), EuroIntervention does its best to give authors constructive and useful comments to move forward.

It has been an intense year from many points of view. We have been tested by a radical change in the way of conceiving academic work, deprived of face-to-face conferences and their traditional networking, but we have also drawn some useful lessons in terms of our ways of working together, becoming more unified in our common interest – to give you a pleasing final product to read and browse.

That's why I say we've only just begun. Now that we've got the car tuned, it's time to see how it drives. If 2020 was dedicated to facilitating the work of our Editors and laying the foundations for improving the Journal's statistics, 2021 will be dedicated to bringing authors even closer to the Journal and making EuroIntervention an even more attractive place to publish, in an environment made up of excellent competitors. With that in mind, let's dive into the content of the current issue.

Starting with coronary interventions, **Leonardo De Luca, Gian Piero Perna and colleagues** consider the relation of the ISCHEMIA trial to "real-world" practice, looking at criteria from one of the most important studies of 2020 as applied to patients from a large registry of patients with chronic coronary syndromes. Of these patients, less than 4% qualified as "ISCHEMIA-Like", with those qualifying seen to be at low risk of adverse clinical events at one year. The implications of these observations, as well as the relationship between trials and clinical practice, are explored in an authoritative editorial by **William E. Boden and Deepak L. Bhatt** which accompanies the article.

A novel stent is the subject of an article by **Stefan Verheye, Antonio Colombo and colleagues**. The DynamX bioadaptor is designed to work initially like a second-generation DES; then, after six months, uncaging elements in the system allow remodelling by freeing the vessel wall. With an editorial by **Takeshi Kimura**, this study confirms the initial safety and feasibility of the device while looking towards longer-term follow-up to see whether this could potentially reduce the risk of late clinical device-related events.

For a better understanding of procedural and clinical outcomes of PCI in patients with trifurcation disease of the distal left main coronary artery, **David E. Kandzari, Gregg W. Stone and colleagues** identified 61 patients with this anatomy who were followed in the EXCEL trial. Despite the greater complexity, early and long-term clinical outcomes were relatively favourable for PCI as a treatment strategy for selected patients with distal left main trifurcation disease, when bypass surgery is not an option. In fact, the observed results were similar to outcomes in distal left main bifurcation disease without trifurcations.

Low wall shear stress has been seen to be related to device target lesion failure. With the Absorb BVS showing high rates of target lesion failure at three years, **Arnav Kumar,**

**Habib Samady and colleagues** report on results from the ABSORB III imaging study in which BVS implantation was associated both with greater areas of low wall shear stress as well as with lower wall shear stress when compared to the XIENCE V.

This issue also features the study protocol of an upcoming trial. **Hironori Hara, Patrick W. Serruys and colleagues** present the Multivessel TALENT trial, designed to compare clinical outcomes between the Supraflex Cruz and SYNERGY stents. The investigators will follow patients with complex *de novo* three-vessel disease without left main disease. Treatment will be based on "best practice" principles of PCI such as Heart Team consensus treatment recommendations based on the SYNTAX score II, functional lesion evaluation by quantitative flow ratio, and more. Results will be given at 12 and 24 months, with the primary endpoint being a patient-oriented composite explored for non-inferiority.

Looking at interventions for valvular disease and heart failure, **Nicola Buzzatti, Azeem Latib and colleagues** use post-TAVI multidetector computed tomography to study the apparent increased risk of impaired coronary access in patients following redo TAVI. As TAVI is increasingly employed in patients with a longer life expectancy, awareness of issues such as the preservation of coronary patency after redo TAVI will be seen to have greater importance. This article is accompanied by an editorial by **Gilbert H.L. Tang and Syed Zaid**.

Virtual reality is the subject of an article by **Raphael Romano Bruno, Christian Jung and colleagues**. Here, they look at the feasibility and safety of interventions using virtual reality in patients undergoing conscious sedation during transfemoral TAVI. With an editorial by **Nico Bruining, Paul A. Cummins and Peter P.T. de Jaegere**, this pilot study shows virtual reality to be well tolerated and to reduce periprocedural anxiety significantly, even in very old and frail patients.

Interventions for hypertension and stroke are the subject of an article by **Sándor Nardai, István Szikora and colleagues**. They look at the clinical outcome of coronary stent implantation during endovascular treatment for patients with acute basilar artery occlusion with occlusion-underlying intracranial atherosclerotic stenosis. Results seem to point to the positive overall effect on functional recovery and survival of this procedure as compared to cases treated without coronary stents.

Next, we turn to **Wenzhi Pan, Daxin Zhou and colleagues** who offer a proposed indication for closure in atrial septal defect patients with pulmonary arterial hypertension. They looked to a mean pulmonary artery pressure of less than 35.0 mmHg as a predictor of a positive response in this clinical situation.

We end with an article by **Peter M. van Brussel, Bert-Jan H. van den Born and colleagues** updating the ongoing debate on revascularisation strategies for renal artery stenosis versus medical therapy alone. Can haemodynamic measurements such as renal flow reserve add critical information for optimum patient selection?

That's what we have for you this month. We hope you will find that this issue offers interesting and educational reading for your practice.