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IN THIS ISSUE OF EUROINTERVENTION

**Consensus on using cardiac computed tomography for planning coronary revascularisation; efficacy of early PCSK9 inhibitor treatment in primary PCI; ticagrelor monotherapy in PCI patients with prior CABG; complex PCI and the impact of different stent polymers; CTO-PCI and coronary collateral function; best care for MINOCA patients; and more**

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

I have no recollection of when EuroIntervention was first indexed on PubMed, but I can imagine the emotions of those who were then present and who received confirmation of acceptance. Being indexed on PubMed is a rite of passage, the symbolic moment when a journal can enter the race for the all-important Impact Factor, because if your articles don't appear in the results of a PubMed search, how can they ever be cited? And if they're not cited or mentioned, how and when can that first Impact Factor be generated?

This made sense at the time of the founding of the Journal, but today it is a little less important.

Our statistics tell us that more and more users come to our articles through Google, newsletters and social media. And speaking of social media, I am pleased to celebrate a small milestone reached by EuroIntervention a few weeks ago: the blue verification badge on Twitter.

Now, we all know that Twitter is in for big changes, and no one is sure how this will affect its overall popularity as a social media tool, but I'm still wondering about the meaning of this blue verification badge. Why would such an event be celebrated by the editorial office of EuroIntervention as though it were an unexpected success (and in a certain sense it is because the verification came 11 years after we opened the account)? But this blue badge finally means that the EuroIntervention Twitter account has been verified (@Eurointerventio, without the "n", as Twitter handles are a maximum of 15 characters) – further confirmation that this account really belongs to the Journal.

Our followers will say, "why is that important?", and that's a question I can't answer. That said, the accounts of NEJM, the Lancet, JACC and other journals like them are verified, and the blue badge next to their names has become something of a symbol of authority. And Twitter asked for so many forms of proof of our authority, and it took such a long time to verify them all, that, yes, I would say we have now proven that this blue badge indicates we are an authority in our field. For this, I have to thank not only those who work at EuroIntervention, but also most notably in this regard, our social media team led by Salvatore Brugaletta.

And, by the way, we recently hit our goal of 20,000 followers – another milestone that was unimaginable in the recent past.

But without articles, no tweets, right?

So, here are the articles, summarised as always in these opening pages.

In this issue we have an expert consensus from the Society of Cardiovascular Computed Tomography Coronary Interventions on the use of cardiac computed tomography angiography (CCTA) in the pre-procedural planning of coronary revascularisation. While CCTA has been long appreciated for its high diagnostic accuracy in the detection of coronary artery disease, it is mainly seen as useful in anatomic assessment. Today, however, authors **Daniele Andreini, Patrick W. Serruys and colleagues** note that recent technological advances with improvements in image quality and the reduction of radiation dosing make it an increasingly attractive choice in planning interventions themselves, with certain advantages over functional imaging that are discussed in this consensus document. Further, the development of stress myocardial perfusion imaging and fractional flow reserve derived from CCTA address the limitations of CCTA alone and show CCTA emerging as more than a diagnostic tool.

**Shamir R. Mehta, Matthew J. McQueen and colleagues** report on results from the EPIC STEMI trial which looked at ST-segment elevation myocardial infarction patients who received the proprotein convertase subtilisin/kexine 9 (PCSK9) inhibitor alirocumab before primary percutaneous coronary intervention (PCI). The primary outcome of this trial, low-density lipoprotein cholesterol reduction, was achieved in the group receiving early treatment, leading the authors to ask whether a strategy of early PCSK9 initiation followed by long-term therapy could provide reductions in major adverse cardiovascular events, with larger studies warranted. This article is accompanied by an editorial by **Deepak L. Bhatt**.

What are the results of ticagrelor therapy with or without aspirin in patients about to undergo PCI and who have previously been treated by coronary artery bypass grafting? To

answer this question, authors **Gennaro Sardella, Roxana Mehran and colleagues** studied data from the TWILIGHT trial. These data show that patients receiving ticagrelor monotherapy had a significant decrease in bleeding compared to those who received dual antiplatelet therapy, with both groups having similar rates of death, myocardial infarction, stroke and ischaemic outcomes. This article is accompanied by an editorial by **Jolanta M. Siller-Matula and Sigrid Sandner**.

In the next article, **Doyeon Hwang, Hyo-Soo Kim and colleagues** examined whether there was a difference in patient outcomes between drug-eluting stents (DES) made from either durable or biodegradable polymers. In this *post hoc* analysis of the HOST-REDUCE-POLYTECH-ACS trial, the authors determined that patient-oriented and device-oriented outcomes were similar between the two polymer groups and concluded that both types of DES have acceptable clinical outcomes in acute coronary syndrome patients undergoing complex or non-complex PCI.

Does the strategy employed in the successful recanalisation of chronic total occlusions (CTO) influence collateral function? In the next article, **Danielle C.J. Keulards, Grigoris V. Karamasis and colleagues** studied collateral flow in patients after successful CTO-PCI and at three-month follow-up, concluding that the significant reduction in collateral flow, which was observed over time, appeared to be independent of the recanalisation technique employed.

Concerning these same types of interventions, authors **Spyridon Kostantinis, Emmanouil Brilakis and colleagues** present a research correspondence offering a general view of CTO PCI today. Following an international group of patients and operators, the authors discuss the overall evolution of the techniques, outcomes, the trends over time and standardisation in CTO approaches.

Treating patients with MI who have non-obstructive coronary arteries (MINOCA) is challenging and results in complex outcomes that include, among others, an increased risk of mortality and angina burden. The mechanisms of MINOCA and its treatment, including the current standard of care, remain to be fully elucidated. The aim of the PROMISE trial, proposed here by authors **Rocco Antonio Montone, Filippo Crea and colleagues**, was to try to answer these questions, offering insights into the underlying causes and potential tailored therapies that could be best employed when treating MINOCA patients.

In peripheral interventions, **Thomas Zeller, Antonio Micari and colleagues** present the five-year results of the IN.PACT Global Study. This study assessed the use of the Admiral drug-coated balloon for the treatment of complex femoropopliteal peripheral arterial disease in a real-world setting with the long-term results showing the overall safety and effectiveness of the device. This article is accompanied by an editorial by **Eric A. Secemsky and Serge Korjian**.

And just before we turn to the articles, as this is our last publication in 2022, I would like to take a moment and thank all of you for the support you have shown for EuroIntervention over the last 12 months. As we enter the final weeks of the year, and the holiday season for many of us, I and the editorial staff of the Journal wish you all an excellent end to the year and look forward with great anticipation to what we will accomplish together in 2023.