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ESC Congress 2024 edition

The 2024 ESC Congress special edition with a state-of-the-art review on antithrombotic therapy in transcatheter structural heart intervention; concomitant LAAO and mitral transcatheter edge-to-edge repair; off-hours effects in STEMI and cardiogenic shock; new atrial fibrillation in ACS patients; ANOCA; antithrombotic treatment after LAAO; PFO closure in elderly patients; diagnostic accuracy of QFR; and more

Davide Capodanno, *Editor-in-Chief*

When discussing the Impact Factor, the primary consideration is the number alone and then the ranking that results from that. This year, we are particularly satisfied because – despite a downgrading for many international journals due to new rules implemented by Clarivate for its calculation of the Impact Factor – our journal has increased its score by 1.4 points, reaching a value of 7.6. More importantly, we have achieved the 21st position among all 221 cardiovascular journals worldwide, moving up 9 positions from last year's ranking.

There are many reasons to be pleased, but the Impact Factor is just a number, and I prefer to view it, more importantly, as serving as a key selection criterion for authors when they choose a journal for their submissions. Indeed, it is undeniable that a rising Impact Factor serves as an incentive for those seeking a leading journal for their articles, a fact which works perfectly with the direction that we desire for EuroIntervention, as our ambition is to become your first choice.

And why? Because we seek articles tailored to our Journal, that are aligned with the direction we have established over the years, which has now reached its full maturity. In this, our Journal aims not to merely echo topics that have already been written about and discussed at length, but to provide news, create debates, generate interest, facilitate learning and bring current issues of importance to the forefront.

I must admit that for some time now, assembling an issue that meets these expectations has become easier, which is due to the fact that we increasingly receive your first-choice submissions. This not only pleases us but also gives us a greater sense

of responsibility towards our community. Have we succeeded with this special edition which coincides with the European Society of Cardiology Congress? As always, we have put in our best efforts, but now it is up to you to decide. So, let's take a look at what we have to offer.

Authors **Paul Guedeney, Gilles Montalescot and colleagues** present a state-of-the-art review of antithrombotic therapy for transcatheter structural heart interventions. The authors summarise the current evidence, including sections on device-related thrombotic risk associated with different transcatheter structural heart interventions and a review of the existing guidelines on antithrombotic treatments and current trials, followed by a discussion of where the gaps in evidence lie today.

Moving on to original research articles, the question is posed whether weekend or evening admissions can have an Impact on the mortality of patients with ST-segment elevation myocardial infarction (STEMI) complicated by cardiogenic shock (CS)? Using the Japanese Impella registry, **Takahiro Suzuki, Atsushi Mizuno and colleagues** find that off-hours admissions are associated with an increase in all-cause mortality for STEMI-CS patients who are treated with mechanical circulatory support when compared to daytime admissions for this same type of patients. This article is accompanied by an editorial by **Thomas Engstrøm and Jasmine Melissa Madsen**.

Willem Lambertus (Wilbert) Bor, Jurrien M. ten Berg and colleagues then consider acute coronary syndrome (ACS) patients based on the presence of known, new-onset or no atrial fibrillation (AF) and how this AF affects their risk of major adverse cardiovascular events (MACE). ACS patients who developed new-onset AF demonstrated worse outcomes regarding MACE and ischaemic stroke than patients without or with known AF. Longer durations of AF also had worse outcomes than shorter durations. This article is accompanied by an editorial by **Tatjana Potpara**.

Continuing in original research, **Michel Zeitouni and colleagues** performed a head-to-head comparison of absolute coronary blood flow and microvascular resistance adaptations during exercise in humans suspected of having angina with non-obstructive coronary artery disease and then investigate the correlations between saline- or exercise-derived coronary flow reserve and microvascular resistance reserve. Patients with coronary microvascular dysfunction were found to have compromised coronary flow augmentation during physical exercise as well as during saline-induced hyperaemia, due to an impaired reduction of microvascular resistance. Saline-derived hyperaemia provided precise and reproducible data, proving to be a valid surrogate for exercise physiology, albeit in less granular detail.

As many patients undergoing left atrial appendage occlusion (LAAO) are at high bleeding risk, they require an optimised antithrombotic treatment regimen. Authors **Pablo Antúñez-Muiños, Ignacio Cruz-González and colleagues** compare the outcomes of two different antithrombotic regimens following LAAO in high bleeding risk patients. One set of patients received a simplified treatment regimen of single antiplatelet treatment (SAPT) or no treatment, and the other received a conventional treatment regimen. The simplified treatment seemed to be as effective as the conventional treatment with a potentially safer profile given the lower rate of major bleeding; this was especially notable in those patients with a history of major bleeding prior to the LAAO procedure. **Sameer Gafoor and Sidakpal Panaich** contribute an accompanying editorial.

Finally, **Julio I. Farjat-Pasos, Josep Rodés-Cabau and colleagues** examine the incidence and predictors of adverse clinical outcomes in patients over 60 years of age with cryptogenic thromboembolic events who undergo patent foramen ovale closure. Diabetes, atrial septal aneurysm and advanced age were associated with an increased risk of adverse events and may help in the clinical decision-making process for this subset of patients. This article is accompanied by an editorial by **David Hildick-Smith**.

And there is more in this special edition! A viewpoint by **Haitham Amin, Nooraldaem Yousif, and Thomas F. Lüscher** calling for action on the creation of sustainable catheterisation labs, with a discussion on how to reduce waste from cardiac procedures. There is a debate on the pros and cons of concomitant LAAO and mitral transcatheter edge-to-edge repair, with **Fabian Nietlispach and John G. Webb** presenting these as a logical interventional extension of the guideline-recommended surgical approach that can lower postprocedural stroke and bleeding risk and **Ole De Backer** agreeing that the rationale is strong from a surgical point of view, but he argues that a staged approach is more suited to the interventional setting, given the range of potential procedural and practical complications that can arise. There is also a research correspondence by **Andrea Milzi, Marco Valgimigli and colleagues** comparing the diagnostic accuracy of quantitative flow ratio in patients with arrhythmias against wire-based physiology indices; a flashlight article by **Ali Husain, John G. Webb and colleagues** exposing their use of the “double-tap” post-dilatation technique in a case where it was essential to minimise the risk of annular injury; and our traditional EAPCI Presidential “criss-cross” column, with thoughts from outgoing President **Emanuele Barbato** and incoming President **Alaide Chieffo**.

We think you will find an article among these of specific interest to you. So, why not join us now and discover for yourselves – here or online.