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## **EuroIntervention: the dawn of a new era**

**A state-of-the-art on inflammation in atherosclerosis; a minifocus on robotics in coronary revascularisation; ultrasound-guided transfemoral access; the ROTA-CUT trial; the ACURATE *neo2* Post Market Clinical Follow Up Study; Evolut PRO vs SAPIEN 3; QFR to predict post-PCI coronary events; and more**

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

**W**e're very pleased to present the first issue of EuroIntervention in 2024, this long-awaited moment when we can finally share the developments we have been diligently preparing over the past few months. The primary – and most noticeable – transformation concerns the graphic design of our Journal, where we have worked to make each page lighter and brighter, ensuring clarity in the articles and improving text readability. Those attentive to detail will observe changes in colour selection and overall formatting. Our objective was to modernise the Journal's appearance while maintaining our recognisable identity. We sincerely hope you will appreciate this new look as much as we do.

Another significant update pertains to the publication frequency of EuroIntervention. From this point forward, we will be published online every two weeks. This decision will result in issues that are more streamlined, with increased relevance, timeliness, and visibility for each article. The intention is clear: to prevent your favourite articles from getting lost amid a vast array of content. This commitment is shared with our authors and readers, and we trust that you will welcome this new direction.

Consistent with this strategy, we have decided, as previously announced, to discontinue the practice of "ahead of print". Articles will still be promptly published, with each new issue of EuroIntervention becoming an "event", rich with totally novel content. Exceptions will be made for simultaneous publications and articles of particular impact, which may still enjoy early release.

The structure of these introductory pages will also undergo changes, transforming into a more concise summary of the Journal's content. While the new EuroIntervention is primarily a digital journal, each year, four issues will continue to be printed and these will

be special editions. The current issue is one of them; as such, it is more extensive and content rich, with details about what it holds following my opening remarks as we have been doing up till now.

Before concluding, I would like to remind you of the important and annual rendezvous that follows this introduction: the page dedicated to the performance (and statistics!) of our silent heroes – the reviewers.

Thank you all for being with us in this new era of EuroIntervention. We have only just begun.

Let's start this New Year's edition with what could be considered the beginning: atherosclerosis. **Ron Waksman, Italo Porto and colleagues** offer us a state-of-the-art on one of the main underlying causes of cardiovascular disease. This review explores the current understanding of mechanisms of inflammation, its biomarkers, the available therapeutic options – both lifestyle-related and pharmacological – as well as clinical trials past and present and advancements that are on the horizon.

We then turn to the first of the two articles in our minifocus on robotics in coronary revascularisation. **Aleksander Dokollari, Gianluca Torregrossa and colleagues** report on their centre's 15-year clinical experience in robotic-assisted surgical coronary artery bypass grafting using hybrid coronary revascularisation, that is, left internal thoracic artery to left anterior descending anastomosis, followed by percutaneous coronary intervention (PCI) treatment with drug-eluting stents. **Mario Gaudino and Sigrid Sandner** scrutinise the pros and cons of robotic-assisted CABG in an accompanying editorial.

Next, **Benjamin Bay, Fabian J. Brunner and colleagues** compare the procedural characteristics and one-year outcomes of manual PCI versus robotic-assisted PCI (rPCI) using the second-generation CorPath GRX Vascular Robotic System. The study included patients with chronic coronary syndrome and non-ST-segment elevation myocardial infarction and rPCI proved to be an efficacious and safe treatment option, even in complex lesions. In an accompanying editorial, **Eric Durand and H el ene Eltchaninoff** discuss the current conditions in which rPCI is trying to advance.

Turning to interventions for valvular disease and heart failure, the implementation of ultrasound (US)-guided transfemoral access (TFA) has been slow, and the existing trial data have been underpowered. **Marc-Andr e d'Entremont, Sanjit S. Jolly and colleagues** have pooled the data from four randomised controlled trials in this individual participant-level data meta-analysis and determined that US-guided TFA versus non-US-guided TFA is associated with a decreased risk of major vascular complications or major bleeding. In an accompanying editorial, **Giuseppe Gargiulo and Daniele Giacoppo** praise the work done by the authors and look at the new research avenues that are opened by it.

**Samin K. Sharma, Jeffrey W. Moses and colleagues** investigate whether stent expansion is better optimised by combining rotational atherectomy with cutting balloon angioplasty or with rotational atherectomy followed by non-compliant balloon angioplasty in the ROTA-CUT randomised trial. The non-significant between-group differences in the primary and secondary endpoints of minimum stent area and in-segment minimum lumen area and stent expansion, in addition to similar 30-day clinical outcomes, lead the authors to conclude that rotational atherectomy followed by cutting balloon angioplasty is safe. **Kambis Mashayekhi and Sven Moos** consider the potential impact of this study in an accompanying editorial.

**Won-Keun Kim, Corrado Tamburino and colleagues** present the 1-year results of the ACURATE *neo2* Post Market Clinical Follow up Study. The patients with aortic stenosis undergoing transfemoral TAVI enrolled in this trial had good clinical and haemodynamic outcomes, as well as low rates of new pacemaker implantation, reintervention and rehospitalisation. The results confirm the safety and efficacy of the ACURATE *neo2*. **Stephan Windecker and Daijiro Tomii** contribute an editorial on the past and future of the ACURATE *neo2*.

**Giuliano Costa, Marco Barbanti and colleagues** assess the one-year clinical outcomes of a comparison of the Evolut PRO/PRO+ and the SAPIEN 3 Ultra. The study's endpoints included one-year all-cause death, rehospitalisation and disabling stroke, and they also investigated differences in specific challenging anatomical subsets for which one platform is thought to outperform the other. Although the results were comparable for most endpoints, the Evolut PRO had higher rates of disabling stroke, notably within the first 30 days post-procedure.

In a research correspondence, **Shigetaka Kageyama, Patrick W. Serruys and colleagues** perform a vessel-based analysis of the ongoing multivessel TALENT trial, in an effort to understand whether pre-PCI quantitative flow ratio values can positively predict coronary events post-PCI.

Also, don't miss this issue's fascinating debate in which our invited authors dissect the role of observational studies in evidence-based medicine. While **Philippe Gabriel Steg and Laurent J. Feldman** accept that observational studies are an integral part of the research landscape, they walk us through instances where the results of randomised controlled trials and observational studies have conflicted with one another and why, in their opinion, the advancement of cardiology has been driven primarily by randomised controlled trials. **Elmir Omerovic** argues that evidence-based medicine needs both for balance and that, if their relative strengths and weaknesses are taken into account, they can be complementary.

And now, before turning to the articles themselves, let's celebrate those unsung heroes – our reviewers!