

## Every month, and everywhere, EuroIntervention

Patrick W. Serruys, Editor-in-Chief

Dear colleagues,

The year has begun, and while I am not one for using a crystal ball to see into the future, there is one prediction I am sure will be true in the upcoming months, and that is that we will be spending a lot more time together! Faced with increasing submissions of quality papers, the editorial board of EuroIntervention has committed itself, along with our publishers, to become a monthly journal beginning with this issue. While we are all excited about this, we remain profoundly aware of the responsibility that it brings: to insure not simply an abundance of pages, but above all quality and pertinence... the same level of excellence and usefulness that has marked our adventure from the start.

### Not just monthly

EuroIntervention is a monthly publication, yes, but that in no way will prevent us from focusing on specific issues that merit their own special supplements, and it is with great pleasure we present in addition to our regular journal, the Bifurcation Supplement. Regular readers of EuroIntervention will not be surprised, we have had a long and close collaboration with the members of the European Bifurcation Club; many of their articles have been printed in these pages. Their work, like that born out of our close collaboration with the EAPCI, allows for a profound analysis of complex problems as they are experienced in real practice - throughout Europe and the world. In collaboration with the European Bifurcation Club, and with the much appreciated guest editorship of Thierry Lefèvre, Yves Louvard and Robert-Jan van Geuns, we are able to provide an overview in this supplement of the problems involved in bifurcations, showing their possible resolution while summarising current techniques in use today. We are sure you will find this interesting.

### Within these pages

But here in this new issue which begins a new year we have chosen to revisit – in-depth – an old innovative therapy that attracted so much attention when it was first introduced, brachytherapy. Brachytherapy (VBT) was the first technology shown to have an effect on the prevention of restenosis, as well as the treatment of in-stent restenosis. As Ron Waksman says in his editorial “Old is replaced with new and each technology has its own clinical lifespan. VBT was a breakthrough in interventional cardiology and played a significant role at a time when there was an unmet need for ISR treatment. The technology was superior to the existing treatment at the time and contributed to the development and understanding of DES technology, which was found to be more efficacious and easier in use.” Looking at brachytherapy today, Georgios Sianos et al presents eight-year clinical outcomes after radioactive stent implantation showing that, though there is “treatment failure” it is without “irreversible long-term clinical sequelae”. Marcus Wiemer and colleagues explore recent trials showing drug-eluting stents to be superior to VBT for the treatment of in-stent restenosis (ISR) and Jin M. Cheng et al offers us a controlled ten-year follow-up study on late outcomes after intracoronary beta radiation brachytherapy.

One technological field which is in constant evolution is imaging, and this current edition of EuroIntervention showcases several articles about these techniques. A randomised trial, MICASA, using biochemical markers and cardiac magnetic resonance imaging (MRI) is presented by William J. van Gaal et al. David Pesenti-Rossi and colleagues ask whether the analysis of coronary aorto-ostial stenosis by multislice computed tomography (MSCT) is the “new tool for percutaneous coronary interventions”, while Steve Ramcharitar et al looks at the feasibility and safety of magnetic navigation in chronic coronary occlusions.

There is an expert review by Gastón A. Rodríguez-Granillo et al discussing the potential application of computed tomography coronary angiography (CTCA) for the guidance of PCI, particularly in complex lesions such as chronic total occlusions and bifurcations, an overview of invasive (IVUS) and non-invasive angiography.

Our acclaimed “Tools & Techniques” section is honoured by the contribution of two of the key European and international leaders in their field, who committed to education, offer an educational - “hands-on” approach to the hot topic of TAVI....Jean-Claude Laborde in the UK, Alec Vahanian in France. This publication is all the more timely with the new VARC definitions soon in press through the efforts of myself and Martin Leon.

“How Should I Treat?” sees Daniel B. McKenzie asking “How should I treat severe coronary artery calcification when it is not possible to dilate a balloon or deliver a RotaWire™?” with expert opinions by Azriel B. Osherov, Bradley H. Strauss and Johannes B. Dahm. The responses – and the solution – are as always fascinating, allowing us an inside look into laser therapy, which like brachytherapy before it, is now a less popular and difficult therapeutic choice...except when performed by seasoned experts.

### International and universal

This is indeed a busy month, and besides our journal, we will be seeing many of you in Singapore January 13 to 15 at what has become a unique venue for the exchange of interventional knowledge in the Asian Pacific region, AsiaPCR, Singapore Live. It is directed by Tian Hai Koh of Singapore and Jean Marco, assisted by many Asian as well as European leaders such as Terrence Chua, Eric Eeckhout, Jean Fajadet, Soo Teik Lim, Shigeru Saito, Bien Soo Tan. The programme committee is comprised of Jun-Jack Cheng from Taiwan, Rosli Mohd Ali of Malaysia, Sunarya Soerianata from Indonesia and Do Quang Huan of Vietnam. I will be there as co-director and know that the perspective gained by attending this type of course is essential in advancing our work.

In the upcoming year, whether we meet in these pages, or participate together in the myriad of courses, supplements and associations that have come to characterise our endeavour, I would like to take this opportunity to wish all of you the very best in the upcoming 12 months. I know we are in for a year of vast developments as we continue to evolve our practice... and I know, as we multiply our encounters and commit ourselves constantly to the highest standards that we can only continue to improve the quality of care for all.