

**MAY 2020**

**Volume 16, Issue 1**

IN THIS ISSUE OF EUROINTERVENTION

## **Left main revascularisation in high-risk patient and lesion scenarios, a tale of the SYNTAX score, annulus rupture after TAVI, safety of renal denervation, and the new Editorial Board**

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

When a new Editor takes over a journal, two types of editorial initiative can be implemented: one appears on the cover and in the pages that follow; the second occurs behind the scenes. The cover itself represents a thin and symbolic layer that separates the reader from the numerous processes that come together making EuroIntervention what it is today. Putting together an issue involves selecting its contents, which is the role of the Editorial Team with the generous aid of hundreds of reviewers, and generating the final layout, which is the task of the production team. In the May issue – a month the PCR community holds dear – we introduce the new EuroIntervention **Editorial Board** (a detailed list of the Editorial Board of EuroIntervention can be found at <https://eurointervention.pcronline.com/pages/editorial-team>). The careful reader will notice many changes, not only in the people involved, in keeping with the normal rotation that can be expected at a time of transition, but also in structure and roles. Firstly, I am happy to announce the entry of **Rasha Al-Lamee** and **Nieves Gonzalo** into the **Deputy Editors** team. The first weeks of working together have already given everyone on the Board more than a taste of their vision, talent and know-how. Together with **Robert Byrne**, **Darren Mylotte** and **Lars S ndergaard**, they will represent the asset of the EuroIntervention we have in mind<sup>1</sup>, in the spirit of continuity and renewal.

We will have the opportunity to talk about changes on the cover and the content that follows at a later date. Meanwhile, behind the scenes, there has been intense scrutiny and reorganisation of editorial positions and tasks. For several months, the Editorial Team has carefully selected and appointed a number of **Section Editors** based on their profiles, statistics and performance for the Journal. Section Editors are responsible for aiding the Board in reaching informed decisions and for providing authors with well-reasoned evaluations of their work. The new article transmission belt – from the Deputy Editor to the Section Editor to reviewers and vice versa – will guarantee various levels of assessment, to guide the final collegial decision during our reshaped Editorial Board meeting. This method, in keeping with the highest standards of major journals in the cardiology field, is intended to streamline the workflow without penalising the final duration of the review turnaround. Please be assured that we will always try to shorten and contain the review time thanks to the tireless work of our Editorial Office led by the Managing Editor **Sylvie Lhoste** – but not so much as to impoverish the overall quality of the process, which is our greatest priority.

In the first few months of 2020, we have received more submissions than in the same period of 2019, and we had to readjust the reject upfront and acceptance rates accordingly. Although EuroIntervention is raising its bar, we do not intend to lose sight of the legitimate expectation of the authors of papers entered in the external peer-review process, who wish to receive useful comments to improve their product, even when it is rejected. As such, the Journal features a brand new list of selected **Editorial Consultants**, representing a variety of backgrounds, experience and talents. We are truly grateful for the affinity and loyalty they have shown to EuroIntervention by accepting our invitation to collaborate and share knowledge and passion in the interests of our authors and readers. A further layer we added to the current structure concerns the **Advisory Editors**, an irreplaceable reference point for fostering strategies and understanding trends in the field of interventions for heart disease. Among people listed in this category, you will recognise companions and leaders dear to the interventional and surgical community, because there is no bright future for a journal without the perspective and wise reflection that only experienced and visionary individuals can provide as added value. Last but not least, of course, some consolidations and turnovers in key Journal positions: **Franz-Joseph Neumann**, our new, respected **Guest Editor**, a new **Statistical Board**, a dynamic **Social Media Team**, and the newly introduced **Ethics Committee**. There are so many new concepts and new faces that I don't want to take away the pleasure of your discovering them for yourself.

Also, importantly, I do not want to go on to the point of no longer having space to present the articles in this issue. In fact, beyond internal reorganisation, contents remain the most important aspect to voice the Journal's ambition of quality and service to the readers. In the Coronary Interventions section, this issue features a mini-focus on left main coronary artery disease. In a study from **Dae-Won Kim, Duk-Woo Park and colleagues**, the

2-year outcomes of 4,894 patients undergoing revascularisation by PCI or CABG were stratified by level of renal insufficiency. After adjustment for baseline confounders, the authors found an 88% higher risk of events for one of the two revascularisation strategies in patients with severe renal dysfunction (discover which one by reading the study and the accompanying editorial by **Gennaro Giustino**). Another study by **Daniel Thuijs, A. Pieter Kappetein and colleagues** assessed the predictive performance of STS risk models for periprocedural mortality, stroke and renal failure in CABG or PCI patients with left main coronary artery disease from the EXCEL trial. This study is accompanied by an editorial by **Philippe Genereux**. If you are passionate about prognostic stratification in left main disease, then you will also find it interesting to read a two-part review of the history and evolution of the SYNTAX score, first authored by one of its creators, our Editor Emeritus **Patrick W. Serruys**. An exciting journey, from the premises of the creation of the score up to the promises of artificial intelligence. To close this left main mini-focus, we acknowledge the increasing use of intravascular lithotripsy in cath lab practice with a multicentre series of lesion preparation for calcific distal left main disease from **Claudia S. Cosgrove, James C. Spratt and colleagues**.

In the section on Interventions for Valvular Heart Disease and Heart Failure, this issue features the international multicentre ENCORE registry from **Philipp Breitbart, Philipp Ruile and colleagues**, summarising the long-term clinical and computed tomography outcomes of patients with asymptomatic contained annulus ruptures after TAVI, and supporting the principle of a watch-and-wait strategy when these complications occur. The article is accompanied by a pleasant “case-based” editorial by **Fabian Nietlispach**. In the section on Interventions for Hypertension, **Raymond R. Townsend, Giuseppe Mancina and colleagues** estimated the rate of renal artery adverse events following percutaneous renal denervation with the most commonly applied radiofrequency catheter system in a meta-analysis of 50 trials including 5,769 subjects with 10,249 patient-years of follow-up. A reference article to understand where we are with safety in this field, with an accompanying editorial by **Felix Mahfoud**.

I cannot close this summary without mentioning the interesting survey on radiation protection measures and sex distribution promoted by the Women Committee of EAPCI. We took advantage of this publication to invite some leaders of the **Women As One** group to write a commentary and tell us more about this initiative aimed at enriching the global pool of talent in medicine.

That's all for this particular May issue in the midst of the COVID-19 pandemic. As always, please share your comments and suggestions on how we can improve your experience with the Journal. On behalf of the new EuroIntervention Board, I wish you a good read.

## Reference

1. Capodanno D. EuroIntervention: moving forward. *EuroIntervention*. 2020;15:e1299-300.