

JULY 2026

VOLUME 22, Issue 14

P2Y₁₂ inhibitor monotherapy after complex PCI; ticagrelor monotherapy in STEMI; endotype-based treatment in ANOCA; vasomotor dysfunction after PCI; collapse of a new-generation magnesium scaffold; and more

This issue of EuroIntervention shares some of the most thoughtful and exciting research from EuroPCR 2026 for your summer reading pleasure.

P2Y₁₂ inhibitor monotherapy after complex PCI

In a *post hoc* analysis of the NEO-MINDSET trial, **Guy F.A. Prado, Pedro Alves Lemos Neto and colleagues** examine whether percutaneous coronary intervention (PCI) complexity impacts the treatment effects of dual antiplatelet therapy versus an aspirin-free strategy with potent P2Y₁₂ inhibitor monotherapy in patients with acute coronary syndrome. **Raffaele Piccolo and Antonio Pio Vitale** discuss the outcomes in an accompanying editorial.

[See page e765](#)

Endotype-based treatment in ANOCA

Jacopo Farina, Salvatore Brugaletta and colleagues evaluate the real-world impact of using invasive coronary functional testing in patients with angina with non-obstructive coronary arteries (ANOCA) to identify their ANOCA endotype and subsequently guide the antianginal treatment strategy. Patients were classified into six endotypes with a primary endpoint of a ≥ 5 -point improvement on the 7-item Seattle Angina Questionnaire. **Rocco A. Montone** comments on the role of this study in future ANOCA research in an accompanying editorial.

[See page e784](#)

Ticagrelor monotherapy in STEMI

In STOP-IMH, **Bahram Yosofi, Peter Damman and colleagues** compare the one-year clinical outcomes of ticagrelor plus aspirin versus ticagrelor monotherapy after primary PCI in ST-segment elevation myocardial infarction (STEMI) patients. Additionally, they conducted a cardiac magnetic resonance imaging substudy in patients with anterior infarction to compare intramyocardial haemorrhage and infarct size. This article is accompanied by an editorial from **Valeria Paradies and Giandomenico Mancini**.

[See page e773](#)

Also in this issue

Caia Crooijmans, Peter Damman and colleagues investigate vasomotor dysfunction in patients with residual or recurrent angina after PCI.

[See page e795](#)