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IN THIS ISSUE OF EUROINTERVENTION

Part 2 of the consensus document of the European Bifurcation Club; one-month DAPT after PCI depending on clinical presentation; deferred or no-stenting in patients with STEMI; ARC high bleeding risk criteria and TAVI; hospitalisation for heart failure in the MITRA-FR trial; and more

Davide Capodanno, *Editor-in-Chief*

This issue of the Journal precedes the annual congress of the European Society of Cardiology (ESC), which is back in person after the recent pause of a couple of years caused by the pandemic (the pandemic, is, by the way, still here with us).

It is good news for our discipline that the ESC conference machine is moving again. And it is also good news for EuroIntervention, which is not only the official journal of EuroPCR but also of the EAPCI, one of the largest associations within the ESC. In this regard, we resume a nice tradition in the current edition of the Journal: presenting you a transitional "criss-cross" editorial co-written by the new President of the EAPCI, **Emanuele Barbato**, along with the outgoing President, **Dariusz Dudek**. Here, the present and future of the Association are unveiled in a special preview for our readers. And this article is the perfect moment to offer our best wishes to the incoming President, and to thank the Past President for his close collaboration with our Journal during his two-year term.

I am also pleased to announce that this year EuroIntervention will also be releasing a simultaneous publication with an ESC Congress scientific presentation. This is an event that often happens in conjunction with EuroPCR and has recently occurred in conjunction with the North American congresses ACC and TVT, as well.

I always recommend that you look at our Ahead of Print papers, which represent an increasingly important concept for us, giving you the best and the latest in the shortest possible time. Our production machine is increasingly able to manage the tight timelines required by large international congresses for simultaneous publications. We appreciate the requests of the authors who ask us to coordinate these activities for articles that pass the peer-review phase and are finally accepted for publication.

That said, let's see what this ESC edition of EuroIntervention has in store for you.

We begin, naturally, where we left off in the last issue, with the second part of the highly anticipated expert consensus of the European Bifurcation Club (EBC). In this article, authors **Jens Flensted Lassen, Goran Stankovic and colleagues** offer a step-by-step approach for the implantation of a second stent, using either the provisional stenting strategy or two-stent techniques. The EBC consensus underlines the importance of stepwise layered provisional stenting as the recommended strategy in treating coronary bifurcation lesions, noting that it is the basis for keeping the procedure simple while using the least number of stents. The authors provide information not only on the latest and most accepted techniques, but also review the pitfalls and technical troubleshooting issues that arise during the implantation of a second stent. Future directions in treatment and training are discussed as well.

In Coronary Interventions, **Yong-Joon Lee, Jung-Sun Kim and colleagues** study the results of a dual antiplatelet therapy (DAPT) regimen comprised of one-month DAPT followed by aspirin monotherapy in patients undergoing percutaneous coronary intervention (PCI) using polymer-free drug-coated stents. The One-Month DAPT trial compared these patients with others who received 6 to 12 months of DAPT followed by aspirin monotherapy after implantation of a biodegradable polymer drug-eluting stent. The authors concluded that one-month DAPT followed by aspirin monotherapy may be safe in patients with stable coronary artery disease (CAD), but not in those with acute coronary syndromes (ACS). Indeed, they found that the one-month regimen offered lower rates of ischaemic and bleeding risks/outcomes for patients with stable CAD but had similar outcomes if the patient had ACS. This article is accompanied by an editorial by **Piera Capranzano**.

Could no-stenting or deferred stenting be an option when treating ST-segment elevation myocardial infarctions (STEMI)? This question is asked by **Jasmine Melissa Madsen, Jacob Thomsen Lønborg and colleagues** in the next article where the outcomes of hundreds of STEMI patients who were treated by PCI – with and without stenting – are compared. They found that in STEMI patients where stenting was deferred, and who were seen to

have stable flow after initial PCI and no significant residual stenosis, the results were comparable to event rates in patients treated with immediate stenting. This leads to further clinical reflection on the use of a no-stenting approach in treating STEMI. This article is accompanied by an editorial by **Haibo Jia and Luping He**.

The TALENT trial was designed to compare the Supraflex and XIENCE stents and authors **Robbert J. de Winter, Patrick W. Serruys and colleagues** present the trial's 3-year outcomes. They looked at a device-oriented composite endpoint of cardiac death, target vessel myocardial infarction, and clinically indicated target lesion revascularisation and found that rates were similar between the two stents. Based on these results, according to the authors, the Supraflex device is a viable alternative to other ultrathin strut stents used in PCI.

In Interventions for Valvular Disease, authors **Philippe Garot and colleagues** discuss high bleeding risk conditions as determined by the Academic Research Consortium – High Bleeding Risk (ARC-HBR) initiative in relation to transcatheter aortic valve implantation (TAVI). While it is accepted that bleeding risk is higher in patients undergoing TAVI when compared to the average population receiving PCI (e.g., due to differences in the age and frailty of the TAVI population), when studying data from the SCOPE 2 trial, it was clear that the ARC-HBR definitions failed to take this adequately into account. There is then an unmet need that specific HBR criteria be developed to better define the risks in these TAVI patients. This article is accompanied by an editorial by **Mitchell W. Krucoff, Davide Cao and Roxana Mehran**.

Continuing with Interventions for Valvular Disease and Heart Failure, authors **Guillaume Leurent, Jean-François Obadia and colleagues** use data from the MITRA-FR trial to investigate a possible reduction in heart failure with transcatheter edge-to-edge mitral valve repair. The authors looked at patients at 12 months who were free from hospitalisation for heart failure and who had been randomised to either treatment by transcatheter repair or guideline-directed medical therapy. Patients treated with transcatheter repair compared to patients treated with medical therapy alone had lower rates of hospitalisation, but this was not statistically significant. However, the authors believe these results could encourage further research into the potential benefits of transcatheter repair to improve the secondary mitral regurgitation as well as identifying the patients in which this approach would be most effective.

Besides the EAPCI Presidential "criss-cross" and the editorials we mentioned earlier, there is also a "viewpoint" editorial in this issue by **Francesco Pelliccia and Giampaolo Niccoli** on the use of low-dose fibrinolysis during primary PCI to prevent no-reflow. This, along with so much more, awaits you.

So now it's the turn of the articles to speak for themselves.