

AUGUST 2024**VOLUME 20, Issue 15**

The 18th EBC consensus document; morphofunctional assessment in ACS patients; OCT-guided PCI in STEMI patients; a debate on bivalirudin; the A-Flux – a self-expanding coronary sinus reducer; 5-year outcomes of the ACURATE neo AS study; news from the EAPCI; and more

Our Journal has existed for many years and has witnessed so much of the evolution of our field. From changes in techniques and widening indications to the development of new devices, we are not simply observers but participate directly through our carefully selected peer-reviewed articles. An excellent example of this are the consensus documents of the European Bifurcation Club which, upon acceptance, use our Journal as a forum for their reflections and expertise. Join us and see what the present – and future – hold for interventional cardiology.

18th EBC consensus on bifurcation

Francesco Burzotta, Goran Stankovic and colleagues present the 18th consensus document from the European Bifurcation Club (EBC). This year's focus is on the optimisation of angiography-guided percutaneous coronary interventions (PCI) for coronary bifurcation lesions. After an exploration of pre-PCI analysis of imaging, they present a review of the technical steps implicated in individual techniques, including discussions on stent selection, stent deployment and procedural complications.

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Morphofunctional assessment in ACS patients

In this article, we explore the clinical utility of combining morphological and physiological assessments to assist the risk stratification of acute coronary syndrome patients. Authors **Yuto Osumi, Hiromasa Otake and colleagues** found that the use of post-PCI quantitative flow ratio (QFR) and the Δ QFR in the non-culprit segment in addition to optical coherence tomography (OCT) improved the identification of patients at an increased risk of target vessel failure after PCI.

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OCT-guided PCI in STEMI patients

Luping He, Bo Yu and colleagues investigate how OCT may influence reperfusion strategies in ST-segment elevation myocardial infarction (STEMI) patients undergoing primary PCI. Compared to an angiography-alone strategy, OCT-guided PCI was associated with a reduction in long-term mortality as well as a shift in the decision-making process.

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