

## Editorial



**From Editor-in-Chief: Concluding year 2020, struck by pandemics, a glimpse of hope to end it, many we need to thank; important news, our performance and few words on subordination**

Dear readers,

We spent the 2020 year in extreme conditions of pandemics that we tried to cover in our publications also (1, 2). The breakthrough steps in its diagnosis and progress in management (3-7) have been taken since the first 1<sup>st</sup> news on SARS-2 COVID-19; and recently marked by important developments in prevention (8-11).

The convalescent plasma and neutralizing antibodies cocktail have been recently authorized for use by FDA (3, 4) and neutralizing antibodies cocktail is recommended now (bamlanivimab or casirivumab plus imdevimab) by NIH (5). Remdesevir use is narrowed now with recommendation only for those on supplemental oxygen without requirement for invasive mechanical ventilation or ECMO by NIH guidelines (5). WHO announced weak recommendation against remdesevir because it has no benefit on mortality, or need for mechanical ventilation in WHO SOLIDARITY trial (6, 7). Dexamethazone preserves its place in management of patients with COVID and need for oxygen therapy (5, 6). The latter one plus individualized care (also prevention of complications) seems to working as many on field physicians acknowledge per availability in many countries. Evidence on treatment options emerges frequently.

Several vaccines, a glimpse of hope to end the war on pandemics are available now with varying efficacy of 62.1%-95% - Moderna, Pfizer-Biointech, Astra Zeneca and Sputnik V as the result of a remarkable work of

scientists, medical community and industry and all who supported this effort (8-11). Vaccination has already started in several countries. Many emphasize the need to keep masking, distancing, avoiding crowded places or gatherings, and hygiene, as we need to live through the 2<sup>nd</sup> – 3<sup>rd</sup> raise in cases worldwide and while awaiting the mass vaccination.

Our colleagues – healthcare and frontline workers continue contracting virus. We lost so many colleagues, healthcare workers and frontline workers, volunteers and medical students - we pay tribute for them.

I should write here in more details about volunteers, who at the peak of pandemics, when healthcare was strained, experiencing the shortages in ambulances, oxygen concentrators and other supplies, they rushed for help with donations, or just re-purposing their cars as ambulances, and assisting in delivering necessary aid, oxygen concentrators to people who could not make to hospital or fell breathless on streets – they used logos of “supermen” or “superwomen” announcing their numbers and contact details; organizing support for medical workers, delivering food etc. I should also acknowledge with gratitude medical students, who are needed again in hospitals to provide care for patients as our colleagues in countries experiencing 2<sup>nd</sup> raise have shared recently. In our country, many sophomore students volunteered to work, though they were sent back home by their deans, who considered them too young. They worked shoulder- to- shoulder with nurses, residents and physicians.

---

**Address for Correspondence:** Gulmira Kudaiberdieva, Heart, Vessels and Transplantation,  
Email: editor@hvt-journal.com

**Received:** 09.12.2020 **Accepted:** 10.12.2020

**Copyright ©2020 Heart, Vessels and Transplantation**

**doi: 10.24969/hvt.2020.229**

We should thank physicians, nurses, technicians, all healthcare workers for the outstanding work and dedication, scientists and all medical community for crowdsourcing as I already wrote before, but should also emphasize the role of media and journalists being on frontline of information and on field as well, digging up the advancements in science and medical news, sharing it, pointing to places that need help, aid first, or bringing to world and community attention the weakest links, that should be dealt with. We should thank all who works on frontline to sustain the public measures during pandemics and sustaining the production, supply and delivery of basic need and our safety.

And this collaboration across many should continue, until the virus is contained.. with hope in 2021. And as we all observed and know now, query of scientists, medical workers and everybody for better healthcare policies, support of science and healthcare can make a difference, affect people's choices and provide confidence for free markets.

We continue working as professional communities and the another important meeting just finished – AHA 2021. We have few important updates on trials presented during this virtual congress – RIVER, TIPS-3, PIONEER III trial, SEARCH-AF trial, EARLY-AF, SAMSON, GALACTIC HF etc. Interesting study was presented by Yusuf et al. (12) on potential use of polypill with multiple hypotensive drugs and lipid lowering drug plus aspirin in patients with intermediate cardiovascular risk that may increase adherence to therapy and reduce primary outcomes, effect which become significant after addition of aspirin. It demonstrated that use of aspirin plus polypill (atenolol, simvastatin, hydrochlorothiazide, ramipril) in patients with high INTERHEART risk score but without cardiovascular disease resulted in 31% reduction (HR- 0.69, 95%CI- 0.50-0.97) of primary outcome (myocardial infarction, stroke, heart failure, revascularization) during 5-year follow up in polypill+aspirin group as compared to placebo. There was also the decrease in low-density lipoprotein and blood pressure levels. Use of only polypill without aspirin or aspirin alone had wider confidence intervals and borderline significance in reduction of primary outcomes. RIVER trial (13) demonstrated that use of rivaroxaban was comparable to warfarin in patients with bioprosthetic heart valves and atrial fibrillation in terms of death, major cardiovascular events and bleeding, with lower rate of

stroke in rivaroxaban group during 12 months of follow-up – adding more evidence for knowledge on use of DOACs in patients with valvular AF and bioprosthetic valves.

The new guideline of management of patients hypertrophic cardiomyopathy is available now, with updates on diagnosis and management - genetic and family screening, surgery and catheter interventions (14).

For the journal we finishing the year 2020 with expansion of our board – we have new editors from USA, Brazil, Germany, Italy and Kyrgyzstan; the diverse number of reviewers and editors participated in peer-review from 23 countries –Australia, Austria, Bangladesh, Belgium, Brazil, Canada, France, Germany, Greece, India, Italy, Kazakhstan, Kyrgyzstan, Monaco, Romania, Russia, Slovakia, Switzerland, Turkey, UAE, UK, Ukraine, USA; and authors from 14 countries: Australia, France, Greece, India, Italy, Kazakhstan, Kyrgyzstan, Mexico, Monaco, Poland Turkey, UK, Ukraine, and USA. We covered topics with multidisciplinary approach - cardiovascular surgery, cardiology, interventional cardiology, cardiovascular imaging, arrhythmias electrophysiology, and relevant disciplines general surgery, internal medicine, infectious diseases, public health, epidemiology, radiology, sports medicine, pulmonology and high altitude medicine, research education, biomedical publishing and pandemics. The most downloaded articles published in 2020 are presented in the Table 1.

We successfully organized the IRIS research school online with participants and faculty (our editors) from Australia, Kazakhstan, Kyrgyzstan, Slovakia, Ukraine and USA. We will continue education activities in 2021.

A few final words on subordination in biomedical publishing – specifically in our journal. As an editor I have an impression that authors still experiencing difficulties and some hesitation in conducting scientific discussion, responding to reviewers and editors. That is why we would like to support the freedom of expression by our authors, so they can freely express their thoughts and opinions, and conduct debates without subordination. That is why we do not disclose titles of our esteemed editors and reviewers and authors on the website and in print version of journal and in personal communications.

**Table 1. The most downloaded articles published in 2020 (data by December 2020)**

Year	Issue	Title	Doi	Downloads	Reads
2020	Vol 4; Issue 1	<a href="#">The risk of type 2 diabetes in the native population of highlands Aksay of Kyrgyzstan</a>	10.24969/hvt.2020.181	815	1319
2020	Vol 4; Issue 1	<a href="#">Right ventricular strain</a>	10.24969/hvt.2020.187	748	1701
2020	Vol 4); Issue 1	<a href="#">Quiz: ECG - Pacemaker</a>	10.24969/hvt.2020.183	716	1150
2020	Vol 4; Issue 1	<a href="#">The impact of surgical experience on complications of laparoscopic cholecystectomy</a>	10.24969/hvt.2020.188	697	1079
2020	Vol 4; Issue 1	<a href="#">Answer to a Quiz: ECG-Pacemaker on page 26 and case discussion</a>	10.24969/hvt.2020.184	691	811

Wish you all, our readers, authors, reviewers and editors, and everybody a happy, healthier New Year and cheerful holidays; positive attitude and mood. Stay home during holidays.

Gulmira Kudaiberdieva  
Editor-in-Chief  
Heart, Vessels and Transplantation

**Peer-review:** Internal

**Conflict of interest:** None to declare

**Authorship:** GK

**Acknowledgement:** I thank our Editor Pavel Tiumkin for analysis and obtaining results on most downloaded articles

**Funding:** None to declare

## References

1.Kudaiberdieva G. From Editor-in-Chief: Has everything changed during pandemic: peer-review, science, clinical

practices and education, CV diseases? Heart Vessels Transp 2020; 4: 89-91.

2.Kudaiberdieva G. From Editor-in-Chief: On Covid-19 pandemics and welcome to new editors. Heart Vessels Transp 2020; 4: 30-1.

3.FDA. Coronavirus (COVID-19 update: December 1, 2020. Available at: URL: [www.fda.gov](http://www.fda.gov), accessed December 2020, 4. FDA. Coronavirus (COVID-19 update: FDA authorizes monoclonal antibodies for treatment of Covid-19. November 21, 2020. Available at: URL: [www.fda.gov](http://www.fda.gov), accessed December 2020

5. NIH. Therapeutic management /COVID-19 treatment guidelines. Available at: URL: <https://covid-19treatmentguidelines.nih.gov/therapeutic-management>. Accessed December 2020

6.Rochweg B, Agoritsas T, Lamontagne F, Leo YS, Macdonald H, Agarwal A, et al. A living WHO guideline on drugs for covid-19. BMJ 2020; 370: mm3379.

7. WHO Solidarity Trial consortium et al. Repurposed antiviral drugs for COVID-19- interim WHO SOLIDARITY trial results. *New Engl J Med* 2020; doi: 10.1056/NEJMoa2023184.
8. Pfizer and BIOINTECH conclude phase 3 study of COVID 19 vaccine candidate, meeting all primary efficacy points. November 19, 2020. Available at: URL: [www.pfizer.com/new/press-release-detail/](http://www.pfizer.com/new/press-release-detail/).
9. Moderna, Inc. Moderna Announces Primary efficacy analysis in phase 3 COVE study for its COVID-19 vaccine candidate and filing today with U.S. FDA for emergency use authorization. Available at: URL: [businesswire.com](http://businesswire.com)., [www.investors.modernatx.com](http://www.investors.modernatx.com)
10. Voysey M, Costa Clemens SA, Madhi SA, Weckx LY, Folegatti PM, Aley PK, et al. Safety and efficacy of ChAdOx1 nCoV-19 vaccine (AZD1222) against SARS-CoV-2: an interim analysis of four randomized controlled trials in Brazil, South Africa, and the UK. *Lancet* December 8, 2020; doi: 10.1016/S0140-6736(2032661-1)
11. Polack FP, Thomas SJ, Kitchin N, Absalon J, et al. for the C4591001 Clinical trial Group\*. Safety and efficacy of the BNT162b2 mRNA Covid-19 vaccine. *New Engl J Med* December 10, 2020; doi: 10.1056/NEJMoa2034577
12. Yusuf S, Joseph P, Dans A, Gao P, Teo K, Xavier D, et al. International Polycap Study 3: Polypill with or without aspirin in persons without cardiovascular disease. *New Engl J Med* 2020; Nov 13; 10.1056/NEJMoa2028220.
13. Berwanger O, Lopes Sr RD, deBarros E.Silva PG, Penna Guimaraes HP, Kojima FCS, Bezerra Campos VB, et al. Rivaroxaban for valvular heart disease and atrial fibrillation. AHA 2020 Scientific sessions. Available at: URL: [www.aha.org](http://www.aha.org)
14. Ommen SR, Mital S, Burke MA, Day SM, Deswal A, Elliot P, et al. 2020 HA/ACC guideline for the diagnosis and treatment of patients with hypertrophic cardiomyopathy: executive summary. A report of the American College of Cardiology / American Heart Association Joint Committee on clinical practice guidelines. *Circulation* 2020; 142: doi: 10.1161/CIR.0000000000000938