

Editorial



From Editor-in-Chief: On current issue, guidelines and updates, pandemics, academic advancement, ethics, and diversity

Dear readers,

In this March 2021 issue of the Heart, Vessels and Transplantation journal you may find editorial on what is new in 2020 atrial fibrillation (AF) guideline, research article on pericardial involvement after cardiac surgery and reviews on syncope evaluation and biomarkers in congenital heart disease, case reports on infectious endocarditis in acute coronary syndrome, *Teixidoro's* twinge as a cause of chest pain, quizzes on electrocardiography and interventional cardiology, and interesting commentary on literature and medicine.

The recent 2020 ESC guideline on AF and ACC/AHA guideline on valvular heart diseases (VHD) are of interest for physicians of general cardiology, cardiovascular and internal medicine and general practitioners (1, 2). In this issue you can find the editorial on what is new in AF guidelines (3). The 2020 VHD guidelines has important easy to comprehend take-home messages and important new recommendations regarding choice of transcatheter valve interventions and anticoagulation: transcatheter aortic valve implantation (TAVI) is recommended (Class I) for symptomatic patients with severe aortic stenosis who are >80 years of age or for younger patients with a life expectancy <10 years and absence of anatomic contraindication; transcatheter edge-to-edge mitral valve repair (TEER) is reasonable (class 2a recommendation) for patients with chronic severe secondary mitral regurgitation with left ventricular

systolic dysfunction who have persistent severe symptoms (NYHA class > 2) while on optimal medical treatment of heart failure (Stage D) with appropriate anatomy as defined on transesophageal echocardiography and with left ventricular ejection fraction between 20% and 50%, left ventricular end-systolic dimension ≤ 70 mm, and pulmonary artery systolic pressure ≤ 70 mm Hg; anticoagulation with non-vitamin K antagonist (NOAC) is an alternative to vitamin K antagonist in native valve disease and AF (except mitral stenosis) or with bioprosthetic valve >3 months according to CHA₂DS₂-VASc score (class 1), in new onset AF <3 months after surgical intervention or TAVI vitamin K antagonist is reasonable (2a), NOAC is contraindicated in patients with mechanical heart valve with or without AF to prevent long-term thrombosis (class 3).

Another update is regarding heart failure with reduced ejection fraction (HFrEF) management. In EMPEROR-reduced trial, sodium-glucose co-transporter 2 (SGLT-2) inhibition with empagliflozin caused reduction of primary end-point as cardiovascular death or hospitalization in patients with or without angiotensin receptor/neprilysin inhibitor (ARNI – sacubitril/valsartan) treatment (4, 5). Experts highlighted potential in use of both new and other treatment modalities in HFrEF patients (5). There is also a useful HFA ESC position paper on use of SGLT-2 inhibition in heart failure (6).

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Recent position paper from EACPR and EHRA on rehabilitation of patients with cardiac implanted electronic devices deserves reading as it provides detailed information how to manage rehabilitation of such patients, which might be useful in your clinical practice as the number patients with pacemakers, ICDs and CRT is growing (7).

We continue updating our COVID-19 page with important advances in the field of pandemics. The randomized controlled RECOVERY trial data on tocilizumab are available now demonstrating benefit of tocilizumab in improving survival of COVID-19 patients with hypoxia and inflammation irrespective of respiratory support but also receiving dexamethasone treatment (8). On the other hand, azithromycin showed no effect on survival in RECOVERY trial restricting its use by antimicrobial indications. (9). FDA updated the EUA recommendation for convalescent plasma for patients early during hospitalization and without ventilation support (10). Currently we have more vaccines with published efficacy, already approved for use and vaccinations are ongoing. We are facing now the spread of virus mutations (B.1.1.7-501Y.V1-UK variant, B.1.351-501Y.V2 – South Africa variant and P.1. - 501Y.V3 – Brazil variant) and vaccines efficacies are being tested against these mutations. We hope this year with effective vaccination, making them available everywhere worldwide (11) we can make a significant step in defeating it.

Also, the recent publication on effects of COVID-19 pandemics on woman in cardiology draws attention to challenges our women colleagues facing nowadays like bias, disparities in hiring and salaries, caregiving and homeschooling burden during COVID-19, fewer academic publications and leadership roles, and decreased funding and research support; and offers ways of mitigation (12).

I have news to share with our potential authors, and all interested readers. As a journal we continue our educational activities – we have successfully launched Academic English Writing course organized together with British Council, which will be repeated in March 2021. We invite all who wants to learn how to use Academic English language while writing manuscripts and theses to participate. Last year, important changes in requirements for academic advancement in favor of journals from Kyrgyzstan were made by Highest Attestation Committee of Kyrgyz Republic and our

authors from Kyrgyzstan can use credits for articles published in our journal in their academic advancement.

Few words about ethical issue that we encountered during peer-review of articles. Authors withdrew their manuscripts after peer-review and on proofs stage due to various reasons. It is a very rare case, it is not covered in any guidelines on biomedical publishing, there were few cases discussed at COPE meetings (13, 14). As it was discussed in COPE cases, there were several intentions like to improve content and submit to higher impact factor journal or duplicate publication, all are unethical. We as editors expect authors respect efforts of reviewers and editors and do not withdraw manuscripts after receiving decision to revise and valuable comments aimed at improvement of your paper.

We continue expanding the diversity of origin of our papers and reviewers. The number of countries for authors has grown up to 18 from 13 and for reviewers from 10 to 18 for past 4 years (Fig. 1), reaching total 30 countries for authors and 25 countries for reviewers (Fig. 2).

In 2020 year and March 2021 ahead of print we received and published articles from 18 countries, in total from 30 countries including Australia, Austria, Brazil, China, Cyprus, Egypt, Denmark, France, Greece, Hong Kong, India, Italy, Kazakhstan, Kyrgyzstan, Mali, Mexico, Monaco, Nepal, Netherlands, Pakistan, Poland, Romania, Russia, Slovakia, Sweden, Tunisia, Turkey, Ukraine, United Kingdom, and USA.

In 2020 year and March 2021 ahead of print we have external reviewers from 18 countries and in total 25 countries – Australia, Bangladesh, Belgium, Brazil, Canada, France, Germany, India, Italy, Kazakhstan, Kyrgyzstan, Monaco, Mexico, Nepal, Netherlands, Poland, Romania, Russia, Slovakia, South Africa, Sweden, Turkey, UAE, UK and USA.

We look forward for your submissions.

Gulmira Kudaiberdieva
Editor-in-Chief

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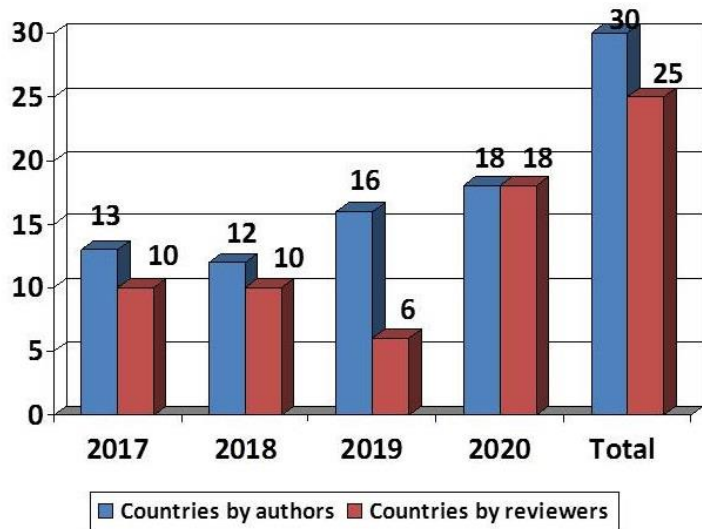


Figure 1. Dynamics in diversity of authors and reviewers by countries over the 2017 - February 2021 period

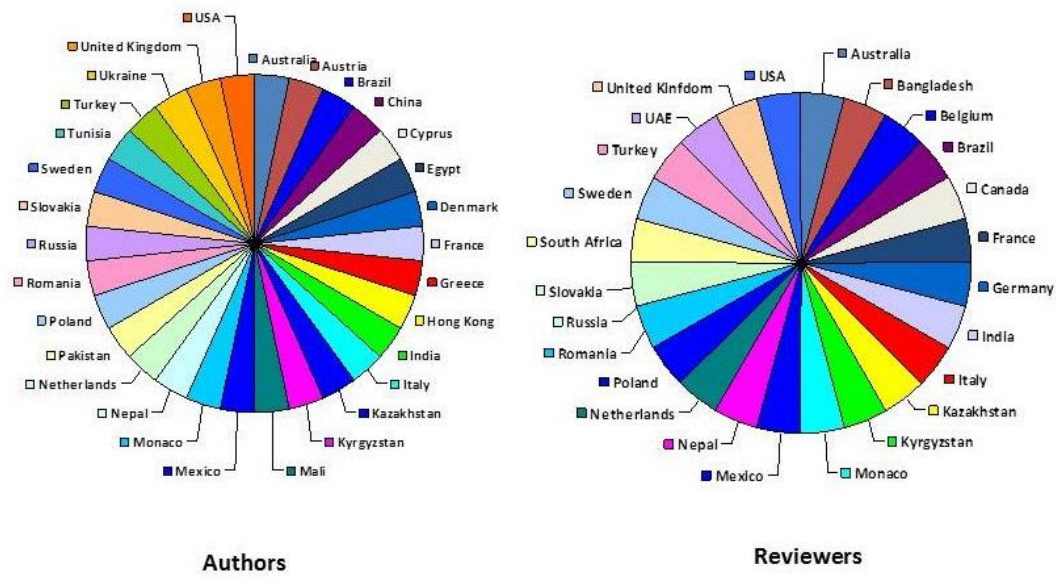


Figure 2. Countries of our authors and reviewers over the 2017 - February 2021 period

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