



From Editor-in-Chief: On current issue, journal's performance in 2023, acknowledging best, authors' and reviewers' feedback on peer-review and content, insights on the latest trials and guidelines, and changes in COVID policies

Dear readers

We start this year introducing first in 2024 – March issue articles of interest for wide audience on topics including surgery, cardiac, thoracic, and vascular, pulmonary diseases, interventions, imaging, arrhythmias, cardio-oncology, rehabilitation and anatomy of the heart; evaluating our performance in 2023, including citation analysis and feedback on peer-review and content, acknowledging best authors in 2023; providing insights on latest clinical trials and guidelines and change in public health policies.

Current issue

We prepared several Editorials to attract your attention to the latest important guidelines and expert documents on: revascularization in CCD –reappraisal of 2023 AHA/ACC/ACCP/ASPC/NLA/PCNA guidelines; 2023 update on Duke criteria for infectious diseases (ISCID), comment on new approach -conduction system pacing implantation - EHRA expert document. Also we published interesting editorial on healthy aging and cardiovascular disease in Kyrgyzstan, and comment on case report published in this issue on rehabilitation in pediatric re-transplantation.

Original research articles of interest for wide audience are: risk factors, clinical characteristics and short-mortality in on-pump and off-pump coronary bypass surgery (CABG) patients, two articles on COVID – population immunity to SARS-COV2 in Kyrgyz Republic and thromboembolic complications and deep venous thrombosis in COVID patients; procalcitonin as a marker of sepsis in intensive care unit; case series on rare Mondor's disease; quality of life in patients during chemotherapy; treatment outcomes of pulmonary aspergilloma; and hospital mortality in ischemic stroke. Innovative brief report on assessment of myocardial contraction fraction in transcatheter aortic valve replacement and systematic review on rehabilitation - inspiratory muscle training in patients with heart failure. We think these articles contribute to evidence pools and will be cited.

Challenging and rare case reports on: CABG and simultaneous removal of right heart myxoma; cardiac rehabilitation in pediatric heart re-transplantation; CABG and repair of redo aorta coarctation; left ventricular (LV) perforation by a chest tube and neuromyelitis optica and NMDAR encephalitis in a child.

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Letters to the editor- discussion of LV perforation by chest tube case – on use of 3 -dimensional computed tomography (CT) and magnetic resonance (MRI) imaging reconstruction to guide chest tube insertion and letter on medical policy sharing experience on humanitarian medical camp in Pakistan delivering expert care to rural population.

We have 2 quiz articles of interest to our readers on multimodality imaging of round mass in right atrium and refreshing knowledge on cardiac anatomy presented using modern techniques – topics we consider very important for cardiovascular diseases, interventions and surgery.

Journal's performance

In 2023, we improved our performance in SCOPUS – our number of citations increased from 47 in 2022 to 67 in 2023 (1).

Our SCOPUS Hirsch index is 3 (Fig.1). As I mentioned in previous issue our 2023 CiteScore is 0.2 and our ranking Q4, surgery – 456/495 among surgery journals – 7th percentile, cardiovascular medicine -334/354 – 5th percentile and transplantation -50/51 2nd percentile.

We also increased number of citations to our articles in Crossref/Crosscite from 65 in 2022 to 100 in 2023.

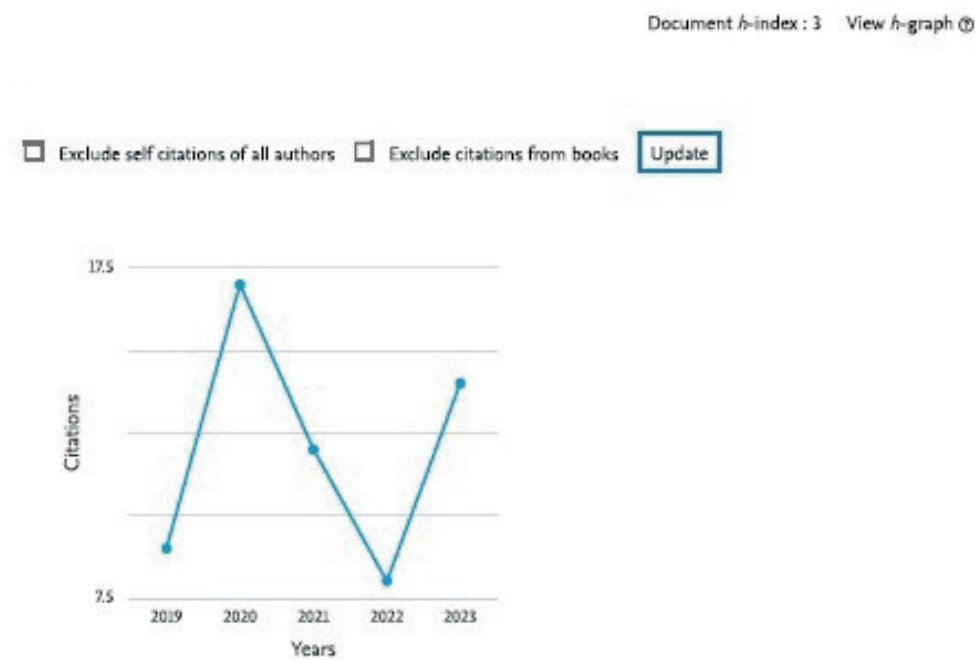


Figure 1. SCOPUS Hirsch index of the journal for period of 2019-2023 –H-index -3

We received 228 citations in journals indexed in Google Scholar for the period 2017-2023. The 5 –year (2018 -2023) h5 index is 5 and h5-median index is 6 (Fig. 2). Thus, we made a good progress by 100% increase in citations - from 106 citations to 228 in 2023 and ranking - from h5 – 4 to h5 - 5 and h5 median – 5 to h5 median -6.

Overall, we advance well scientific performance by increasing citations number and ranking. We will apply in to PUBMED/PMC and further to Clarivate Emerging sources and Web of Science databases.

The 2024 SCOPUS and Google Scholar metrics will be released in June 2024, I will update our readers.

We continue acknowledging authors with the most read articles. In this issue we congratulate authors of articles published in 2023, who gained highest number of

impressions on Twitter and Facebook. Twitter (X) (Table 1) - Carla Recupero and coauthors from Rome Italy – their Editorial on lesson from ACC Consensus document on management of amyloidosis received 2095 impressions; Cristina Aurigemma and coauthors from Rome, Italy – their review article valvular heart disease management in women in transcatheter era – 1438 impressions; Dario Mafrica and coauthors from Rome, Chieti, Latina, Napoli, Italy - Editorial on Insights from EAPCI document on coronary physiology role in PCI received 1283 impressions; Theodora Metsovitis and coauthors Caserta, Rome, Italy - Editorial timing of PBMV in rheumatic disease – 1212 impressions and Raul Cruz Palomera and coauthors from Puebla, Mexico whose case report on late presentation of ALCAPA syndrome received 628 impressions.

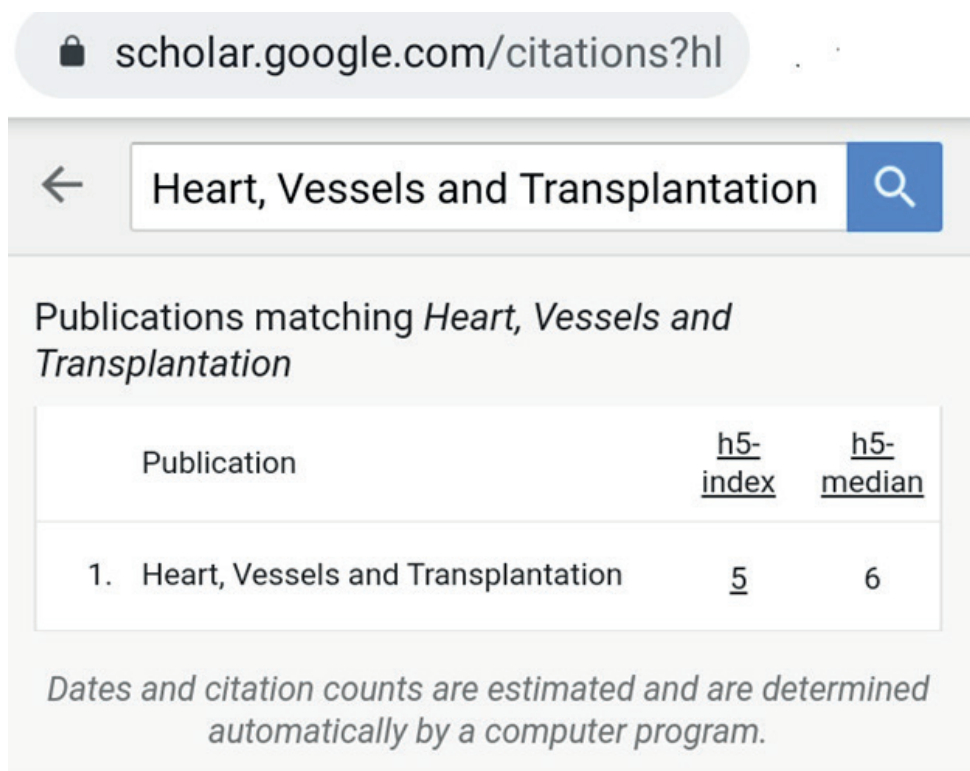


Figure 2. Google Scholar metrics for Heart, Vessels and Transplantation: h5 and h5-median indexes

N	Title and authors of article	Impressions
1	Multidisciplinary Care for Patients with Cardiac Amyloidosis: a Lesson from the 2023 American College of Cardiology Expert Consensus Carla Recupero, Stefano Cacciatore, Marco Bernardi, Anna Maria Martone, Francesco Landi, Rome, Italy	2095
2	Heart valve disease gender difference in the era of transcatheter treatment Cristina Aurigemma, Francesco Burzotta, Carlo Trani, Rome, Italy	1438
3	The role of coronary physiology in the management of percutaneous coronary intervention: Insights from the European Association of Percutaneous Cardiovascular Interventions (EAPCI) Consensus Dario Mafrica, Luigi Spadafora, Kristian Galanti. Giuseppe Biondi-Zoccai, Marco Bernardi Rome, Chieti, Latina, Napoli, Italy	1283
4	Percutaneous balloon mitral valvuloplasty in rheumatic mitral stenosis: the earlier the merrier? Theodora Metsovitis, Beatrice Fresch, Marco Bernardi, Francesco Perone, Giuseppe Biondi-Zoccai, Caserta, Rome, Italy	1212
5	Case report of symptomatic very late presentation of ALCAPA syndrome: from AL-CAPONE to Robin Hood of coronary artery anomalies Raul Cruz Palomera, Rosa Elena Gutierrez Castaneda, Juan Francisco Rodriguez Alvarado, Juan Guzman Olea, Gabriel Guzman Olea, Jose Guillermo Arenas Fonseca, Zuriel Almeyda Dominguez, Rolando Vicente Colmenares, Puebla, Mexico	628

On Facebook (Table 2): Raul Cruz Palomera and coauthors from Puebla, Mexico, for case report on late presentation of ALCAPA syndrome post that reached 12 908 people and received 14 351 impressions; Fabio Massimo Oddi and coauthors from Rome Italy on Editorial on lessons to be drawn on

ACC guideline on aortic disease –gained 13 251 impressions and reached 12 821 people and Rujuta Parikh and coauthors from Gujarat, India for case report on post-CABG subclavian coronary steal syndrome - reached 20 039 people and gained 11 045 impressions.

N	Title and authors of article	Impressions	People reached
1	Case report of symptomatic very late presentation of ALCAPA syndrome: from AL-CAPONE to Robin Hood of coronary artery anomalies Raul Cruz Palomera, Rosa Elena Gutierrez Castaneda , Juan Francisco Rodriguez Alvarado, Juan Guzman Olea, Gabriel Guzman Olea, Jose Guillermo Arenas Fonseca, Zuriel Almeyda Dominguez, Rolando Vicente Colmenares, Puebla, Mexico	14 351	12 908
2	2022 American Heart Association/American College of Cardiology guidelines for the diagnosis and management of aortic disease: lessons to be drawn Fabio Massimo Oddi, Giulia Franceschini, Leonardo Oddi, Giorgio Fedeli, Rome, Guidonia, Italy	13 251	12 821
3	Subclavian coronary steal syndrome in a post coronary artery bypass grafting patient: A case report Rujuta Parikh, Jayal Shah, Abhishek Shah, Riyaz Charaniya, Gujarat, India	11 045	20 039

I would like also to present results of survey on experience with peer-review and feedback on content from our authors, reviewers and editors participated in peer-review. Overall, we received response from authors, reviewers and editors from Australia, Brazil, France, Monaco, Kyrgyzstan, Kazakhstan, Italy, Mexico, Slovakia, Turkey and Ukraine.

Majority of our authors, reviewers and editors graded experience with peer-review as excellent (69%, 90%, and 75%, respectively) (Fig.3).1



Figure 3. Overall satisfaction with peer-review process by participants of peer-review: authors, reviewers and editors (5-excellent, 4-good, 3- satisfactory, 2 – unsatisfactory, 1- fail, 0 –not available)1



Figure 4. Satisfaction with double-blind (triple-blind) peer-review type (names of authors and reviewers, editors are concealed) and whether it helped to provide unbiased evaluation of manuscript (5-excellent, 4-good, 3-satisfactory, 2 – unsatisfactory, 1-fail, 0 –not available)

Feedback regarding double-blind peer-review (Fig. 4): majority graded as excellent (69%, 70% and 75%), while 31% of authors, 20% of reviewers and 25% of editors graded as good; and 10% of reviewers found double-blinding satisfactory.

Therefore, we continue double-blind peer-review process in current form and increased number of citations and H-indexes also supports our peer-review policies.

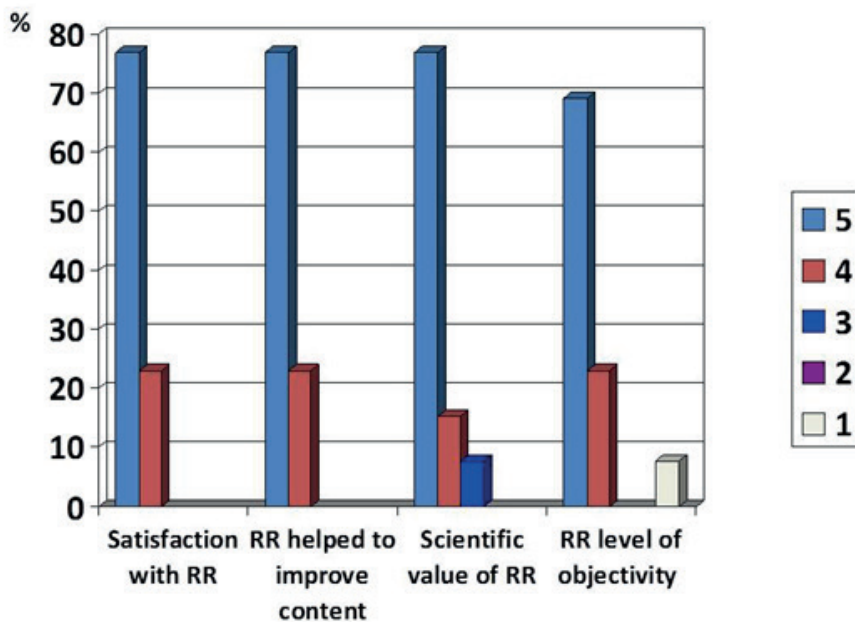
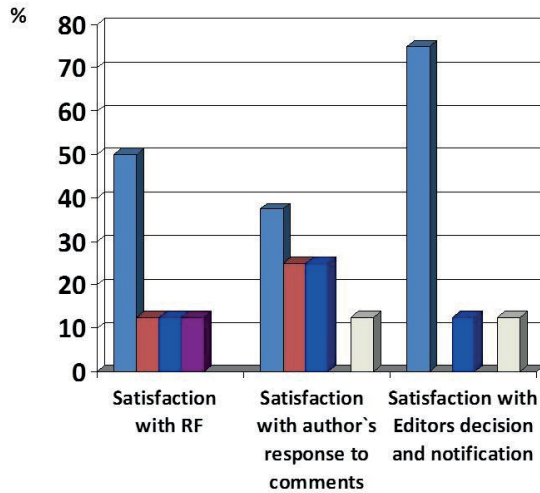


Figure 5. Feedback of authors regarding reviewers' and editors' reports (5-excellent, 4-good, 3-satisfactory, 2 – unsatisfactory, 1-fail, 0 –not available)
Scientific value of reviewer's report - high (4-5), moderate (3) or low (2,1)
Level of objectivity of reviewer's report: biased (1, 2) with lack of objectivity or prejudiced (1, 2) or unbiased (3-5), objective (3-5) and fair (3-5)

When we look at authors' opinion on quality of reviewers and editors reports (Fig. 5): all authors were satisfied with reviewers reports (77% -excellent and 23% good) and all agreed that it helped to improve the content of manuscript (77% -excellent and 23% good). Scientific value was graded

as following: 76.9% of authors found reviewer report to be of high scientific value, 15.3% graded as good and 7.69% as satisfactory. Objectivity level was graded as fair, unbiased and objective (69.2- excellent, 23% good) and 7.69% biased and prejudiced.

Editors



Reviewers

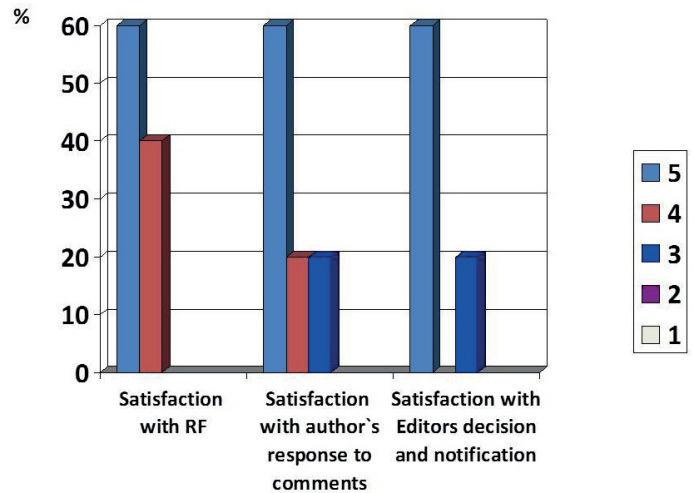


Figure 6. Feedback of reviewers and editors on peer-review: authors response and editor decision (5-excellent, 4-good, 3- satisfactory, 2 – unsatisfactory, 1- fail, 0 –not available) RF – reviewer form

We have to work on elimination of prejudice and bias, even in small percentage. Our reviewers work hard to provide expert opinions and recommendations.

As to reviewers and editors opinions on satisfaction with tools provided for peer-review (Fig. 6), our data show that 50% of editors were fully satisfied with reviewer form and graded as excellent, while 12.5% graded as good, satisfactory and unsatisfactory; while reviewers have excellent (60%) and good (40%) grades for reviewer form.

Overall 60% of reviewers graded authors` response to comments and revision as excellent, 20% - as good and 20% as satisfactory. Editors appeared to be more appraising – only 37.5% found authors response as excellent, 25% as good, 25% as satisfactory and 12.5 as failed and absent.

Overall 60% of reviewers graded the editor`s decision and notification as excellent, 20% as good and 20% as satisfactory. Editors – 75% found it excellent, 12.5% as satisfactory and 12.5 as fail.

Thus, we have to work on improvement of tools in guiding reviewers and as well notification of final decisions – we already made improvements. Of course this a survey and we may have diverse opinions of reviewers on the same manuscript - 2 protagonist and 1 antagonist making revise or accept decision.

As to authors responses, we have room for improvement and we work with authors. I always remind our authors do not

submit revision without answers, to respond to comments point-by- point, only then we accept revision and proceed with decision. It is a learning process, of academic discussion and precision – if you respond to every comment then you will make substantial improvement and benefit from expert opinions and your study will be well presented and recognized.

Majority of authors found journal content (Table 3) as excellent (61.53%), 30.76 as good and 7.69 as satisfactory. All types of articles received grade excellent from 61.53 authors, while lower percentage (53.8%) graded research articles as excellent and 46.1% as good, 30.7% of authors graded review articles as good, and 23.07% graded case reports, editorials, and letters as good and only 7.69% graded as satisfactory case reports and letters.

Reviewers and editors estimation of content was much lower and we are all work on improvement and see more space to advance. Only 44.4% of reviewers found content excellent, 33.3% as good and 22.2% as satisfactory. Research articles received excellent mark only from 22.2% of reviewers, while 66.6% - graded as good and 22.2 graded as satisfactory;

33.3% found review articles, case reports and brief reports excellent, 55.5% graded as good and 11.1% as satisfactory review articles; case reports, brief reports and letters were graded as good and satisfactory by 33.3% of reviewers. Editorials and CME articles received excellent mark from 55% of reviewers.

Table 3. Heart Vessels and Transplantation – author’s, reviewer’s and editor’s feedback on the content of the journal						
Questions	Excellent 5	Good 4	Satisfactory 3	Fairly satisfactory 2	Fail 1	Not available 0
Author’s feedback						
1.Please provide your overall opinion on content of the journal	61.53	30.76	7.69	-	-	-
2. Please grade quality of research articles	53.8	46.1	-	-	-	-
3.Please grade quality of review articles	61.53	30.76	-	-	-	7.69
4.Please grade quality of case reports	61.53	23.07	7.69	-	-	7.69
5.Please grade quality of brief reports	61.53	23.07	-	-	-	15.38
6.Please grade quality of education articles	61.53	23.07	-	-	-	15.38
7. Please grade quality of editorials	61.53	23.07				15.38
8. Please grade quality of the letters to the editor	61.53	7.69	7.69			23.07
Reviewer’s feedback						
1.Please provide your overall opinion on content of the journal	44.4	33.3	22.2			
2. Please grade quality of research articles	22.2	66.6	22.2			
3.Please grade quality of review articles	33.3	55.6	11.1			
4.Please grade quality of case reports	33.3	33.3	33.3			
5.Please grade quality of brief reports	33.3	33.3	33.3			
6.Please grade quality of education articles	55.6	22.2	11.1			11.1
7. Please grade quality of editorials	55.6	22.2	11.1			11.1
8. Please grade quality of the letters to the editor	33.3	33.3	11.1			22.2
Editor’s feedback						
1.Please provide your overall opinion on content of the journal	62.5	37.5				
2. Please grade quality of research articles	50	37.5		12.5		
3.Please grade quality of review articles	37.5	37.5	12.5		12.5	
4.Please grade quality of case reports	50	50				
5.Please grade quality of brief reports	50	50				
6.Please grade quality of education articles	62.5	37.5				
7. Please grade quality of editorials	62.5	37.5				
8. Please grade quality of the letters to the editor	50	37.5	12.5			

Fifty percent of Editors found research article as excellent, 37.5% as good and 12.5% as unsatisfactory; review articles – only 37.5% marked as excellent, 37.5% as good, 12.5% as satisfactory and 12.5% as fail. Half of editors participated in survey graded case reports, brief reports and letters as excellent, 50% graded cases and brief as good and letter were graded by 37.5% as good and by 12.5% – as satisfactory.

CME articles and editorials received excellent mark from majority of editors (62.5%) and 37.5% graded these types of articles as good.

Therefore, we have to continue working on improvement of peer-review; reviewers' and editors' reports quality and stimulating authors to work on revision, addressing comments and applying point-by-point revisions, if authors do not agree with comment or recommendation then explain why and support by evidence if necessary. We also need to comply with presentation guidelines. This is the road to improving content.

Updates on evidence-based knowledge

I would like to share latest updates on evidence-based knowledge and recommend several important guidelines and consensus statement documents that should help you improve patients' care. These includes guidelines from STS/SCVA/ASET on management of acute kidney injury associated with adult cardiac surgery (2), EACTS/STS guideline on management of acute and chronic syndromes of aorta organ (3), AHA/NCS consensus statement on critical care of cardiac arrest survivors (4), AHA statement on treatment of cardiogenic shock in older adults (5), AHA statement on management of cardiac implantable electronic devices (CIED) infections (6), AHA/PACES statement on management of fetal arrhythmias (7) and EACVI document on use of stress echocardiography in evaluation of chronic coronary disease (8). Some of them will be introduced in Editorials in forthcoming issues.

Of particular interest is the AHA/NCS document on critical care of patients after cardiac arrest (4) is addressed to emergency, intensive and coronary care physicians. The document focuses on detailed neurological, cardiac, pulmonary and other systems care in patients after cardiac arrest. Detailed description and concise recommendations on methods of neurological (cerebral perfusion pressure, intracranial pressure monitoring, electroencephalography, oxygen saturation), cardiac (echocardiography, central venous pressure monitoring, catheterization, angiography, lactate level, oxygenation) pulmonary diagnosis, monitoring, risk stratification and treatment (neurological - brain oxygenation, reducing edema, seizures and sedation, cardiac- inotropes, intra-ortic balloon pump, LV assist devices and extracorporeal membranous oxygenation; pulmonary - ventilation, hematological and other) are delivered. Recommendations are provided for scenarios based on availability and non-availability of advanced methods and tools.

Advisory document from AHA on prevention of infective endocarditis (IE) (9) in non-dental procedures demonstrated

that patients at high risk of IE undergoing bronchoscopy, gastrointestinal procedures, bone marrow puncture, CIED implantation are at substantial increased risk of IE – cases per 100 000 vary from 14 to 49. Therefore the advisory suggests revision of guidelines. Until then thorough sterility and infection prevention is needed, in procedure where guideline recommends antibiotic treatment, following strict protocols is advised and use of local antibiotic impregnated material on surgical site is recommended.

Recent trial (10) comparing effect of single combined pill of endothelin receptor antagonist macitentan and phosphodiesterase 5 inhibitor - tadalafil in patients with pulmonary hypertension (idiopathic, inherited, toxin induced and corrected congenital heart disease, HIV) reduced pulmonary vascular resistance - primary endpoint by 29%; (geometric mean ratio 0.71; 95% CL: 0.61-0.82; $p < 0.0001$) as compared to single pill macitentan and by 28% (geometric mean ratio 0.72; 95% CL: 0.64-0.80; $p < 0.0001$) as compared to tadalafil. This trial supports combined pill use, due to possible higher patients' compliance and easy use. We will wait for more evidence and availability of such combined pill.

Interesting study (11) on large sample (412 413 participants) compared women and men benefit in survival as a result of physical activity. The same level of physical activity compared to inactivity in women and men was accompanied by greater reduction of risk of all-cause mortality in women (24% reduction (HR - 0.76; 95% CI: 0.73-0.80) and 15% in men (HR - 0.85; 95% CI: 0.82-0.89). Cardiovascular risk was the same.

Another study deserving attention (12) was just released on effects of microplastics and nanoparticles in atheroma on cardiovascular events in patients undergoing carotid endarterectomy. In patients with asymptomatic carotid artery disease who underwent endarterectomy, presence of microplastics and nanoparticles in excised atheroma was associated with 4.53 (2.0-10.27, $p < 0.001$) higher risk of myocardial infarction, stroke and death as compared without patients without these particles. We need more studies on such association.

There are 2 studies in the field of arrhythmia that deserve attention. Meta-analysis (13) demonstrated that transesophageal echocardiography-detected peri-device leak in patients after left atrial appendage occlusion is associated risk of thromboembolic events depending on size of the leak: any size - HR 1.82, 1.35-2.47 (size > 1 vs < 1 mm - HR = 2.13, > 3 vs > 3 mm - HR 4.14 and > 5 vs < 5 mm - 4.44). Computed tomography detection rate was high but without prognostic significance. The improvement of technique to reduce complications is crucial.

RAFT trial (14) demonstrated that patients with heart failure with implanted cardiac resynchronization therapy-defibrillator have good long-term (13 years) survival as compared to patients with only implantable cardiac defibrillator (HR-0.80, 0.69-0.92, $p = 0.002$).

Patients with severe tricuspid valve (TV) regurgitation at low and intermediate risk may benefit transcatheter valve implantation or surgical repair. TRI-SCORE study (15) demonstrated that patients with severe TV regurgitation at low and intermediate risk benefit in survival when treated with early transcatheter valve implantation or surgical TV repair as compared to conservations strategy (93%, 87% and 79%, $p < 0.001$). Patients with intermediate score with successful transcatheter treatment had lower by 54% risk of death (HR 0.46, 95% CI 0.25-0.85, $p = 0.01$) as compared to conservative strategy during 2 years follow-up. Surgery in low risk patients was also associated by 65% reduction of adverse events (HR - 0.35 95% CI 0.18-0.69, $p = 0.002$) vs conservative strategy.

CDC changed isolation policies for COVID and though the new cases, hospitalizations rates and mortality significantly reduced, it is advised to continue protection by receiving updated vaccines that demonstrated good efficacy in preventing severe disease (15).

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Heart, Vessels and Transplantation

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References

1. Kudaiberdieva G. From Editor-in-chief: From Editor-in-chief: Our issue, journal's performance and indexing, new trials, guidelines and consensus documents, long COVID. *Heart Vessels Transplant* 2023; 7: 64-8.
2. Brown JR, Baker RA, Shore-Lesserson L, Fox AA, Mongero LB, Lodbell KW, et al. The Society of Thoracic Surgeons/ Society of Cardiovascular Anesthesiologists/American Society of Extracorporeal Technology Clinical Practice Guidelines for the Prevention of Adult Cardiac Surgery-Associated Acute Kidney Injury. *Ann Thorac Surg* 2023; 115: 34-42.
3. Czerny M, Grabenwöger M, Berger T, Aboyans V, Della Corte A, Chen EP, et al. EACTS/STS Guidelines for Diagnosing and Treating Acute and Chronic Syndromes of the Aortic Organ. *Ann Thorac Surg* 2024; in press. Doi: 10.1016/j.athoracsur.2024.01.021
4. Hirsch KG, Abella BS, Amorim E, Bader MK, Barletta JF, Berg K, et al.; on behalf of the American Heart Association and Neurocritical Care Society. Critical Care Management of Patients After Cardiac Arrest: A Scientific Statement From the American Heart Association and Neurocritical Care Society. *Circulation* 2024; 149: e168-e200.
5. Blumer V, Kanwar MK, Barnett CF, Cowger JA, Damluji AA, Farr M, et al.; on behalf of the American Heart Association Cardiovascular Disease in Older Populations Committee of the Council on Clinical Cardiology and Council on Cardiovascular and Stroke Nursing; Council on Quality of Care and Outcomes Research; and Council on Cardiovascular Surgery and Anesthesia. Cardiogenic Shock in Older Adults: A Focus on Age-Associated Risks and Approach to Management: A Scientific Statement From the American Heart Association. *Circulation*. 2024; 149: e00-e00. DOI: 10.1161/CIR.0000000000001214.
6. Baddour LM, Esquer Garrigos Z, Sohail MR, Havers-Borgersen E, Krahn AD, Chu VH, ET AL. Vice Chair; on behalf of the American Heart Association Council on Lifelong Congenital Heart Disease and Heart Health in the Young (Young Hearts); and Council on Clinical Cardiology. Update on cardiovascular implantable electronic device infections and their prevention, diagnosis, and management: A scientific statement from the American Heart Association. Endorsed by the International Society for Cardiovascular Infectious Diseases. *Circulation* 2024; 149: e201-6.
7. Batra AS, Silka MJ, Borquez A, Cuneo B, Dechert B, Jaeggi E, Eet al.; on behalf of the American Heart Association Clinical Pharmacology Committee of the Council on Clinical Cardiology, Council on Basic Cardiovascular Sciences, Council on Cardiovascular and Stroke Nursing, Council on Genomic and Precision Medicine, and Council on Lifelong Congenital Heart Disease and Heart Health in the Young. Pharmacological Management of Cardiac Arrhythmias in the Fetal and Neonatal Periods: A Scientific Statement From the American Heart Association Endorsed by the Pediatric & Congenital Electrophysiology Society (PACES). *Circulation* 2024; 149: e937-e952.
8. Picano E, Pierard L, Peteiro J, Djordjevic-Dikic A, Sade LA, Cortigiani L, et al. The clinical use of stress echocardiography in chronic coronary syndromes and beyond coronary artery disease: a clinical consensus statement from the European Association of Cardiovascular Imaging of the ESC. *Eur Heart J - Cardiovasc Imaging* 2024; 25: e65-e90.
9. Baddour LM, Janszky I, Thornhill MH, Garrigos ZE, DeSimone DC, Welty-Wolf K, ET AL; on behalf of the American Heart Association Council on Lifelong Congenital Heart Disease and Heart Health in the Young (Young Hearts) and Council on Cardiovascular and Stroke Nursing. Nondental Invasive Procedures and Risk of Infective Endocarditis: Time for a Revisit: A Science Advisory From the American Heart Association. *Circulation* 2023; 148: 1529-41.
10. Grünig E, Jansa P, Fan F, Hauser JA, Pannaux M, Morganti A, et al. Randomized trial of macitentan/tadalafil single-tablet combination therapy for pulmonary arterial hypertension. *J Am Coll Cardiol* 2024; 83: 473-84.

11. Ji H, Gulati M, Huang TY, Kwan AC, Ouyang D, Ebinger JE, et al. Sex Differences in Association of Physical activity with all-cause and cardiovascular mortality. *J Am Coll Cardiol* 2024; 83: 783-93.
12. Marfella R, Pratichizzo F, Sardu C, Fulgenzi G, Graciotti L, Spadoni T, et al. Microplastics and nanoparticles in atheromas and cardiovascular events. *N Engl J Med* 2024; 390:900-10.
13. Samaras A, Papazoglou AS, Balomenakis C, Bekiaridou A, Moysidis DV, Patsiou V, et al. Residual leaks following percutaneous left atrial appendage occlusion and outcomes: a meta-analysis. *Eur Heart J* 2024; 45: 214–29.
14. Sapp JL, Sivakumaran S, Redpath CJ, Khan H, Parkash R, Exner D, et al. Long-term survival of Resynchronization-Defibrillator. *N Engl J Med* 2024.
15. Dreyfus J, Galloo X, Taramasso M, Heitzinger G, Benfari G, Karl-Patrick K, ET AL. TRI-SCORE and benefit of intervention in patients with severe tricuspid regurgitation. *Eur Heart J* 2024; 45: 586–97.
16. CDC. COVID-19. Available at: URL: www.cdc.gov