

# This month: from groundbreaking insights to global conversations—we are just one step away from Florence! Join the leading edge of Acute Cardiovascular Care!

Pascal Vranckx<sup>1,2\*</sup>, David Morrow<sup>3</sup>, Sean van Diepen <sup>4,5,6</sup>,  
and Frederik H. Verbrugge<sup>7,8</sup>

<sup>1</sup>Department of Cardiology and Critical Care Medicine, Jessa Ziekenhuis, Stadsomvaart 11, 3500 Hasselt, Belgium; <sup>2</sup>Faculty of Medicine and Life Sciences, University of Hasselt, Martelarenlaan 42, 3500 Hasselt, Belgium; <sup>3</sup>Cardiovascular Division, Brigham and Women's Hospital, Harvard Medical School, 75 Francis Street, Boston, MA 02115, USA; <sup>4</sup>Department of Critical Care Medicine, University of Alberta, Edmonton, Alberta, Canada T6G 1C9; <sup>5</sup>Division of Cardiology, Department of Medicine, University of Alberta, Edmonton, Alberta, Canada T6G 1C9; <sup>6</sup>Canadian VIGOUR Centre, University of Alberta, Edmonton, Alberta, Canada T6G 1C9; <sup>7</sup>Centre for Cardiovascular Diseases, University Hospital Brussels, VUB Health Campus Jette Laarbeeklaan 103, 1090 Jette, Belgium; and <sup>8</sup>Faculty of Medicine and Pharmacy, Vrije Universiteit Brussel, VUB Main Campus Etterbeek Pleinlaan 2, 1050 Elsene, Brussels, Belgium

Received 30 January 2025; accepted 30 January 2025; online publish-ahead-of-print 18 February 2025

As cardiovascular care evolves at a rapid pace, so too does our understanding of the intricacies surrounding the diagnosis, treatment, and prognosis of patients with acute cardiovascular conditions. In the March issue of the *European Heart Journal—Acute Cardiovascular Care*, we delve into a collection of pivotal studies and expert perspectives that may help reshape our approach to managing acute myocardial infarction (AMI), myocardial injury, and chronic coronary syndromes.

Boeddinghaus *et al.*<sup>1</sup> present a groundbreaking prospective cohort study, offering a new classification system for Type 2 myocardial infarction (MI) based on cardiac imaging with coronary angiography and cardiac magnetic resonance imaging (MRI). This classification challenges traditional diagnostic thresholds, separating out those without obstructive coronary disease or myocardial abnormality and seeking to provide clearer pathways to understanding the underlying pathology, with crucial implications for patient outcomes and preventive therapies. The study's findings emphasize the value of imaging in refining diagnoses and risk assessment in suspected Type 2 MI.

In a different vein, Restan *et al.*<sup>2</sup> offer an important validation study on the Siemens Atellica IM high-sensitivity cardiac troponin I assay. This study provides compelling evidence for the assay's potential to optimize cardiac evaluations in emergency departments globally, bringing clarity to the decision-making process for patients presenting with non-ST-elevation MI (NSTEMI). Their findings underscore the potential of rapid, high-sensitivity assays to transform acute care settings and improve patient outcomes.

Alaoui-Ismaili *et al.*<sup>3</sup> investigates a niche but important intersection between post-cardiac neuroprognostication in AMICS (Acute myocardial infarction complicated by cardiogenic shock) patients supported by the Impella micro-axial flow pump, revealing the confounding impact of haemolysis on neuron-specific enolase (NSE) levels. The study calls for caution in interpreting NSE levels, highlighting the complexity of

prognostic markers in this patient population. These findings have significant implications for patient management and the interpretation of biomarkers in acute cardiovascular care.

Additionally, our Perspectives section explores the 2024 European Society of Cardiology guidelines for chronic coronary syndromes, with an in-depth focus on ischaemia with non-obstructive coronary arteries (INOCAs)<sup>4</sup> and antithrombotic therapy, providing expert insights into these complex conditions.<sup>5</sup> Furthermore, Hickman *et al.*'s<sup>6</sup> educational paper critiques the evolving role of the 99th percentile in cardiac troponin assays, stressing the importance of context and understanding the limitations of this threshold in clinical decision-making.

Finally, Verbeeck *et al.*<sup>7</sup> present a timely examination of the shift towards patient-centric outcomes in clinical trial design, advocating for the increasing importance of superiority trials over non-inferiority designs. This shift is exemplified by the REC-CAGEFREE trial, which provides critical insights into how we assess and improve therapies aimed at enhancing patient safety and well-being.

Finally, we like to take this opportunity and warmly invite you to explore the latest advancements in acute cardiovascular and intensive care at this year's Annual Conference in Florence. This event promises to be an extraordinary gathering of experts, where cutting-edge research, transformative treatment approaches, and practical solutions to the most pressing challenges in cardiovascular care will be shared. Join us for an inspiring experience that will enhance your knowledge, broaden your perspective, and strengthen your network. Whether you are a clinician, researcher, or healthcare professional, this conference is an opportunity to stay at the forefront of your field and engage with peers who share your passion for improving patient outcomes. Do not miss out on the chance to be part of this pivotal event—discover more, connect with the best, and shape the future of acute cardiovascular and intensive care!

\* Corresponding author. Tel: +32 11309579, Email: [pascal.vranckx@jessazh.be](mailto:pascal.vranckx@jessazh.be)

© The Author(s) 2025. Published by Oxford University Press on behalf of the European Society of Cardiology. All rights reserved. For commercial re-use, please contact [reprints@oup.com](mailto:reprints@oup.com) for reprints and translation rights for reprints. All other permissions can be obtained through our RightsLink service via the Permissions link on the article page on our site—for further information please contact [journals.permissions@oup.com](mailto:journals.permissions@oup.com).

## Author contribution

Pascal Vranckx (writing—original draft: lead), David Morrow (writing—original draft: supporting), Sean van Diepen (writing—original draft: supporting), and Frederik H. Verbrugge (writing—original draft: supporting)

## Funding

There is no external funding for this article.

**Conflict of interest:** none declared.

## Data availability

No new data were generated or analysed in support of this research.

## References

1. Boeddinghaus J, Nestelberger T, Koechlin L, Lopez-Ayala P, Wussler D, Mais M. Association of accompanying dyspnoea with diagnosis and outcome of patients

presenting with acute chest discomfort. *Eur Heart J Acute Cardiovasc Care* 2023;**12**: 283–295.

2. Restan IZ, Steiro O-T, Pickering JW, Tjora HL, Langørgen J, Onland T et al. Clinical derivation and data simulated validation of rule-out and rule-in algorithms for the Siemens Atellica IM high-sensitivity cardiac troponin I assay. *Eur Heart J Acute Cardiovasc Care* zuaf017.
3. Alaoui-Ismaili Z, Klein A, Josiassen J, Helgestad OKL, Jeppesen KK, Ravn HB et al. Association between hemolysis markers and neuron-specific enolase in AMICS patients supported with a microaxial flow pump. *Eur Heart J Acute Cardiovasc Care* zuaf003.
4. Reynolds H, Smilowitz N. Ischemia with non-obstructive coronary arteries (INOCA) in the 2024 European Society of Cardiology (ESC) guidelines for the management of chronic coronary syndromes. *Eur Heart J Acute Cardiovasc Care* zuaf005.
5. Landi A, Valgimigli M. Antithrombotic therapy in patients with chronic coronary syndrome: a focus on the 2024 European Society of Cardiology guidelines. *Eur Heart J Acute Cardiovasc Care* zuaf0134.
6. Hickman P, Potter JM, Cullen L, Eggers KM, Than M, Pickering HP et al. Evidence-based medicine and the cardiac troponin 99th percentile, for the diagnosis of acute myocardial infarction. 2024. In Press.
7. Verbeeck J, De Backer M, Buyse M. From non-inferiority to superiority: the shift towards patient-centric outcomes. *Eur Heart J Acute Cardiovasc Care* zuaf004.