

## Editorial

## RBCI 2015 version

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We began 2015 with major, long-awaited changes in the Revista Brasileira de Cardiologia Invasiva (RBCI). The transition to Elsevier services was diligent, thus requiring extra time and effort to ensure our readers the very best in editorial production. The Journal's internal and external layouts changed significantly in order to modernize the presentation of its scientific content and make it more attractive and educational. Thus, the cover no longer displays images, a feature of RBCI since 2003, and now features the titles of articles published in the issue – a model adopted by the most prestigious journals of the specialty. The international editorial board was vastly increased and now has over 30 world-renowned experts. From this issue onwards, the Journal will be published online in Portuguese and English; we will keep a small printed circulation to meet the demands of registered institutions and libraries. This transition period is not finished yet, since Elsevier's publishing management system, used by most of its international journals, still needs some more time to be implemented in order to replace the current system.

Celebrating the onset of this new era, this issue features articles and editorials investigating the boundaries of the knowledge in the specialty. Andrade et al., from Irmandade da Santa Casa de Marília, Marília, SP, Brazil, compare the radial and femoral access routes for invasive coronary procedures in patients undergoing coronary artery bypass graft surgery. It is known that the femoral approach is preferred in these cases; thus, it is of great interest to know the results of a pioneering group that adopted the transradial approach as standard strategy for diagnosis and treatment of their patients. Bertrand and Perez, from Quebec Heart-Lung Institute, Quebec, Canada, in their editorial, relate the lack of studies assessing this issue in PubMed and praise the additional information brought by the group. The editorialists acknowledge the greatest challenge of radial access in the subgroup of revascularized patients and also recall the decrease in fluoroscopy time and radiation exposure achieved over the past years.

Sousa et al., from the Escola Paulista de Medicina, Universidade Federal de São Paulo (UNIFESP), São Paulo, SP, Brazil, evaluate the predictors of pharmaco-invasive strategy failure in women. This is a strategy of much interest in countries such as Brazil, where the access to primary percutaneous coronary intervention is limited to a smaller number of patients with acute myocardial infarction. In their editorial, Giustino, Ruparelia, Mehran and Chieffo, from the

Icahn School of Medicine at Mount Sinai, New York, USA, and from Instituto Scientifico Universitario San Raffaele, Milan, Italy, commented on the causes of the worst evolution in women undergoing thrombolysis or primary percutaneous coronary intervention when compared to men, especially with respect to the delay in the first clinical contact. These authors suggest several measures to improve cardiovascular health in women.

Chamié et al., from Hospital Federal dos Servidores do Estado, Rio de Janeiro, RJ, Brazil, present a case series of combined percutaneous treatment of different structural and congenital heart defects. This is another underreported theme in the literature, with critical importance, given the current availability of advanced techniques that make it possible to approach most simple heart defects in specialized centers. Fuchs, Grube and Nickenig, from University Hospital, Rheinische Friedrich-Wilhelms-Universität, Bonn, Germany, in their editorial, praise the advantages of this approach, especially with respect to patient preference and comfort, in addition to the cost-effectiveness in the Brazilian healthcare setting.

Other original articles published in this issue address important issues, including the long-term evolution of diabetic patients treated with everolimus-eluting stents from the DESIRE Registry; the 12-month results of the BRAVO Registry; the vascular response assessed by optical coherence tomography in the BIOACTIVE study; the technical aspects and the late evolution of rotational atherectomy in arteries with extreme calcification or with previous dilation failure; the safety and predictors of same-day hospital discharge; the profile and outcomes of primary percutaneous coronary intervention in young patients; a sub-analysis of the iWonder study that evaluates the subtraction of the guide-wire artifact in quantitative and tissue analysis with intracoronary ultrasound and iMAP technology; and the accuracy and precision of online quantitative coronary angiography with automatic calibration.

*Enjoy your reading!*

**Áurea J. Chaves**

Editor

*E-mail:* achaves@uol.com.br (A.J. Chaves).