

Bioresorbables Plus Access & Closure

In this issue we highlight bioresorbable stent technologies and vascular access and closure. There are reviews covering recent trial results and the details of bioresorbable stents and polymers. We also cover the impact of bioresorbable technologies on dual-antiplatelet therapy (DAPT) strategy.

First, Salvatore Cassese, MD, examines the status of recent trials and meta-analyses for the Absorb everolimus-eluting bioresorbable vascular scaffold (Abbott Vascular). The article includes two tables that list the main characteristics of these trials and meta-analyses including the investigators, endpoints, inclusion criteria, and more.

Dr. Ashok Seth and colleagues add to our coverage of bioresorbable stents with their discussion of the technical aspects and optimal implantation techniques for the Absorb scaffold. This includes their recommended "Seven Mantras for Success" and "Tips and Tricks for Specific Lesion Subsets."

Next, Ian J. Sarembock, MD, and Dean J. Kereiakes, MD, explore the effect of bioresorbable polymer drug-eluting stents on DAPT. The article includes a discussion of the data from the EVOLVE II trial, the EVOLVE Short DAPT study, and the ABSORB III trial. They conclude that the technology appears well suited for evaluation in trials of abbreviated-duration DAPT.

Concluding our coverage on bioresorbable technology is an article by Rémi Kouz, MD, and Jean-François Tanguay, MD, who provide a summary of the design and structure of clinically tested bioresorbable scaffolds, concluding that such devices could eventually contribute to moving interventional cardiology toward the field of preventive interventions.

This issue also contains a focus on access and closure. It begins with a look at improvements in femoral access and closure for transcatheter aortic valve replacement (TAVR) by Nelson L. Bernardo, MD, and Augusto D. Pichard, MD. The article includes a six-point algorithm for the successful management of femoral artery access complications.

Can transradial catheterization lead to safer, less costly, and more satisfactory coronary angiography and inter-

ventions? Chad M. Dugas, MD, and Jeffrey M. Schussler, MD, attempt to address this question. They conclude that operators who have moved toward performing coronary procedures through this technique have seen significant advantages in the care of their patients.

Our supplementary focus on access and closure concludes with an article from Tejas Patel, MD, and

Samir B. Pancholy, MD. In it, they discuss the benefits and limitations of 4- to 5-F guide catheters for transradial intervention.

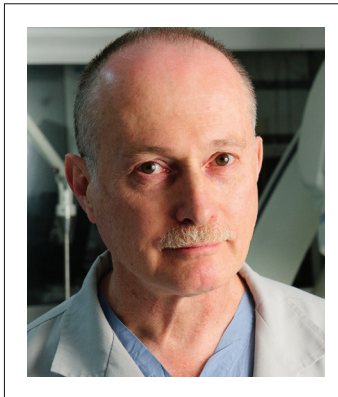
As part of our ongoing Today's Practice series, Suzette Jaskie and Joel Sauer offer information regarding compensation in the new value-based environment, an overview of current compensation data, and legal compliance issues.

Also appearing in this issue is a summary of TAVR studies. Given the ever-increasing number of data sets regarding TAVR,

we have partnered with industry to compile a summary of randomized published TAVR studies in the hope that it will serve as a useful reference tool (an expanded summary of all US TAVR studies is available at citoday.com/valves).

Concluding the issue is an interview with Ralph Brindis, MD, in which he discusses updated guidelines for DAPT, accreditation, and the development of a national medical device postmarket surveillance system.

As is always our mission, we hope to help synthesize the vast interventional literature in a timely and useful manner. If there are topics you would like to see covered in future issues let us know. ■



A stylized, handwritten signature in black ink, appearing to read "Ted Feldman". The signature is fluid and cursive, with a large, sweeping flourish at the end.

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