EDITORIAL

This year we had an excellent European Society of Cardiology (ESC) 2019 annual meeting. Location and timing could not have been better: Paris at the end of August!

The venue was not the usual one near the Charles De Gaulle airport, but right in the center, at Paris Expo Port de Versailles, very easy to access. The congress building was easy to "navigate," located on three floors with exhibitions and the various villages on the second and third floors with business as usual (registration, audio-visual, plenary rooms, ESC village) on the first floor. In addition... what can we say about the Fellow's room on the top floor, with a huge glass window overlooking the city and with the Eiffel Tower in front of you?

The congress was held jointly with the World Heart Federation (WHF) with a total of 33 510 participants. Yes, almost 23 000 health care professionals came from more than 150 countries enjoying over 600 sessions running in several parallel rooms! The organization was such that one could hardly see a queue or hear a complaint.

But...the best of the ESC/WHF was the science presented and this is what this issue of Dialogues in Cardiovascular Medicine is about: a very concise summary of what is new (in Cardiology) in the first part of 2019 presented in the usual, user-friendly format with the Snapshot in Cardiology section and a section on guidelines, registries, and trials presented by leaders on the topic.

Crowded with unexpected novelties was the field of heart failure. Diabetes is one of the most common comorbidities of heart failure and, likely enough, the novel sodium glucose cotransporter (SGLT2) inhibitors, which, when tested for their antidiabetic action, were constantly found to reduce cardiovascular mortality and hospitalization for heart failure.

In Paris, the DAPA-HF trial, conducted on a specific heart failure population, was presented and the results showed a significant reduction in heart failure outcomes. This effect was also found in nondiabetic patients. These results are important not only for the treatment of heart failure, but also for the better understanding of the pathophysiology of the disease. The SGLT2 inhibitors were created to treat diabetes, not heart failure. The mechanism of action is not known; however, several hypotheses have been raised, such as increasing ketones, affecting the Na/H pump, unloading the ventricles, etc. And...when there are hypotheses, the game is to discover the correct one.

Another long-time expected trial presented in Paris was PARAGON-HF for the treatment of patients with preserved ejection fraction with sacubitril/valsartan.

Unfortunately, PARAGON-HF joins a series of neutral trials with, literally, all the drugs that produced benefits in patients with heart failure with reduced ejection fraction. Even for PARAGON-HF, there are several explanations, but it seems that heart failure with preserved ejection fraction is more a "wording or a definition" than a real disease with a clear phenotype.

Several updates were also presented in the field of coronary artery disease or, as suggested in the 2019 guidelines presented in Paris, chronic coronary syndromes to distinguish it from the acute ones. The news relates more to diagnosis and risk assessment based on contemporary data on the prevalence of chronic coronary syndromes, which is likely decreasing as a result of a changes in lifestyle and a better control of risk factors. For diagnosis, it seems that the classic exercise ECG test is outdated by the more accurate noninvasive functional imaging tests (to detect ischemia) or coronary computed angiography (to detect coronary anatomy). In terms of treatment, the 2019 guidelines remain surprisingly very traditional and, actually, a corrigendum was published (European Heart Journal. http://doi.org/10.1093/eurheartj/ehz825) on November 14, 2019, as there were some inaccuracies. It is a pity that the newly proposed strategy called the "Diamond Approach" mentioned in the 2017 ESC issue of Dialogues in Cardiovascular Medicine was not followed.

In terms of risk reduction, there are also new suggestions according to the ESC/EAS guidelines and the most striking news is the further reduction in low-density lipoprotein levels to less than 1.4 mmol/L or <55 mg/dL in very-high-risk patients. Easy to say, more difficult to achieve! A more reasonable and reachable target has been emphasized for hypertension between 120/130 mm Hg with strong recommendations to use a fixed-drug combinations, renin-angiotensin system inhibitors (and especially ACE inhibitors) with calcium channel blockers or a diuretic being the preferred ones.

Finally, after 16 years from the previous one, the guidelines on supraventricular tachycardia were presented. In general, there is less confidence in pharmacological treatment and more enthusiasm in the efficacy of ablation, which should be offered as an initial choice in all reentrant and most focal arrhythmias. But summarizing 16 years in two or three lines is hard, even for us! So please, read the main messages from Professor Boriani and Professor Vardas.

We hope you will appreciate reading these highlights.

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