

EDITORIAL

The pace of research in cardiology appears to be growing exponentially with new and important findings that may influence clinical practice, happening on a regular basis. Most of this research is published in the major general medical journals, namely the *New England Journal of Medicine*, *Lancet*, and *JAMA*. Increasingly, the *European Heart Journal* is becoming a leading specialist journal in cardiovascular disease where such research may be found.

As it is becoming increasingly challenging for doctors to keep up with the latest publications, we have decided to devote the Year in Cardiology to all the original cardiovascular publications from the previous year found in the *New England Journal of Medicine*, *Lancet*, *JAMA*, and the *European Heart Journal*. Each paper has been reported in an objective manner with no selection bias so that the readers may draw their own conclusions as to the merit of the published work and how it may influence clinical thinking as well as their clinical practice.

In many ways, 2019 may be considered the year of “chronic stable angina” with the culmination of several papers being published over the recent couple of years aimed at a better understanding of the medical treatment and outcomes of this condition, notably four papers—two by Ferrari et al.^{1,2} and two by Sorbets et al.^{3,4} In the face of antianginal drugs having similar efficacy and evidence levels, choosing among the drugs and proffering sufficient guidelines is tricky at best; therefore, to address this, Ferrari and colleagues set about generating a different and individualized approach to treatment and developed the diamond approach.¹ The new diamond approach received more support following a systematic review on double-blind, parallel-group, randomized studies on angina treatment in patients with stable coronary artery disease, which showed no superiority of one angina drug over another in either the treatment of angina or in the prolongation of total exercise duration; in addition, only 3 of the 13 studies included showed equivalence between three drug classes, ie, β -blockers, calcium antagonists, and I_f channel inhibitors.²

Furthermore, a post-hoc analysis of the prospective, observational, longitudinal CLARIFY registry³ showed that β -blockers did not reduce the 5-year outcome except within the first year following myocardial infarction; however, calcium antagonists did not have any effect on mortality rates. The recently published 5-year outcomes analysis of CLARIFY⁴ showed that the enrolled patients had a higher rate of exposure to secondary prevention measures and a lower rate of major cardiovascular events than was shown in previous registries. The analysis revealed that differences in patient profiles led to different prognoses; for example, angina

was associated with a poor prognosis, but only in those patients who had experienced a previous myocardial infarction, further lending weight to the idea and implementation of a patient-tailored approach to treatment.

In addition to these 4 papers on “chronic stable angina,” the European Society of Cardiology published, in the *European Heart Journal*, a new set of guidelines in 2019.⁵ The guidelines were revised from the previous version to focus on chronic coronary syndrome instead of stable coronary artery disease, as it was stated that the patient population was not homogenous and that there were several distinct categories of “stable coronary artery disease” each requiring different treatment strategies.

We hope that you enjoy this summary of the outstanding cardiovascular research published in 2019 and look forward to another exciting year to come in cardiovascular science.

ROBERTO FERRARI, MD, PhD; KIM FOX, MD, FRCP

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