

ISSUE @ A GLANCE



A fresh look at ischaemic heart disease: from artificial intelligence to reappraisal of old drugs

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Weekly Journal Scan

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The widely promoted antimalarial drug hydroxychloroquine confers no mortality benefit in hospitalized patients with COVID-19: comment on the 'Effect of Hydroxychloroquine in Hospitalized Patients with COVID-19'

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STATE OF THE ART REVIEW

Ischaemic heart disease

The win ratio approach for composite endpoints: practical guidance based on previous experience

B. Redfors, J. Gregson, A. Crowley, T. McAndrew, O. Ben-Yehuda, G.W. Stone, and S.J. Pocock

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Advantages

1. All Key Elements Included

The win ratio recognizes all events, not just the first one, e.g. a death after a non-fatal event gets included in the analysis

2. Clinical Priorities Recognized

The win ratio forms the component outcomes into a hierarchy based on their relative clinical importance, e.g. death gets top priority

3. Repeat Events Easily Incorporated

The win ratio can be readily extended to account for recurrent events (e.g. hospitalizations) without statistical complexity

4. Non-Event Outcomes can be Included

The win ratio can be extended to include visit-related items, e.g. quality of life scores and physiological measures

5. Conceptually Straightforward

Counting up the "winners" and "losers" across all pairwise comparisons is a simple concept, compared to explaining what a hazard ratio means

Challenges

1. Lack of Familiarity

The win ratio is a relatively new statistical method: This article should facilitate a better understanding of the concept and its potential value

2. Statistical Software

Calculation of the win ratio (and its CI and p-value) requires statistical programs being readily available: We provide links to such software

3. Determining Sample Size

Power calculations for the win ratio entail simulations: We have created new software to facilitate this task

CLINICAL RESEARCH

Ischaemic heart disease

Feasibility of using deep learning to detect coronary artery disease based on facial photo

S. Lin, Z. Li, B. Fu, S. Chen, X. Li, Y. Wang, X. Wang, B. Lv, B. Xu, X. Song, Y.-J. Zhang, X. Cheng, W. Huang, J. Pu, Q. Zhang, Y. Xia, B. Du, X. Ji, and Z. Zheng

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Editorial

Selfies in cardiovascular medicine: welcome to a new era of medical diagnostics

C.P. Kotanidis and C. Antoniades

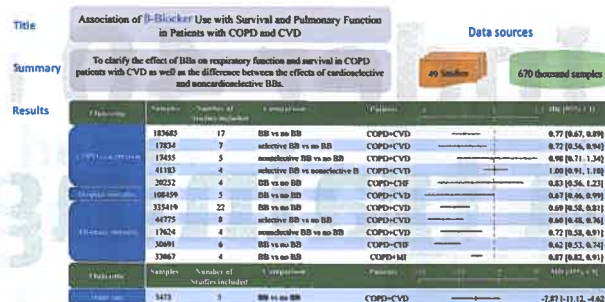
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Ischaemic heart disease

Association of β -blocker use with survival and pulmonary function in patients with chronic obstructive pulmonary and cardiovascular disease: a systematic review and meta-analysis

Y.-L. Yang, Z.-J. Xiang, J.-H. Yang, W.-J. Wang, Z.-C. Xu, and R.-L. Xiang

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Editorial

Beta-blockers and COPD: how can harmony be restored in a marriage in crisis?

R. Ferrari, R. Pavesini, and G. Campo

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BASIC SCIENCE

Ischaemic heart disease

Metoprolol exerts a non-class effect against ischaemia-reperfusion injury by abrogating exacerbated inflammation

A. Clemente-Moragón, M. Gómez, R. Villena-Gutiérrez, D.V. Lalama, J. García-Prieto, F. Martínez, F. Sánchez-Cabo, V. Fuster, E. Oliver, and B. Ibáñez

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Editorial

Is metoprolol more cardioprotective than other beta-blockers?

G. Heusch and P. Kleinbongard

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CARDIOVASCULAR FLASHLIGHT

Multimodality fusion imaging to guide percutaneous sinus venous atrial septal defect closure

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Fate of late-acquired bioresorbable scaffold malapposition: insights from serial optical coherence tomography

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Deadly spasm: back from the brink!

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Intracoronary imaging identifies plaque rupture underlying left main thrombosis in acute myocardial infarction without angiographically evident atherosclerosis

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CORRIGENDA

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