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LETTER TO THE EDITOR
Coronary intervention

Complete stent coverage of the coronary bifurcation is an outdated concept: reply

We thank Lim[1] for his interest in our paper[2] and valuable comments. The author of the letter expressed some concerns regarding the place of the hybrid provisional stenting (HPS) strategy involving a drug-coated balloon (DCB) in the management of the ostial left anterior descending artery (LAD) disease, and we are grateful for the opportunity to further explain and clarify.

Although the crossover stenting strategy by the current European Bifurcation Club for ostial LAD lesions is frequently used,[3] we strongly agree that the HPS strategy may be the middle way between the complete stent coverage philosophy and DCB. The rationale for investigating DCB angioplasty for percutaneous coronary intervention of the left main bifurcation or ostial LAD lesion is strong and intuitively attractive. However, until now, randomized controlled trials investigating DCB in bifurcation percutaneous coronary intervention are highly variable in methodological design and quality, and clinical evidence is accordingly weak.[4] Hence, the only recommendation in major cardiovascular guidelines for the use of DCB in coronary revascularization is in-stent restenosis, and the evidence is sufficient,[5] whereas there is little evidence for the subgroup of coronary bifurcation lesions.

In summary, the HPS strategy for *de novo* coronary bifurcation lesions is actually gaining popularity, but the comparison with large randomized controlled trials for the HPS, two-stent, or provisional techniques is lacking, and we believe that the HPS strategy needs more strong evidence to clarify this uncertainty. Nevertheless, multicentre randomized controlled trials with clearly defined inclusion and exclusion criteria would raise the evidence available to guide the management of patients with HBS for bifurcation disease.

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Data availability

No new data were generated or analysed in support of this research.

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