• In acute coronary syndrome (ACS), new P2Y12 blockers may improve outcomes but the net clinical benefit of addition of a third antithrombotic agent remains unclear.

• Warfarin plus clopidogrel rather than triple therapy may be preferable for patients requiring percutaneous coronary intervention (PCI) and ongoing anticoagulation.

• Pressure wire-guided PCI is superior to medical therapy for stable angina; radial access and drug-eluting stents with bioabsorbable polymers may improve PCI outcomes.

• In multivessel coronary disease and diabetes, coronary artery bypass grafting may be preferable to PCI provided both procedures are feasible (10% of screened patients eligible in Future Revascularization Evaluation in Patients with Diabetes Mellitus: Optimal Management of Multivessel Disease trial).

• Renal denervation therapy significantly improves blood pressure in resistant hypertension.

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