ACE inhibitors nor ARBs were associated with increased risks of receiving intensive care unit care for COVID-19. There were significant interactions with ethnicity for ACE inhibitors and ARBs for COVID-19 with higher risks among the non-white ethnic groups particularly Black African patients compared with the white group, although the CIs for some analyses are wide. This finding is important and adds to existing knowledge. Variations between different ethnic groups raise the possibility of ethnic-specific effects of ACE inhibitors/ARBs on COVID-19 susceptibility and severity.

**FINALISTS**

Åsa K Hedman (figure 2) is a computational scientist at Pfizer Worldwide Research, Development and Medical, with a keen interest in applying statistical and computational methods to high-dimensional genetic, molecular and clinical data to advance understanding of human disease in order to aid drug target discovery and definition of patient subpopulations. She received her PhD from Imperial College London, followed by postdoctoral positions at University of Oxford, Uppsala University and Karolinska Institute.

In this research paper, a machine learning clustering model was used to identify six phenotype subgroups among 320 patients with heart failure with preserved ejection fraction (HFpEF). These distinct HFpEF phenotype groups showed differential clinical characteristics, as well as differences in plasma proteins that included biomarkers for heart failure, atrial fibrillation and kidney disease. In addition, the composite clinical outcomes varied with the highest rates of all-cause mortality and heart failure hospitalisation in phenogroup 1, all of whom had hypertension with high prevalence of coronary artery disease, kidney dysfunction, anaemia and diabetes, and phenogroup 2, most of whom had atrial fibrillation with a high prevalence of chronic obstructive lung disease, older
ager and renal impairment, along with diastolic and right ventricular dysfunction.

Gal Tsaban (figure 3) is a graduate of Ben Gurion University of the Negev where he completed granted degrees of Medical Doctor and Master in Public Health, and currently is a fellow in Cardiology in Soroka University Medical Center and a clinical researcher at the Department of Public Health in the Ben Gurion University of the Negev. Dr Tsaban’s research focuses on hormonal, metabolic, cardiovascular, pericardial-adiposity and electrophysiologi-cal changes under distinct lifestyle inter-ventions among people with obesity. The main motivation of Dr Tsaban’s research stems from his strong will to improve and promote primordial and primary prevention of cardiovascular diseases among at-risk people with different phenotypes of obesity.

In this randomised controlled clinical trial including 294 participants with obesity or dyslipidaemia, both the Mediterranean and the green-Mediterranean diets had a beneficial effect on cardiometabolic state during the dietary weight loss induction phase. The green Mediterranean diet provided further significant and clinically meaning-ful improvement in cardiovascular risk reduction compared with the Medi-terranean diet, specifically in terms of central adiposity regression, improved lipid profile and systemic inflamma-tion reduction. The results of this study suggest that a green Mediterranean diet, lower in meat and supplemented with green plants, may amplify beneficial cardiometabolic effects of the Medi-terranean diet and thus has potential importance in the promotion of primary cardiovascular prevention.

Join me in congratulating the Best Research Paper winner and finalists for their excellent contributions to clinical cardiology!

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