BioMed Research International

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Special Issue on

Dual Antiplatelet Therapy Duration after Drug-Eluting Stents

CALL FOR PAPERS

Drug-eluting stents (DES) are implanted in approximately 75% of almost 500,000 patients undergoing percutaneous coronary intervention (PCI) every year in the United States and in a slightly lower proportion of patients in Europe, and they represent the main mode of myocardial revascularization worldwide. PCI with DES implantation has also been approved as an alternative therapeutic option to coronary artery bypass surgery in several high-risk patient/lesion subsets, achieving excellent clinical outcomes.

Dual antiplatelet therapy (DAPT) with aspirin and a $P2Y_{12}$ inhibitor after stent implantation has been introduced to reduce the risk of stent thrombosis and improve clinical outcomes.

Concerns about the long-term safety of first-generation DES led to the initial recommendation for 12-month duration of DAPT in patients treated with DES. With the introduction of second-generation DES with improvement and refinement in stent technology over the last decade, physicians and patients have been confronted with many randomized controlled trials testing the hypothesis that a course of DAPT shorter than 12 months, as compared to a standard regimen of 12-month DAPT, could reduce the bleeding risk associated with longer DAPT duration while preserving a beneficial effect on ischemic and thrombotic events. Simultaneously, a number of investigators have assessed the effects on clinical outcomes of a prolonged duration of DAPT beyond 1 year with the aim of further improving cardiovascular outcomes, leading to conflicting findings. While in recent guidelines a minimum of 6-month course of DAPT has become the recommended duration after DES implantation in stable coronary artery disease, there has been a long and ongoing debate in the literature over which patients could still benefit from an extension of DAPT duration beyond 12 months and which clinical circumstances could be more suitable for further shortening of DAPT duration. To this end, efforts in tailoring DAPT duration on patient thrombotic and bleeding risk profile have led to the development of a number of risk scores which may provide a useful hint to physicians in clinical decision-making, yet they await further validation in prospective studies.

The purpose of this special issue is to publish original, high-quality research papers as well as review articles that are not yet published or that are not currently under consideration by other journals, addressing recent advances about the effects of different DAPT durations on clinical outcomes across a wide spectrum of patients with coronary artery disease receiving DES implantation. In particular, the focus of contributions will be on different clinical scenarios and the use of risk assessment tools in optimizing DAPT duration with the aim of providing findings for a personalized approach to care to physicians.

Potential topics include but are not limited to the following:

- Updated systematic review of the effects of DAPT duration on clinical outcomes
- Optimal DAPT duration after DES implantation according to the clinical presentation
- Optimal DAPT duration according to DES type and after implantation of novel devices such as bioresorbable vascular scaffolds
- Optimal DAPT duration after DES in patients with atrial fibrillation
- Optimal DAPT duration after DES in patients with high bleeding risk
- Validation of novel risk scores to guide DAPT duration after DES

Authors can submit their manuscripts through the Manuscript Tracking System at https://mts.hindawi.com/submit/journals/bmri/cardiology/tdde/.

Papers are published upon acceptance, regardless of the Special Issue publication date.

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Submission Deadline
Friday, 16 March 2018

Publication Date
August 2018