

Dear Colleagues,

JIM 2008 is now over and we were very pleased with the large number of delegates that attended and the positive feed-back we received. During the expert presentations and live cases the importance of safety following drug-eluting stents implantation emerged as one of the key issues. The essential role of dual antiplatelet therapy in preventing stent thrombosis especially in the first six months after drug eluting stent implantation was emphasised. However, some patients also need concomitant anticoagulant therapy for conditions such as atrial fibrillation, venous thromboembolism, prosthetic valve implants, etc. In these patients, the additional use of dual antiplatelet therapy and dicumarol, may expose patients to an increased bleeding risk. Conversely, withholding antiplatelet therapy predisposes patients to the risks associated with stent thrombosis. We have therefore analysed the records from all patients, who underwent PCI in San Raffaele Hospital and Emo Centro Cuore Columbus, Milan - Italy, and were subsequently discharged on triple therapy with aspirin plus a thienopyridine (ticlopidine or clopidogrel) and oral anticoagulation (warfarin).

As in previous newsletters, we want to share with you our experience and ask for your comments and feedback. For this reason, we enclose a brief questionnaire enquiring about your personal practice when patients on warfarin require stent implantation.

Do you prescribe triple therapy?:

- 1) no, never
- 2) yes, but only for one month
- 3) yes, but only for six months
- 4) yes, also for periods over six months

Do you think triple therapy should be prescribed only for people below a certain age cut-off?

- 1) no, can be prescribed independently from age
- 2) yes, only in patients below 80 years
- 3) yes, only in patients below 75 years
- 4) yes, only in patients below 70 years

Since most of the events occurred in our experience during the first three months, do you believe bare metal stent should be preferred to DES in patients requiring triple therapy?

- 1) yes, always
- 2) BMS should be preferred to DES
- 3) no preference for one of the two stents

Some centers prefer clopidogrel and warfarin instead of triple therapy. Do you have any experience with this therapeutic modality?

- 1) never used
- 2) used in some patients with positive results
- 3) used in some patients with negative results
- 4) it is the standard in our center

Would you be interested in participating in a registry including patients on triple therapy to assess clinical efficacy and safety profile?

- 1) yes
- 2) no