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Michael E. Halkos, MD, MSc

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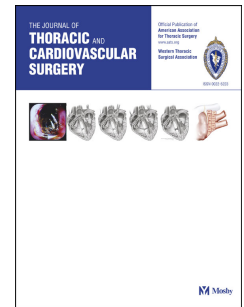
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Michael E. Halkos, MD, MSc, Emory University School of Medicine, Atlanta, GA

Correspondence:

Michael E. Halkos, MD, MSc
Associate Professor of Medicine
Emory University School of Medicine
550 Peachtree St, NE
MOT, 6th floor, Division of CTS
EUHM
Atlanta, GA 30308
P: 404-686-2513
F: 404-686-4959
mhalkos@emory.edu

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In this month's issue of The Journal of Thoracic and Cardiovascular Surgery, Yanagawa and colleagues¹ highlight an important topic that is frequently overlooked by surgeons.

Numerous trials have shown improved cardiovascular outcomes for patients treated with dual antiplatelet therapy (DAPT) after presenting with acute coronary syndrome (ACS).

In this survey of 75 Canadian cardiac surgeons, only 45% re-initiate DAPT after a routine CABG in ACS patients. Only 60% were aware of the current guidelines about DAPT in patients presenting with an ACS, and only 64% of respondents believed that the benefits of DAPT included ACS patients treated with CABG.

The guidelines are hardly compelling. The AHA/ACC guidelines recommend that patients with prior CABG and non-ST elevation ACS should receive antiplatelet therapy according to guideline-directed medical therapy but do not provide specifics².

The European Society of Cardiology recommends restarting P2Y₁₂ inhibitors after CABG when safe³. Neither of these recommendations comments on the timing or duration of

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