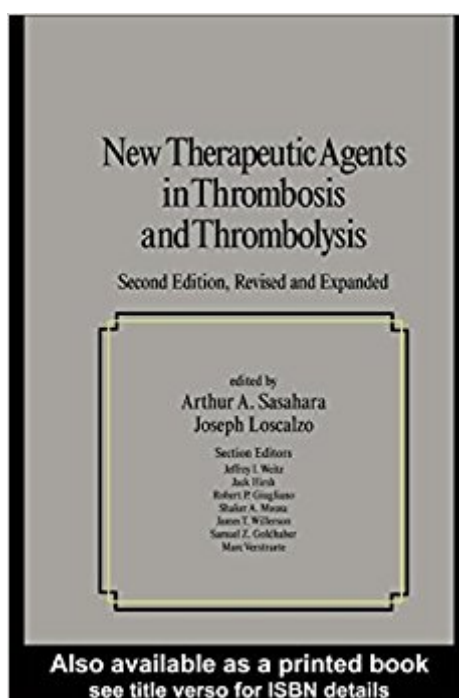


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New Therapeutic Agents In Thrombosis And Thrombolysis, Revised And Expanded, Second Edition (Fundamental And Clinical Cardiology)



Synopsis

Presents new chapters discussing the latest research on low-molecular-weight heparins, as well as agents such as pentasaccharide, TFP1, soluble thrombomodulin, and alfinpeprase. Completely revised and expanded throughout, *New Therapeutic Agents in Thrombosis and Thrombolysis* details strategies to target conventional and recently characterized pathways of hemostasis minimize the prothrombotic function of activated platelets assess the biochemical and pharmacological effects of antithrombotic agents and discusses the use of animal models for determination of antithrombotic drug efficacy antithrombotic therapy as a key component of cardiovascular disease management the management of thromboembolic events in children and pregnant women. Supplemented with more than 2000 contemporary references, *New Therapeutic Agents in Thrombosis and Thrombolysis* is an authoritative source for cardiologists, internists, primary care physicians, vascular medicine specialists, cardiovascular and vascular surgeons, hematologists, pulmonologists, critical care physicians, pharmacologists, pharmaceutical researchers, and fellows, residents, and graduate and medical school students in these disciplines.

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Customer Reviews

Despite remarkable progress in the past two decades in preventing myocardial infarction and stroke, the thrombotic complications of the atherosclerotic process are still a leading cause of morbidity and

mortality. The demonstration that streptokinase, a thrombolytic agent, and low-dose aspirin, an antiplatelet agent, can each reduce mortality from vascular causes by about one quarter when administered early in the course of an acute myocardial infarction, and that their separate benefits are additive when the two drugs are given together, has dramatically changed the life expectancy of patients with myocardial infarction and provides compelling evidence that coronary thrombosis is a dynamic, modifiable process. The existence of a similar thrombotic process, amenable to early pharmacologic modification, in a substantial proportion of patients with an acute ischemic stroke is also becoming apparent as a result of recent trials of thrombolytic and antiplatelet therapy in such patients. Furthermore, the continuation of antiplatelet prophylaxis with aspirin and other antiplatelet drugs beyond the acute phase of these ischemic syndromes can reduce the risk of thrombotic recurrence during subsequent years. The magnitude of these additional benefits is comparable to that of other forms of secondary prevention, such as lipid-lowering therapy, and is largely determined by the absolute level of risk in the patients receiving prophylactic treatment. Despite these achievements, a sizable proportion of patients with acute ischemic syndromes continue to die during the early weeks after the initial insult, and about two thirds of all recurrent fatal and nonfatal vascular events in patients who survive an acute myocardial infarction or an acute stroke occur despite currently available forms of preventive therapy. Thus, the quest for more effective antithrombotic and thrombolytic drugs continues, and a peaceful army of people in academia and industry is currently searching for such agents.

New Therapeutic Agents in Thrombosis and Thrombolysis captures an end-of-century picture of the problem and provides up-to-date information on recently approved drugs as well as new leads and new research directions. Eighty contributors from leading North American and European academic institutions, from 10 drug companies, and from the Food and Drug Administration comprehensively discuss many important issues related to drug discovery, development, and approval in this rapidly moving field. The book opens with four useful chapters dealing with pathophysiologic concepts of hemostasis and thrombosis, animal models for testing the relative antithrombotic and antihemostatic effects of novel therapeutic strategies, and design issues in clinical studies. The sections that follow deal with new heparins, thrombin inhibitors, new antiplatelet drugs, and new thrombolytic agents. Only therapeutic agents that have advanced to at least phase 2 clinical testing or that have shown substantial promise, in terms of both the preclinical science and the results of clinical studies, are discussed. Interestingly, each section begins with an overview of the important new developments in the area as assessed by the section editors. I enjoyed reading this book and found it a valuable source of novel information. Some discrepancies are apparent in the section on new antiplatelet drugs, which

overemphasizes some hypothetical approaches while failing to include a separate chapter on clopidogrel. One reservation about the section on new thrombolytic agents is that the balance between academia and industry is heavily shifted toward the latter. This book will appeal to a broad spectrum of basic and clinical investigators working in the area of thrombosis, particularly those interested in drug development, and it may provide the practicing physician with a comparative assessment of the efficacy and safety of new agents as well as a realistic view of new therapeutic weapons likely to become available in the next millennium. Reviewed by Carlo Patrono, M.D. Copyright © 1998 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS. --This text refers to an alternate Hardcover edition.

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