

The Evolving Landscape of Thromboembolic Disease: Diagnostic and Management Strategies

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This issue of the *Rhode Island Medical Journal* focuses on the broad topic of thromboembolic disease, its many and varied clinical presentations, their incidence, symptoms, diagnostic evaluation and, most importantly, their unique management and treatment strategies.

DRS. P. RILEY, A. MAAN and **K.S. KORR** open with an update on the current status of the Direct-Acting Oral Anticoagulants (DOACs), formerly referred to as new, novel or Non-Vitamin K oral anticoagulants (NOACs). In the brief span of 8 years since their approval, the DOACs are now prescribed more frequently than warfarin both in Europe and North America¹ and are expected to ultimately supplant warfarin due to their relative safety, improved efficacy and ease of use. Moving beyond the initial Randomized Control Trials (RCT) which established the DOACs as non-inferior to warfarin for the prevention of thromboembolism in patients with atrial fibrillation and deep-vein thrombosis, ongoing registry data and real-world experience continue to refine the role of these agents in distinct patient subsets, including those with chronic renal insufficiency, congestive heart failure, distinct ethnic groups and in the elderly.

DRS. B. MCCAULEY and **A. CHU** discuss the thromboembolic risks of atrial fibrillation, the role of the Left Atrial Appendage (LAA) and an overview of LAA closure devices and techniques as an alternative to anticoagulant therapy for the subset of patients with atrial fibrillation in whom oral anticoagulation is contra-indicated or high risk.

DRS. W. PRABHU and **P. SOUKAS** provide an update on the risk stratification and management strategies for patients with Pulmonary Embolism (PE) and the emerging role of multi-disciplinary pulmonary embolism response teams (PERT) for optimizing treatment opportunities in patients with intermediate and high-risk PE.

DRS. A. NOYES and **J. DICKEY** discuss the rising incidence and morbidity of Upper Extremity Deep-Vein Thrombosis (UEDVT) with the increasing prevalence of central venous catheters, PICCs, Ports, and implantable cardiac rhythm devices.

Finally, **DRS. O. HYDER** and **P. SOUKAS** present an overview of chronic venous insufficiency, venous ulcers, compression therapy and the role of endovenous ablation and other therapies.

These articles reflect the current state of medical practice in a rapidly changing therapeutic landscape which continues to evolve with the acquisition of real-world data and technologic advancements.

1. The changing landscape for stroke prevention in AF: findings from the GLORIA-AF Registry. *J Am Coll Cardiol.* 2017; DOI:10.1016/j.jacc.2016.11.061.

Guest Editor

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