

Despite considerable advances in the treatment and prevention of acute coronary syndromes (ACS) this condition remains common and consumes a considerable amount of healthcare resource. It is therefore timely to take stock of the evolving landscape and the place of different interventions. In this themed issue several distinguished leaders in the field provide an up to date synopsis of the past the present and the future.

This begins with an article discussing the epidemiological trends in the pattern of ACS, where we are now seeing a decline in the incidence of ST elevation myocardial infarction and an increase in non-ST elevation ACS particularly in older subjects and individuals with diabetes. Imaging plays a central role in diagnosis and management of ACS and the implication of plaque morphology to the pathophysiology of ACS are discussed as is the role of percutaneous coronary intervention (PCI) for the acute management of this condition. The field expanding most quickly is the area of anticoagulation and anti-platelet therapy where considerable advances have been made in the past decade. These are discussed in depth in three separate commentaries which shed considerable light on contemporary practice and future directions. A glimpse into the future of personalised medicine is provided by discussion around the role of biomarkers for risk prediction and least it be forgotten prevention is essential in all cases of ACS for long term risk reduction and these are discussed in depth in further articles. Among individuals who cannot obtain symptomatic relief from revascularization the relevance of anti-anginal therapy is covered and finally the series concludes with a sobering article on high risk cases such as the elderly, diabetics and females where despite the interventions discussed risk remains high.

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