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Journal News and Commentary

1539 Canadian Cardiovascular Society and Canadian Institute of Health Information Public Reporting of Percutaneous Coronary Intervention Quality Indicators

Robert C. Welsh, MD, FRCPC (Co-chair, CCS PCI Quality Working Group), Kendra MacFarlane, MSc, and Ata ur Rehman Quraishi, MBBS, FCPS (Chair, CCS PCI Quality Working Group); on behalf of the Canadian Cardiovascular Society Percutaneous Coronary Intervention Quality Working Group

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On the Cover: Effects of ticagrelor vs clopidogrel in the platelet. Ticagrelor and clopidogrel inhibit platelet aggregation by antagonizing P2Y₁₂, which mediates adenosine diphosphate (ADP)-induced platelet activation/aggregation. In addition, ticagrelor increases the extracellular adenosine concentration by inhibiting its cellular uptake through the equilibrative nucleoside transporter 1 (ENT-1). Extracellular adenosine then activates the platelet A_{2A} receptor, which inhibits platelet activation/aggregation. Platelet activation leads to surface expression of P-selectin, which binds to P-selectin glycoprotein ligand-1 on leukocytes, promoting the formation of platelet-leukocyte complexes that causes monocytes to release a range of inflammatory cytokines. ENT-1, equilibrative nucleoside transporter 1; IL, interleukin; MCP, monocyte chemoattractant protein; PSGL, P-selectin glycoprotein ligand; TNF, tumour necrosis factor. Via this supplemental mechanism, ticagrelor exhibits greater anti-inflammatory effects than clopidogrel. From Jinag et al., pages 1606-1612 of this issue.

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