Results:

Events in patients treated with clopidogrel versus patients treated with other antipla- 
etes used in genotyping conditions.

86% with acute coronary syndrome. The primary end-point occurred in 32 pa-
ients (10.1%) in the genotyping group and in 59 patients (14.1%) in the control
824 Non-coding RNAs and the control of neointima formation / Still learning of DAPT: Clopidogrel out of the game?

The study included a total of 719 patients undergone stent, more than

Conclusions:

Our results demonstrate that genotype–guided strategy reduces the rates of

restenosis.

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important to understand whether actual guidance is based on robust evidence
in the current evidence-based medicine era. Therefore we aimed to describe the
current scenario of recommendations in ESC cardiovascular guidelines and the
distribution of levels of evidence across recommendations.

Methods: Data from current disease-based ESC practice guidelines were scruti-
nized. Guidelines evaluating procedures across conditions (e.g. myocardial revas-
cularization) were not included. The number of recommendations and the distri-
bution of classes of recommendation (I, II, and III) and levels of evidence (A, B, 
and C) were determined.

Results: Considering the 21 current disease-based guidelines reporting levels
of evidence, there were 2621 recommendations. About 13.8% were classified as
level of evidence A, whereas 57% of the recommendations were level of evidence
C. Class I recommendations (1309) were substantially based on level of evidence
C (49.5%), while level of evidence A supported 20.5% of these recommendations.
Class III recommendations (198, 7.5% of all recommendations) relied mostly on
level of evidence C (56.1% of class III recommendations). Nevertheless, level of
evidence A recommendations were often used to provide class I recommenda-
tions.

Conclusions: Recommendations issued in current ESC disease-based guide-
lines are largely developed from lower levels of evidence or expert opinion. The
expansion of evidence-based data from which clinical practice guidelines are de-
derived is required.