

Appendix

Articles from *Seminars in Thrombosis & Hemostasis (STH)* Archives: Part II*

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As a part of this second, very special issue of *Seminars in Thrombosis & Hemostasis*, we have provided access through this Appendix to three articles previously published in this journal.^{1–3}

These articles hold special relevance to this issue of the journal, as extensively highlighted within the Preface to this issue. *Seminars in Thrombosis & Hemostasis* began publishing 40 years ago in 1974 under the stewardship of Eberhard Mammen, the founding Editor-in-Chief of the journal.

In a fitting tribute to Dr. Mammen, we began the first celebratory issue⁴ with a contribution on the topic of “Sticky platelet syndrome,”⁵ as this topic was of major interest to him, as evidenced by both that contribution as well as by the reproduction of one of Dr. Mammen’s studies on this topic in this journal in 1999.⁶ Several other contributions to the first celebratory issue also reflected on Mammen’s contribution to the field and to the journal that he founded and steered for several decades.

In the current issue of this journal, we have additionally turned our attention to other past contributors to the field of thrombosis and hemostasis as well as to this journal. Several contributions in this issue are related to the old and the new in anticoagulant therapy.^{7–10} Accordingly, we are providing access to an article published in this journal nearly 40 years ago on guidelines for the management of anticoagulant therapy.¹ At that time, the therapeutic options were heparin and vitamin K antagonist (VKA) therapy as represented by warfarin. Although it has been nearly 40 years since we originally published this article, these guidelines are to some extent still relevant. Although we have learnt much about these drugs in the intervening years, heparin and VKA

therapy anticoagulation are still employed today, and despite the increasing usage of the newer direct oral (or non-VKA) anticoagulants (novel oral anticoagulant/direct oral anticoagulant [NOAC/DOAC]),¹¹ both heparin and VKA therapy continue to be used in many patients for several indications.

Also, within this issue of the journal are several contributions on various hemostatic disorders.^{12–15} One of these contributions, on disseminated intravascular coagulation (DIC), has been contributed by a Senior Editor of *Seminars in Thrombosis & Hemostasis*, Marcel Levi, and his colleague, Tom van der Poll.¹⁴ This provides us with an opportunity to provide access in this issue an earlier work on DIC by a great past supporter of the journal Rodger L. Bick.³ Dr. Bick passed away in 2008,^{16,17} but contributed to 34 articles published in *Seminars in Thrombosis & Hemostasis* during 1976 to 2004, a time span of almost three decades.

Two of the contributions related to hemostatic disorders in this issue specifically pertain to prothrombotic disorders.^{12,13} One of these, the so-called antiphospholipid syndrome, is an autoimmune disorder characterized by many different clinical presentations and identified by laboratory testing and identification of so-called antiphospholipid antibodies (aPL).¹⁸ One such presentation of aPL is the so-called lupus anticoagulant (LA), a term that actually represents a double misnomer, since LA neither characterizes the clinical condition of lupus nor in vivo anticoagulants. The history of LA is ably detailed in this issue of the journal by Vittorio Pengo and colleagues.¹² As a belated dedication to a former pioneer in the area of LA testing, we are providing access to an article by Douglass A. Triplet,² who passed away in 2013 at the age of 69 years.¹⁹

I hope that the readership of this journal finds these reproductions of interest.

* Providing access to a collection of articles previously published in *Seminars in Thrombosis & Hemostasis*

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