

DURATION OF DUAL ANTIPLATELET THERAPY(DAPT) AFTER PERCUTANEOUS CORONARY INTERVENTION (PCI)

A presentation for HealthTrust Members
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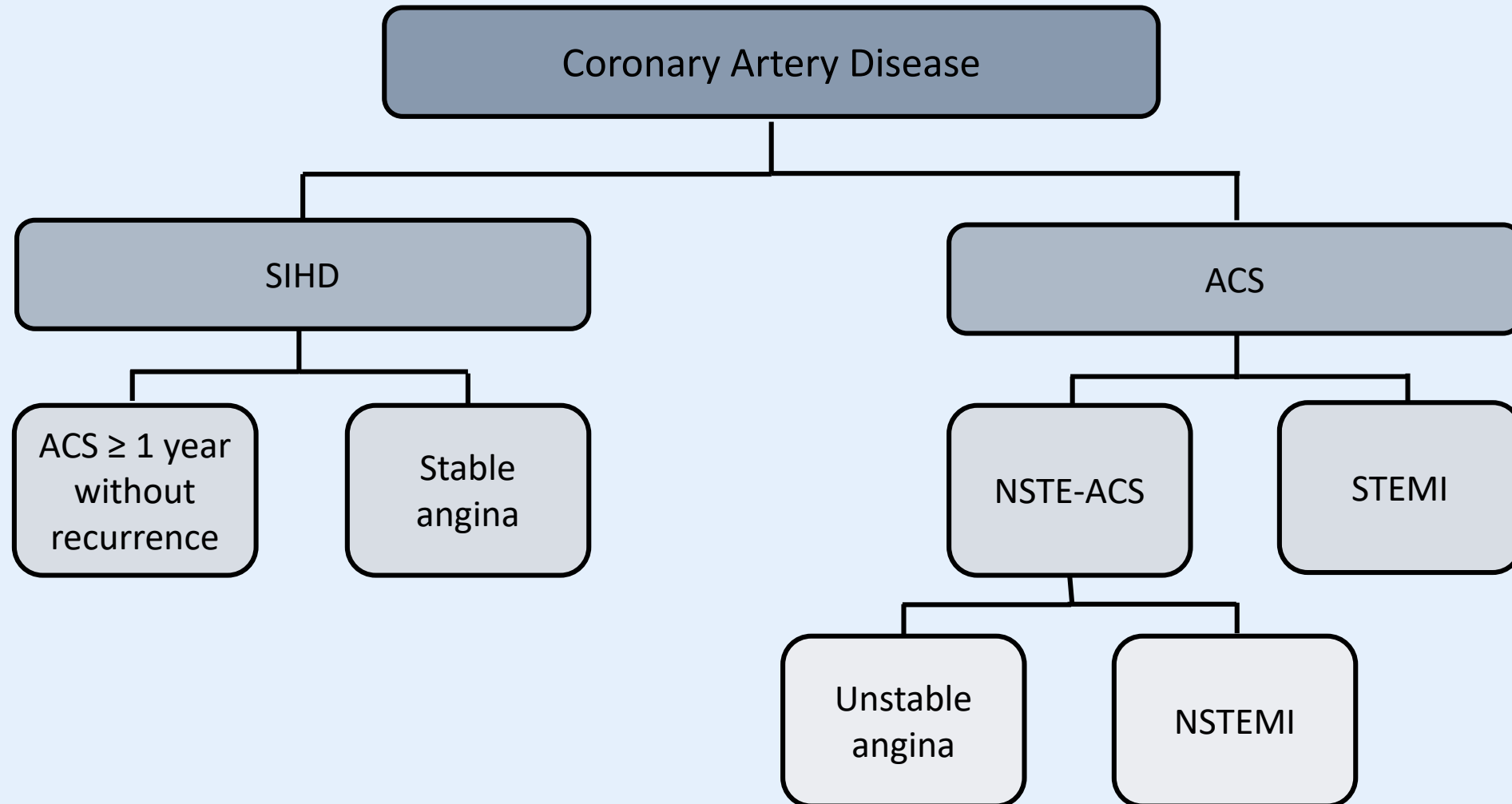
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Objectives

1. Recognize the current consensus recommendations for duration of dual antiplatelet therapy (DAPT) following percutaneous coronary intervention (PCI)
2. Identify evidence-based strategies for short-duration DAPT
3. Recommend an appropriate duration of therapy for DAPT after PCI

Defining Coronary Artery Disease



Rationale for Antiplatelet Therapy

Acute coronary syndrome

Chronic coronary syndrome

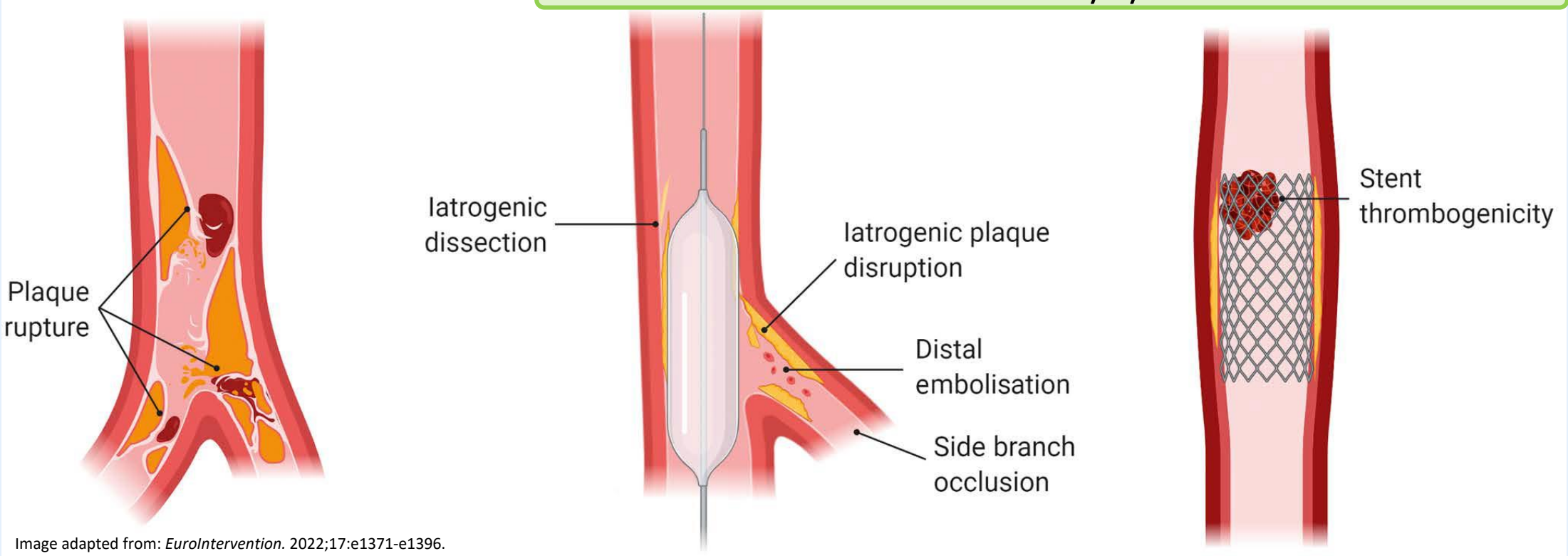


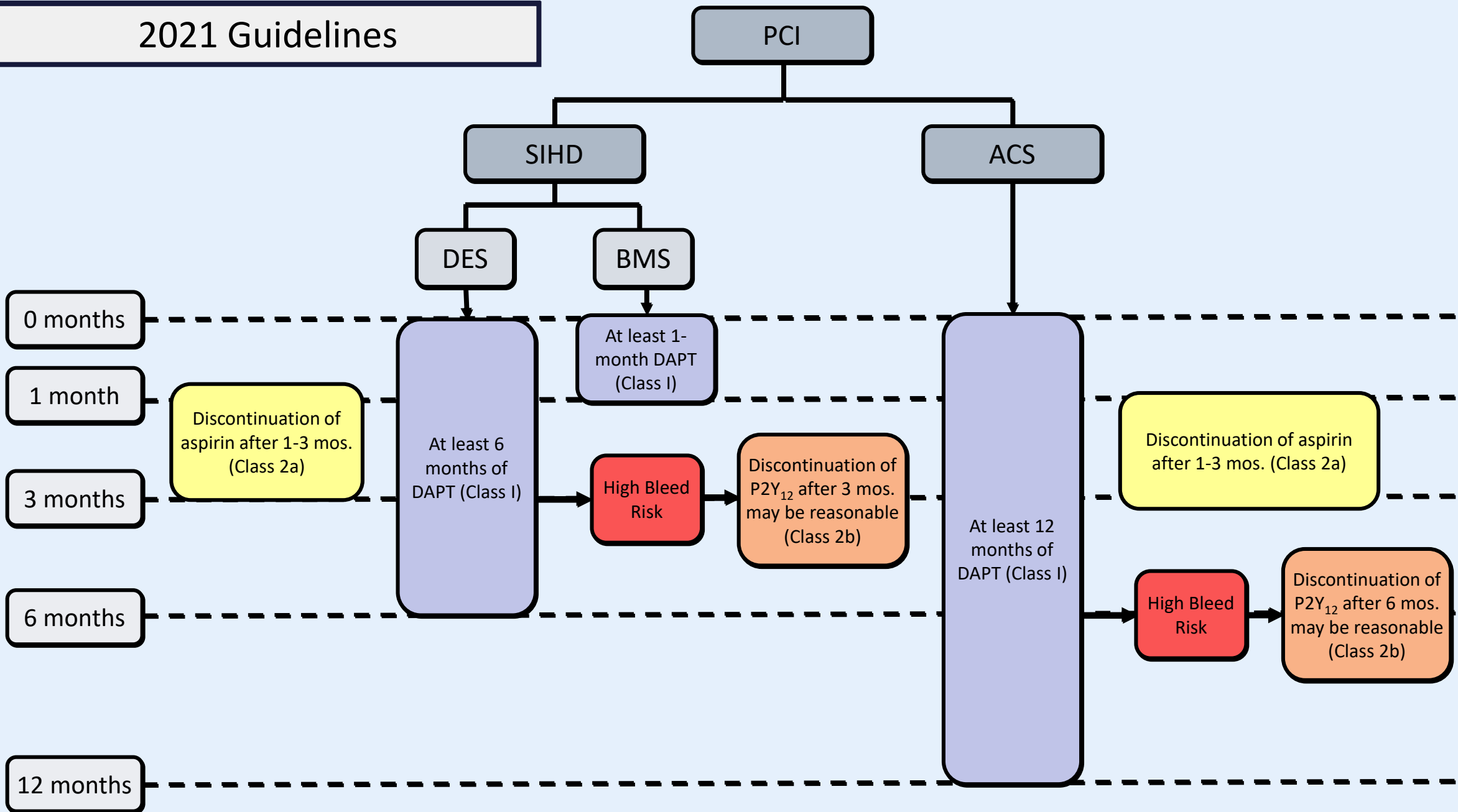
Image adapted from: *EuroIntervention*. 2022;17:e1371-e1396.

Reduce thrombus burden

Reduce procedural damage

Prevent stent thrombosis

2021 Guidelines



PCI=Percutaneous Coronary Intervention; SIHD=Stable Ischemic Heart Disease; ACS=Acute Coronary Syndrome; DES=Drug-eluting Stent; BMS=Bare Metal Stent; DAPT=Dual Antiplatelet Therapy
 Source: *Circulation*. 2016;134(10):e123-e155.

Evidence for 12-Month DAPT

Study	Year	ACS	SIHD	P2Y ₁₂ Inhibitor	Short Duration	Long Duration
PCI-CURE	2001	100%	0%	Clopidogrel or Ticlodipine	2-4 weeks	Until follow-up (3-12 months; median 8 months)
CREDO	2002	67%	33%	Clopidogrel	1 month	12 months

Bleeding vs. Ischemic Risk

Bleed Risk

- Major and minor bleeding
- Often characterized by TIMI or BARC classifications

Ischemic Risk

- **MACCE:** Major Adverse Cardiovascular and Cerebrovascular Events
- Death, stroke, myocardial infarction, stent thrombosis, revascularization

Combined Risk

- **NACE:** Net Adverse Clinical Outcomes
- Composite of bleeding and ischemic outcomes

Bleeding Classifications

BARC Bleeding	
Type 1	Bleeding is not actionable
Type 2	Any overt, actionable sign of hemorrhage
Type 3	Overt bleeding PLUS one of the following: <ul style="list-style-type: none"> - Drop in Hgb of 3-5 g/dL and need for transfusion - Drop in Hgb \geq5 g/dL - Intracranial or intraocular bleed
Type 5	Fatal bleeding

TIMI Bleeding	
Minimal	Overt hemorrhage associated with a fall in Hgb <3 g/dL
Minor	Any clinical overt sign of hemorrhage with a drop of Hgb 3-5 g/dL
Major	Intracranial hemorrhage or Hgb drop >5 g/dL

Evidence for 12-Month DAPT

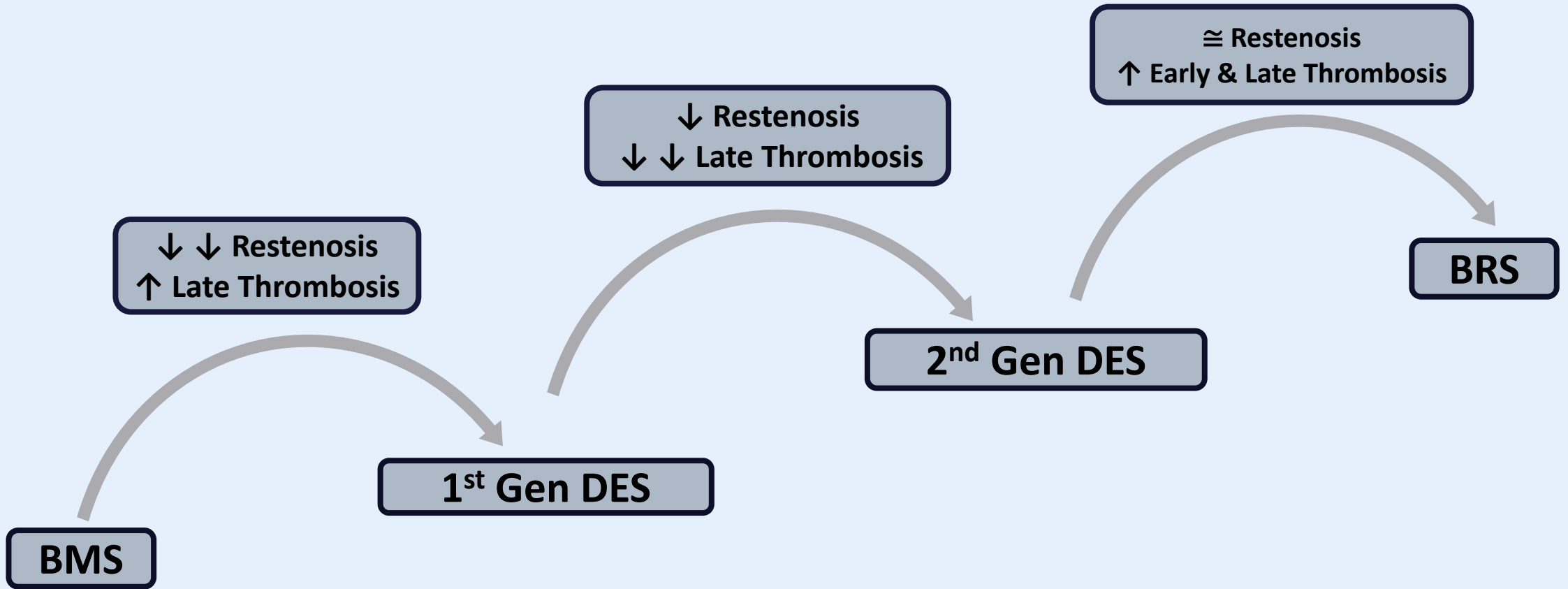
Study	Year	ACS	SIHD	P2Y ₁₂ Inhibitor	Short Duration	Long Duration	MACCE	Bleeding
PCI-CURE	2001	100%	0%	Clopidogrel or Ticlopidine	2-4 weeks	Until follow-up (3-12 months; median 8 months)	<u>Death/MI/Revascularization:</u> 21.7% vs 18.3% (p=0.03) NNH = 30	<u>Major Bleeding:</u> 1.4% vs 1.6% (p=0.69) No Difference <u>Minor Bleeding:</u> 2.1% vs 3.5% (p=0.03) NNT = 72
CREDO	2002	67%	33%	Clopidogrel	1 month	12 months	<u>Death/MI/ Stroke:</u> 11.5% vs 8.5% (p=0.02) NNH = 34	<u>Major Bleeding:</u> 8.8% vs 6.7% (p=0.07) <u>Minor Bleeding:</u> 5.3% vs 5.6% (p=0.84) No Difference

Sources: *Lancet*. 2001;358(9281):527-533.

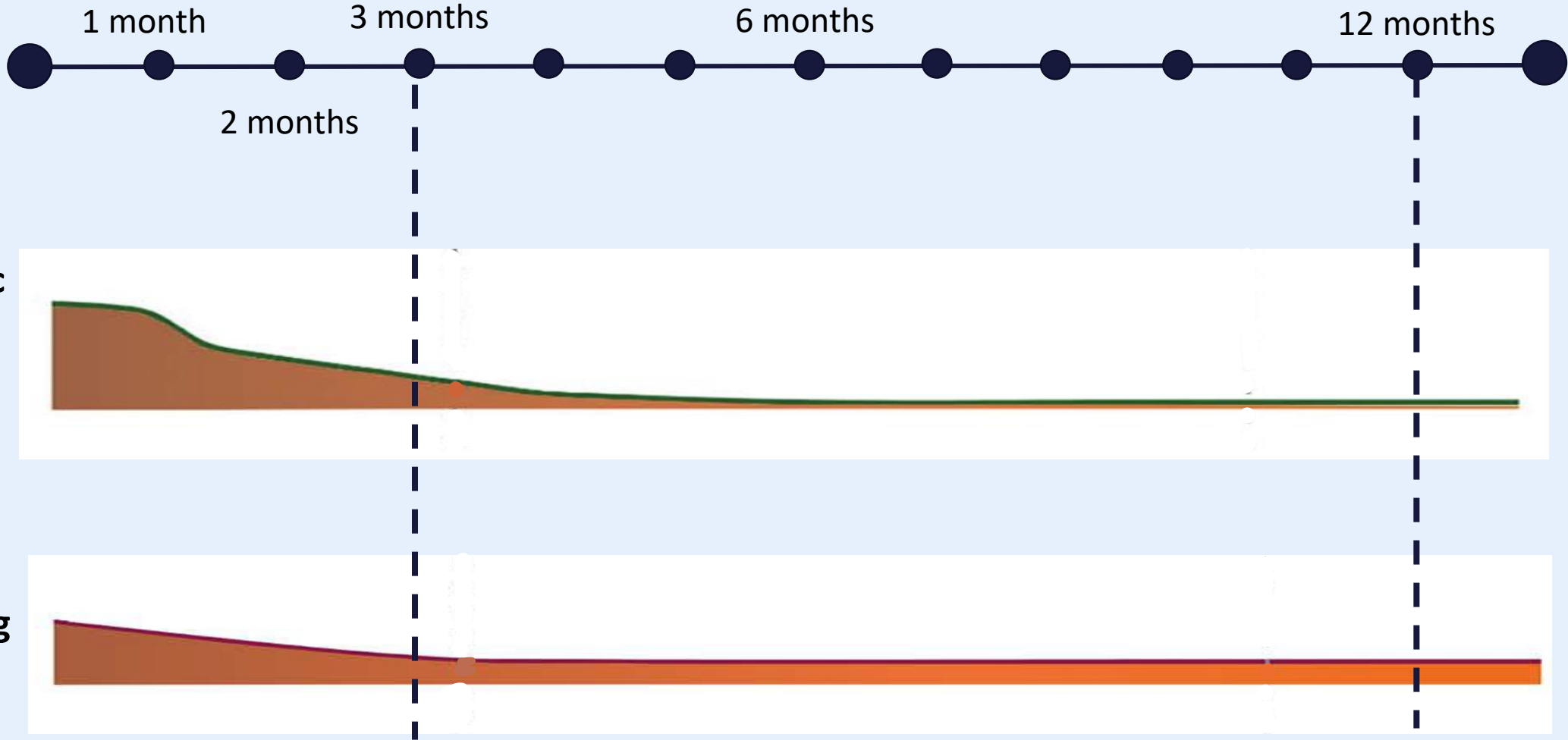
JAMA. 2002;288(19):2411-2420.

ACS=Acute Coronary Syndrome; SIHD=Stable Ischemic Heart Disease; MI=Myocardial Infarction; NNH=Number Needed to Harm; NNT=Number Needed to Treat

Drug-eluting Stent Evolution



Bleeding vs Ischemic Risk of DAPT



Risk over Time

Source: *EuroIntervention*. 2022;17:e1371-e1396. Image adapted from: *EuroIntervention*. 2022;17:e1371-e1396.

Assessment Question #1

Based on your current understanding of the ACC guidelines, what duration of DAPT would you recommend for an ACS patient undergoing PCI?

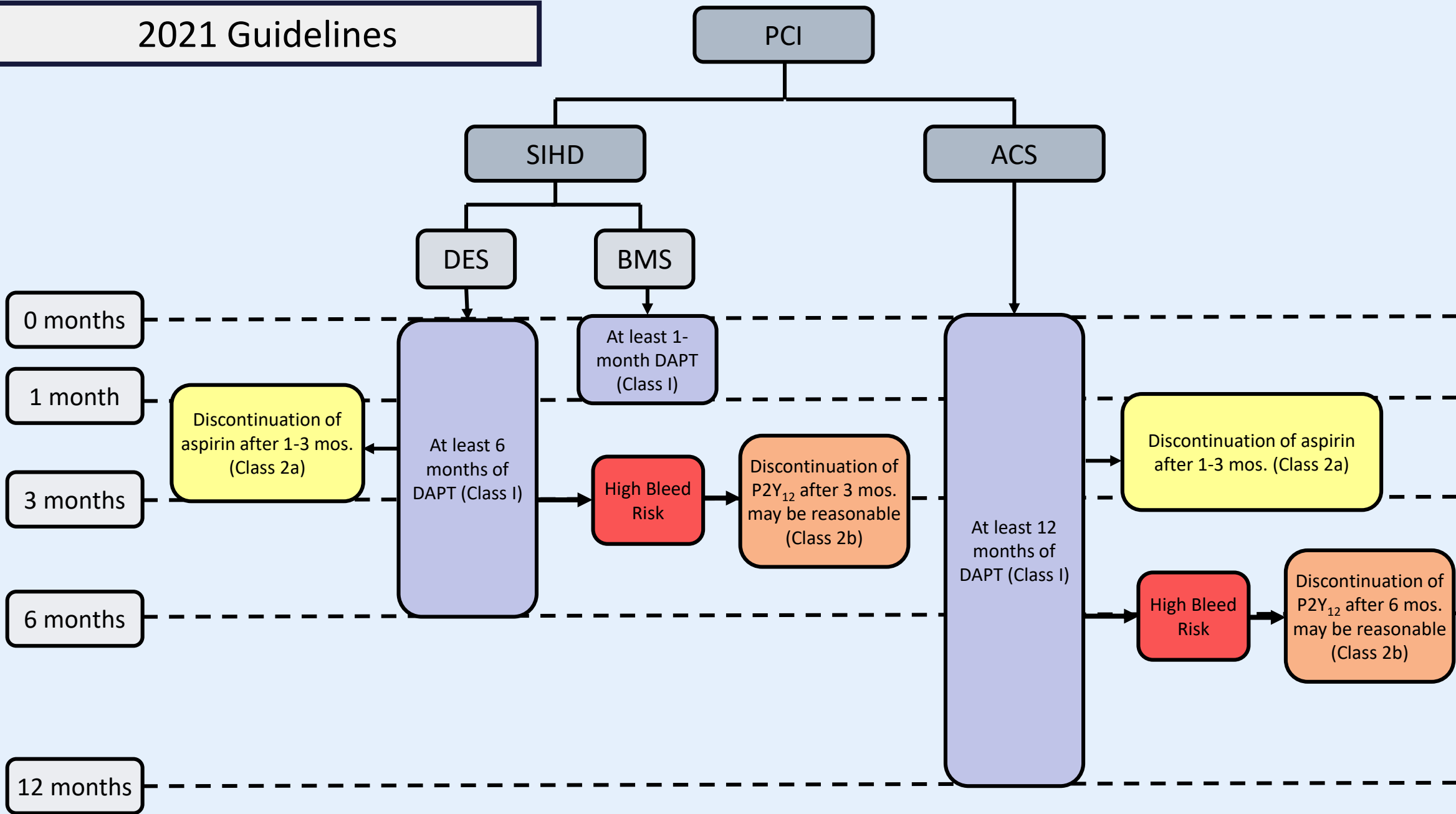
- a) 1 month
- b) 3 months
- c) 6 months
- d) 12 months

Assessment Question #1

Based on your current understanding of the ACC guidelines, what duration of DAPT would you recommend for an ACS patient undergoing PCI?

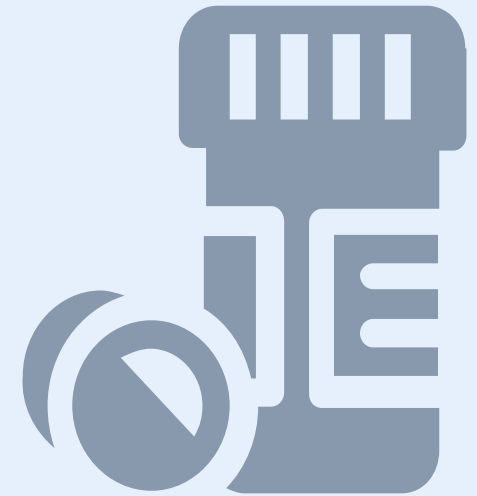
- a) 1 month
- b) 3 months
- c) 6 months
- d) 12 months**

2021 Guidelines



Source: *Circulation*. 2022;145(3):e18-e114.
PCI=Percutaneous Coronary Intervention; SIHD=Stable Ischemic Heart Disease; ACS=Acute Coronary Syndrome; DES=Drug-eluting Stent; BMS=Bare Metal Stent

Selecting a Regimen for Shortened Duration DAPT



DAPT Regimens

Regimen

Clopidogrel DAPT → Aspirin

Vs.

**Clopidogrel DAPT →
clopidogrel monotherapy**

Any P2Y12 DAPT → Aspirin

Vs.

**Ticagrelor DAPT →
Ticagrelor monotherapy**

Duration

6 months

Vs.

3 months

3 months

Vs.

1 month

DAPT with Clopidogrel Deescalated to Aspirin Monotherapy

Study	# of Patients	ACS	SIHD	Duration (months)	NACE	MACCE	Major Bleeding	Minor Bleeding
One-Month DAPT	3020	39%	61%	1 vs 6-12	↔	-	↓*	-
One-Month DAPT (ACS only)	1192	100%	0%	1 vs 6-12	↑*	-	-	-
RESET	2148	54%	46%	3 vs 12	↔	↔	↔	↔
RESET (ACS only)	601	100%	0%	3 vs 12	↑*	-	-	-
OPTIMIZE	3211	32%	68%	3 vs 12	↔	↔	↔	↔

*=NOT statistically significant

Clopidogrel DAPT Deescalated to Clopidogrel Monotherapy

Study	# of Patients	ACS (%)	SIHD (%)	Duration (months)	NACE	MACCE	Major Bleeding	Minor Bleeding
One-Month DAPT	3020	39	61	1 vs 6-12	↔	-	↓*	-
One-Month DAPT (ACS only)	1192	100	0	1 vs 6-12	↑*	-	-	-
RESET	2148	54	46	3 vs 12	↔	↔	↔	↔
RESET (ACS only)	601	100	0	3 vs 12	↑*	-	-	-
OPTIMIZE	3211	32	68	3 vs 12	↔	↔	↔	↔
EXCELLENT	1443	51	49	6 vs 12	-	↔	↔	↔
SECURITY	1404	39	61	6 vs 12	↔	-	↔	↔
ISAR-SAFE	4005	39	61	6 vs 12	↔	↔	↔	↓↓
I-LOVE-IT 2	1829	85	15	6 vs 12	↔	↔	↔	↔
NIPPON	3773	32	68	6 vs 18	↑*	↑↑↑	↔	↔
OPTIMA-C	1368	51	49	6 vs 12	↔	↑*	↔	↔

*=NOT statistically significant

Sources: *JACC Cardiovasc Interv.* 2021;14(16):1801-1811. *J Am Coll Cardiol.* 2012;60(15):1340-1348. *JAMA.* 2013;310(23):2510-2522. *Circulation.* 2012;125(3):505-513. *J Am Coll Cardiol.* 2014;64(20):2086-2097. *Eur Heart J.* 2015;36(20):1252-1263. *JACC Cardiovasc Interv.* 2014;7(12):1352-1360. *JACC Cardiovasc Interv.* 2017;10(12):1189-1198. *EuroIntervention.* 2018;13(16):1923-1930.

ACS=Acute Coronary Syndrome; SIHD=Stable Ischemic Heart Disease; NACE=Net Adverse Clinical Events; MACCE=Major Adverse Cardiovascular and Cerebrovascular Events

Clopidogrel DAPT Deescalated to Clopidogrel Monotherapy

Study	# of Patients	ACS (%)	SIHD (%)	Duration (months)	NACE	MACCE	Major Bleeding	Minor Bleeding
SMART-CHOICE	2993	58	42	3 vs 12	↔	↔	↔	↓↓
STOPDAPT-2	3045	38	62	1 vs 12	↓↓	↔	↓	↓↓
STOPDAPT-2 ACS	4169	100	0	1 vs 12	↑*	↑↑	↔	↓

*= failed to meet noninferiority

DAPT Regimens

Regimen

Clopidogrel DAPT → Aspirin

Vs.

**Clopidogrel DAPT →
clopidogrel monotherapy**

Any P2Y12 DAPT → Aspirin

Vs.

**Ticagrelor DAPT →
Ticagrelor monotherapy**

Duration

6 months

Vs.

3 months

3 months

Vs.

1 month

P2Y12 DAPT Deescalated to Aspirin Monotherapy

Study	# of Patients	ACS (%)	SIHD (%)	Duration (months)	NACE	MACCE	Major Bleeding	Minor Bleeding
DAPT-STEMI	100	100	0	6 vs 12	↔	↔	↔	↔
SMART-DATE	2712	100	0	6 vs 12	↔	↑↑	↔	↔

Ticagrelor DAPT Deescalated to Ticagrelor Monotherapy

Study	# of Patients	ACS (%)	SIHD (%)	Duration (months)	NACE	MACCE	Major Bleeding	Minor Bleeding
GLOBAL LEADERS	15968	47	53	1 vs 12	-	↓*	↔	↔
TWILIGHT	7119	64	36	3 vs 12	-	↔	↓	↓↓
TICO	3056	100	0	3 vs 12	↓↓	↔	↓↓	↓↓

*=NOT statistically significant

DAPT Regimens

Regimen

Clopidogrel DAPT → Aspirin

Vs.

Clopidogrel DAPT →
clopidogrel monotherapy

Any P2Y12 DAPT → Aspirin

Vs.

Ticagrelor DAPT →
Ticagrelor monotherapy

Duration

6 months

Vs.

3 months

3 months

Vs.

1 month

STOPDAPT-2 – Watanabe, et al. 2019

Inclusion: Patients who underwent successful PCI with 2nd generation DES (CoCr-EES)

Exclusion: Need for anticoagulation, history of intracranial bleeding

Baseline characteristics: 38% ACS, 19% STEMI, 33% prior PCI

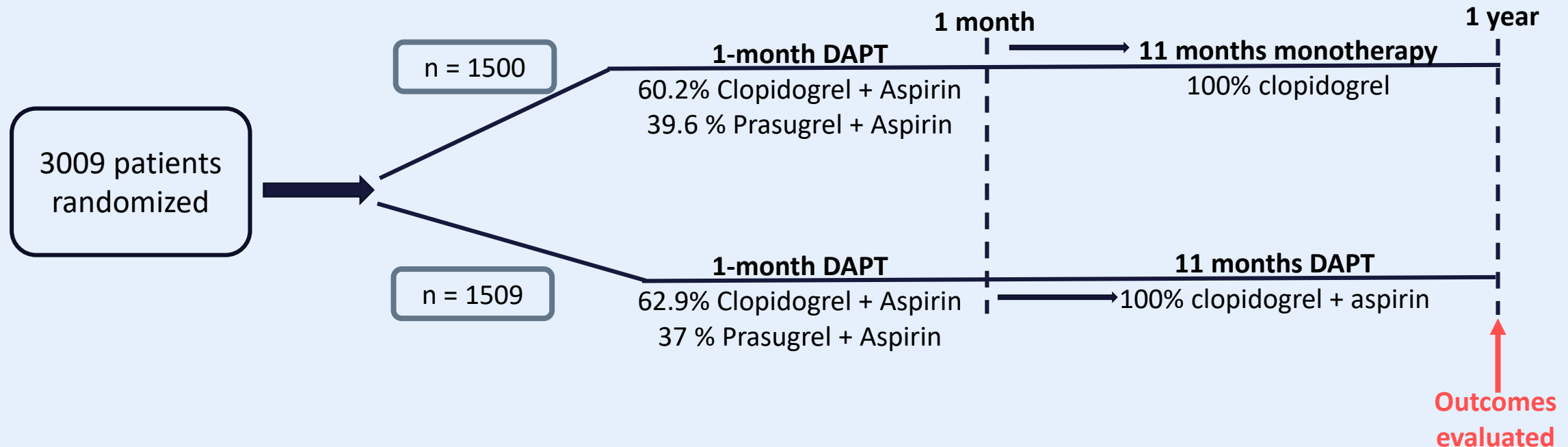
Primary outcome

NACE: Composite of CV death, MI, stent thrombosis, stroke, or TIMI major or minor bleeding

Secondary outcomes

MACCE: Composite of CV death, MI, stent thrombosis, or stroke (non-inferiority margin: 2.3%)

Bleeding: TIMI major or minor bleeding



STOPDAPT-2 – Watanabe, et al. 2019

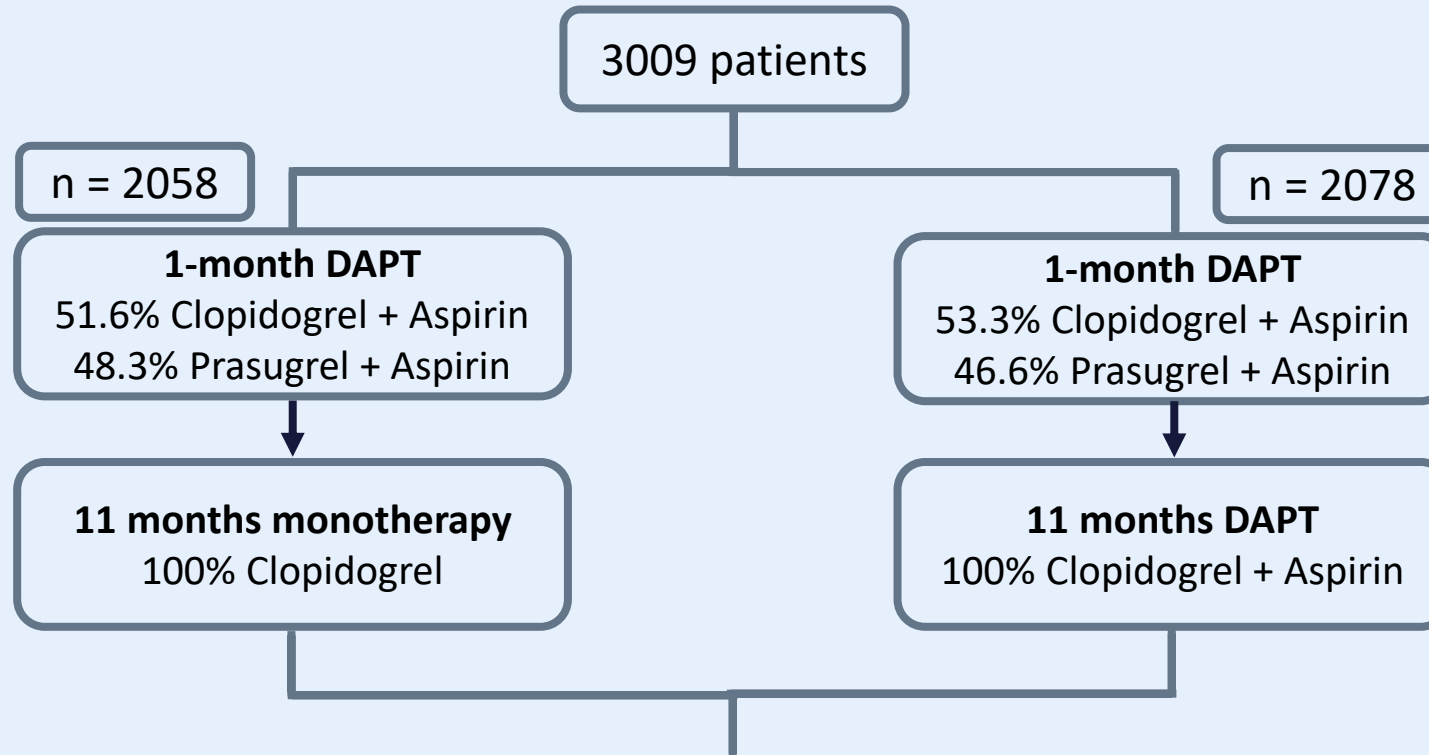
Outcome	1-month (n=1500)	12-month (n=1509)	HR (95% CI)	P-value (noninferiority)	P-value (superiority)	NNT
NACE	2.36%	3.70%	0.64 (0.42-0.98)	<0.001	0.04	75
MACCE	1.96%	2.51%	0.79 (0.49-1.29)	0.005	0.34	-
TIMI Major & Minor Bleeding	0.41%	1.54%	0.26 (0.11-0.64)		0.004	89
TIMI Major	0.20%	1.07%	0.19 (0.05-0.65)		0.01	115
BARC Type 3 or Type 5	0.54%	1.81%	0.30 (0.13-0.65)		0.003	79

STOPDAPT-2 ACS – Watanabe, et al. 2021

Inclusion: Patients who underwent successful PCI with 2nd generation DES (CoCr-EES)

Exclusion: Need for anticoagulation, history of intracranial bleeding

Baseline characteristics: 100% ACS, ~74% STEMI, ~10% prior PCI



Outcomes at 1 year:

NACE: Composite of CV death, MI, stent thrombosis, stroke, or TIMI major or minor bleeding

MACCE: Composite of CV death, MI, stent thrombosis, or stroke (non-inferiority margin: 50% HR)

Bleeding: TIMI major or minor bleeding

STOPDAPT-2 ACS – Watanabe, et al. 2021

Outcome	1-month (n=1500)	12-month (n=1509)	HR (95% CI)	P-value (noninferiority)	NNT/NNH
NACE	3.2%	2.8%	1.14 (0.80-1.62)	0.06	-
MACCE	2.7%	1.9%	1.50 (0.99-2.26)	-	-
MACE	3.1%	2.0%	1.63 (1.10-2.42)	-	90
TIMI Major & Minor Bleeding	0.5%	1.2%	0.46 (0.23-0.94)	-	142
TIMI Major	0.3%	0.6%	0.54 (0.22-1.36)	-	-
BARC Type 3 or Type 5	0.5%	1.3%	0.41 (0.20-0.83)	-	125

Clopidogrel Deescalation to Clopidogrel Monotherapy

Study	# of Patients	ACS (%)	SIHD (%)	Duration (months)	NACE	MACCE	Major Bleeding	Minor Bleeding
SMART-CHOICE	2993	58	42	3 VS 12	↔	↔	↔	↓↓
STOPDAPT-2	3045	38	62	1 vs 12	↓↓	↔	↓	↓↓
STOPDAPT-2 ACS	4169	100	0	1 VS 12	↑*	↑↑	↔	↓

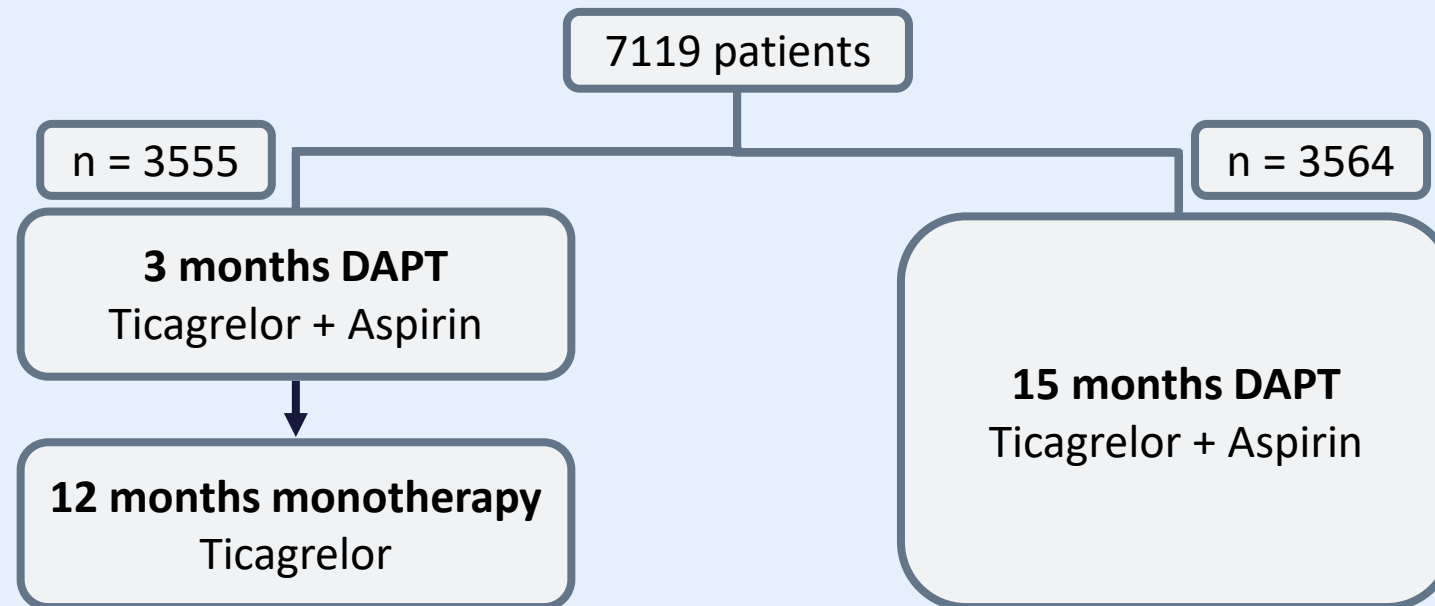
*= failed to meet noninferiority

TWILIGHT – Mehran, et al. 2019

Inclusion: Successful PCI with DES and at least one of the following: age \geq 65, female sex, troponin (+), ACS, vascular disease, diabetes, CKD

Exclusion: STEMI, bleed or ischemic event in the first 3 months, need for anticoagulation

Baseline characteristics: ~64% ACS, ~62% multivessel disease, ~42% prior PCI



Primary end point

First occurrence of BARC type 2, 3, or 5 bleeding between randomization and 1 year

Key Secondary End Point

MACCE: Composite of all-cause death, MI, or stroke (non-inferiority margin: 1.6%)

TWILIGHT – Mehran, et al. 2019

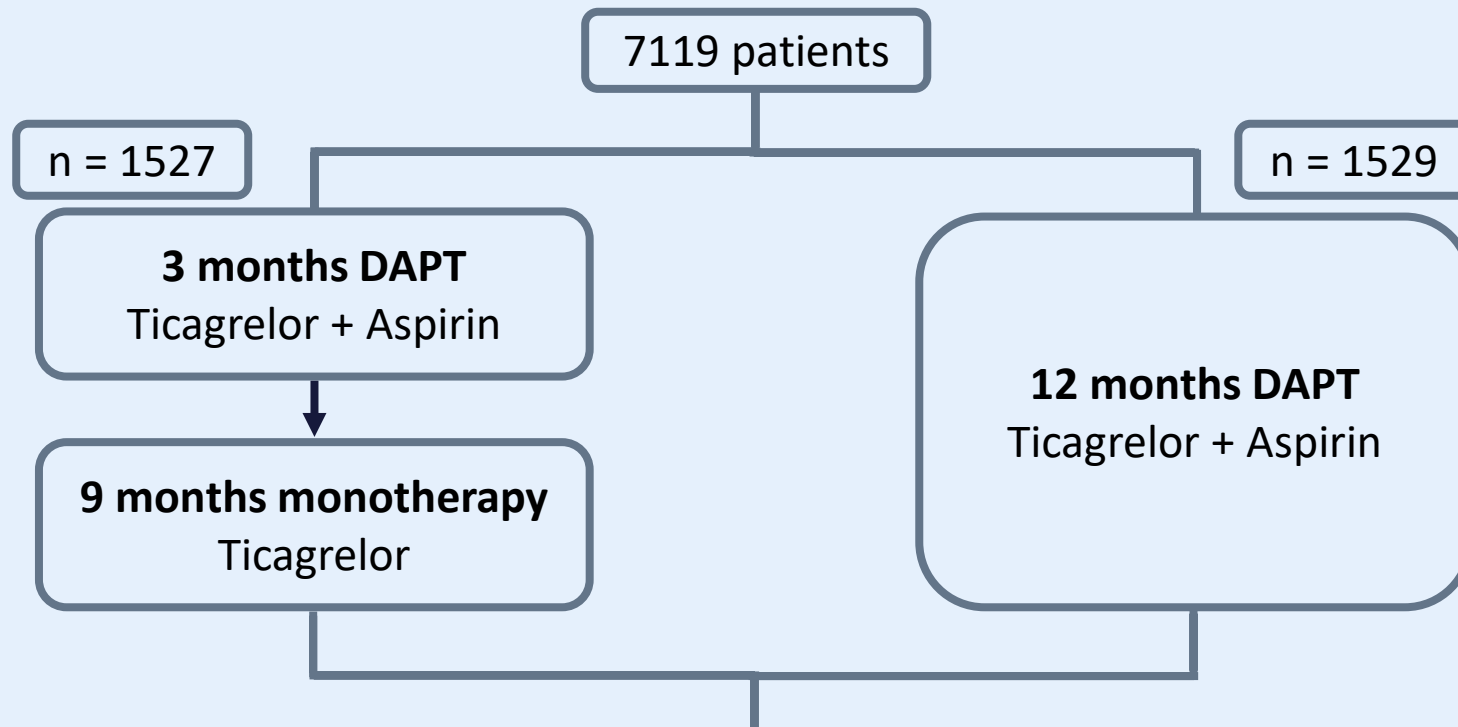
Outcome	3-month (n=3555)	12-month (n=3564)	HR (95% CI)	P-value (noninferiority)	P-value (superiority)	NNT
MACCE	3.9%	3.9%	0.99 (0.78–1.25)	<0.001	-	-
Stent thrombosis	0.4%	0.6%	0.74 (0.37–1.47)	-	-	-
BARC type 2, 3, or 5	4.0%	7.1%	0.56 (0.45–0.68)	-	<0.001	33
TIMI Major & Minor Bleeding	4.0%	7.1%	0.56 (0.45–0.68)	-	<0.001	33
ISTH Major	1.1%	2.1%	0.54 (0.37–0.80)	-	-	100

TICO – Kim, et al. 2020

Inclusion: ACS patients who underwent successful PCI with 2nd generation DES

Exclusion: Need for anticoagulation, history of intracranial bleeding or hemorrhagic stroke

Baseline characteristics: ~36% ACS, ~55% multivessel disease, ~9% prior PCI



Outcomes at 1 year:

NACE: Composite of death, MI, stent thrombosis, stroke, revascularization, or TIMI major bleeding

MACCE: Composite of all-cause death, MI, stent thrombosis, stroke, or revascularization

Bleeding: TIMI major bleeding

TICO – Kim, et al. 2020

Outcome	3-month (n=3555)	12-month (n=3564)	HR (95% CI)	P-value (superiority)	NNT
NACE	3.9%	5.9%	0.66 (0.48-0.92)	0.01	50
MACCE	2.3%	3.4%	0.69 (0.45-1.06)	0.09	-
Stent thrombosis	0.4%	0.3%	1.51 (0.43-5.33)	0.53	-
Target-vessel revascularization	0.5%	0.7%	0.80 (0.32-2.03)	0.64	-
TIMI Major & Minor Bleeding	3.6%	5.5%	0.64 (0.45-0.90)	0.01	53
TIMI Major	1.7%	3.0%	0.56 (0.45–0.68)	0.02	77

TICO – Kim, et al. 2020



Clopidogrel

Study	# of Patients	ACS (%)	SIHD (%)	Duration (months)	NACE	MACCE	Major Bleeding	Minor Bleeding
SMART-CHOICE	2993	58	42	3 VS 12	↔	↔	↔	↓↓
STOPDAPT-2	3045	38	62	1 vs 12	↓↓	↔	↓	↓↓
STOPDAPT-2 ACS	4169	100	0	1 VS 12	↑*	↑↑	↔	↓

*= failed to meet noninferiority

Ticagrelor

Study	# of Patients	ACS (%)	SIHD (%)	Duration (months)	NACE	MACCE	Major Bleeding	Minor Bleeding
GLOBAL LEADERS	15968	47	53	1 vs 12	-	↓*	↔	↔
TWILIGHT	7119	64	36	3 vs 12	-	↔	↓	↓↓
TICO	3056	100	0	3 vs 12	↓↓	↔	↓↓	↓↓

*=NOT statistically significant

ACS=Acute Coronary Syndrome; SIHD=Stable Ischemic Heart Disease; MACCE=Major Adverse Cardiovascular or Cerebrovascular Events; NACE=Net Adverse Clinical Events

Sources: JAMA. 2019;321(24):2428-2437. JAMA. 2019;321(24):2414-2427. : JAMA Cardiol. 2022;7(4):407-417.

Lancet. 2018;392(10151):940-949. N Engl J Med. 2019;381(21):2032-2042. JAMA. 2020;323(23):2407-2416.

Assessment Question #2



Based on what you have learned thus far, if you were going to utilize a shorter duration of DAPT, which regimen would you recommend for a patient with ACS after undergoing PCI?

- a) Clopidogrel DAPT deescalated to aspirin monotherapy
- b) Ticagrelor DAPT deescalated to Ticagrelor monotherapy
- c) Clopidogrel DAPT deescalated to clopidogrel monotherapy
- d) Any P2Y12 inhibitor-based DAPT to aspirin monotherapy

Assessment Question #2



Based on what you have learned thus far, if you were going to utilize a shorter duration of DAPT, which regimen would you recommend for a patient with ACS after undergoing PCI?

- a) Clopidogrel DAPT deescalated to aspirin monotherapy
- b) Ticagrelor DAPT deescalated to Ticagrelor monotherapy**
- c) Clopidogrel DAPT deescalated to clopidogrel monotherapy
- d) Any P2Y12 inhibitor-based DAPT to aspirin monotherapy

6 months vs. 3 months

Regimen

Clopidogrel DAPT → Aspirin

Vs.

**Clopidogrel DAPT →
clopidogrel monotherapy**

Any P2Y12 DAPT → Aspirin

Vs.

**Ticagrelor DAPT →
Ticagrelor monotherapy**

Duration

6 months

Vs.

3 months

3 months

Vs.

1 month

6-month DAPT

Study	# of Patients	ACS (%)	SIHD (%)	P2Y12 Agent	NACE	MACCE	Major Bleeding	Minor Bleeding
EXCELLENT	1443	51	49	C	-	↔	↔	↔
SECURITY	1404	39	61	C	↔	-	↔	↔
ISAR-SAFE	4005	39	61	C	↔	↔	↔	↓↓
I-LOVE-IT 2	1829	85	15	C	↔	↔	↔	↔
NIPPON	3773	32	68	C	↑*	↑↑↑	↔	↔
OPTIMA-C	1368	51	49	C	↔	↑*	↔	↔
DAPT-STEMI	1100	100	0	C, P, T	↔	↔	↔	↔
SMART-DATE	2712	100	0	C, P, T	↔	↑↑	↔	↔

C=Clopidogrel; P=Prasugrel; T=Ticagrelor

*=NOT statistically significant

3-month DAPT

Study	# of Patients	ACS (%)	SIHD (%)	P2Y12 Agent	Monotherapy	NACE	MACCE	Major Bleeding	Minor Bleeding
RESET	2148	54%	46%	C	Aspirin	↔	↔	↔	↔
RESET (ACS only)	601	100	0	C	Aspirin	↑*	-	-	-
OPTIMIZE	3211	32	68	C	Aspirin	↔	↔	↔	↔
SMART-CHOICE	2993	58	42	C, P, T	P2Y12	↔	↔	↔	↓↓
TWILIGHT	7119	64	36	T	P2Y12	-	↔	↓	↓↓
TICO	3056	100	0	T	P2Y12	↓↓	↔	↓↓	↓↓

C=Clopidogrel; P=Prasugrel; T=Ticagrelor

*=NOT statistically significant

3 months vs. 1 month

Regimen

Clopidogrel DAPT → Aspirin

Vs.

**Clopidogrel DAPT →
clopidogrel monotherapy**

Any P2Y12 DAPT → Aspirin

Vs.

**Ticagrelor DAPT →
Ticagrelor monotherapy**

Duration

6 months

Vs.

3 months

3 months

Vs.

1 month

1-month DAPT

Study	# of Patients	ACS (%)	SIHD (%)	P2Y12 Agent	Monotherapy	NACE	MACCE	Major Bleeding	Minor Bleeding
One-Month DAPT	3020	39	61	C	Aspirin	↔	↔	↓*	↔
One-Month DAPT (ACS only)	1192	100	0	C	Aspirin	↑*	-	-	-
GLOBAL LEADERS	15, 968	47	53	T	P2Y12	↔	↓*	↔	↔
MASTER DAPT	4434	49	50	C, P, T	Aspirin or P2Y12	↔	↔	↔	↓
STOPDAPT-2	3045	38	62	C	P2Y12	↓↓	↔	↓	↓↓
STOPDAPT-2 ACS	4169	100	0	C	P2Y12	↑	↑↑	↓↓	↓↓

C=Clopidogrel; P=Prasugrel; T=Ticagrelor

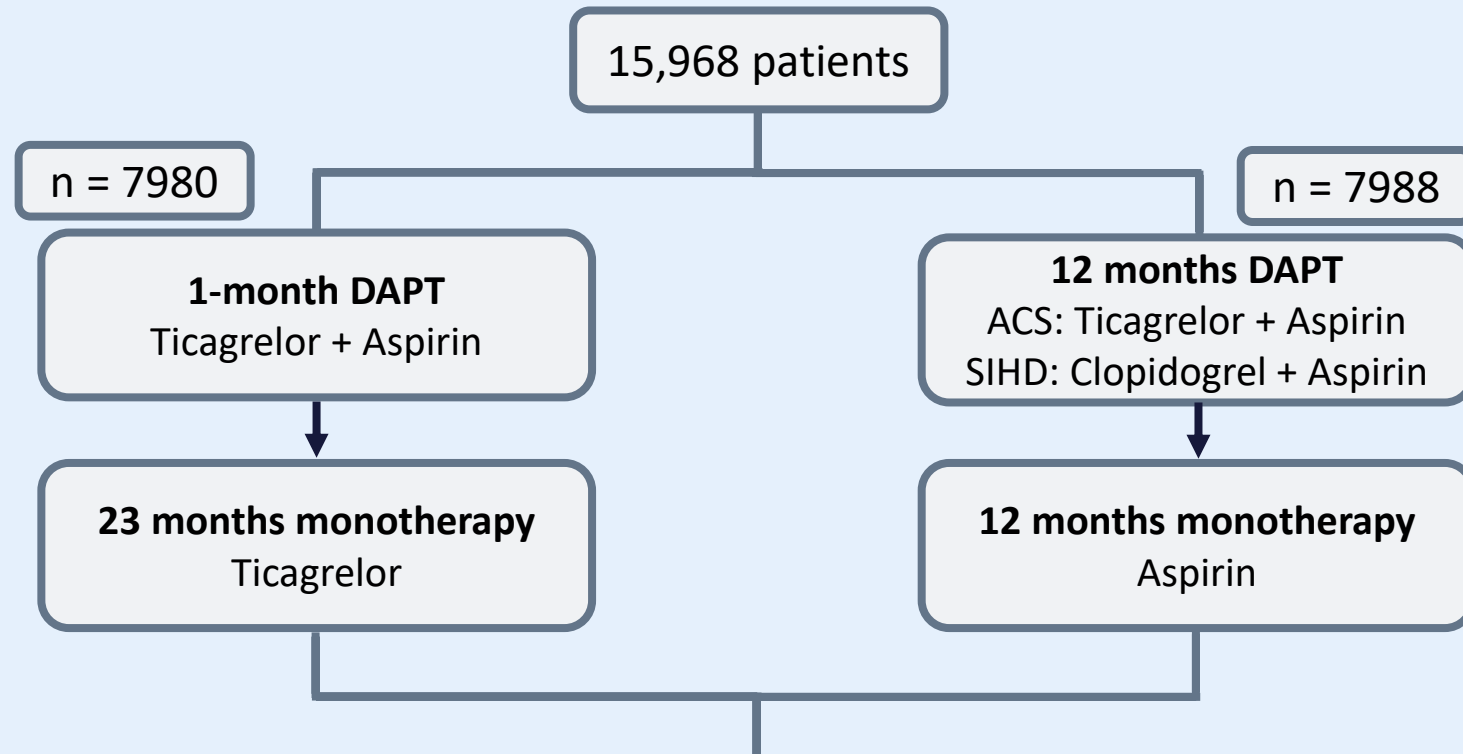
*=NOT statistically significant

GLOBAL LEADERS – Vranckx, et al. 2018

Inclusion: Adult patients with any clinical indication for PCI

Exclusion: Need for anticoagulation, prior stent thrombosis, history of intracranial hemorrhage

Baseline characteristics: ~13% STEMI, ~25% multi-vessel disease, ~33% prior PCI



Outcomes at 2 years:

- **MACCE:** Composite of all-cause death or myocardial infarction
- **Bleeding:** BARC type 3 or 5

GLOBAL LEADERS – Vranckx, et al. 2018

Outcome	1-month (n=7980)	12-month (n=7988)	HR (95% CI)	P-value (superiority)	NNT
MACCE	3.81%	4.87%	0.87 (0.75-1.01)	0.073	-
Stent thrombosis	0.80%	0.80%	1.00 (0.71-1.42)	0.98	-
Target-vessel revascularization	4.87%	5.54%	0.88 (0.77-1.01)	0.068	-
BARC type 3 or 5	2.04%	2.12%	0.97 (0.78-1.20)	0.77	-
BARC type 2, 3, or 5	6.63%	6.66%	1.00 (0.88-1.12)	0.962	-
MACCE at 1 year	1.95%	2.47%	0.79 (0.64-0.98)	0.028	193

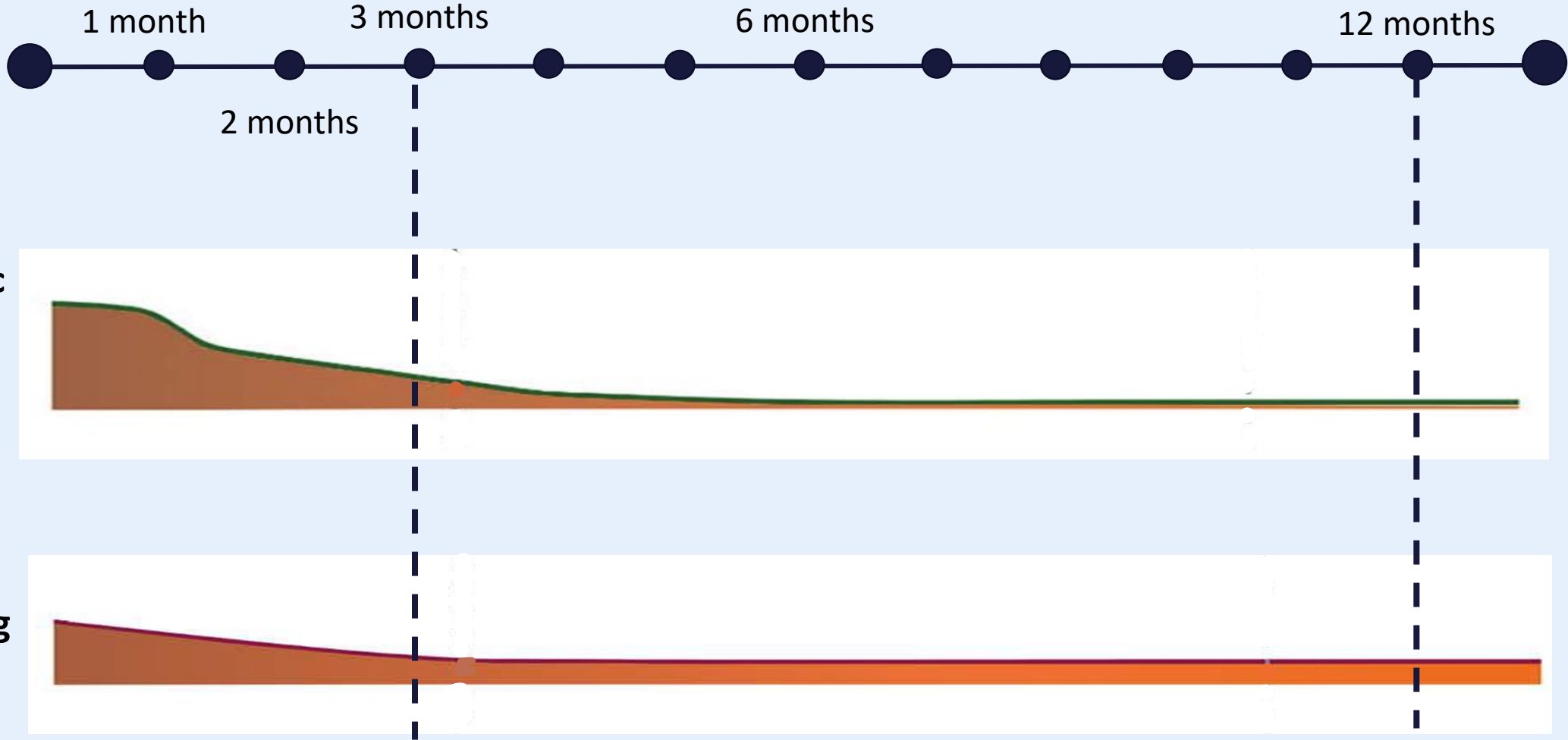
MACCE=Major Adverse Cardiovascular and Cerebrovascular Events; BARC=Bleeding Academic Research Consortium; HR=Hazard Ratio; NNT=Number Needed to Treat

Study	# of Patients	ACS (%)	SIHD (%)	P2Y12 Agent	Monotherapy	NACE	MACCE	Major Bleeding	Minor Bleeding
1-month DAPT									
One-Month DAPT	3020	39	61	C	Aspirin	↔	↔	↓*	↔
One-Month DAPT (ACS only)	1192	100	0	C	Aspirin	↑*	-	-	-
GLOBAL LEADERS	15, 968	47	53	T	P2Y12	↔	↓*	↔	↔
MASTER DAPT	4434	49	50	C, P, T	Aspirin or P2Y12	↔	↔	↔	↓
STOPDAPT-2	3045	38	62	C	P2Y12	↓↓	↔	↓	↓↓
STOPDAPT-2 ACS	4169	100	0	C	P2Y12	↑	↑↑	↓↓	↓↓
3-month DAPT									
RESET	2148	54%	46%	C	Aspirin	↔	↔	↔	↔
RESET (ACS only)	601	100	0	C	Aspirin	↑*	-	-	-
OPTIMIZE	3211	32	68	C	Aspirin	↔	↔	↔	↔
SMART-CHOICE	2993	58	42	C, P, T	P2Y12	↔	↔	↔	↓↓
TWILIGHT	7119	64	36	T	P2Y12	-	↔	↓	↓↓
TICO	3056	100	0	T	P2Y12	↓↓	↔	↓↓	↓↓

C=Clopidogrel; P=Prasugrel; T=Ticagrelor

*=NOT statistically significant

Bleeding vs Ischemic Risk of DAPT



Ischemic Risk

Bleeding Risk

Risk over Time

Image adapted from: *EuroIntervention*. 2022;17:e1371-e1396.
Source: *EuroIntervention*. 2022;17:e1371-e1396.

Assessment Question #3

What DAPT regimen and duration would you recommend for an ACS patient with single-vessel disease undergoing PCI? (Standard bleed risk, standard ischemic risk)

- a) Clopidogrel + aspirin for ≥ 12 months
- b) Ticagrelor + aspirin for 3 months deescalated to Ticagrelor monotherapy for 12 months
- c) Clopidogrel + aspirin for 1 month deescalated to aspirin monotherapy
- d) Ticagrelor + aspirin for 6 months deescalated to aspirin monotherapy

Assessment Question #3

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- d) Ticagrelor + aspirin for 6 months deescalated to aspirin monotherapy

Conclusion

ACS: Strongest evidence for 3-month DAPT followed by ticagrelor monotherapy

SIHD: 1-month DAPT followed by clopidogrel monotherapy should be considered

Multi-vessel Disease: Unclear risk/benefit of reduced duration DAPT

High Bleed Risk: 1-month DAPT non-inferior to 3 months of therapy in one study

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Thank you!

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