DAPT POST-PCI
une durée minimale … y compris après un SCA … C'est possible ?

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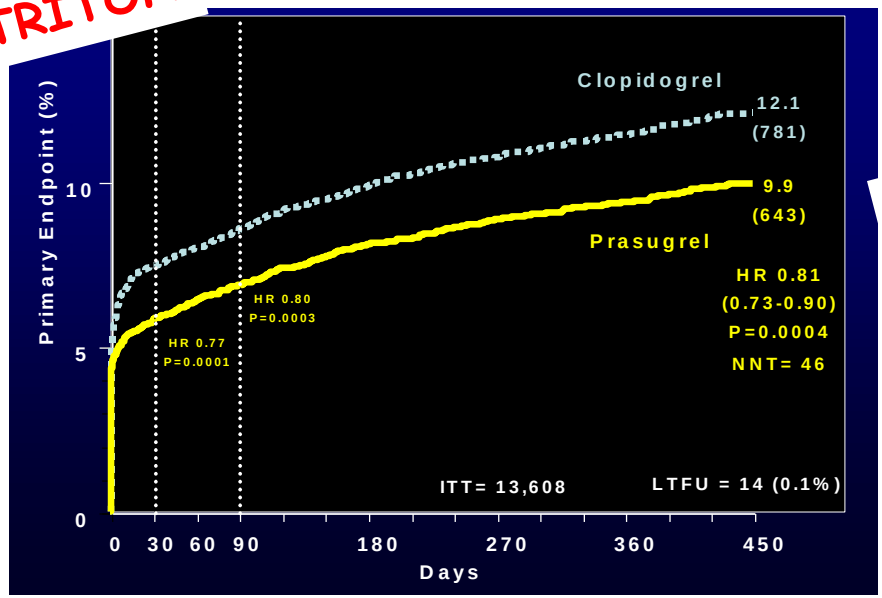
Déclaration de liens d'intérêts

- Honoraires : Amgen, Astra Zeneca, Bayer, Biopharma, Bristol Myers Squibb, Boehringer Ingelheim, Daiichi Sankyo, Lilly, MSD, Novartis, Pfizer, Sanofi Aventis, Servier, The medicine company

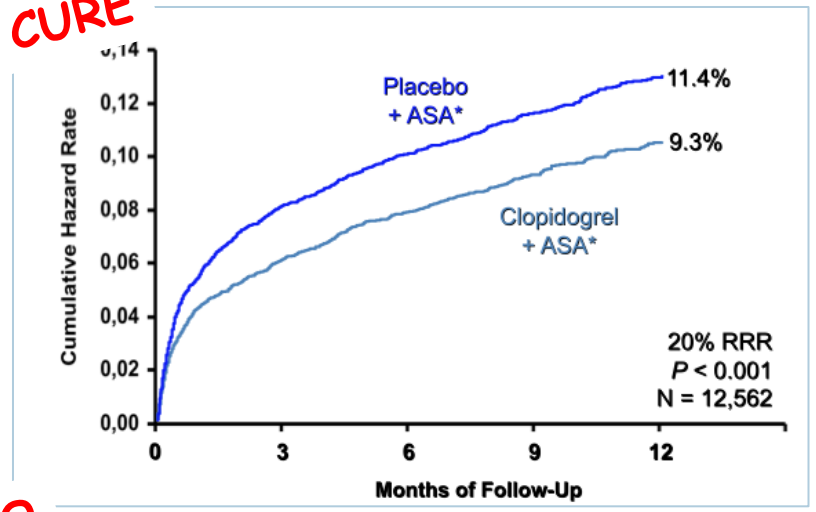
Ce que l'on savait …

- At least 12 months …

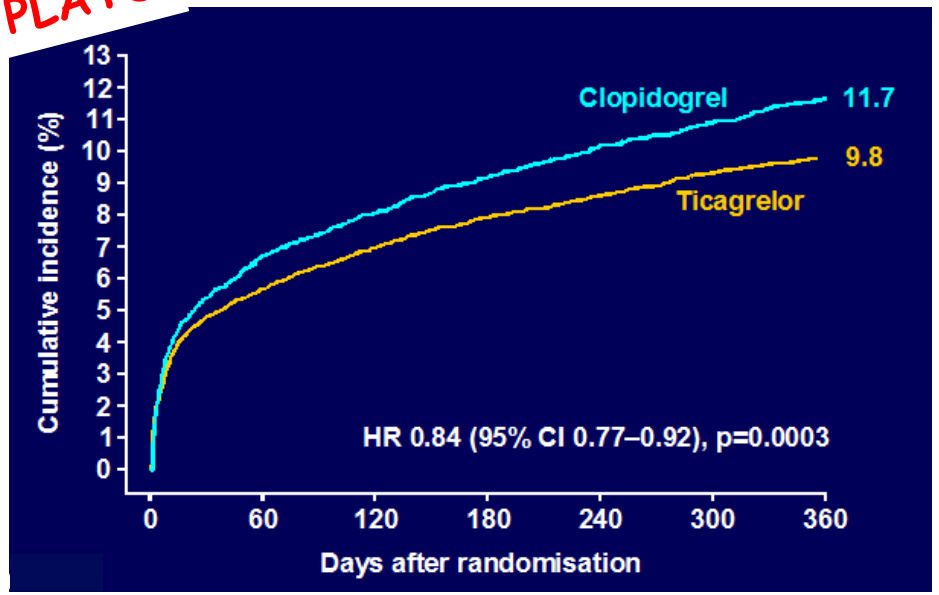
TRITON



CURE

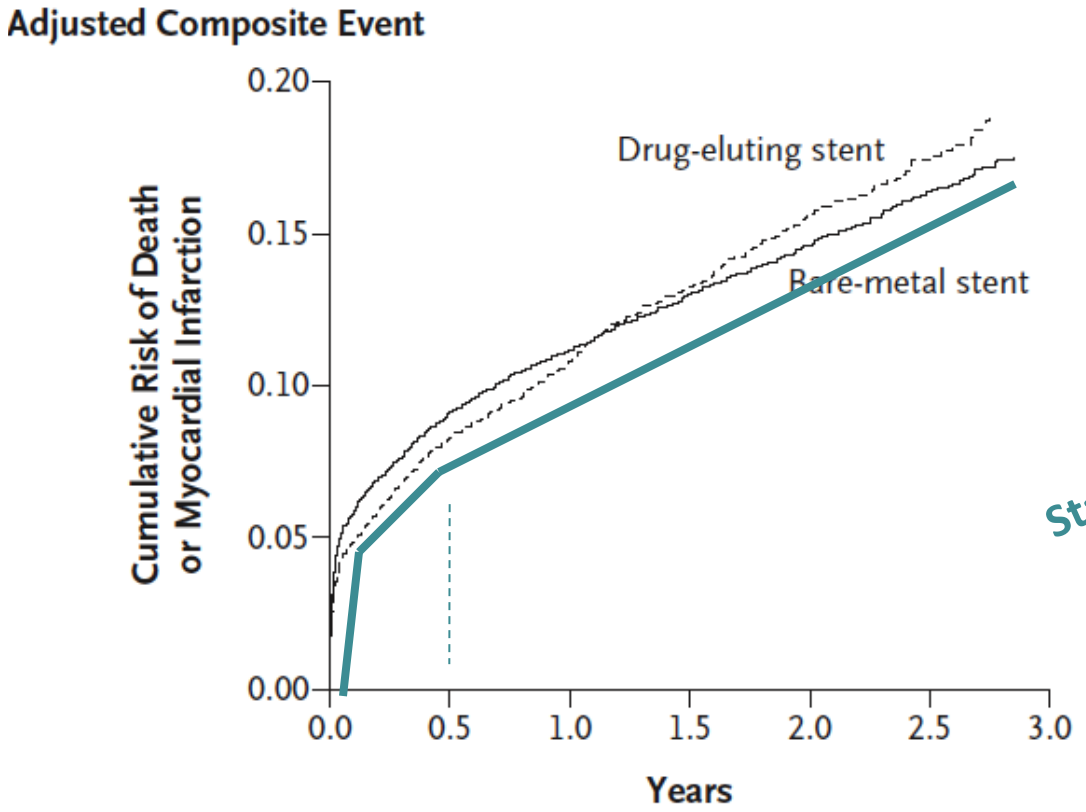


PLATO



MOINS de 12 mois ?

Natural history after an acute coronary event



Stability at 6 months !!!

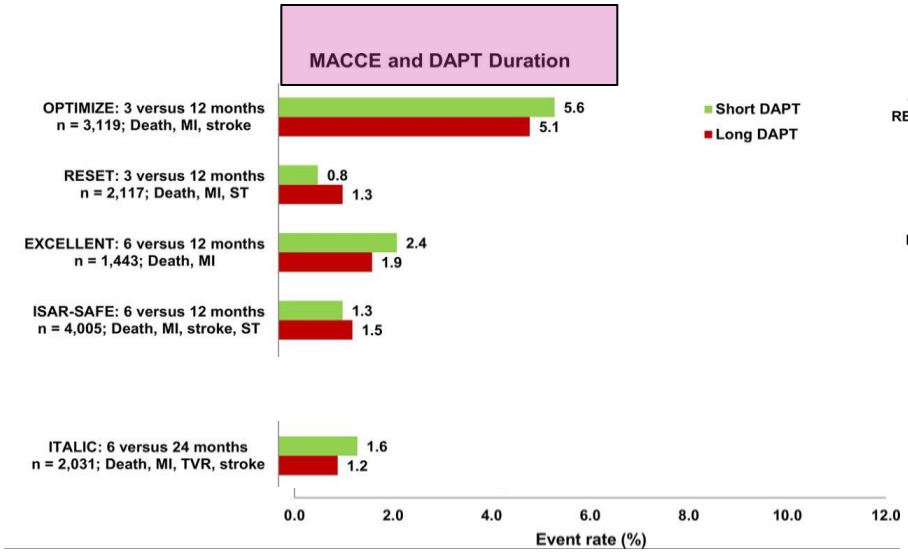
No. at Risk

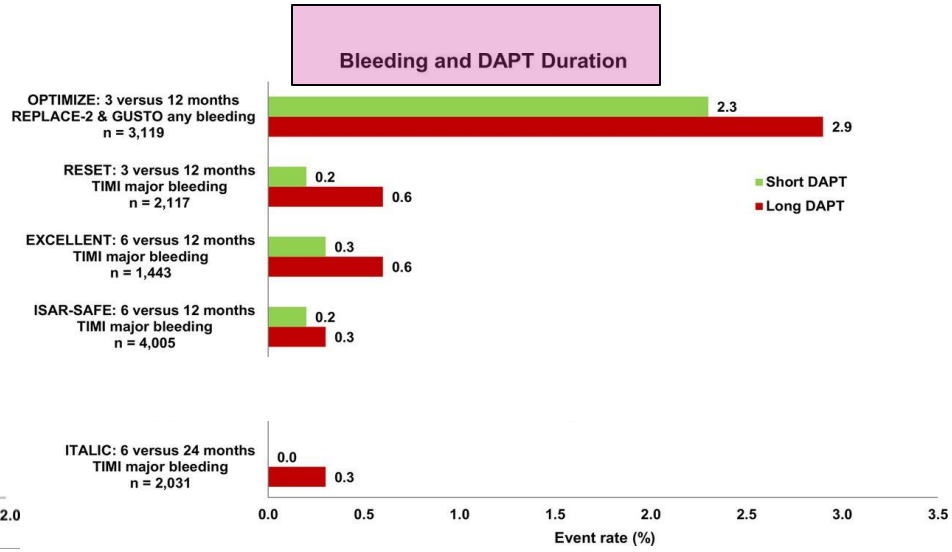
Bare-metal stent	12,880	11,706	11,432	8665	5520	2963	7
Drug-eluting stent	5,770	5,307	5,158	3216	1608	580	0

Lagerqvist et al. NEJM 2007 SCAAR Registry

Randomized studies

- EXCELLENT (1443 patients – 6 mois vs 12 mois) ≈50% IDM
- OPTIMIZE (3119 patients – 3 mois vs 12 mois) ≈ 5% IDM
- SECURITY (1404 patients – 6 mois vs 12 mois) => Aucun IDM
- RESET (2148 patients – 3 mois vs 12 mois) ≈15% IDM
- ~~PRODIGY (2013 patients – 6 vs 24 mois) ≈50% IDM~~
- ISAR-SAFE (4005 patients – 6 mois vs $9_{/12}$ mois) ≈20% IDM
- ITALIC (2031 patients – 6 mois vs $12_{/24}$ mois) ≈7% IDM
- I-LOVE-IT-2 (1829 patients – 6 mois vs 12 mois) ≈25% IDM
- IVUS-XPL (1400 patients – 6 mois vs 12 mois) ≈15% IDM
- ~~NIPPON (3773 patients – 6 mois vs 18 mois) ≈15% IDM~~
- SMART-DATE (2712 patients – 6 mois vs 12 mois) ≈70% IDM





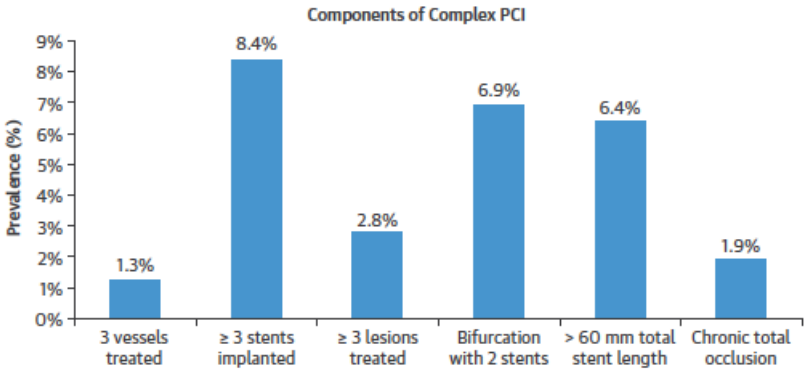
Binder et al. Eur Heart J 2015;36:1207-1211

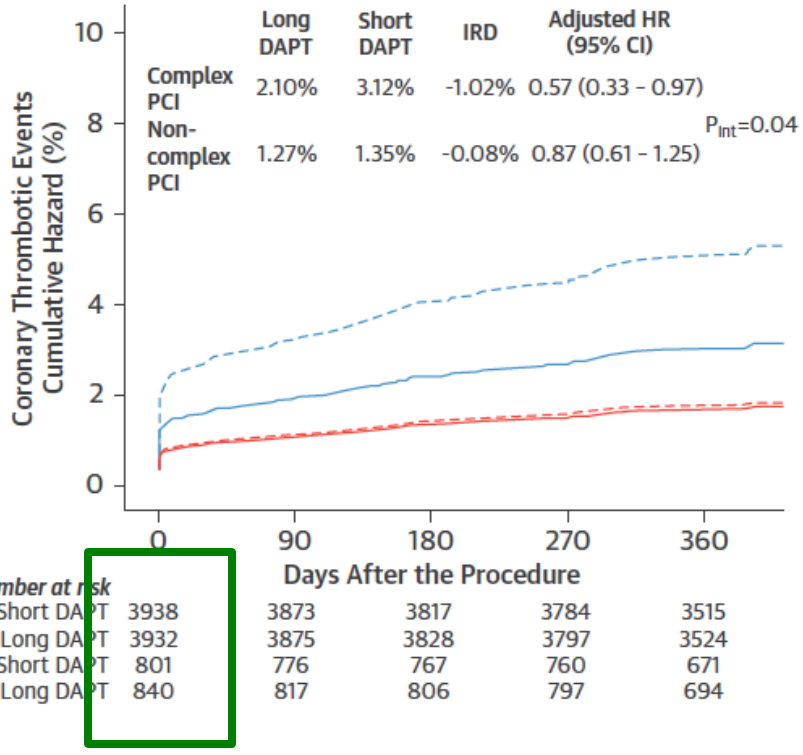
The low residual ischemic risk

Risk of coronary thrombotic events

A meta-analysis of 6 Studies

- SECURITY
- PRODIGY
- ITALIC
- EXCELLENT
- OPTIMIZE
- RESET

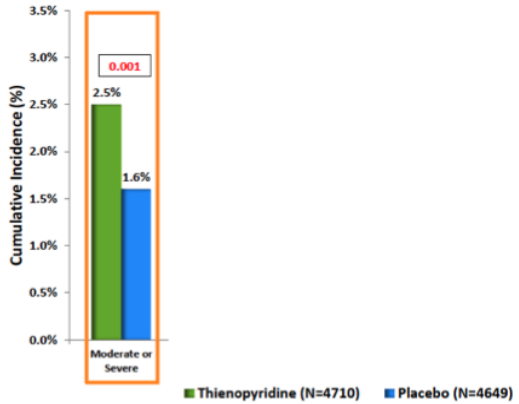




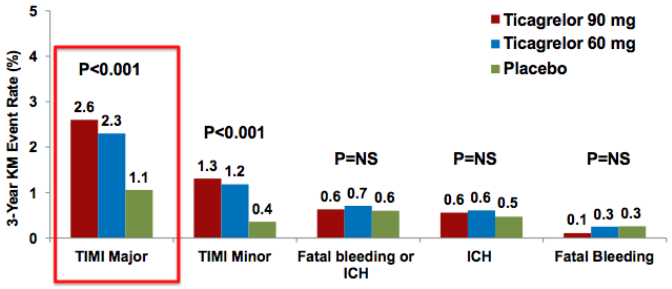
Giustino et al. J Am Coll Cardiol 2016;68:1851–64

Higher risk of bleeding if DAPT is pursued after 12 months

The DAPT trial



The PEGASUS trial



Primary safety endpoint

Ticag 90: HR 2.69 (1.96-3.70)

Ticag 60: HR 2.32 (1.68-3.21)

The COMPASS trial

Outcome	R + A N=9,152	R N=9,117	A N=9,126	Rivaroxaban + Aspirin vs. Aspirin		Rivaroxaban vs. Aspirin	
	N (%)	N (%)	N (%)	HR (95% CI)	P	HR (95% CI)	P
Major bleeding	288 (3.1%)	255 (2.8%)	170 (1.9%)	1.70 (1.40-2.05)	<0.0001	1.51 (1.25-1.84)	<0.0001
Fatal	15 (0.2%)	14 (0.2%)	10 (0.1%)	1.49 (0.67-3.33)	0.32	1.40 (0.62-3.15)	0.41
Non fatal ICH*	21 (0.2%)	32 (0.4%)	19 (0.2%)	1.10 (0.59-2.04)	0.77	1.69 (0.96-2.98)	0.07
Non-fatal other critical organ*	42 (0.5%)	45 (0.5%)	29 (0.3%)	1.43 (0.89-2.29)	0.14	1.57 (0.98-2.50)	0.06

* symptomatic

TOPIC study

Study Design

ACS patients undergoing PCI
MACE free at one month (ischemic / bleeding BARC ≥ 2)
DAPT with aspirin and newer P2Y12 blockers

Randomization

'Switched DAPT'
FDC Aspirin + Clopidogrel

'Unchanged DAPT'
Aspirin + Newer P2Y12 blockers

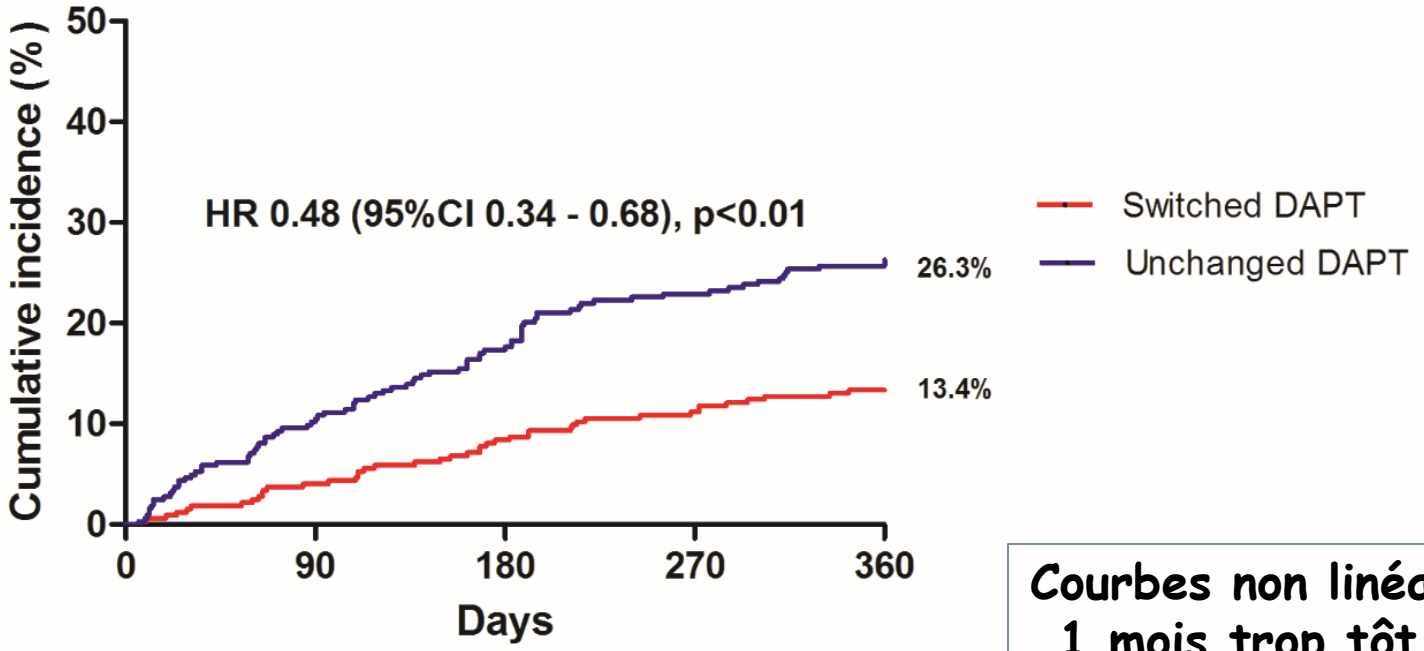
Follow-up at one year
Composite primary endpoints
Death, urgent revasc, stroke, BARC bleedings ≥ 2
Secondary endpoints
Each component of primary endpoints
All BARC bleeding, TIMI bleeding

TOPIC study

Primary Endpoint

Death, Urgent revasc., Stroke, BARC ≥ 2

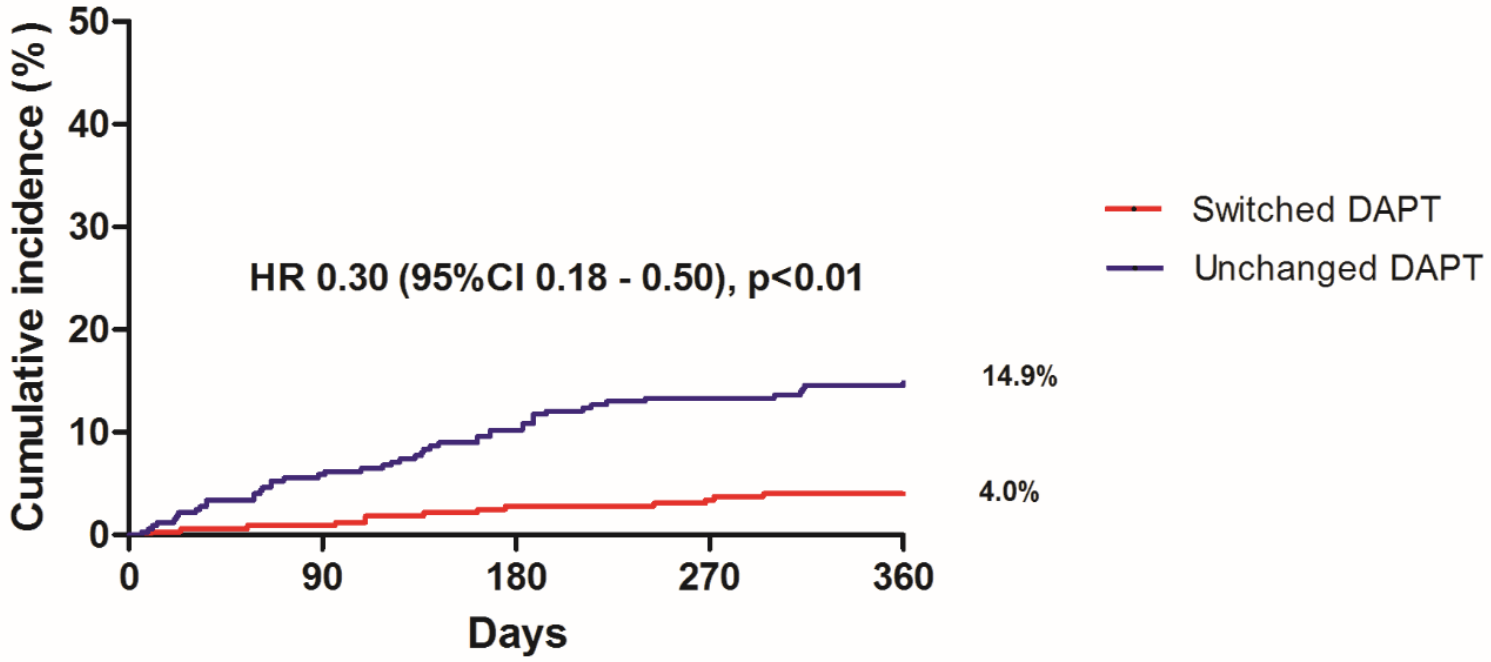
N=646 pts



Courbes non linéaires
1 mois trop tôt ??

Better Prognosis with switched DAPT

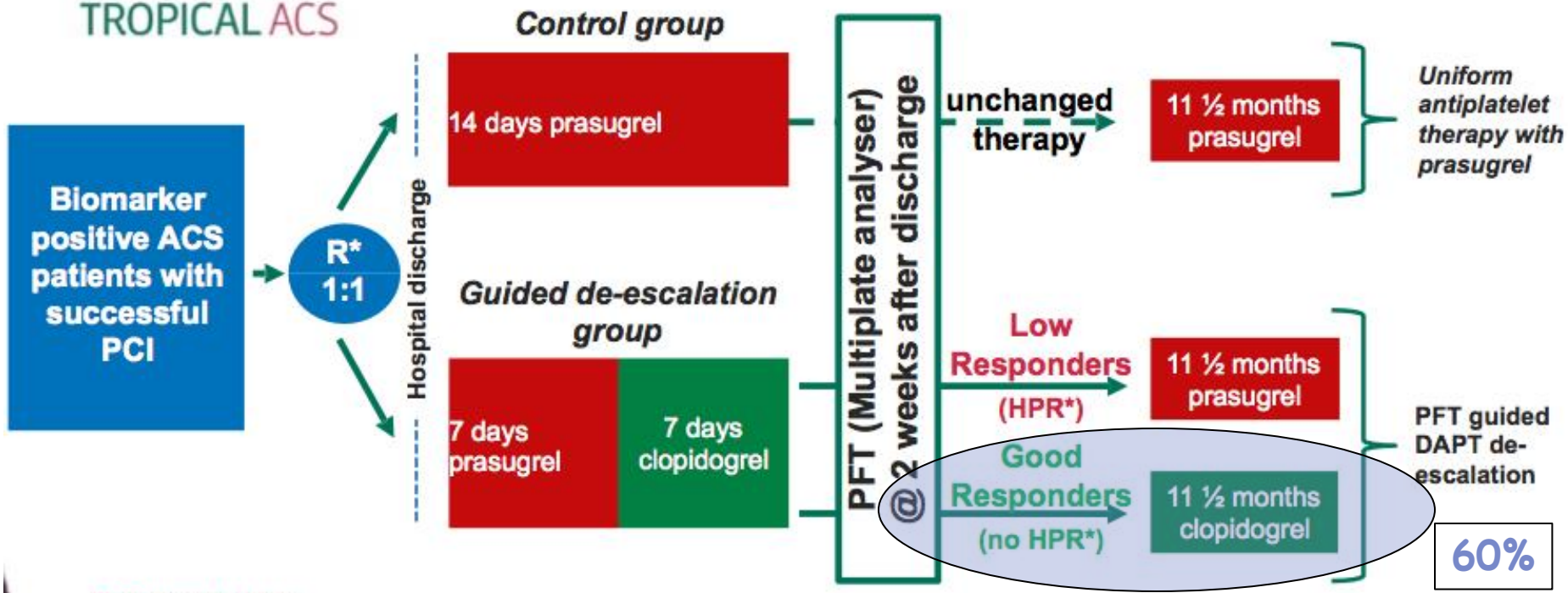
BARC bleedings ≥ 2



ENDPOINTS	Switched DAPT (n=322)	Unchanged DAPT (n=323)	HR (95%IC)	P-value
TIMI Major	1 (0.3%)	4 (1.2%)	0.30 (0.05 - 1.73)	0.18

Trial Design

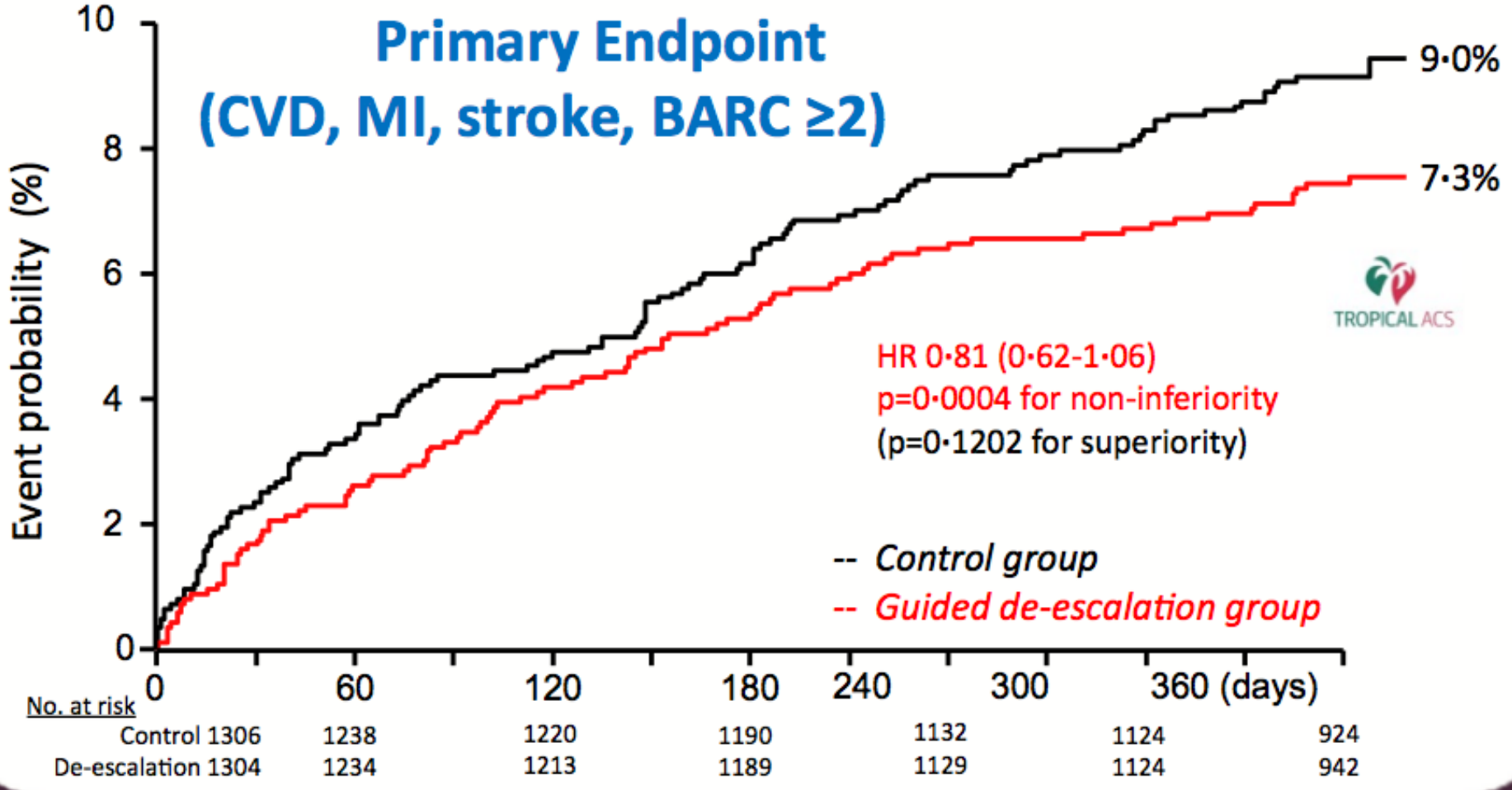
TROPICAL ACS



*HPR denotes high platelet reactivity

- For further details on TROPICAL-ACS trial design see: Sibbing et al., Thromb Haemost. 2017;117:188-195 -

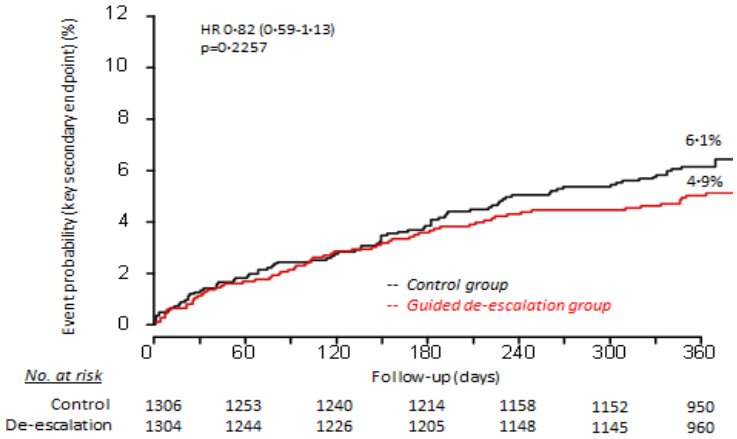
Primary Endpoint (CVD, MI, stroke, BARC ≥2)



TROPICAL ACS

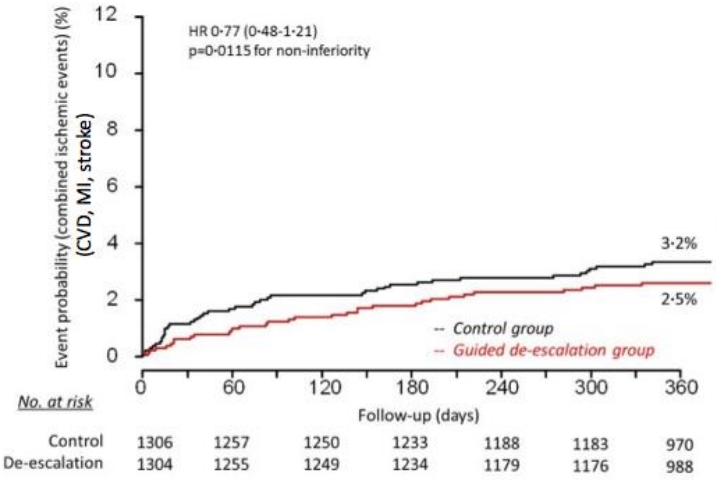
TROPICAL ACS

Key Secondary endpoint
Bleeding BARC ≥2



TROPICAL ACS

Ischemic events at 12 months follow-up



- All-cause mortality:
  12 events (1%) in control vs. 11 (1%) in guided de-escalation group, p=0.85
- Definite ST:
  3 events (0.2%) in control vs. 2 (0.2%) in guided de-escalation group, p=0.66

Conclusion

- The discharge letter must mentioned the initial strategy that relies on the interventional cardiologist decision
  - 3-6 months for scheduled PCI
  - 12 months in case of ACS

  } The default strategy

- If there is a necessity to shorten (in case of high risk bleeding)
  - It should be mentioned why in the discharge letter, and when stop DAPT
  - In case of long-term oral anticoagulation, the discharge letter should precise what would be the strategy in the early following months

- DAPT duration must be re-evaluated at each visit (Tolerance)