

FA et Angioplastie



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ACTION-CŒUR

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Disclosures

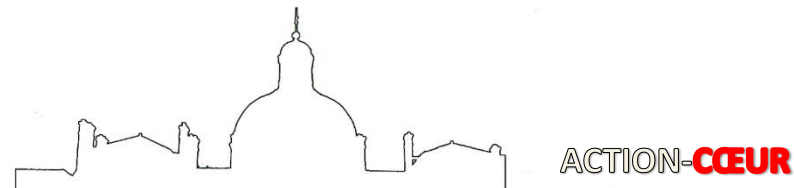
DISCLOSURE STATEMENT OF FINANCIAL INTEREST

Johanne SILVAIN MD, PhD

Consulting fees from Astra-Zeneca , Bayer, Boehringer Ingelheim
Gilead Science, Sanofi-Aventis

Speaker honorariums from AstraZeneca, Algorithim , Amgen, Bayer,
WebMD

Travel support from Amgen, Astra-Zeneca



Cas clinique

Male 75 year old

Risk factors: Diabetes, Hypertension,

History of Atrial fibrillation (parox) and TIA

Active elderly , normal renal fonction

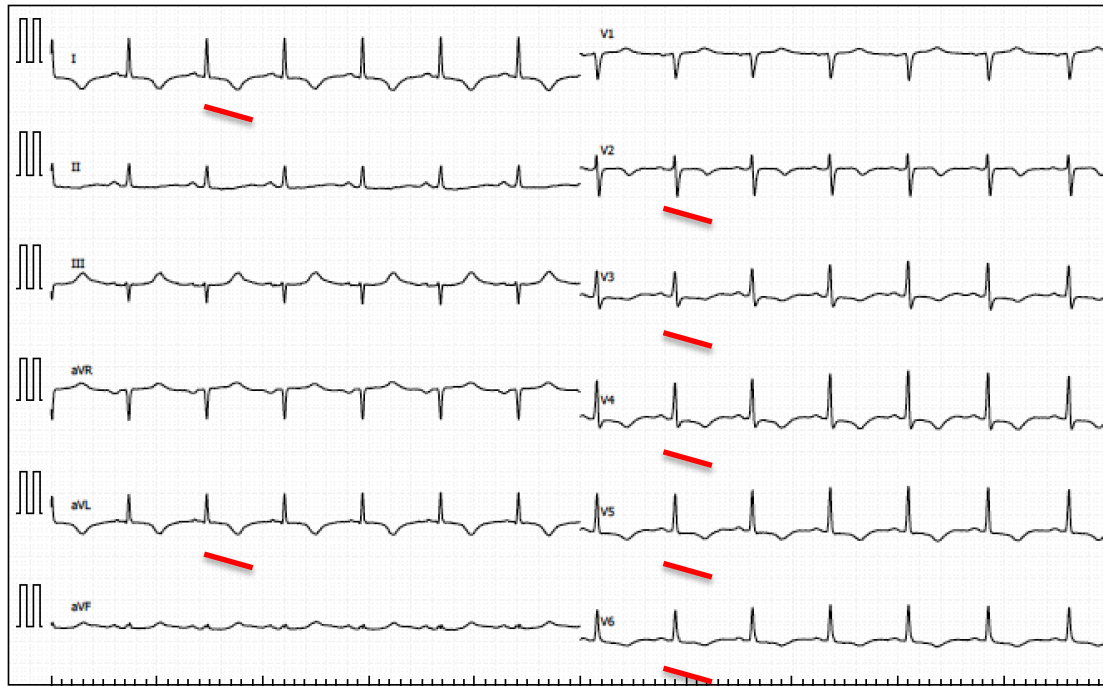
→ Admitted for angina at rest

Perindopril 4 mg

Rixaroxaban 20 mg/j

Amlodipine 5 mg

Atorvastatine 20 mg



Hs Troponin: 389 pg/ml
(nl < 14 pg/ml)

Creatinin: 87 μ mol/l
(eGFR: 75 ml/min)

HbA1C: 7.5%

Quelle stratégie antithrombotique ?

#1- Prise en charge enUSIC

Prétraitement ?

Antiagrégant : aspirine seul
pas inhibiteur du P2Y12

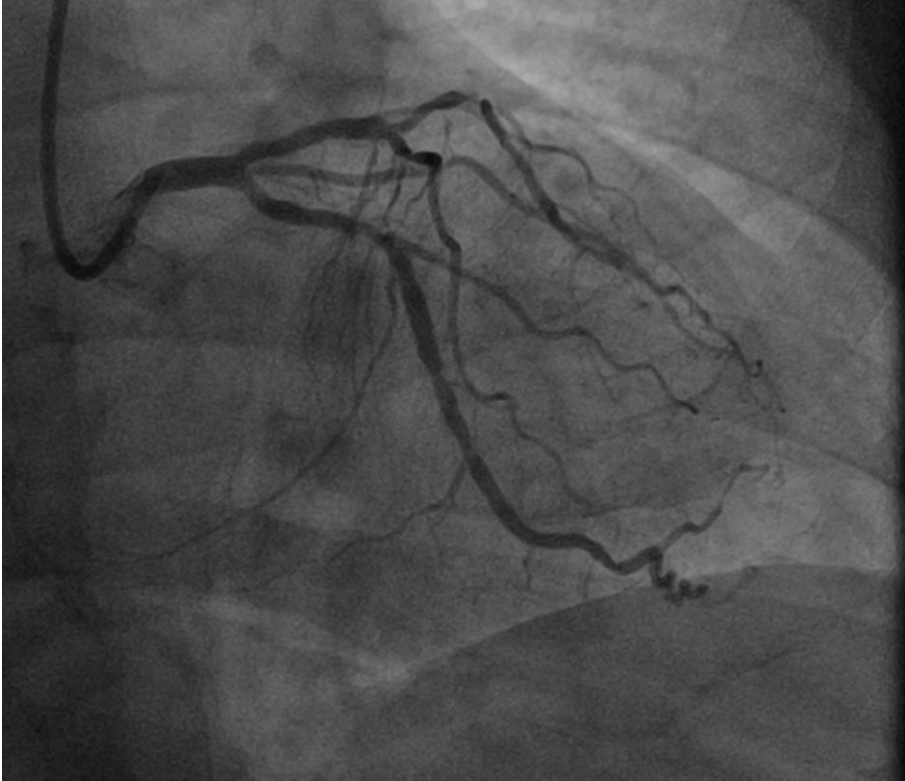
Anticoagulant ?

pas de rajout d'anticoagulation parentéral
(selon l'horaire de prise du rivaroxaban)

→ coronarographie rapide

Coronary Angiogram

Performed without addition of parenteral anticoagulation



- 2 vessel disease, diffuse disease
- Diabetes

Rapid discussion about CABG

After discussion with the patient → Revascularisation by
PCI , 2 vessels in the same procedure

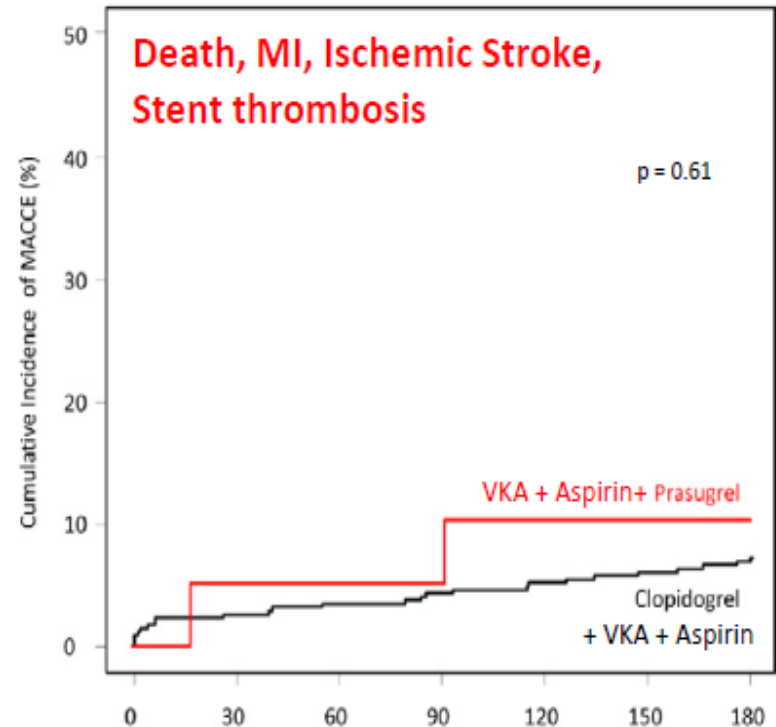
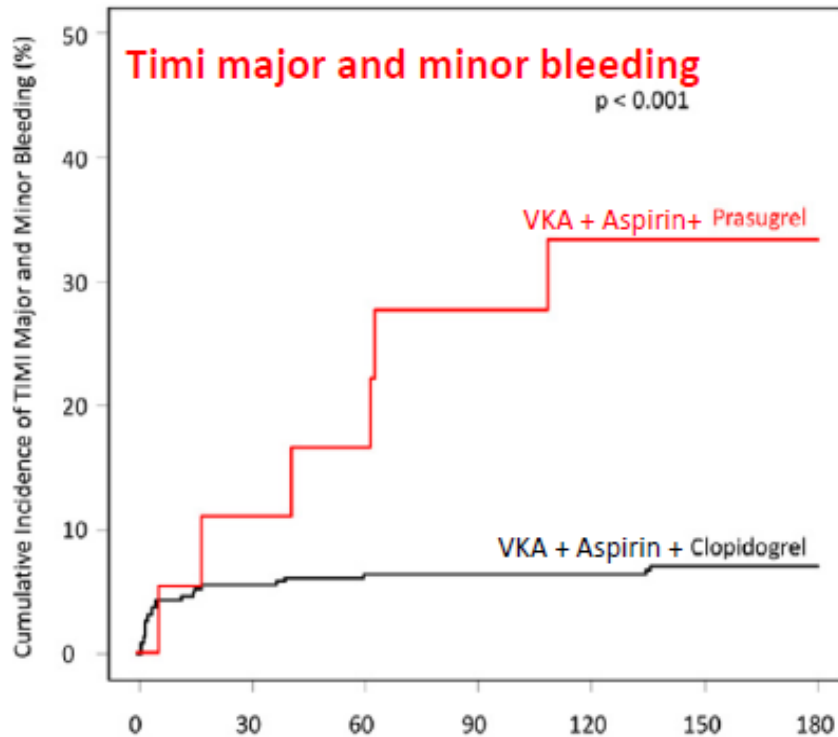
Quelle stratégie antithrombotique ?

#2- Préparation à l'angioplastie

**Dose de charge d'un inhibiteur du P2Y12
Lequel ?**

Risque de saignement exponentiel avec les nouveau AAP

Registre 377 patient



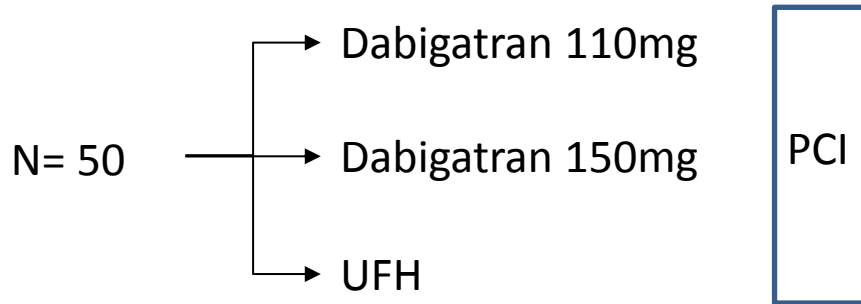
Quelle stratégie antithrombotique ?

#2- Préparation à l'angioplastie

Anticoagulation durant la procédure ?

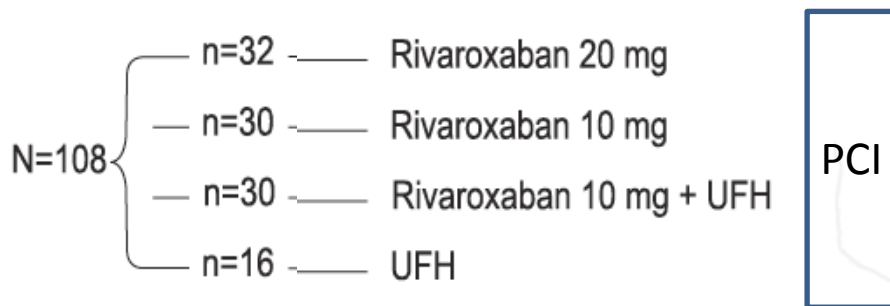
Anticoagulant Oral et Angioplastie

NACO in elective PCI



Increased level of prothrombotic biomarkers* as compared to UFH
Increased bail-out anticoagulation and periprocedural MI

Vranckx P. Eurointervention 2013



Similar levels of prothrombotic biomarkers*
Similar events

Vranckx P. Thromb Haemost 2015

Quelle stratégie antithrombotique ?

#2- Préparation à l'angioplastie

Dose de charge d'un inhibiteur du P2Y12

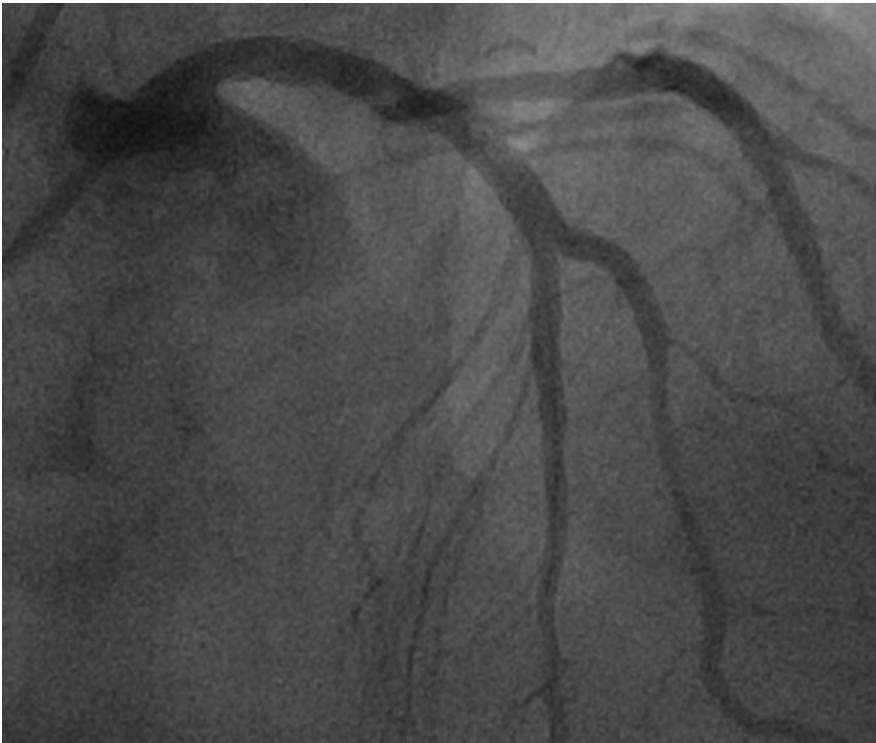
Ticagrelor 180mg

Anticoagulation durant la procédure

Oui = ajout d'énoxaparine IV 0.5mg/kg (HNF possible)

PCI

LAD Bifurcation 2 DES



Circumflex 1 DES



Quelle stratégie antithrombotique ?

#3- Post angioplastie

Combien d'antiagrégant ? molécule ?

Quel anticoagulant ? molécule ?

Quelle dose ?

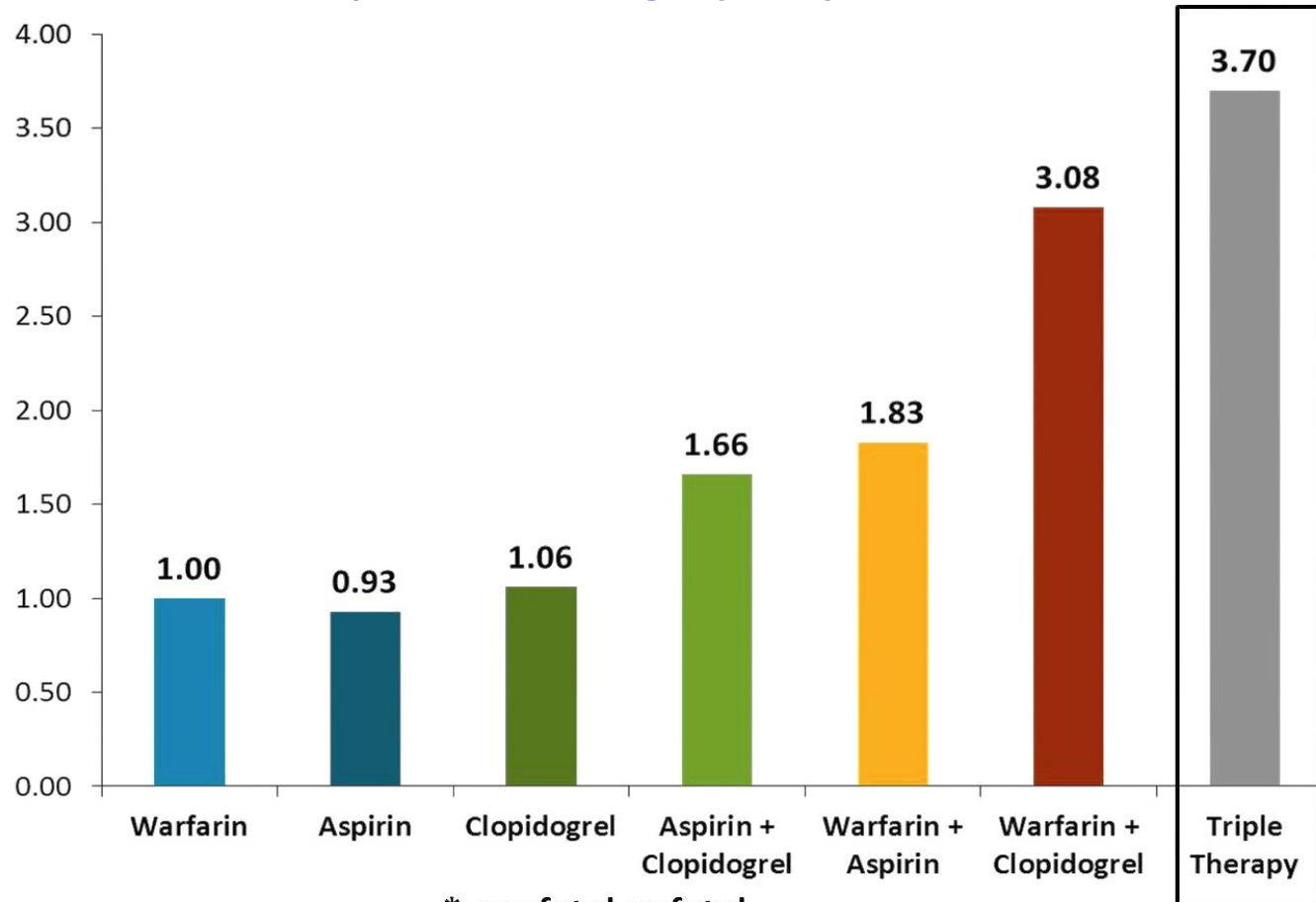
Combien de temps ?

Données registre (vraie vie) ou analyse post hoc essai randomisé

Bleeding risk of Triple therapy in AF

Danish National Registry n= 82,584 patients with AF Fup 3.3 years

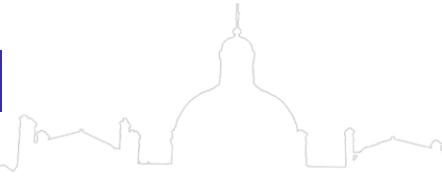
Risk of Major Bleeding* per year / Odd Ratio



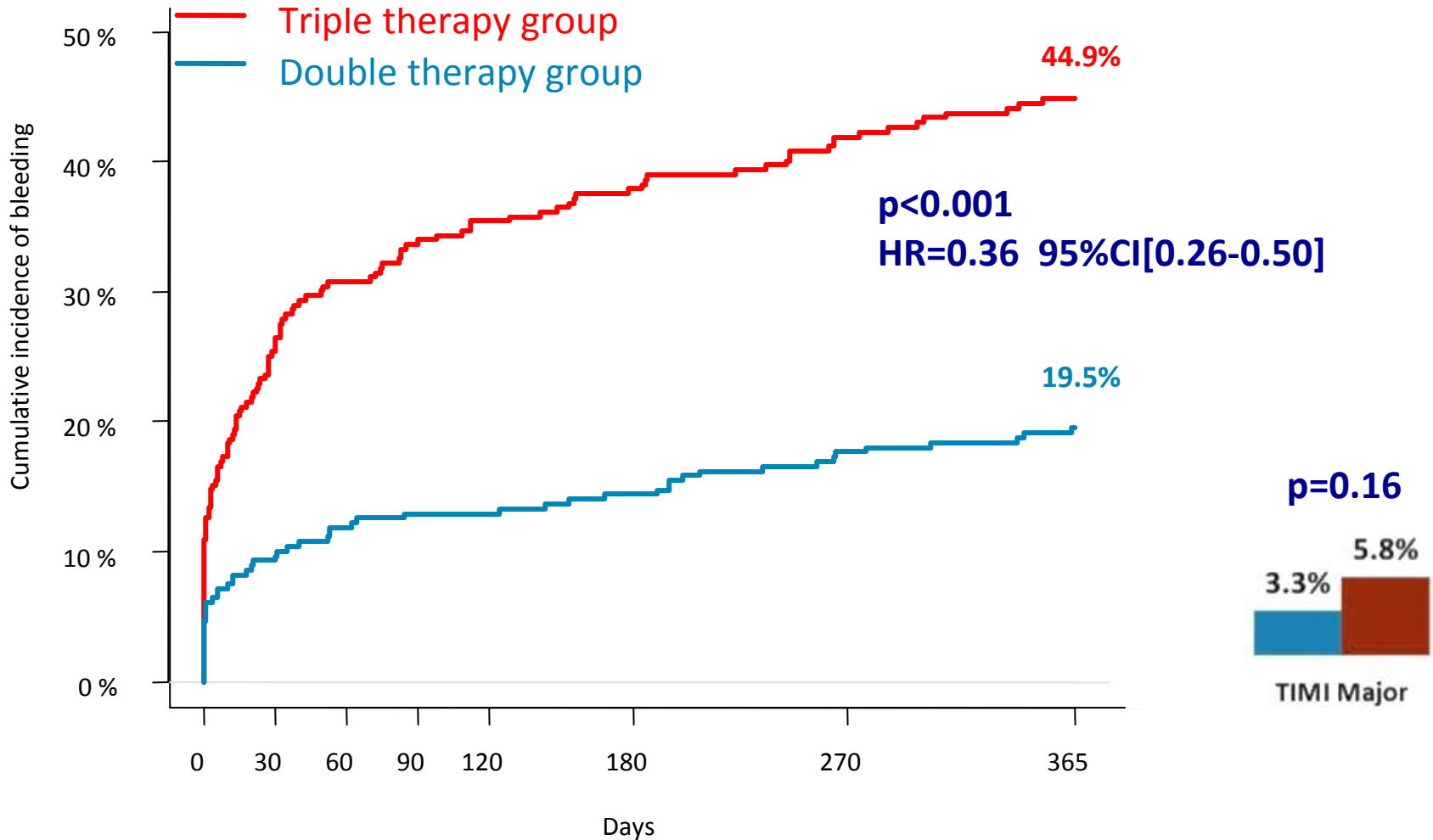
* nonfatal or fatal

Etude randomisées

WOEST Trial

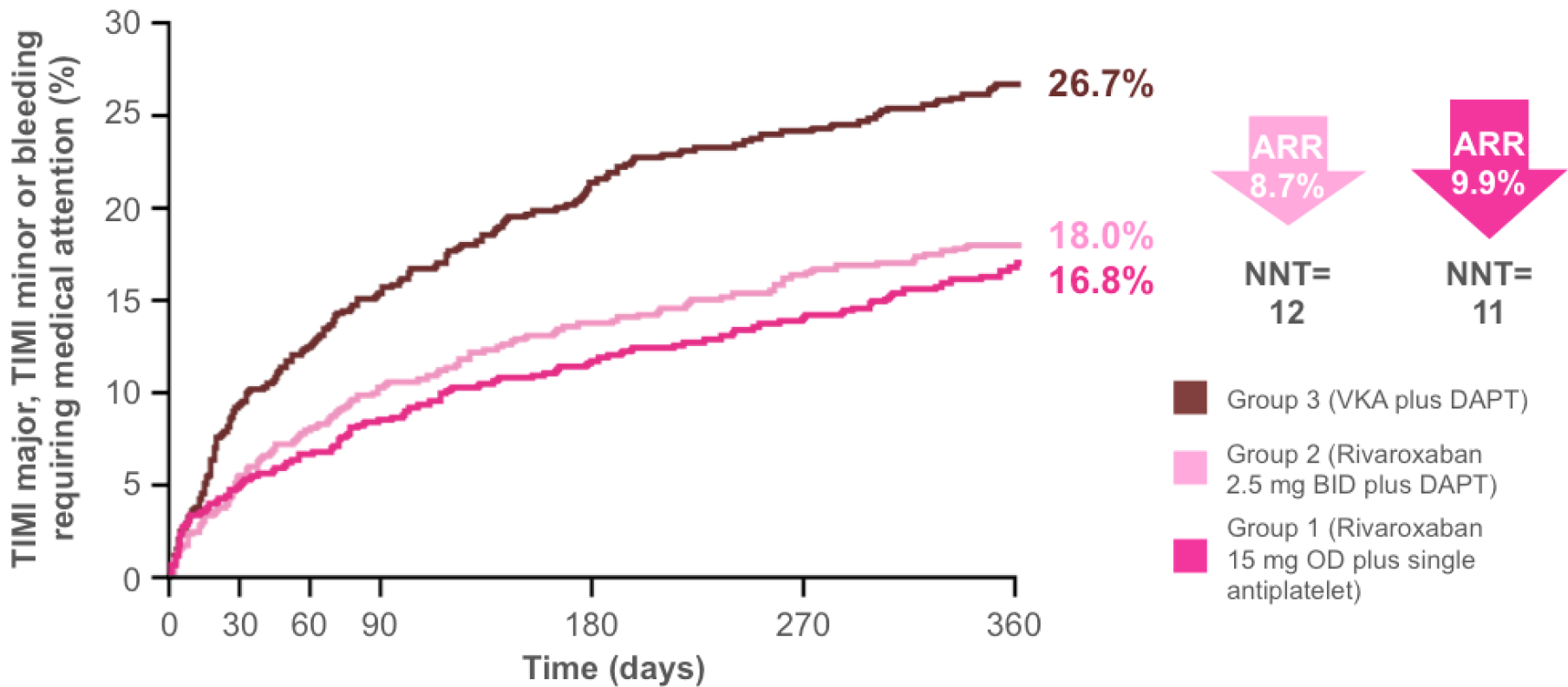


PRIMARY ENDPOINT = All Bleeding Events (TIMI)

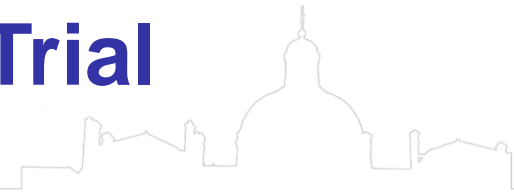




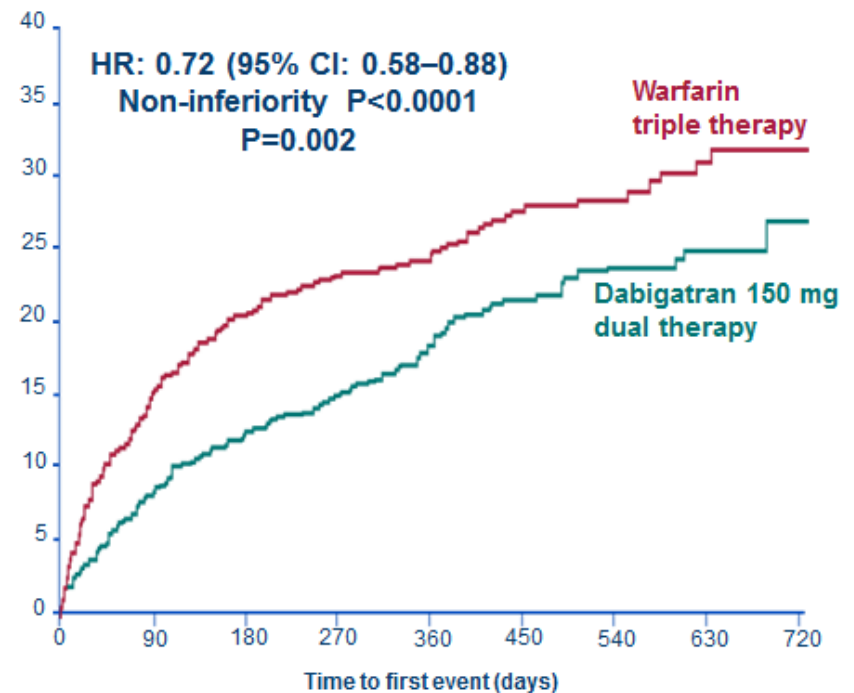
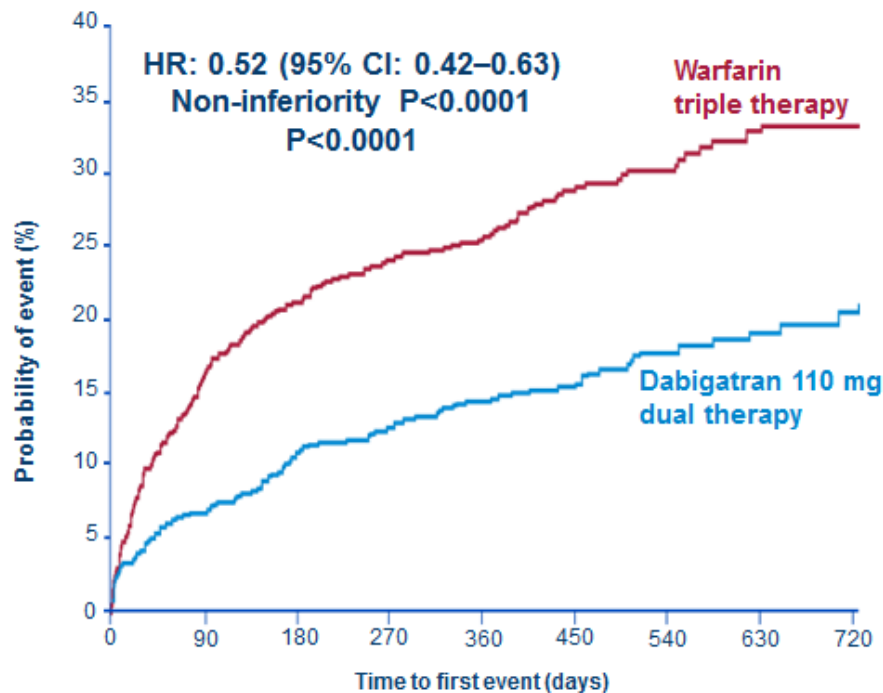
Kaplan-Meier Estimates of First Occurrence of Clinically Significant Bleeding Events



REDUAL PCI Trial



Primary Endpoint: Time to first ISTH major or clinically relevant non-major bleeding event



Apixaban AF-PCI Trial



Apixaban in patients with NVAF and ACS or PCI: AUGUSTUS¹

Inclusion

- Non-valvular atrial fibrillation
- Physician decision that oral anticoagulant is indicated
- ACS or PCI planned P2Y12 inhibitor for 6 months within 2 weeks after PCI or ACS

Randomise

N=4,600
Patients

Exclusion

- Contraindication to dual-antiplatelet therapy (DAPT)
- Other reason for VKA (e.g. prosthetic valve, mod/sev mitral stenosis)
- CABG

Apixaban
5mg BID*

VKA

- P2Y12 inhibitor for all patients x 6 months
- Aspirin for all on the day of ACS or PCI
- Aspirin versus placebo after randomisation

ASA

Placebo

ASA

Placebo

* 2.5mg BID in selected patients

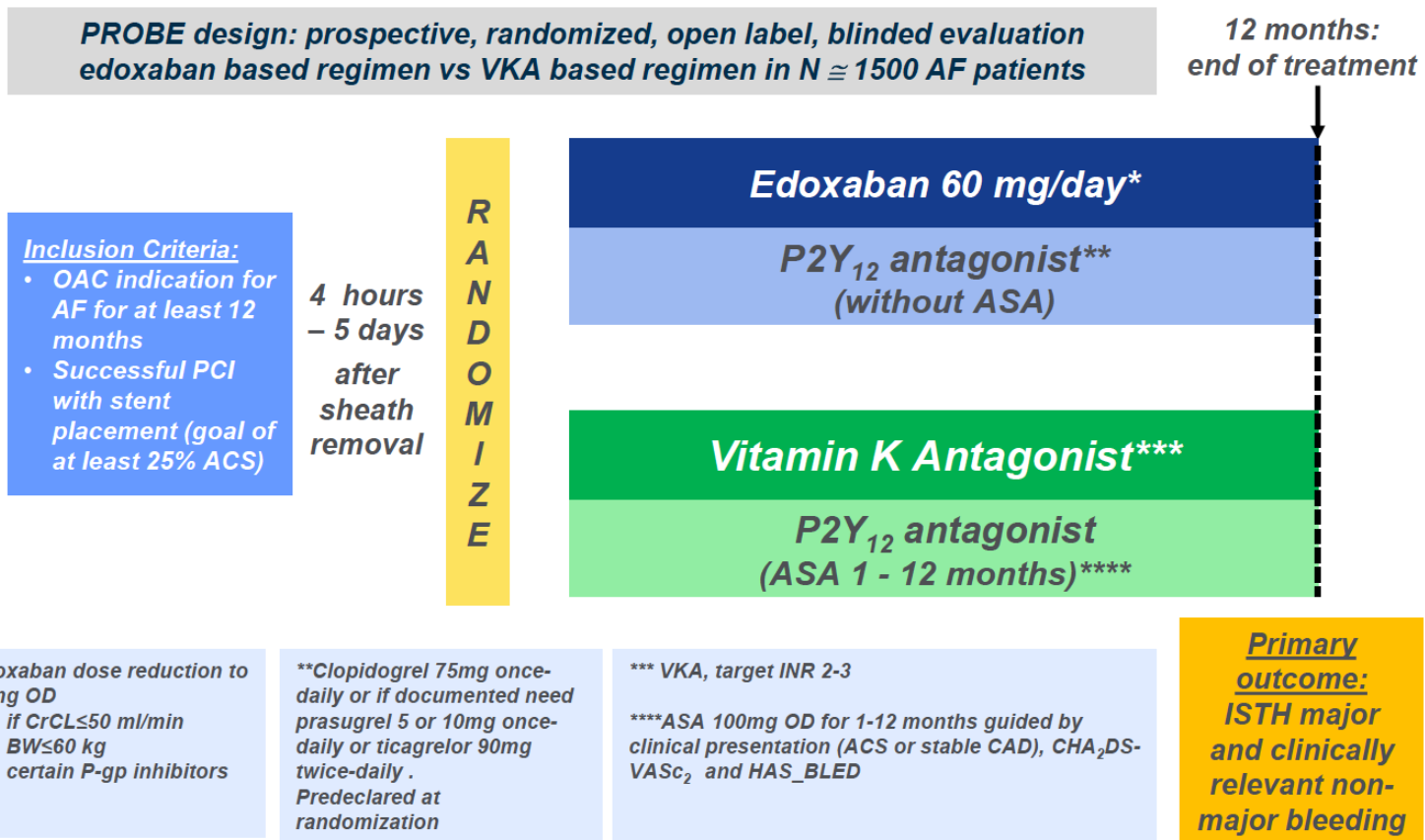
1. Source: [Clinicaltrials.gov](https://clinicaltrials.gov) Identifier: NCT02415400; EUDRACT: 2014-002004-24

Apixaban 5 mg vs VKA
Aspirin vs placebo
New P2Y12 inhibitors allowed

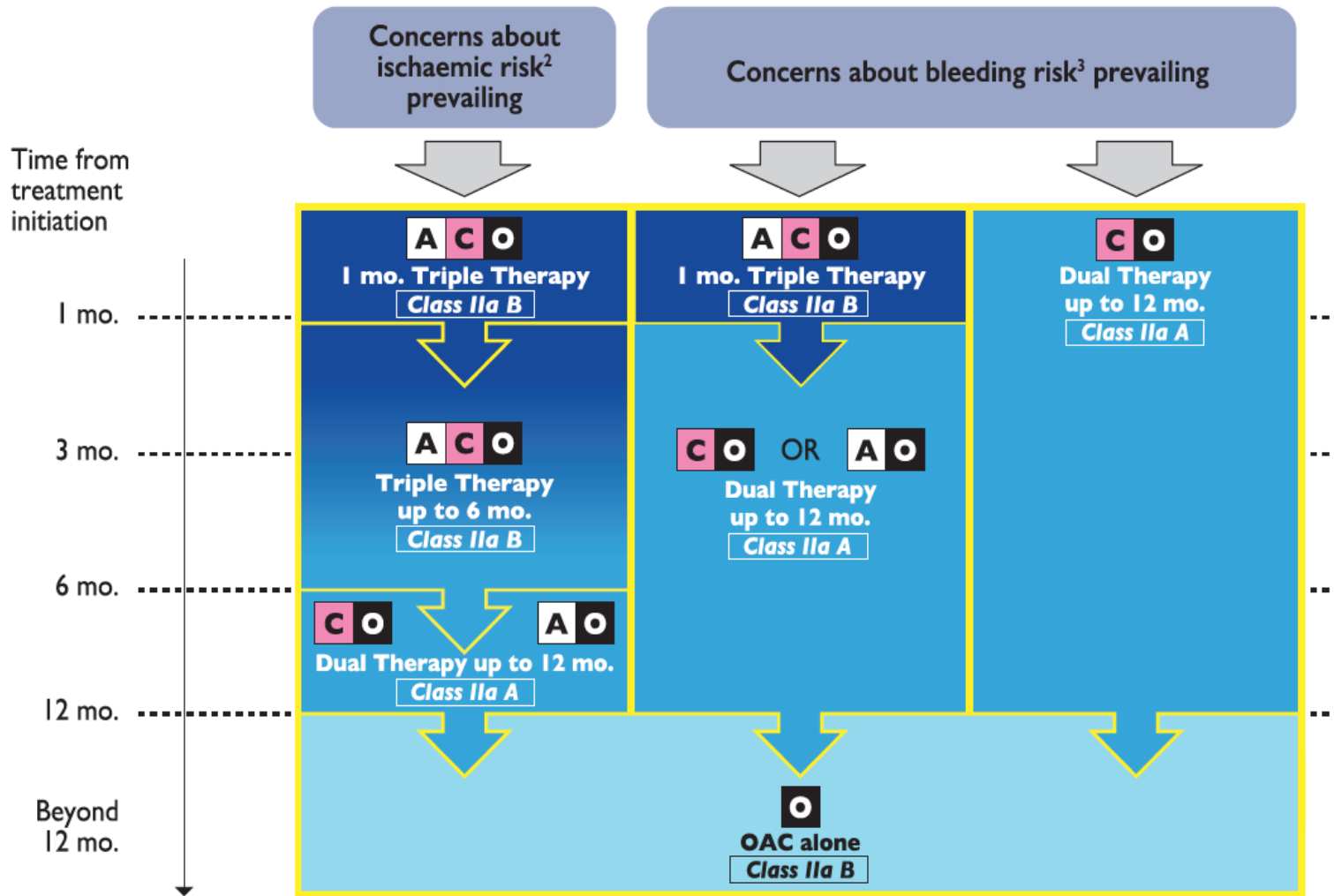
Edoxaban AF-PCI Trial



ENTRUST-AF-PCI Study Design



Patients with an indication for anticoagulation who had a PCI



A = Aspirin **C** = Clopidogrel **O** = Oral anticoagulation

Conclusion

2 antiagrégants (Triple thérapie) pendant la durée plus courte possible ++

Pas d'utilisation de Ticagrelor ou Prasugrel (sauf LD et exception : TS ...)

Anticoagulant oraux direct > AVK (sauf ins rénale)

Dose Rivaroxaban 15 mg / jour

Dabigatran 110mg x2/jour ou 150mg x2/jour

Apixaban = en attente des résultats d'AUGUSTUS