Durée du traitement antiagrégant plaquettaire : toujours plus court

Hôpital Pitié-Salpêtrière AP-HP

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ACTION GROUP

SORBONNE UNIVERSITÉ

INSTITUT DE CARDIOLOGIE
Pitié-Salpêtrière
Paris

Paris, France

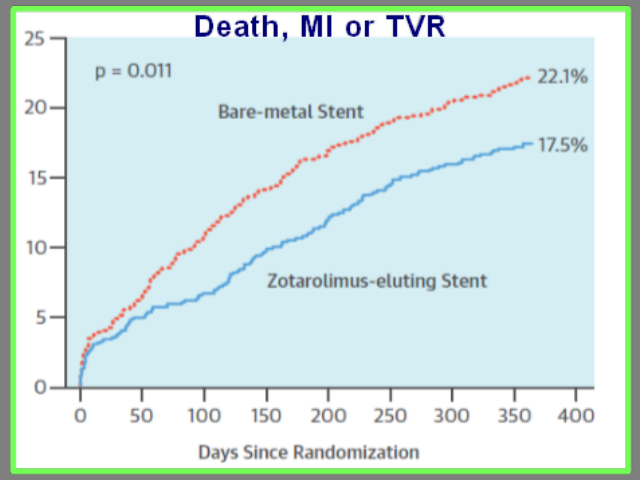
+ court? De quoi parle-t-on?

Le coronarien est redevable d'1 AAG à vie!
(sauf exception)

- Complication hémorragique menaçant le Pic vital
- Chirurgie impossible sans arrêt du dernier AAG
- Nécessité d'un traitement anticoagulant oral
- Nécessité de **2** AAG
  - **Discuter la durée**

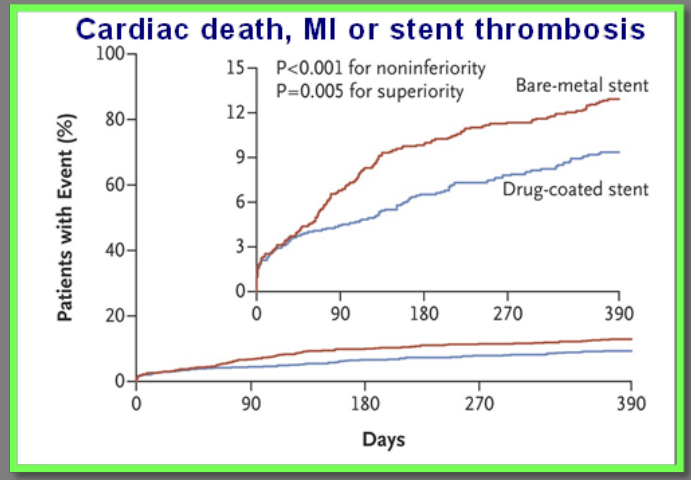
STENT + HBR = Arrêt précoce du clopi

ZEUS study (n=1606)



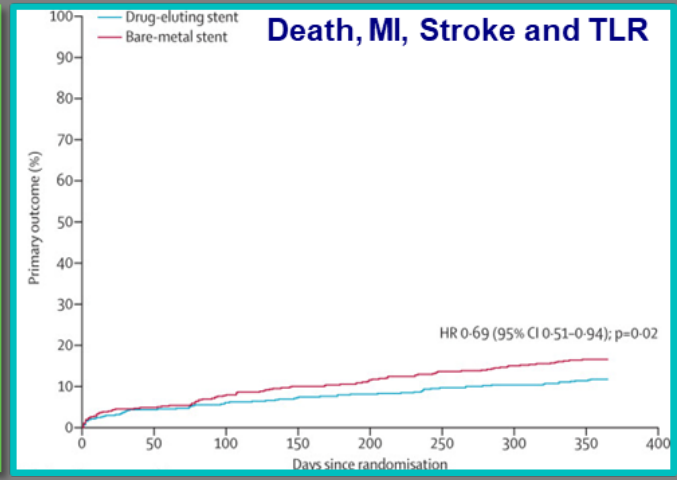
Valgimigli et al. JACC 2015;65:805-815

LEADERS-FREE study (n=2466)

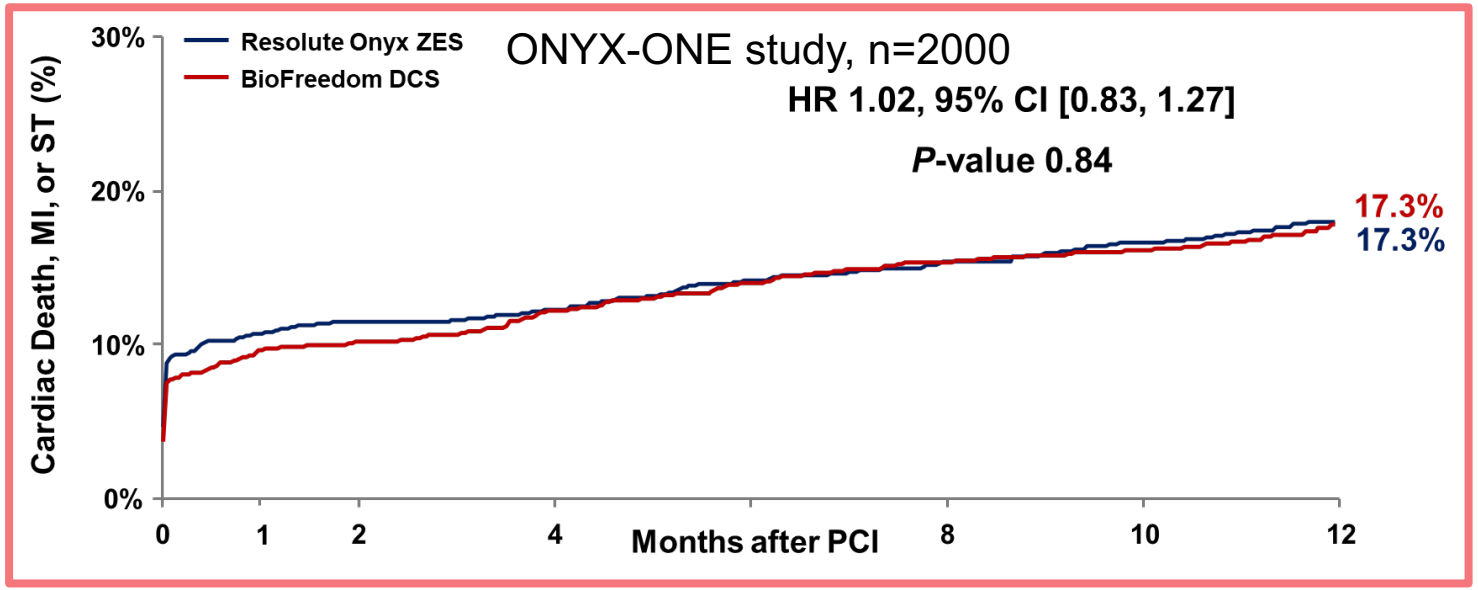


Urban P et al. N Engl J Med 2015;373:2038-2047

SENIOR study (n=1200)



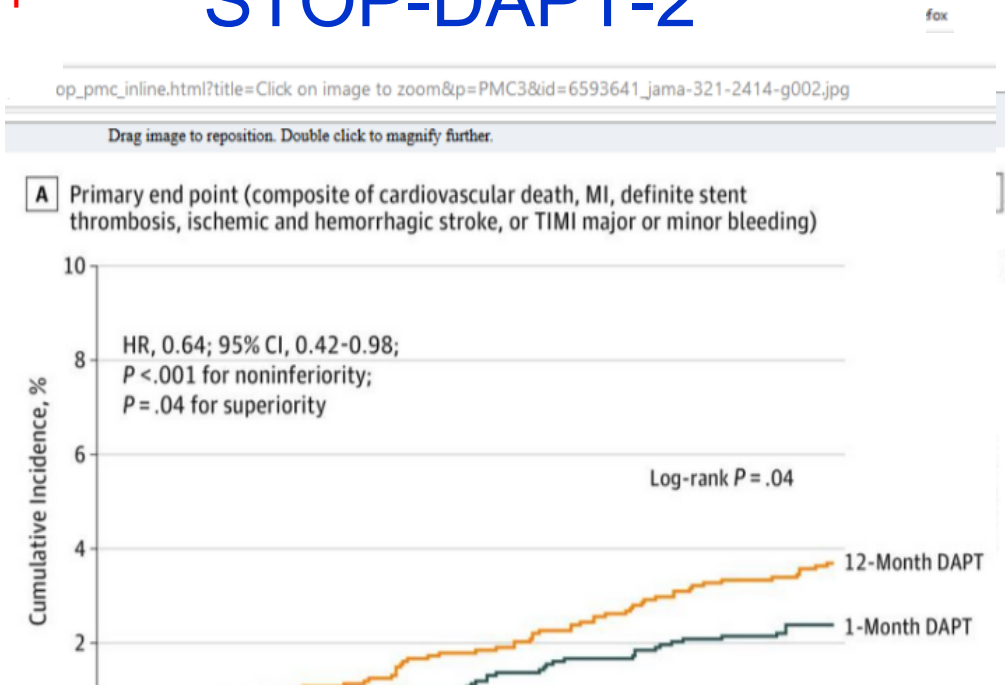
Varenne O et al. Lancet 2017



HBR: haut risque hémorragique

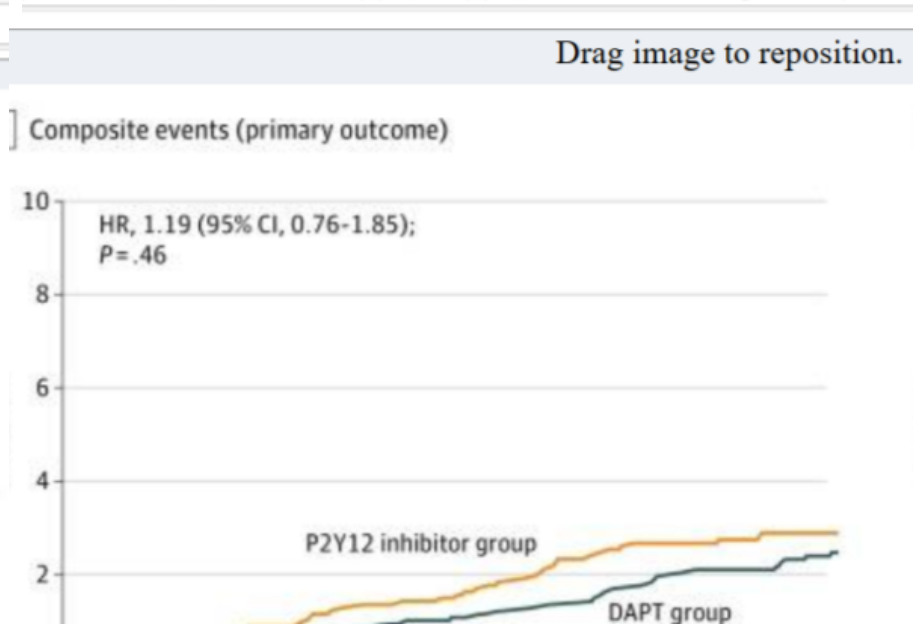
Arrêt précoce aspirine
Pas HBR

STOP-DAPT-2



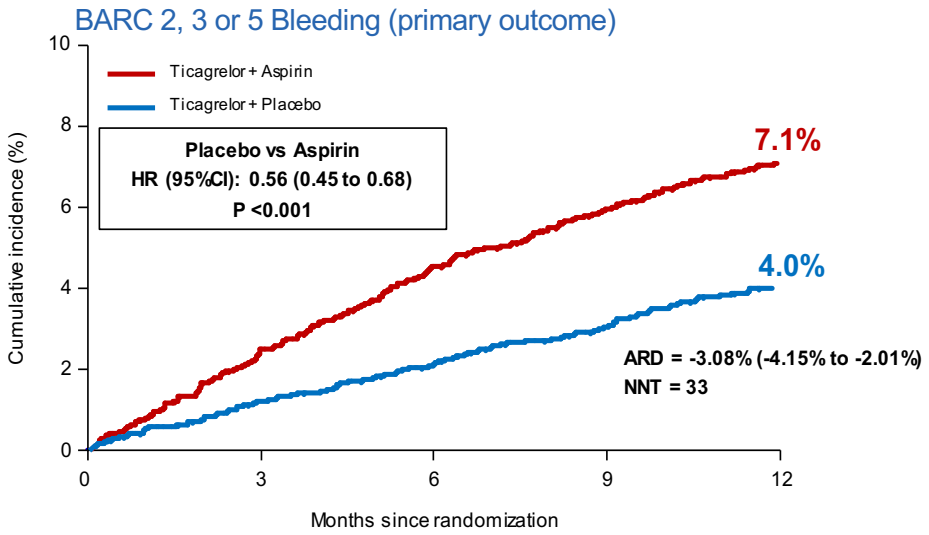
H. Watanabe, JAMA. 2019 Jun 25;321(24):2414-2427

SMART-CHOICE



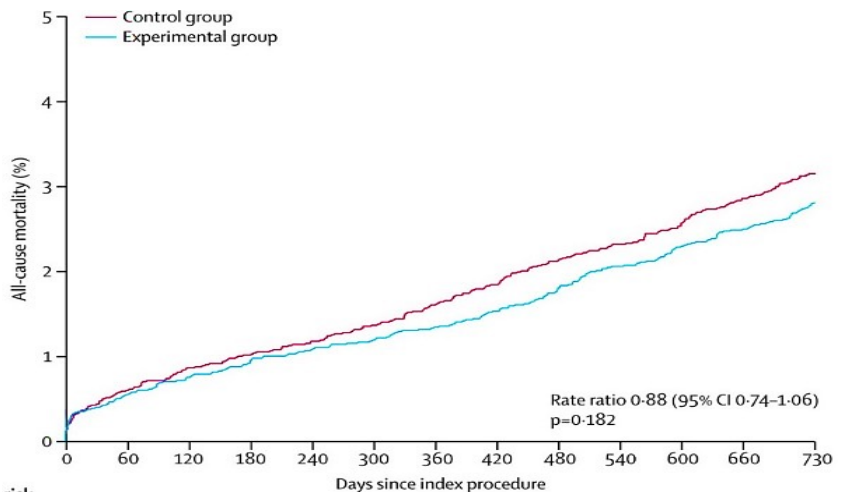
JY Hahn – JAMA. 2019 Jun 25;321(24):2428-2437

TWILIGHT



Mehran R et al. N Engl J Med. 2019 Nov 21;381(21):2032-2042

GLOBAL-LEADERS



Vranckx P et a. Lancet 2018

HBR PCI

Elderly age ≥75 years		Thrombocytopenia (<100,000/mm^3)	M
OAC planned after PCI	M	Cancer diagnosed or treated w/i 3 years	M
Renal failure (CrCl <40 ml/min)	M	Stroke within 1 year or any prior ICH	M
Planned surgery <1 year	M	Severe chronic liver disease	M
Anemia (Hgb <11 g/dl)	M	Long-term NSAID or steroid use	
Hospitalization for bleeding within 1	M	❑ Expected DAPT non-compliance	

Moyen mémotechnique

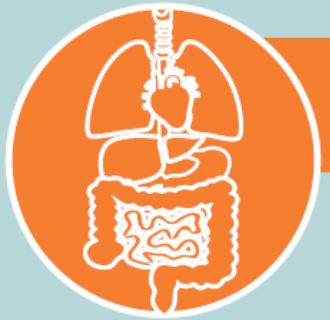
A AGE

- **Frail elderly >75 years***
- **Advanced age >85 years***
- **Life expectancy <1 year**

** Must be accompanied with an additional risk factor*

B BLEEDING

- **Spontaneous intracranial haemorrhage**
- **Recurrent gastrointestinal bleeding**
- **Haemoglobin <9 g/dL**



O ORGAN DYSFUNCTION

- **Liver cirrhosis**
- **End-stage renal failure, requiring dialysis**
- **Bone marrow failure, e.g. severe thrombocytopaenia, platelet count < 50,000/µL**
- **Stroke in the last 6 months**

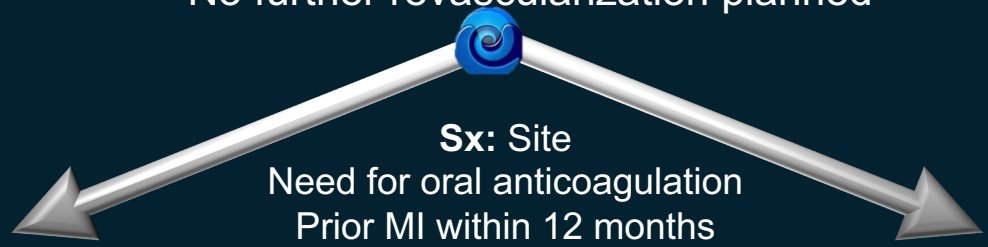
MASTER DAPT Trial

Screened Population: HBR pts, treated exclusively with Ultimaster stent, with no restriction based on clinical presentation or PCI complexity

Randomization and Regimens

30 (+14) Days after PCI

Free from cardiac and cerebral ischemic events
and active bleeding
No further revascularization planned



Sx: Site
Need for oral anticoagulation
Prior MI within 12 months

Abbreviated DAPT

Immediate DAPT discontinuation

followed by SAPT for 11 months
or 5 months if OAC is indicated

Standard DAPT

DAPT for ≥ 2 or 5 months in pts with or without OAC indication, respectively

followed by SAPT up to 11 months

HBR: high bleeding risk; DAPT: dual antiplatelet therapy; SAPT: single antiplatelet therapy; MI myocardial infarction: OAC: oral anticoagulation

High Bleeding Risk Definition

Patients are at high bleeding risk if at least one of the following criteria applies:

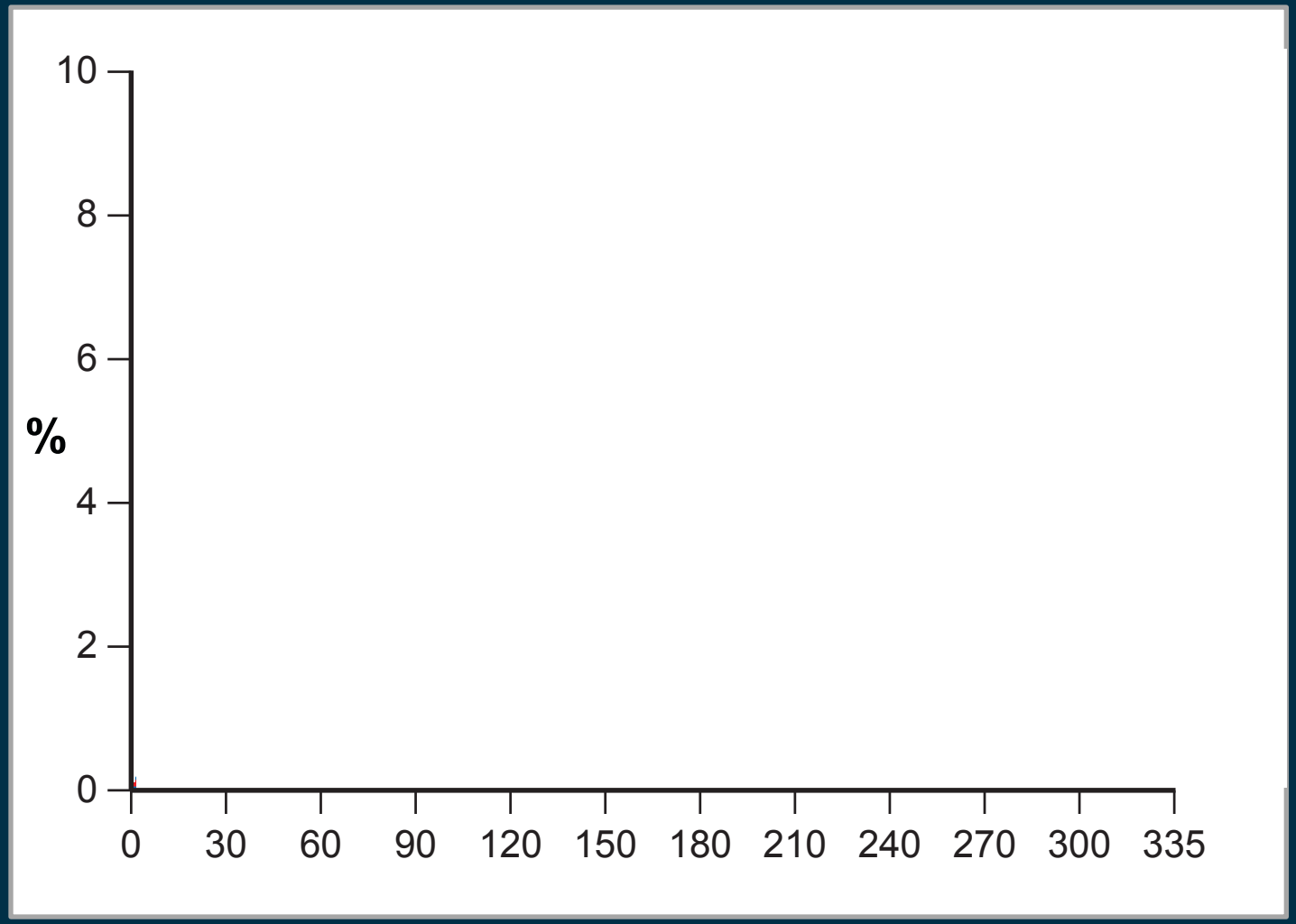
1. Clinical indication to oral anticoagulants (OAC) for at least 12 months
2. Recent (<12 months) non-access site bleeding episode(s), which required medical attention
3. Previous bleeding episode(s) which required hospitalization if the underlying cause has not been definitively treated (i.e. surgical removal of the bleeding source)
4. Age ≥75 years
5. Systemic conditions associated with an increased bleeding risk
6. Documented anemia (Hb<11 g/dL) or transfusion within 4 weeks before randomization
7. Need for chronic treatment with steroids or non-steroidal anti-inflammatory drugs
8. Diagnosed malignancy (other than skin) considered at high bleeding risk
9. Stroke at any time or transient ischemic attack (TIA) in the previous 6 months
10. PRECISE DAPT score ≥25

Baseline Characteristics and Clinical Presentation

Mean±SD 2.1±1.1 HBR criteria	Abbreviated DAPT *(N=2295)*	Standard DAPT *(N=2284)*
Age — yr	76.1±8.7	76.0±8.8
Male sex — no. (%)	1590 (69.3)	1581 (69.2)
Diabetes mellitus — no. (%)	754 (32.9)	784 (34.3)
Prior MI— no. (%)	434 (18.9)	430 (18.8)
Prior PCI— no. (%)	594 (25.9)	594 (26.0)
Prior CVA— no. (%)	268 (11.7)	302 (13.2)
Chronic kidney disease— no. (%)	418 (18.2)	458 (20.1)
Atrial fibrillation — no. (%)	770 (33.6)	720 (31.5)
Oral anticoagulant — no. (%)	849 (37.0)	820 (35.9)
CCS– no. (%)	1167 (50.8)	1201 (52.6)
Non–ST-elevation ACS– no. (%)	855 (37.2)	818 (35.8)
ST-elevation MI– no. (%)	273 (11.9)	265 (11.6)
Killip II, III or IV	252 (11.0)	254 (11.1)

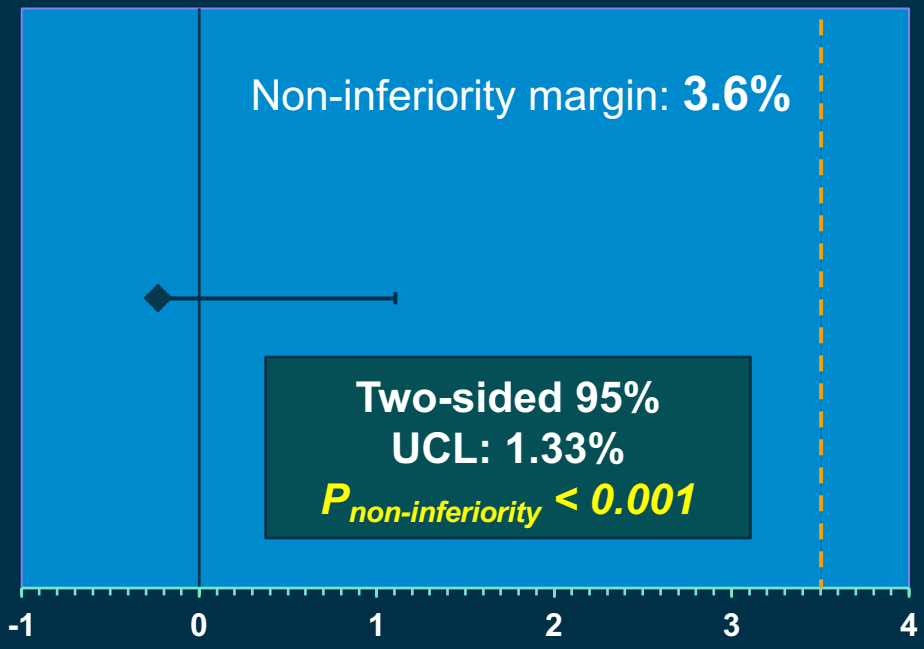
Net adverse clinical events (NACE)

Per protocol population



Non-inferiority Analysis

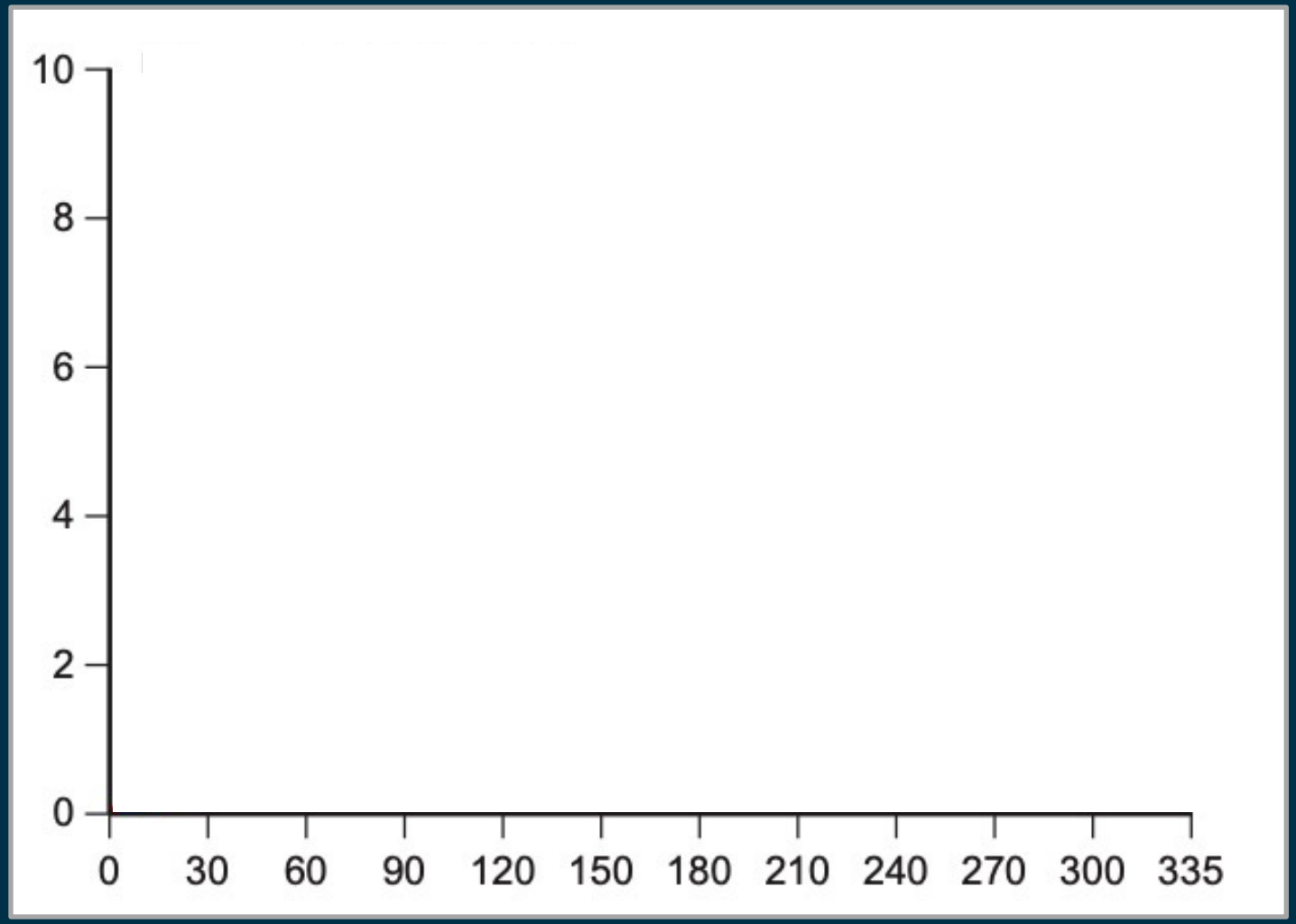
Difference in cumulative incidence, -0.23



NACE: *All-cause death, MI, stroke, and major bleeding events defined as BARC 3 or 5*

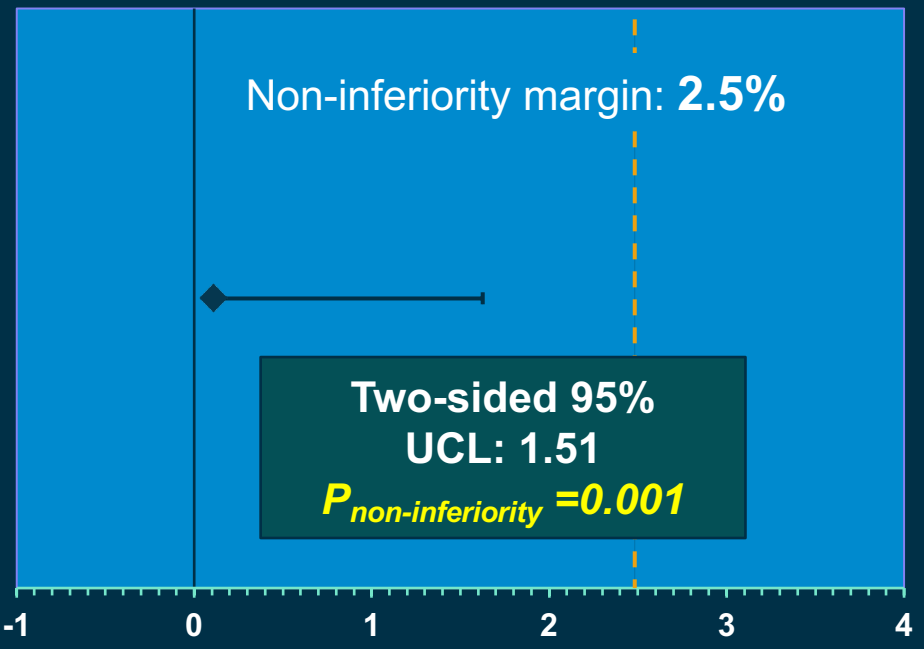
Major adverse cardiac and cerebral events (MACCE)

Per protocol population



Non-inferiority Analysis

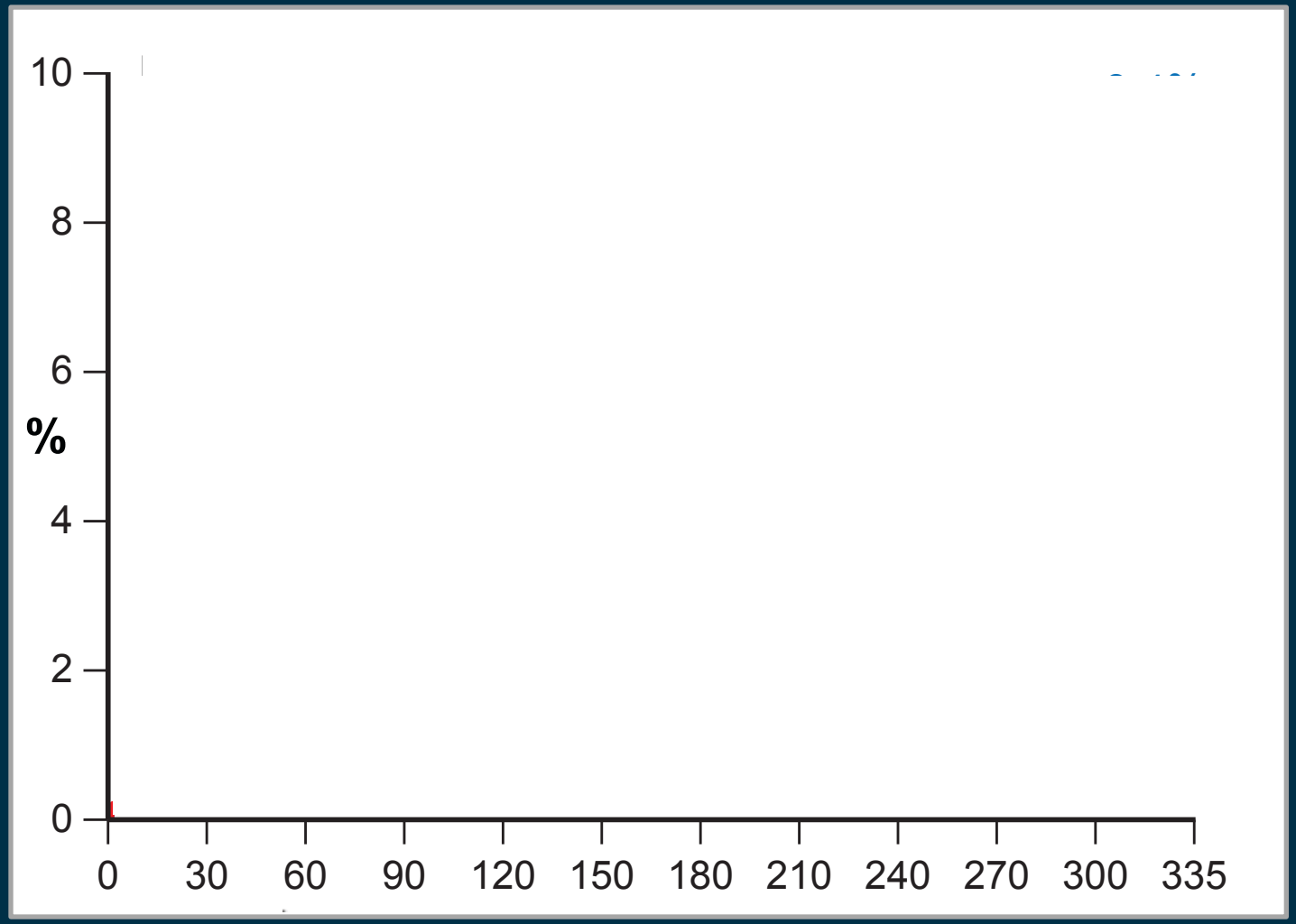
Difference in cumulative incidence, 0.11



MACCE: *All-cause death, MI, stroke*

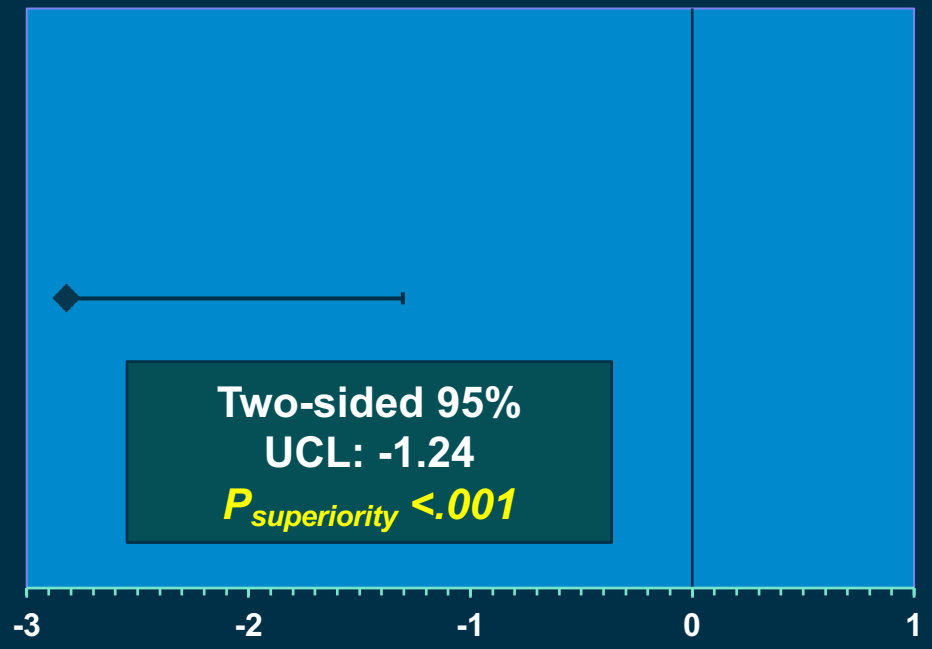
Major or clinically relevant nonmajor bleeding

Intention to treat population



Superiority Analysis

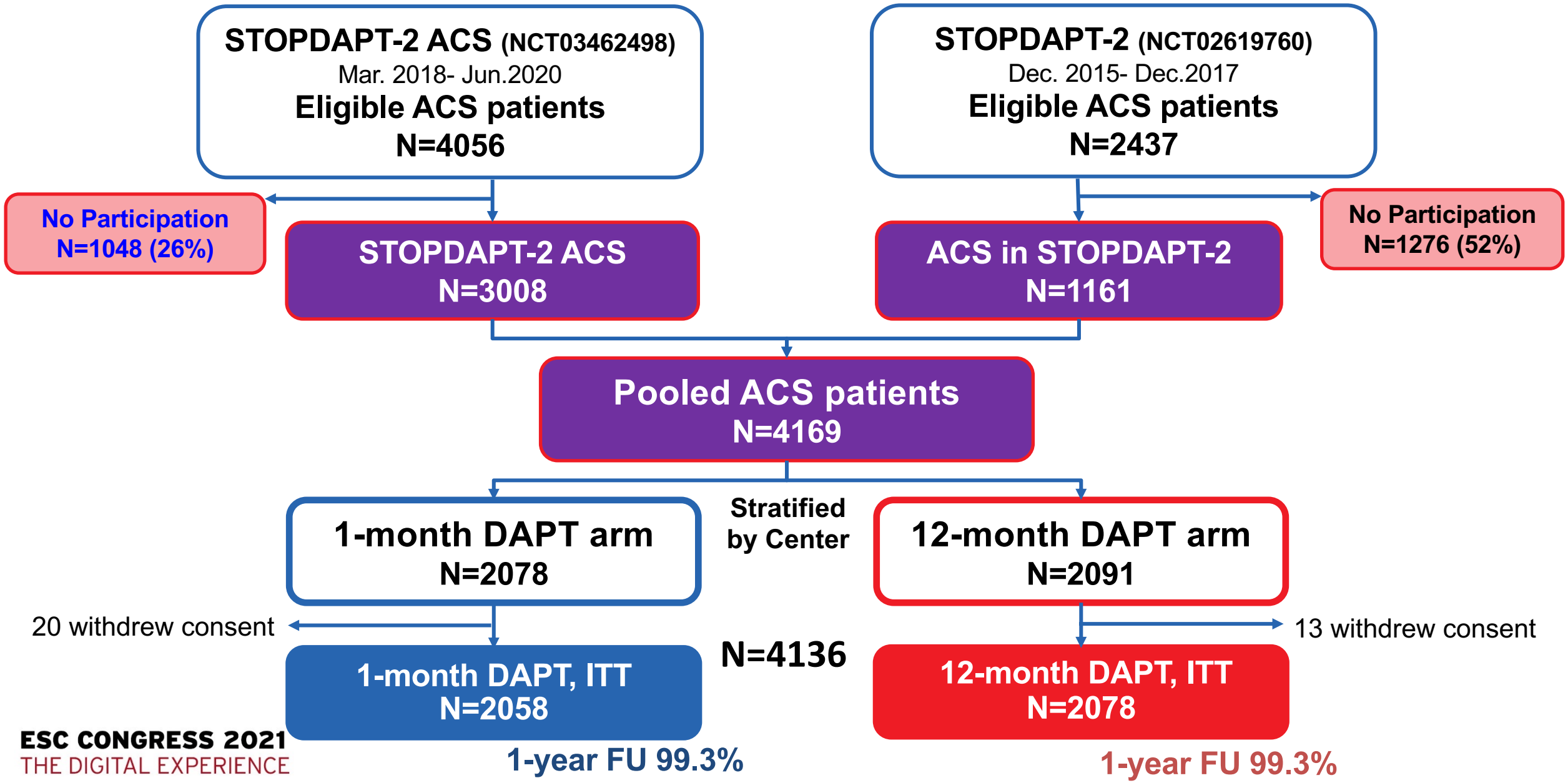
Difference in cumulative incidence, -2.82



NNTB: 35

MCB: *BARC 2, 3 or 5*

STOP-DAPT2-ACS

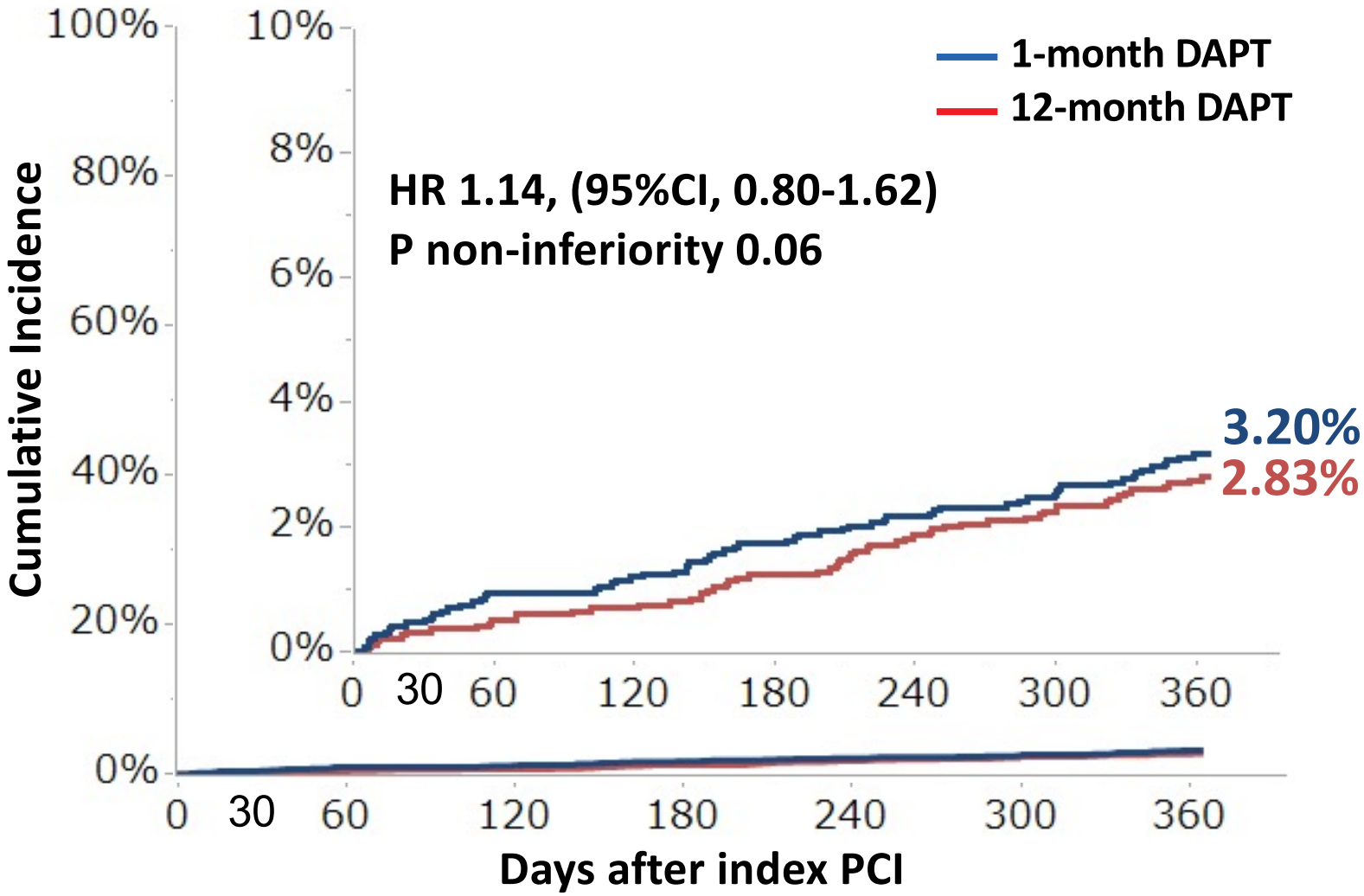


Baseline Clinical Characteristics

	1-month DAPT N=2058	12-month DAPT N=2078
Age, years	67.0±11.9	66.6±11.9
Men	79%	79%
STEMI; NSTEMI; UA	57%; 19%; 23%	55%; 21%; 24%
Killip 4	3.4%	3.1%
ECMO; Impella; IABP	0.3%; 0.1%; 4.1%	0.3%; 0.1%; 3.1%
Diabetes	30%	30%
Severe CKD (eGFR<30ml/min/m^2)	3%	3%
Prior MI	6%	5%
Prior PCI	11%	10%
CREDO-Kyoto thrombotic risk score		
High; Intermediate; Low	4%; 17%; 79%	5%; 16%; 79%
CREDO-Kyoto bleeding risk score		
High; Intermediate; Low	4%; 20%; 77%	3%; 19%; 78%

Primary Endpoint

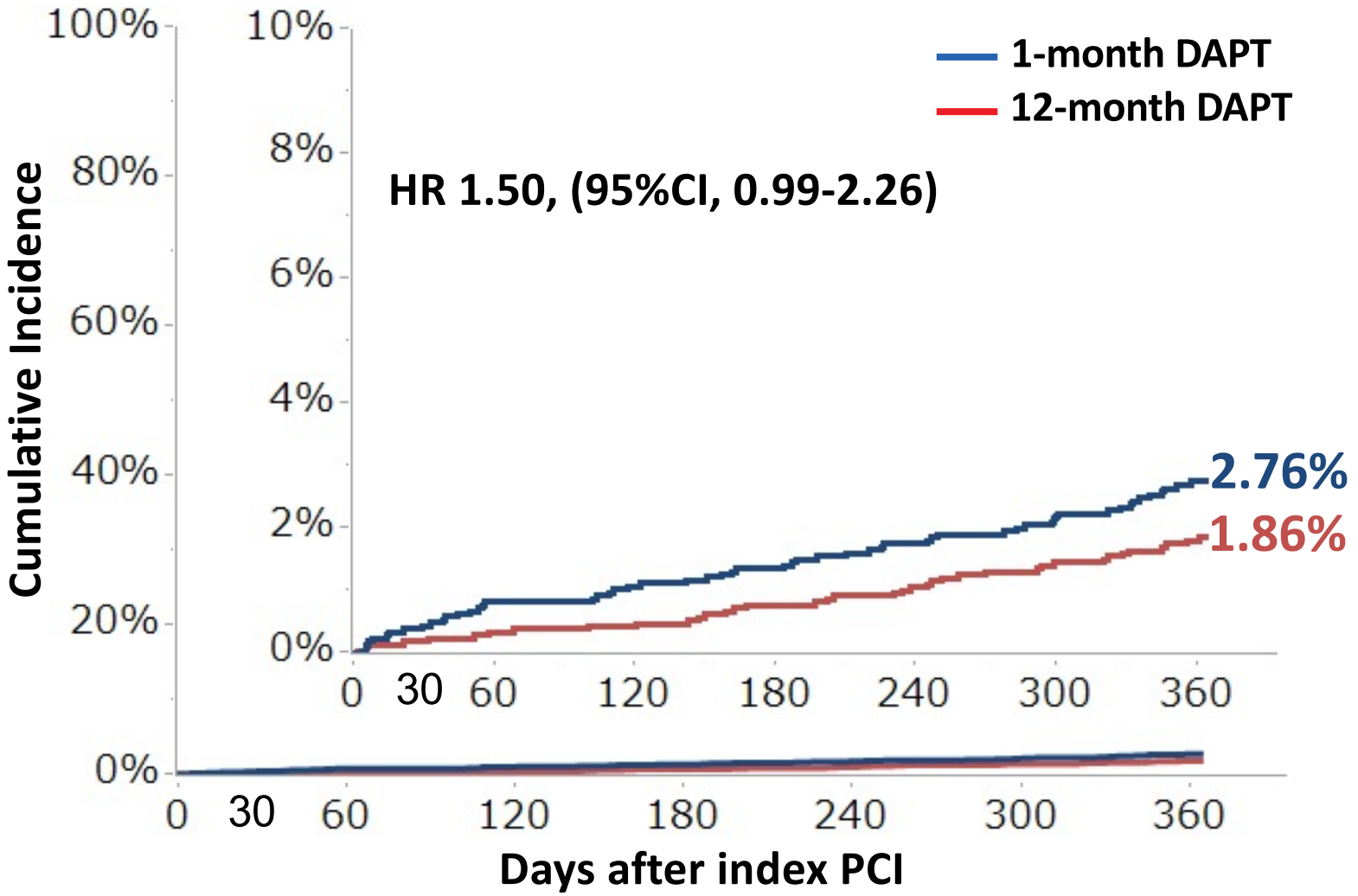
CV death/MI/ST/Stroke/TIMI major/minor bleeding



No. at risk

12-month DAPT	2078	2070	2055	2048	2036	2021	2010	1581
1-month DAPT	2058	2047	2028	2021	2007	1993	1982	1606

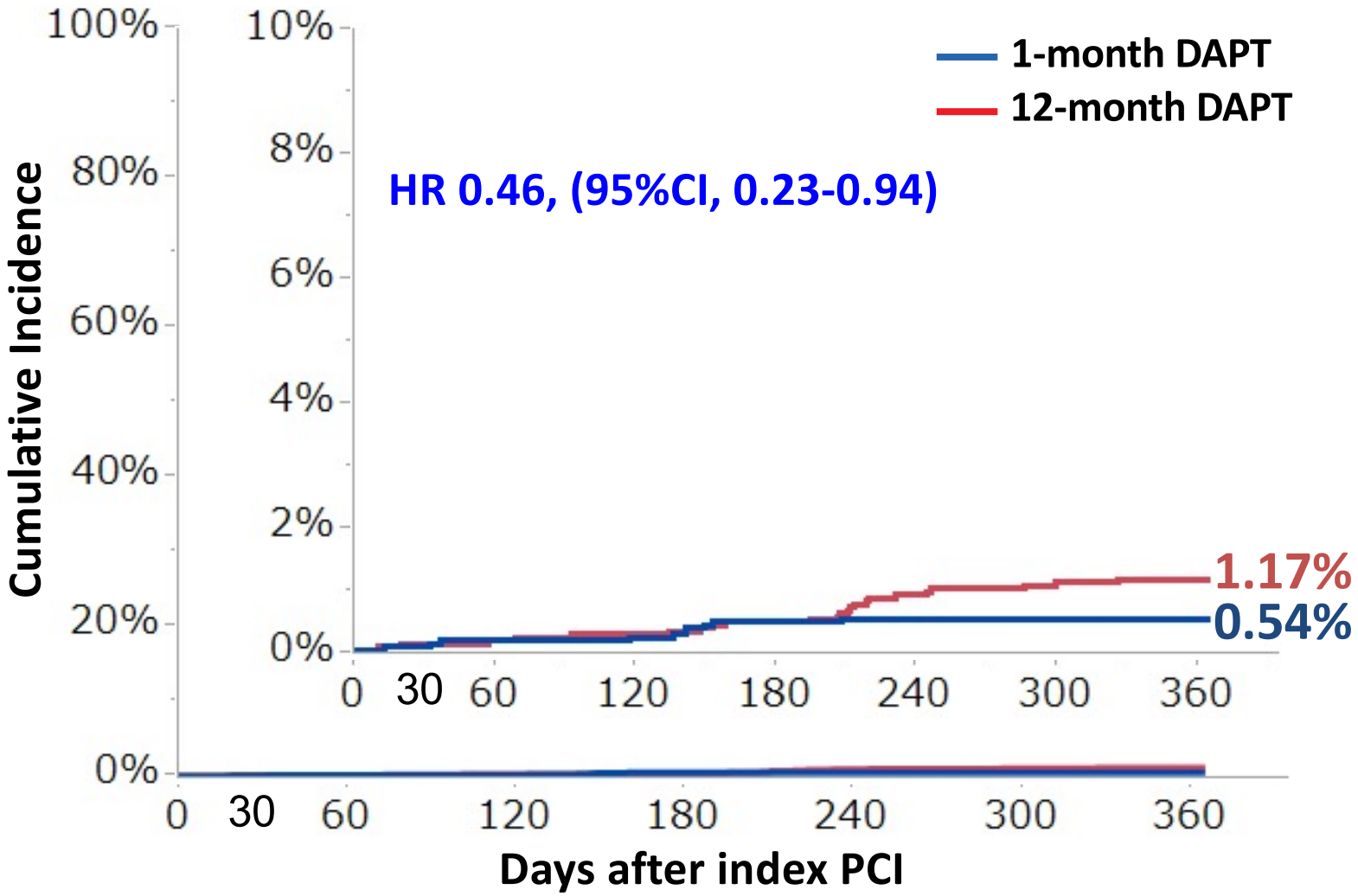
Major Secondary CV Endpoint
CV death/MI/ST/Stroke



No. at risk

12-month DAPT	2078	2073	2059	2054	2046	2038	2028	1597
1-month DAPT	2058	2049	2031	2024	2015	2002	1991	1614

Major Secondary Bleeding Endpoint
TIMI major/minor bleeding



No. at risk

12-month DAPT	2078	2073	2060	2054	2045	2033	2027	1603
1-month DAPT	2058	2052	2041	2038	2030	2023	2015	1642

Conclusion

DAPT + courte après stent?

Oui, mais pas pour tout le monde!

STEMI
SCA
Ht risque ischemique
Ht risque thrombotique