



Il Paziente Fragile in cardiologia

CARDIOLOGI E MEDICI
DI MEDICINA GENERALE
"IN RETE"

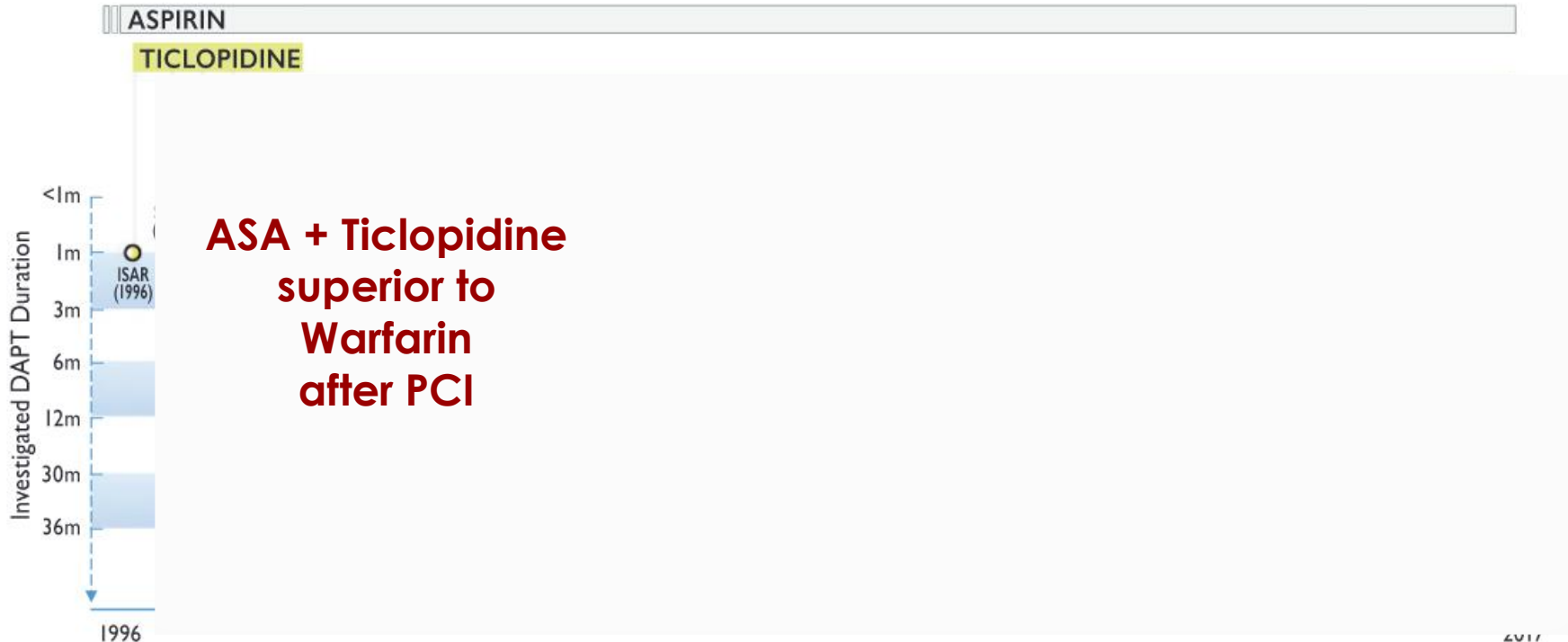
La costruzione di percorsi condivisi

Antiaggregazione post SCA: short e long DAPT

Dr Francesco Colombo, Ospedale San Giovanni Bosco - Torino

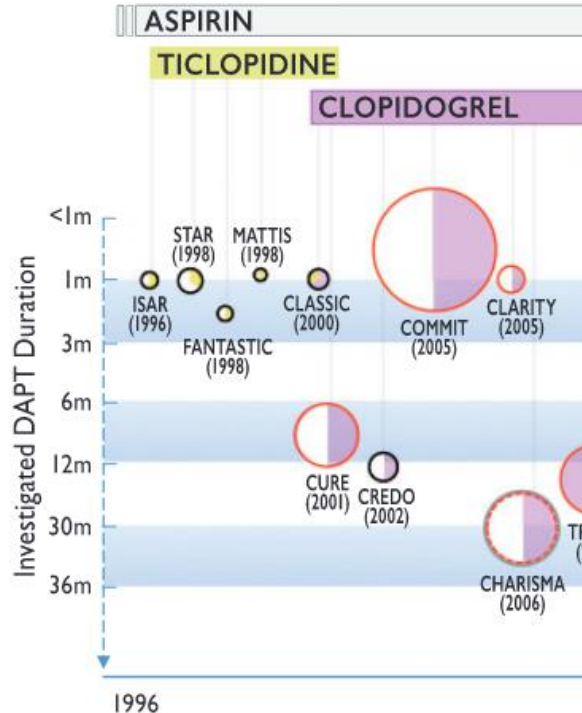
A neverending story...

23 years story, 35 RCTs, > 225000 patients enrolled



A neverending story...

23 years story, 35 RCTs, > 225000 patients enrolled



Effort for safer P2Y₁₂ inhibitors

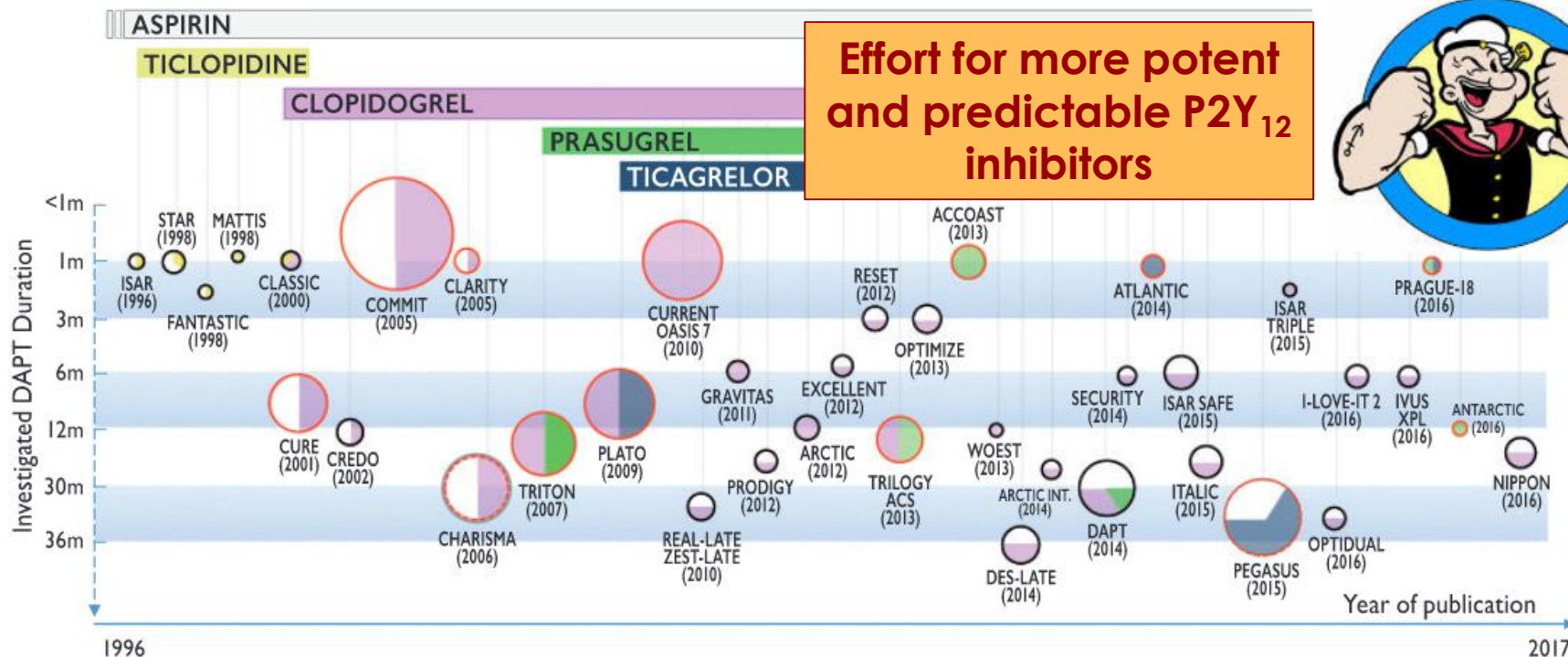


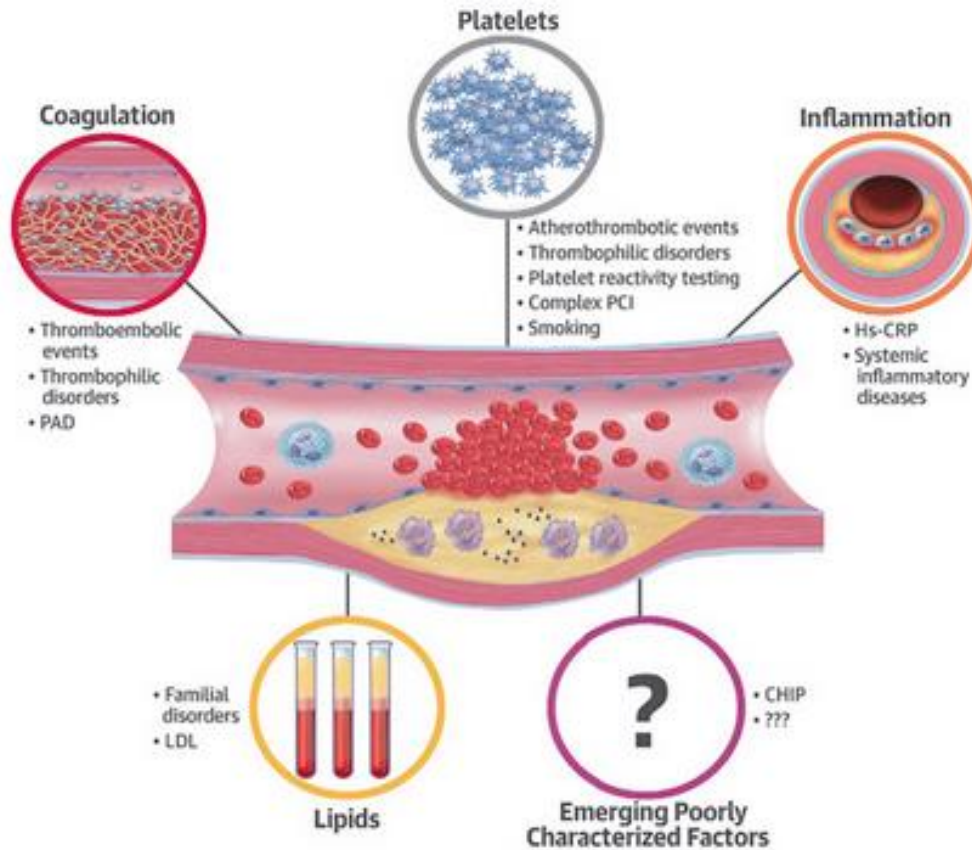
A neverending story...

23 years story, 35 RCTs, > 225000 patients enrolled

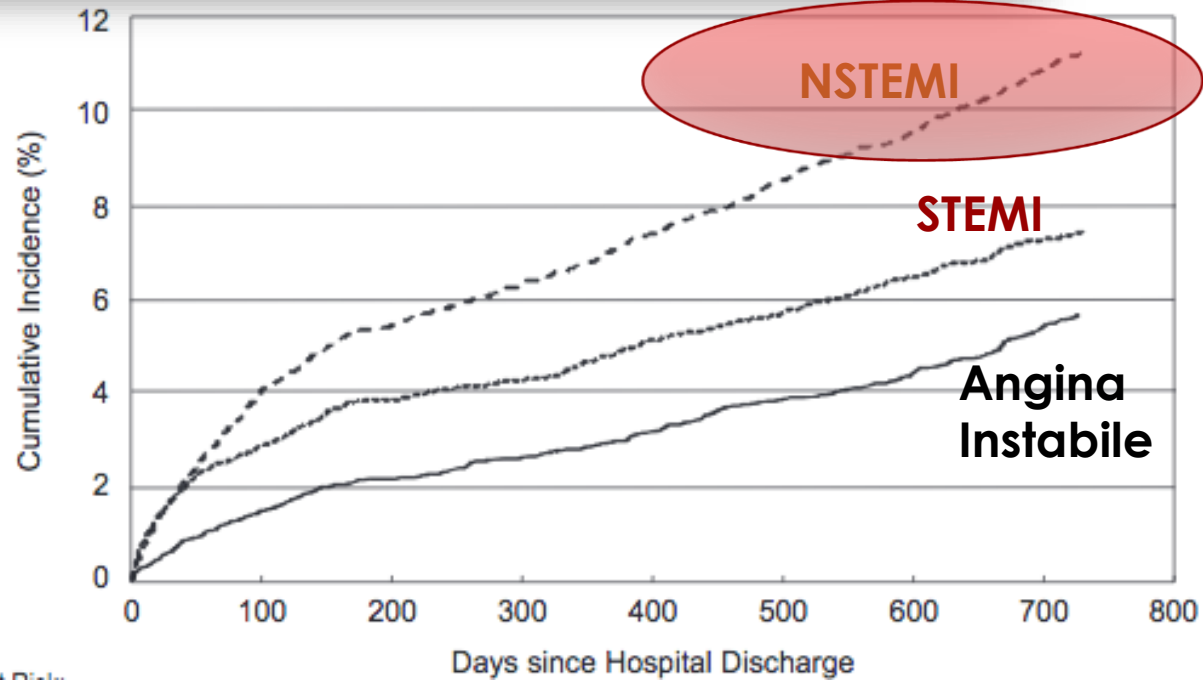


Effort for more potent and predictable P2Y₁₂ inhibitors





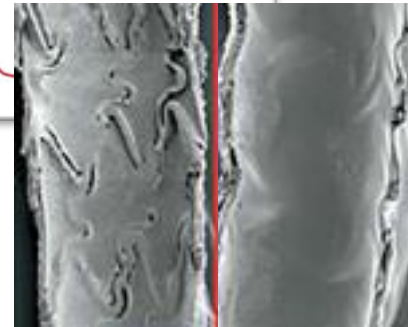
Late Consequences of Acute Coronary Syndromes: Global Registry of Acute Coronary Events (GRACE) Follow-up



Stent Thrombosis Late After Implantation of First-Generation Drug-Eluting Stents

A Cause for Concern

Edoardo Camenzind, MD; P. Gabriel Steg, MD; William Wijns, MD

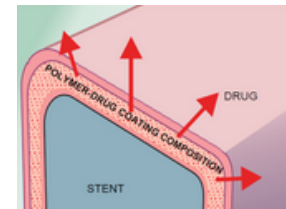


**1st gen
DES**

BMS

delayed endothelialization secondary to antiproliferative drug

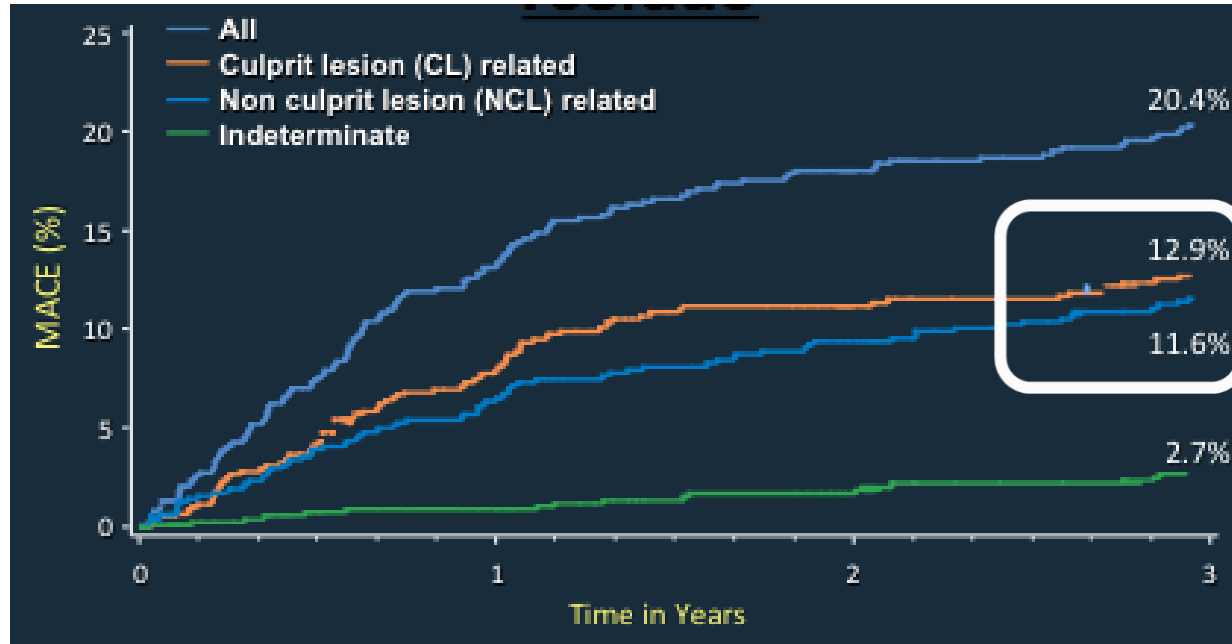
hypersensitivity reaction to the polymer coating



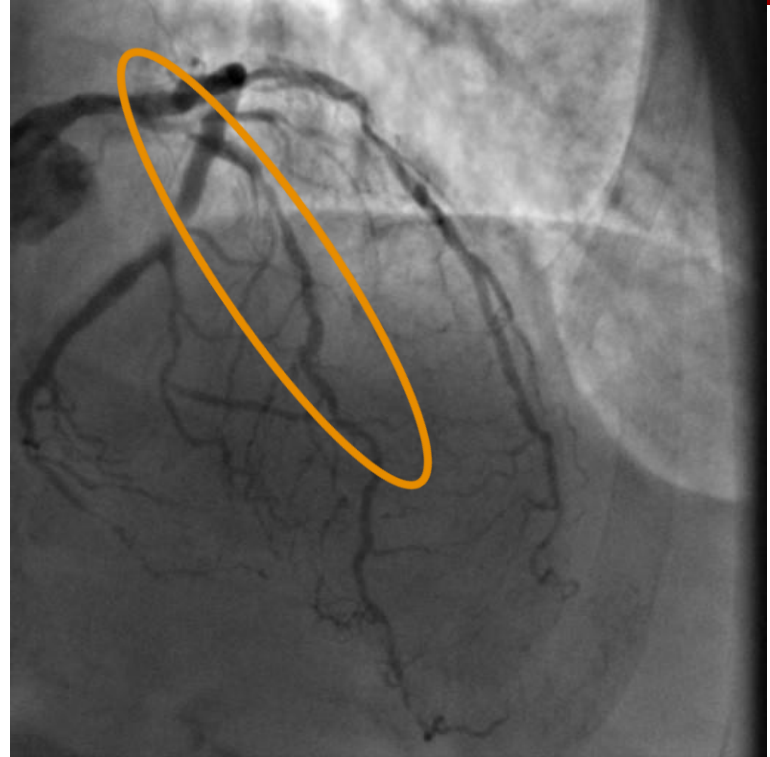
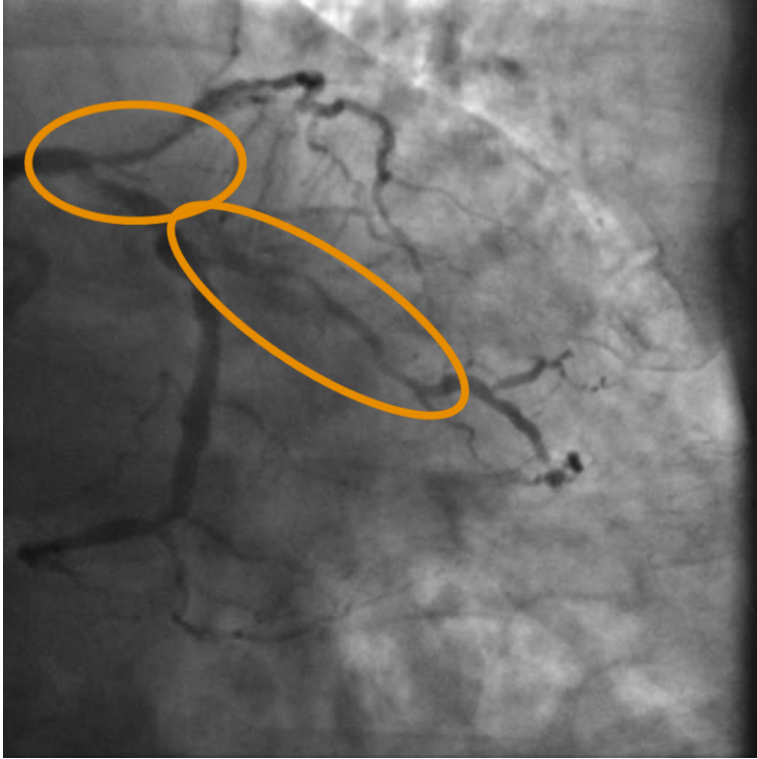
A progressive disease, not only stent thrombosis...



PROSPECT Study (697 ACS patients treated with PCI)

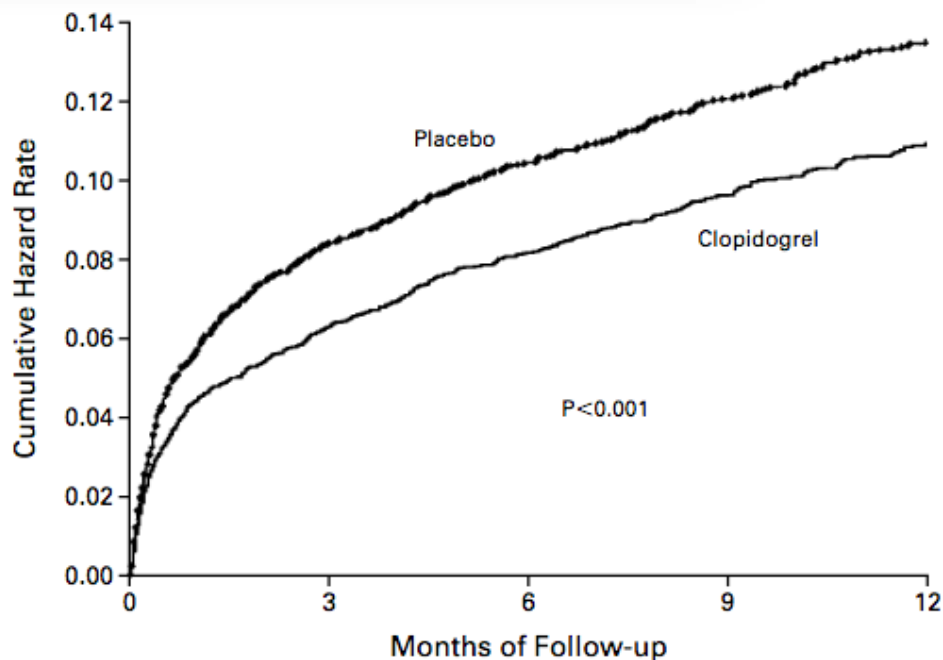


Increasingly complex CAD patterns



**EFFECTS OF CLOPIDOGREL IN ADDITION TO ASPIRIN IN PATIENTS WITH
ACUTE CORONARY SYNDROMES WITHOUT ST-SEGMENT ELEVATION**

THE CLOPIDOGREL IN UNSTABLE ANGINA TO PREVENT RECURRENT EVENTS TRIAL INVESTIGATORS*



The “classical” paradigm

DES

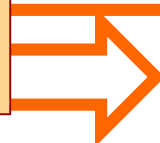
ACS (DES, BMS, conservative)



12 mesi

BUT...

BMS + stable



1 mese

Stable CAD or high risk
conservative



No DAPT

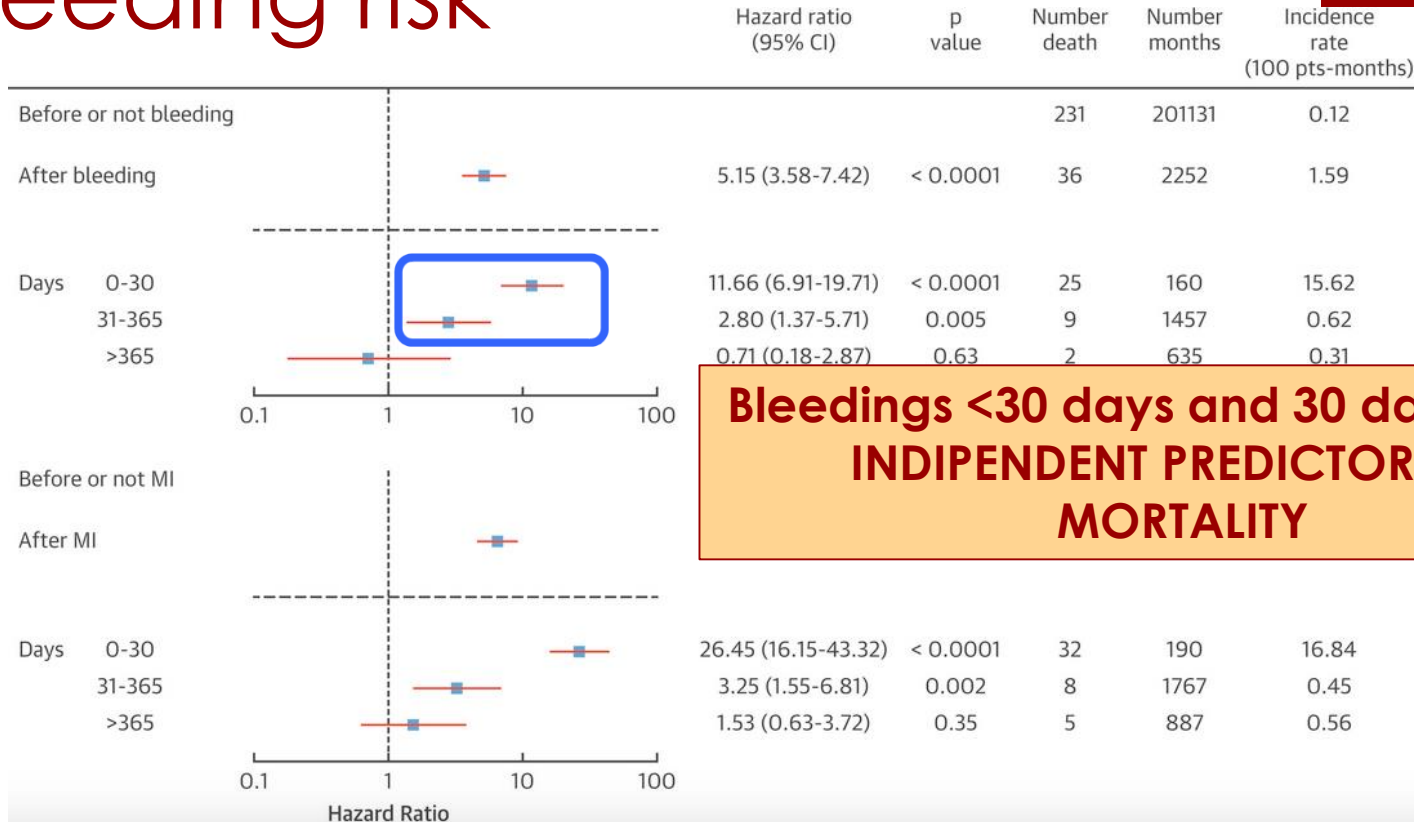
**Thrombotic
risk**



**Haemorrhagic
risk**



Bleeding risk



A new paradigm...



Thrombotic
risk

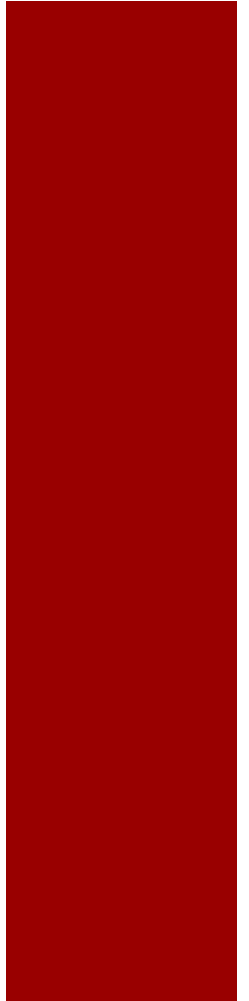


Haemorrhagic
risk

Focus on DAPT duration

Reducing or prolonging DAPT duration?

Shortened DAPT



ISAR-SAFE Trial: 6 vs 12 months DAPT after DES

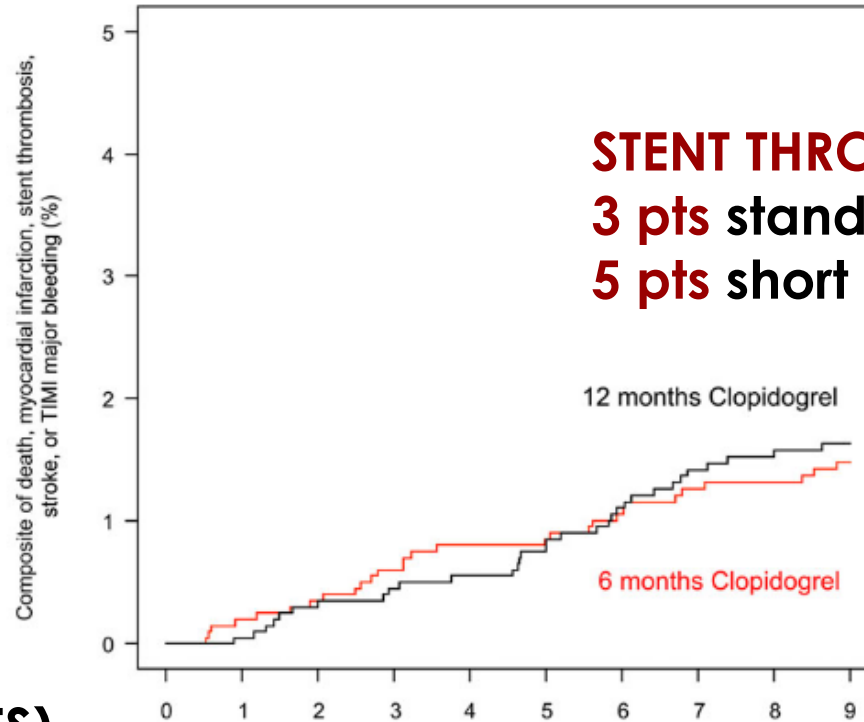
Non inferiority trial

Clopidogrel vs Placebo

4005 pts (stopped prematurely for low events rate)

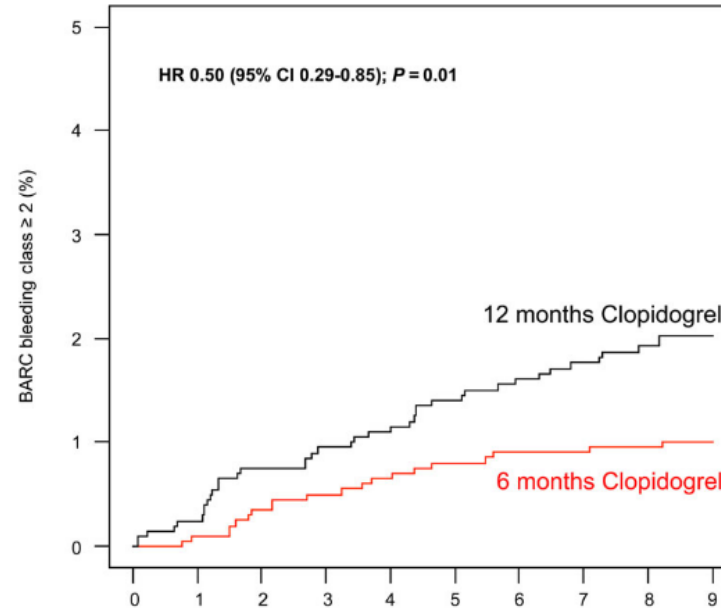
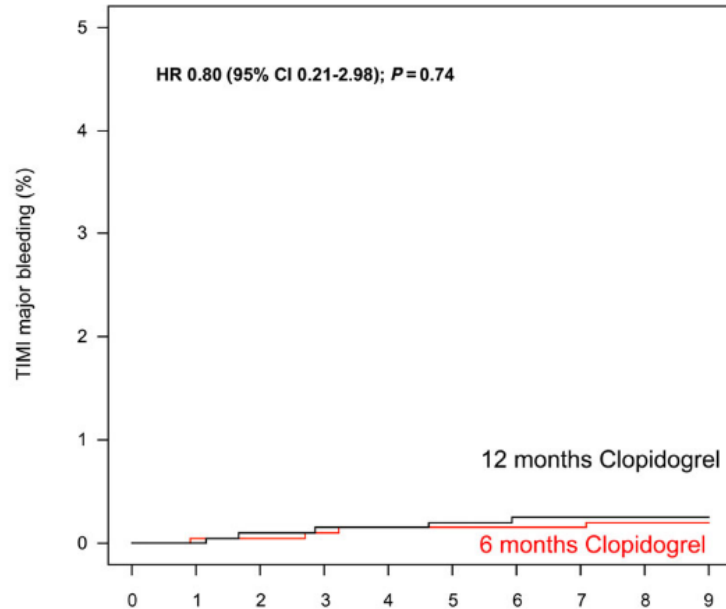
50% ACS

100% DES implantation
(90% new generation DES)

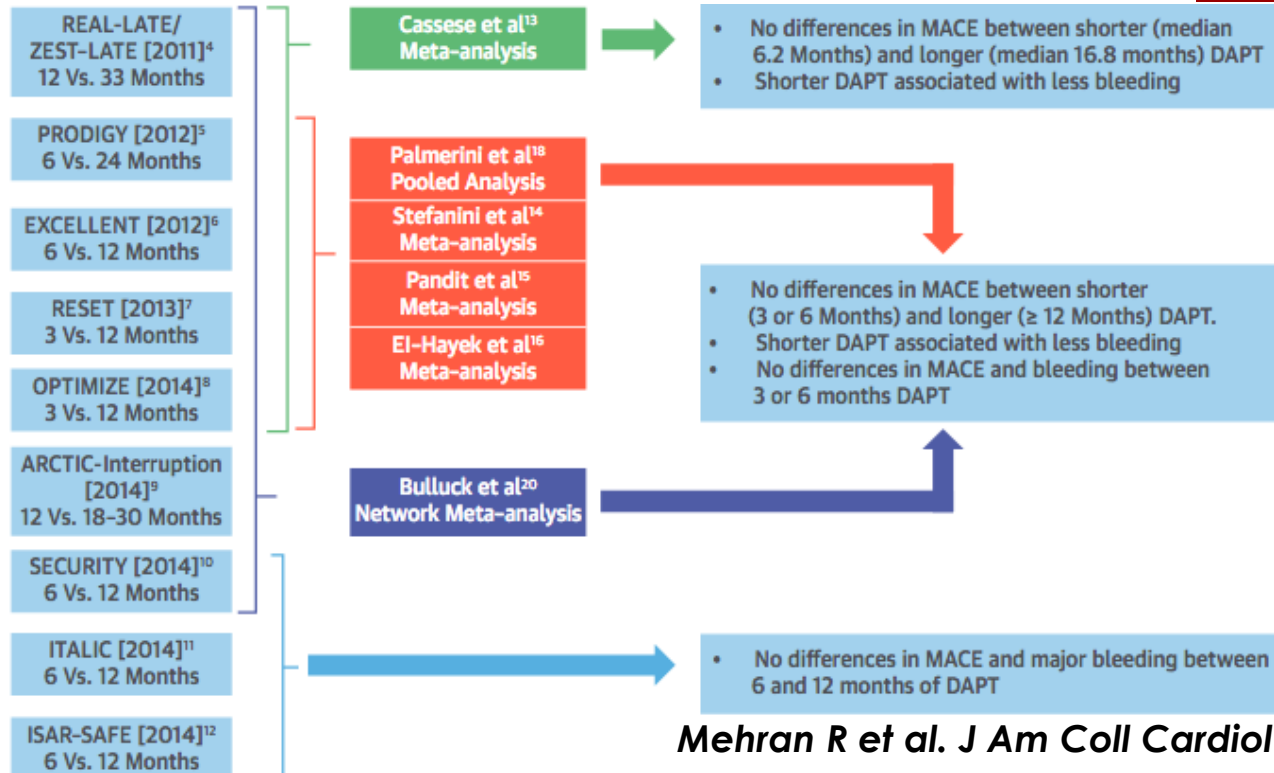


STENT THROMBOSIS
3 pts standard DAPT
5 pts short DAPT

ISAR-SAFE Trial: 6 vs 12 months DAPT after DES



Metanalysis of short DAPT trials (3-6 vs 12 months)

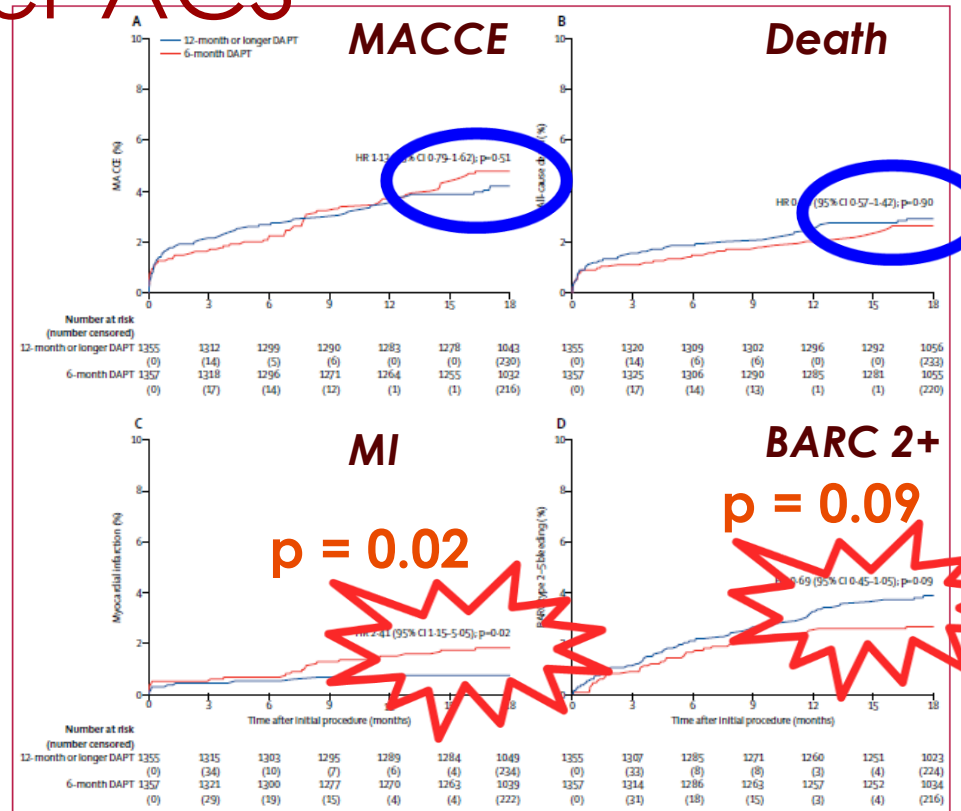


SMART-DATE Trial: 6 vs 12 months DAPT after ACS

Non inferiority trial

80% Clopidogrel

2712 pts

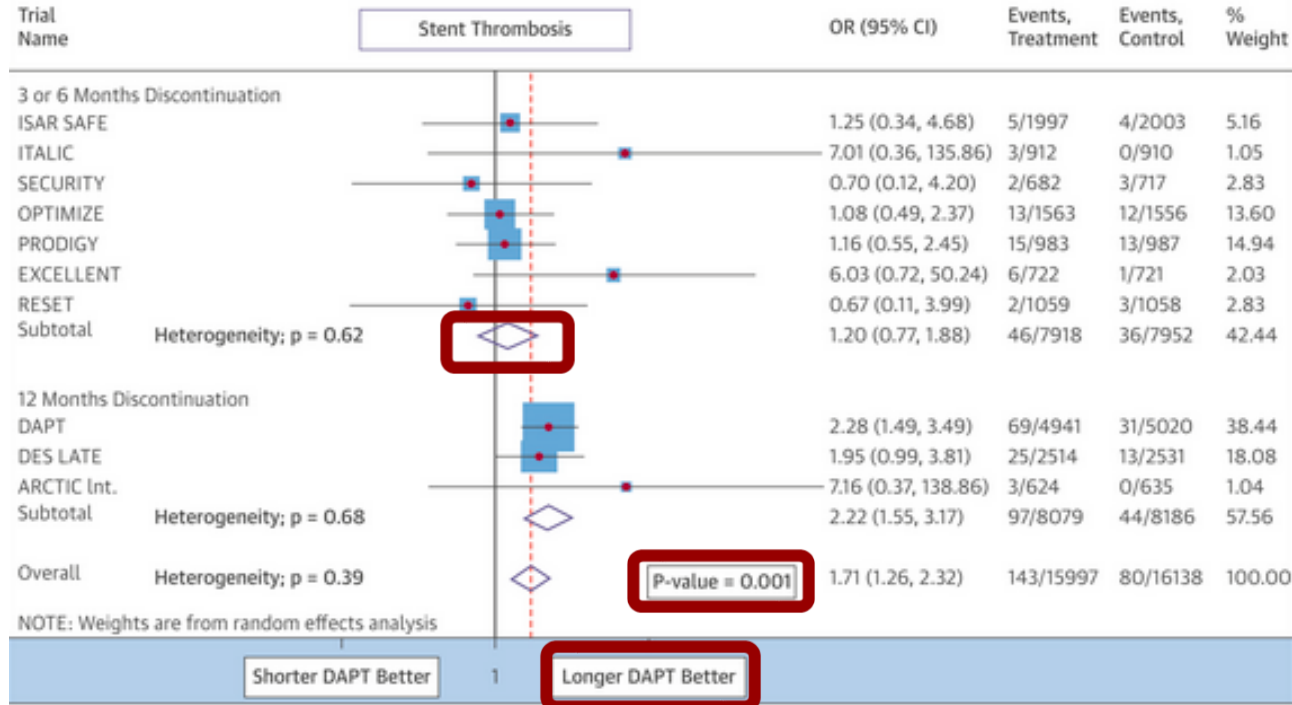


Hanh JY et al. Lancet 2018;391(10127):1274-1284

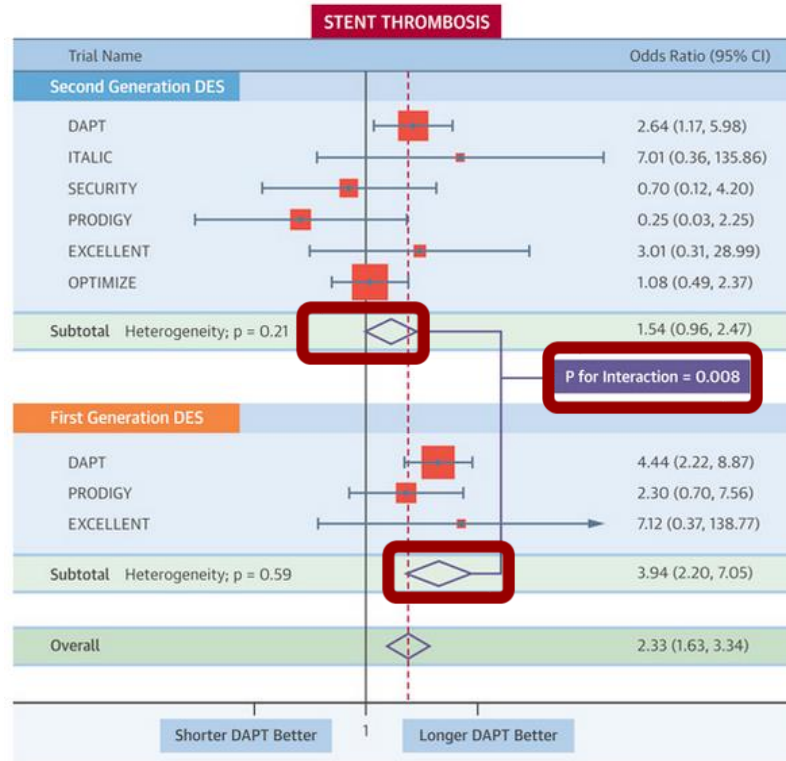
Shortened DAPT...
but stent thrombosis?



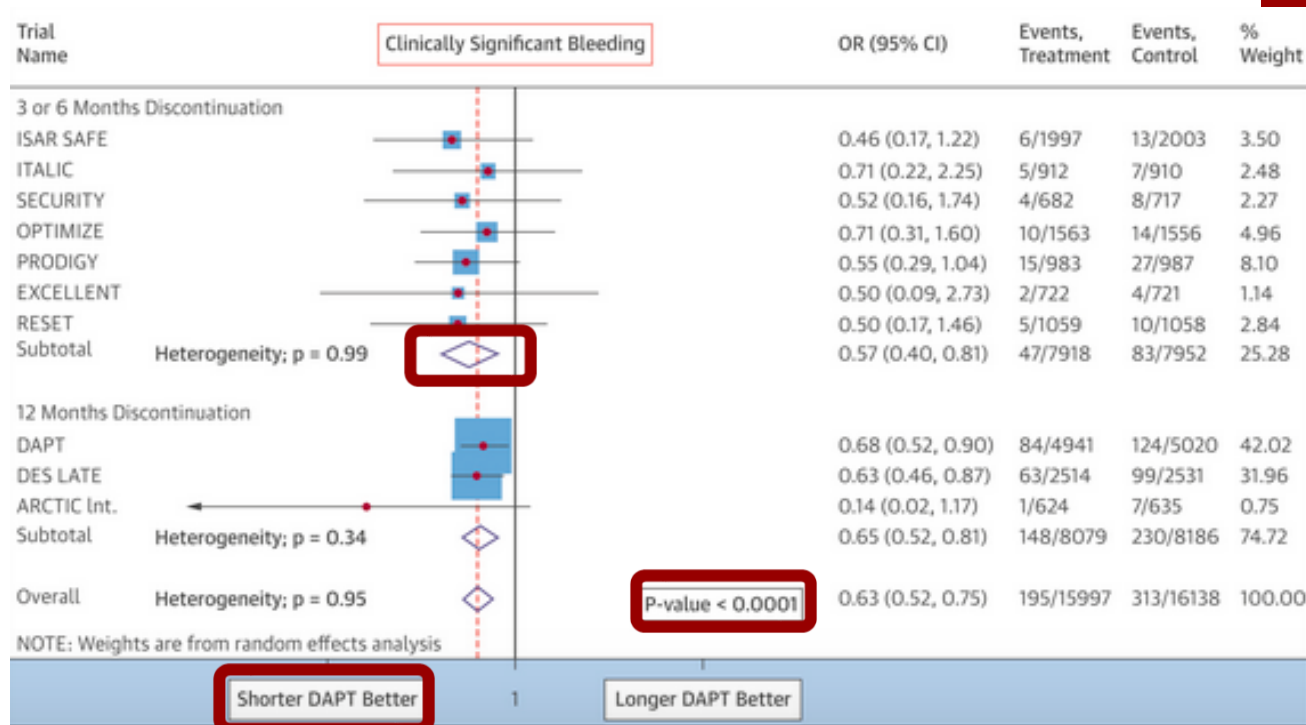
32.135 patients, 3-6 months vs 12 months DAPT



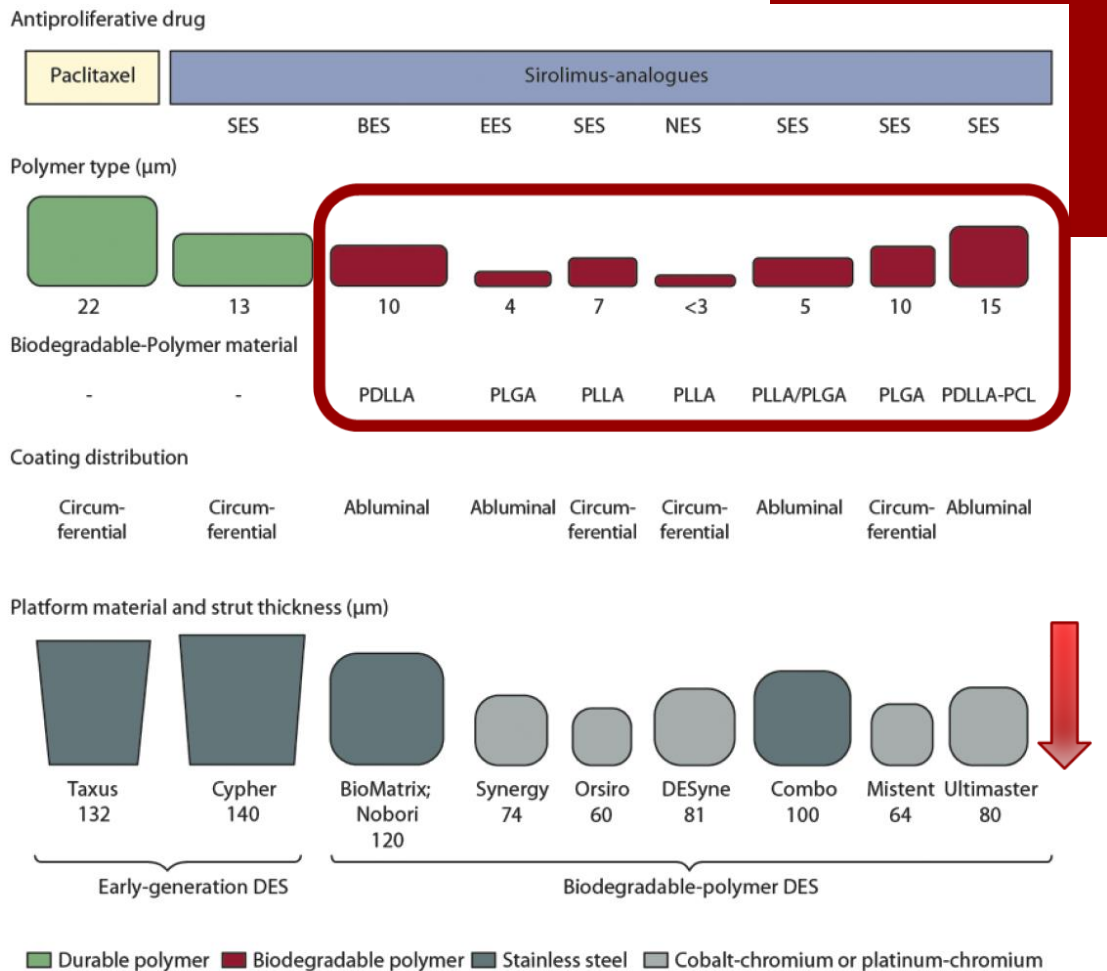
32.135 patients, 3-6 months vs 12 months DAPT

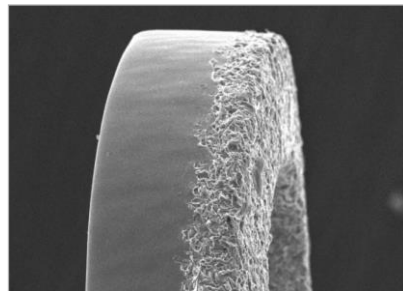


32.135 patients, 3-6 months vs 12 months DAPT



Newer stents





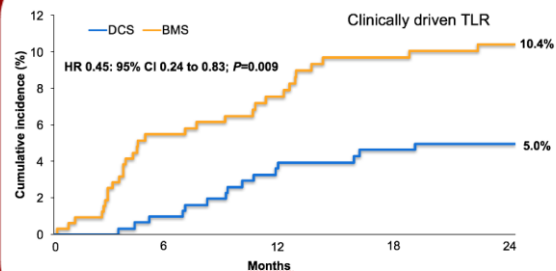
662 ACS patients enrolled in LEADERS FREE

554 (84%) NSTEMI & 105 (16%) STEMI

euro
PCR

Leaders Free ACS

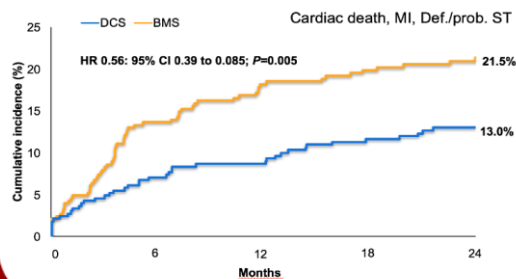
Primary Efficacy Endpoint at 2 years



euro
PCR

Leaders Free ACS

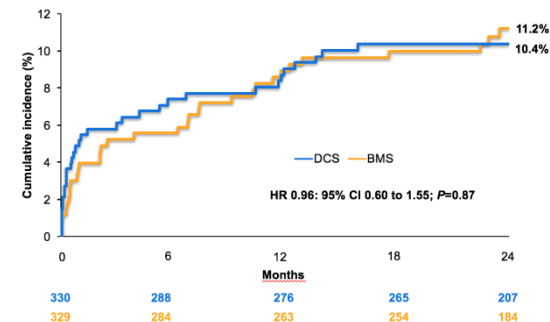
Primary Safety Endpoint at 2 years



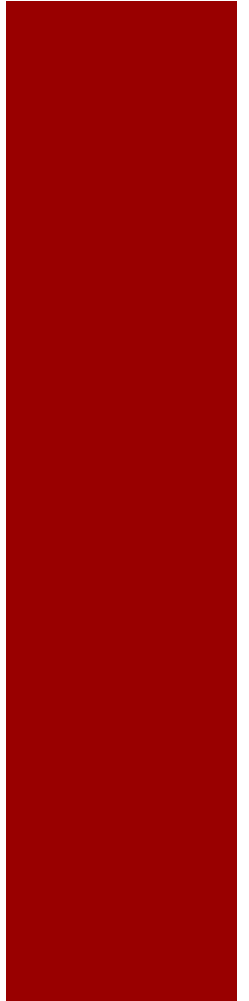
euro
PCR

Leaders Free ACS

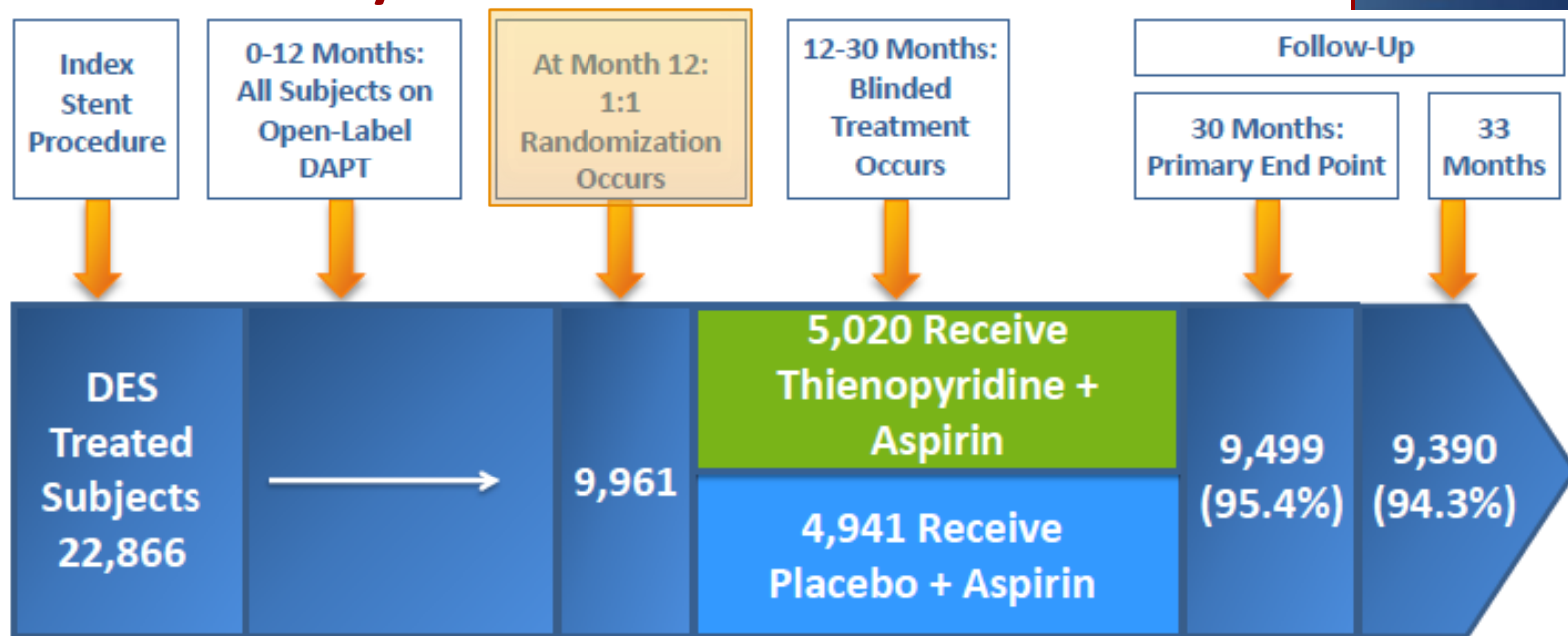
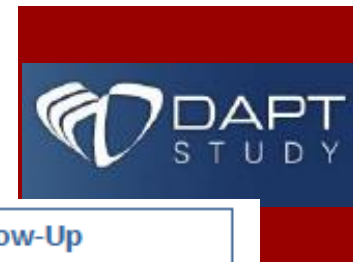
Major Bleeding at 2 years



Prolonged DAPT



DAPT beyond 12 months: DAPT Study



62% patients had an ACS

Thienopyridine: Clopidogrel (35%) or Prasugrel (65%)

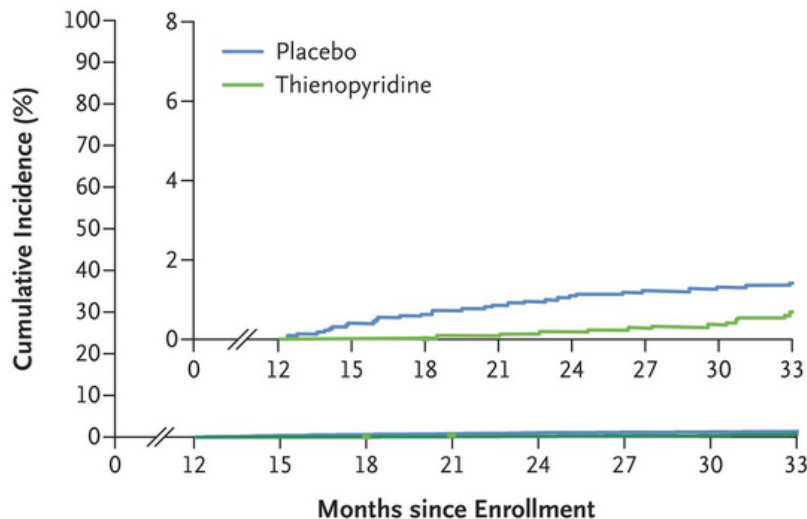
DAPT beyond 12 months: DAPT Study



Stent Thrombosis

12–30 mo Thienopyridine vs. placebo, 0.4% vs. 1.4%;
hazard ratio, 0.29; $P < 0.001$

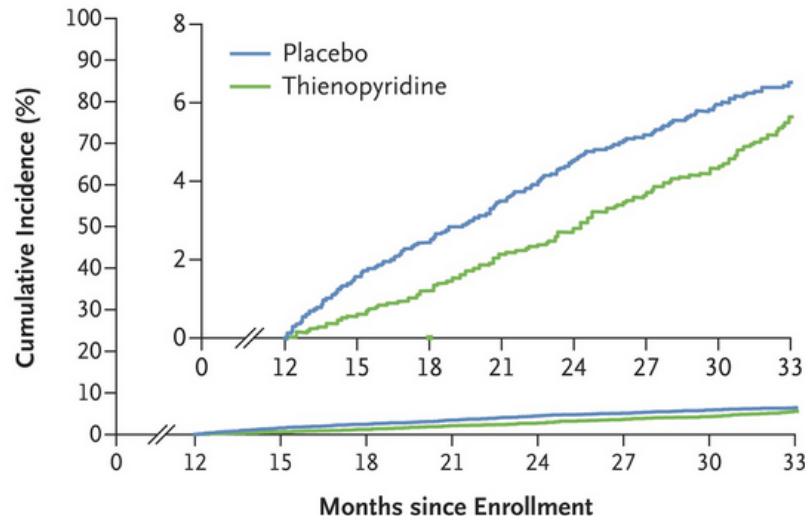
12–33 mo Thienopyridine vs. placebo, 0.7% vs. 1.4%;
hazard ratio, 0.45; $P < 0.001$



Major Adverse Cardiovascular and Cerebrovascular Events

12–30 mo Thienopyridine vs. placebo, 4.3% vs. 5.9%;
hazard ratio, 0.71; $P < 0.001$

12–33 mo Thienopyridine vs. placebo, 5.6% vs. 6.5%;
hazard ratio, 0.82; $P = 0.02$



DAPT beyond 12 months: DAPT Study



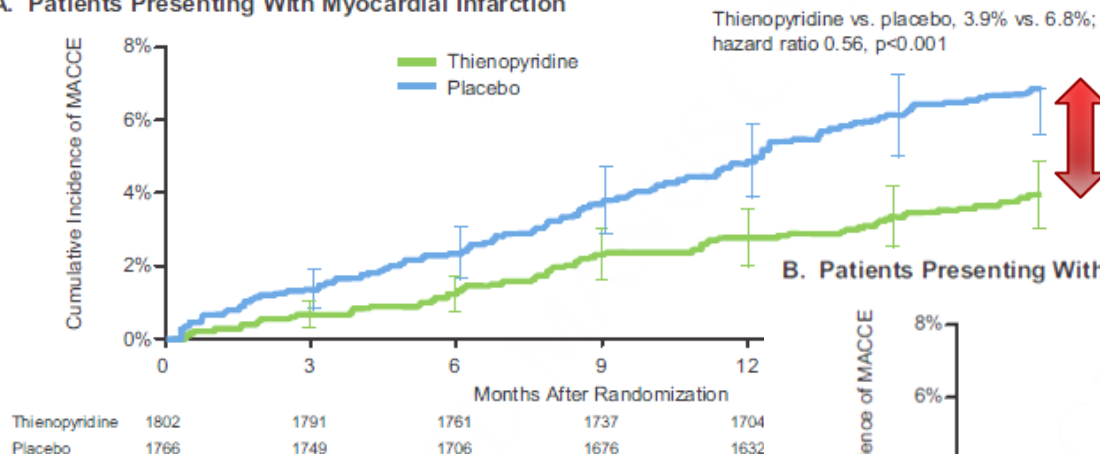
Table 3. Bleeding End Point during Month 12 to Month 30.*

Bleeding Complications	Continued Thienopyridine (N = 4710)	Placebo (N = 4649)	Difference	Two-Sided P Value for Difference
	<i>no. of patients (%)</i>		<i>percentage points (95% CI)</i>	
GUSTO severe or moderate†	119 (2.5)	73 (1.6)	1.0 (0.4 to 1.5)	0.001
Severe	38 (0.8)	26 (0.6)	0.2 (−0.1 to 0.6)	0.15
Moderate	81 (1.7)	48 (1.0)	0.7 (0.2 to 1.2)	0.004
BARC type 2, 3, or 5	263 (5.6)	137 (2.9)	2.6 (1.8 to 3.5)	<0.001
Type 2	145 (3.1)	72 (1.5)	1.5 (0.9 to 2.1)	<0.001
Type 3	122 (2.6)	68 (1.5)	1.1 (0.6 to 1.7)	<0.001
Type 5	7 (0.1)	4 (0.1)	0.1 (−0.1 to 0.2)	0.38

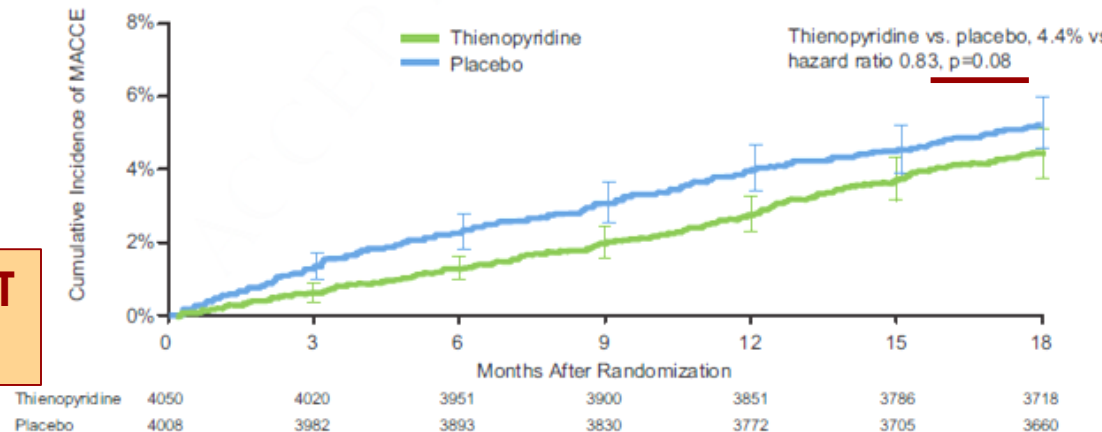
DAPT beyond 12 months: DAPT Study



A. Patients Presenting With Myocardial Infarction

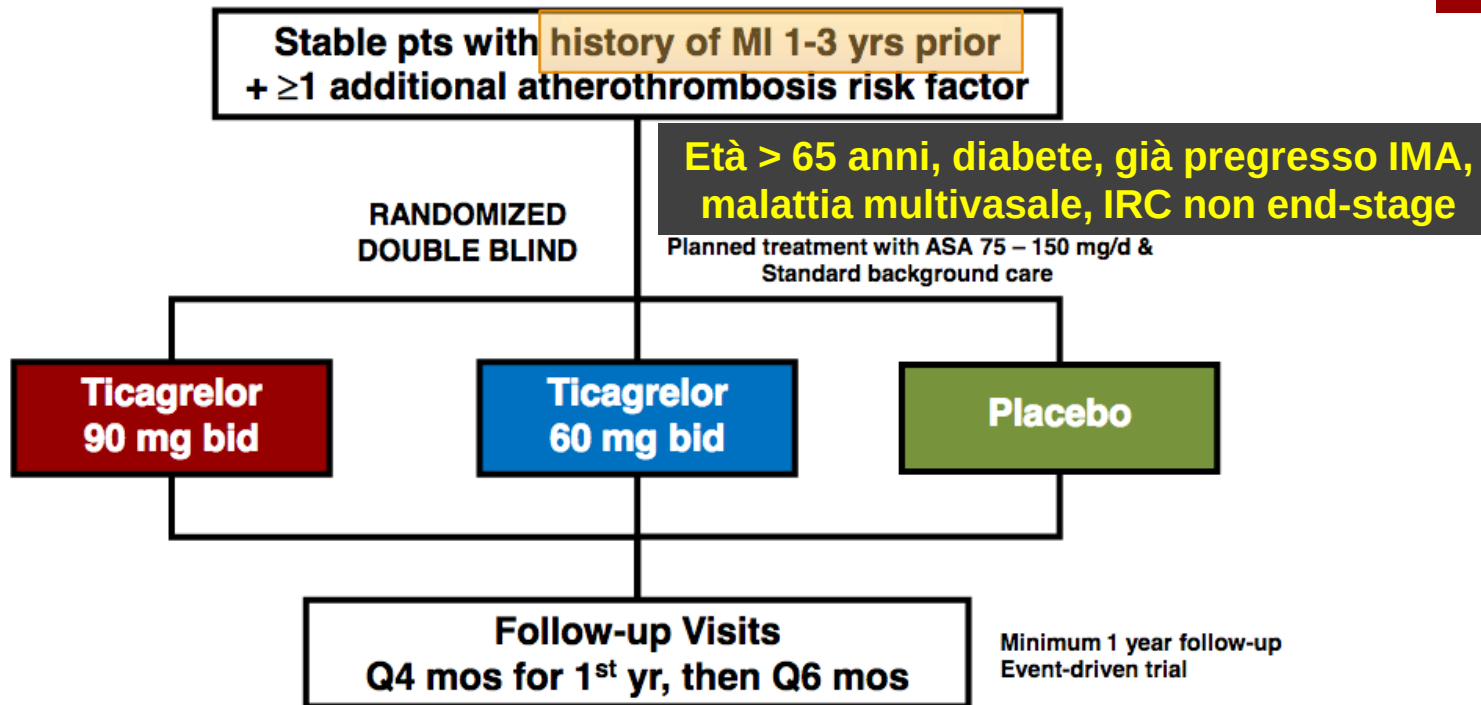


B. Patients Presenting Without Myocardial Infarction

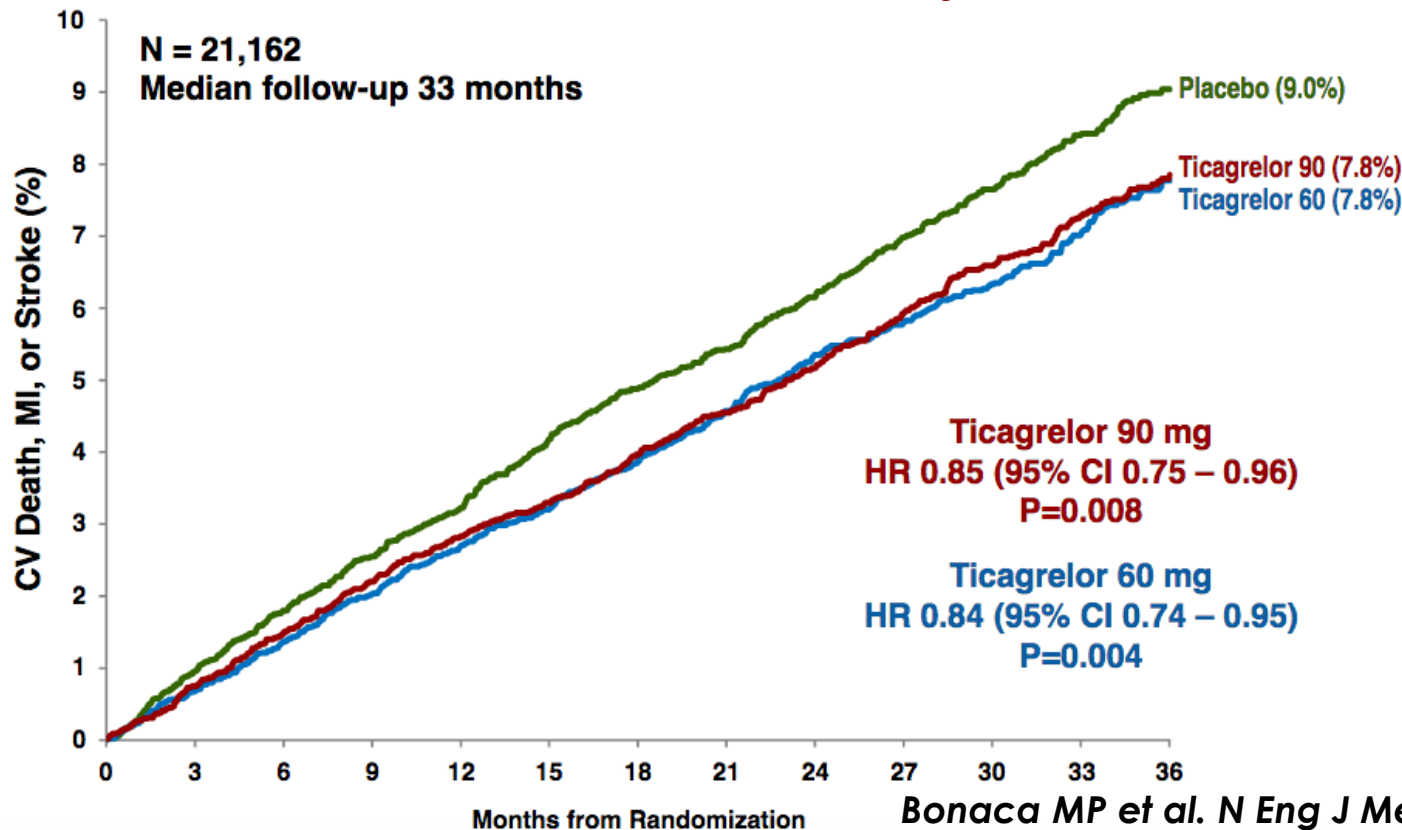


**Greater benefit of prolonged DAPT
in post-MI patients...**

Ticagrelor beyond 12 months: PEGASUS-TIMI 54 Study

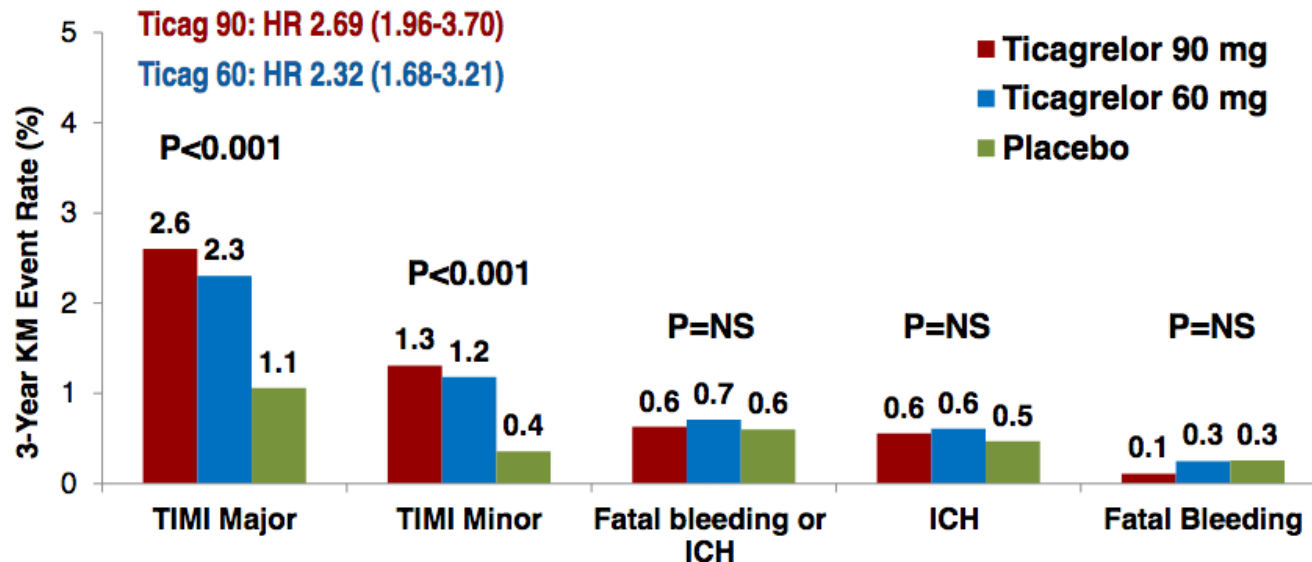


Ticagrelor beyond 12 months: PEGASUS-TIMI 54 Study



Bonaca MP et al. N Eng J Med 2015;372: 1191–1800

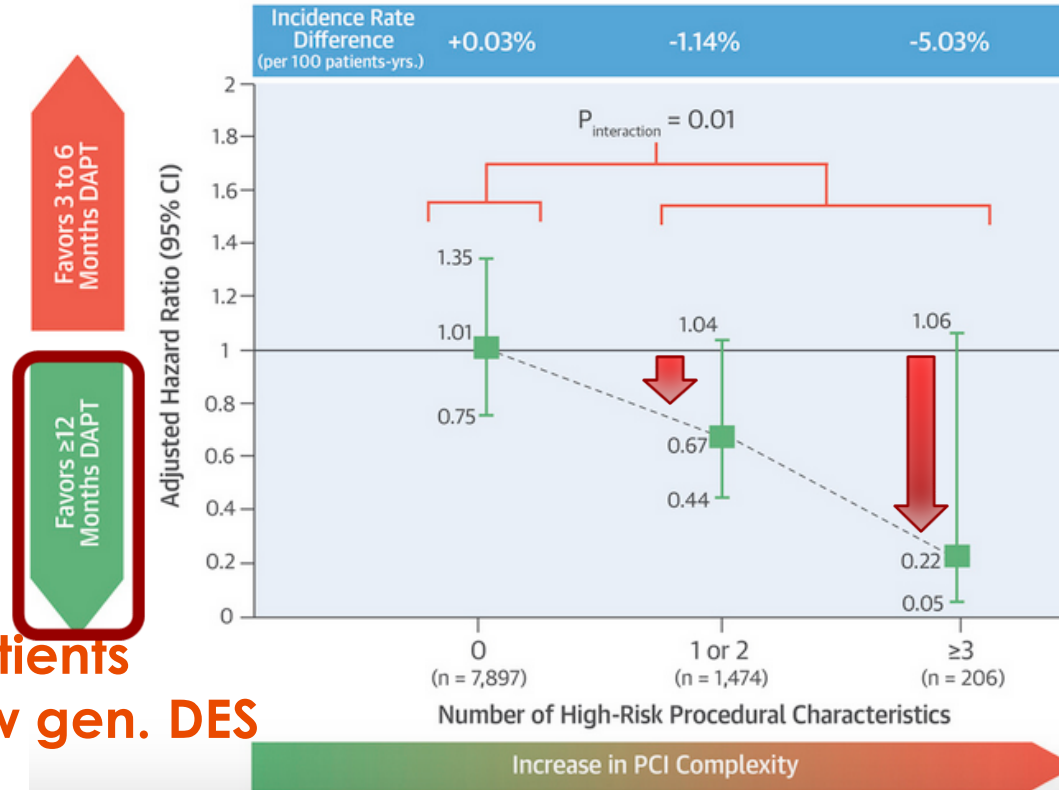
Ticagrelor beyond 12 months: PEGASUS-TIMI 54 Study



Trattando 10 000 pazienti con ticagrelor 90 mg x 2, si prevengono 40 eventi ischemici e si causano 41 eventi emorragici, per un risultato netto sfavorevole di +1 evento.

Al dosaggio di **60 mg x 2** invece, si stimano 42 eventi ischemici prevenuti e 31 eventi emorragici provocati, per un risultato netto favorevole di **-11 eventi**.

Procedural complexity



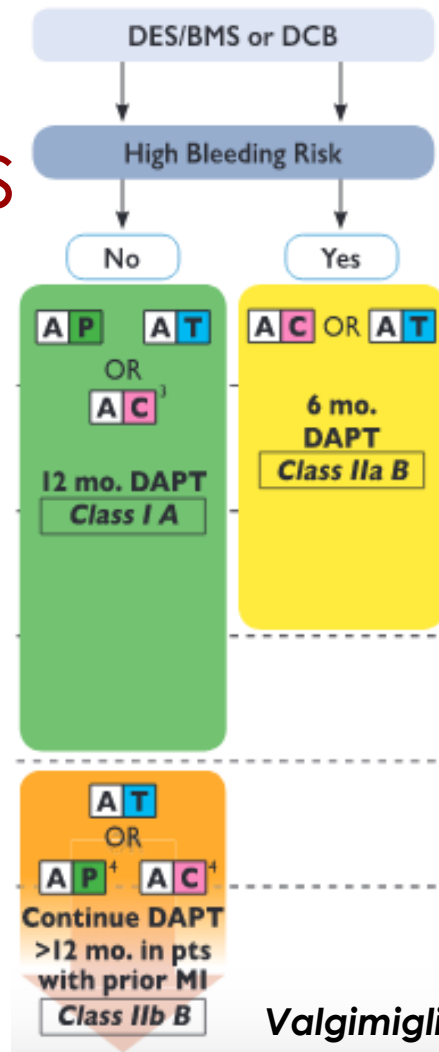
Complex PCI:
3 vessels treated
≥3 stents implanted
≥3 lesions treated
bifurcation with 2 stents
total stent length >60 mm
CTOs

6 RCT
9577 patients
85% new gen. DES

Choosing DAPT duration



ESC guidelines



	PRECISE-DAPT score ¹⁸
Time of use	At the time of coronary stenting
DAPT duration strategies assessed	Short DAPT (3–6 months) vs. Standard/long DAPT (12–24 months)
Score calculation ^a	HB ≥12 11.5 11 10.5 ≤10 WBC ≤5 8 10 12 14 16 18 ≥20 Age ≤50 60 70 80 ≥90 CrCl ≥100 80 60 40 20 0 Prior Bleeding No Score Points 0 2 4 6 8 10 12 14 16 18 20 22 24 26
Score range	0 to 100 points
Decision making cut-off suggested	Score ≥25 → Short DAPT Score <25 → Standard/long DAPT
Calculator	www.precisedaptscore.com

[www.precisedaptscore.com/predapt/webcalculator.html](#)

[PRECISEDAPT](#)
[Home](#)
[WebCalculator](#)
[Disclaimer](#)
[About](#)
[Contact Us](#)

Haemoglobin

unit

☒ g/dl
 ☐ mmol/L

Age (years)

White blood cells

unit

☒ u/mcL
 ☐ 10⁹/L

Creatinine Clearance (mL/min)

Prior Bleeding

☐

CALCULATE

RESET

RESULT:

Cluster of risk:

Score Calculated

12 months risk of TIMI major or minor Bleeding

12 months risk of TIMI Major Bleeding

Conclusions



- 12 months DAPT duration remains a mainstay after ACS (don't stop prematurely unless absolutely necessary).
- Seriously consider > 12 months DAPT for
 - clinical factors (diabetes, PAD, myocardial infarction...)
 - anatomical factors (long lesions, left main, bifurcation, CTO)
 - technical / PCI-related factors (long and/or multiple stents)
- In high bleeding risk patients **at least 6 months** DAPT duration should be reasonable.
- In “very very” high bleeding risk patients consider 1 – 3 months DAPT...



Grazie per
l'attenzione!

