

Les études marquantes depuis 12 mois

Stent resorbable

IDM

Double antiagrégation plaquettaire: durée

TAVI

Stents resorbables

IDM

Double antiagrégation plaquettaire: durée

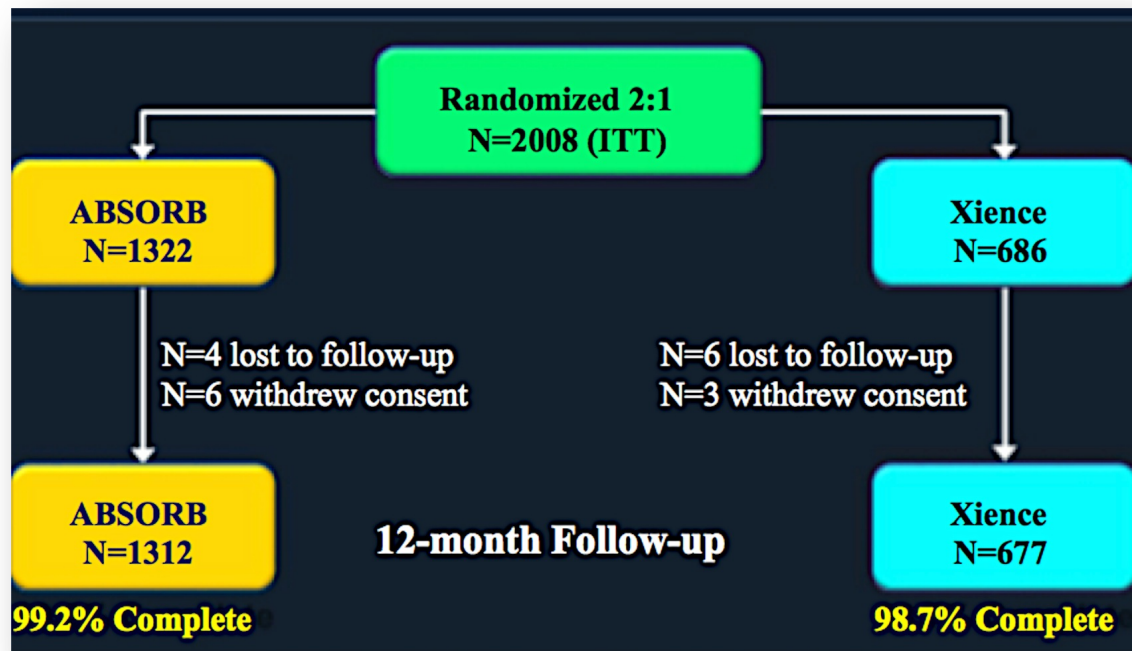
TAVI

ABSORB III

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Everolimus-Eluting Bioresorbable Scaffolds for Coronary Artery Disease

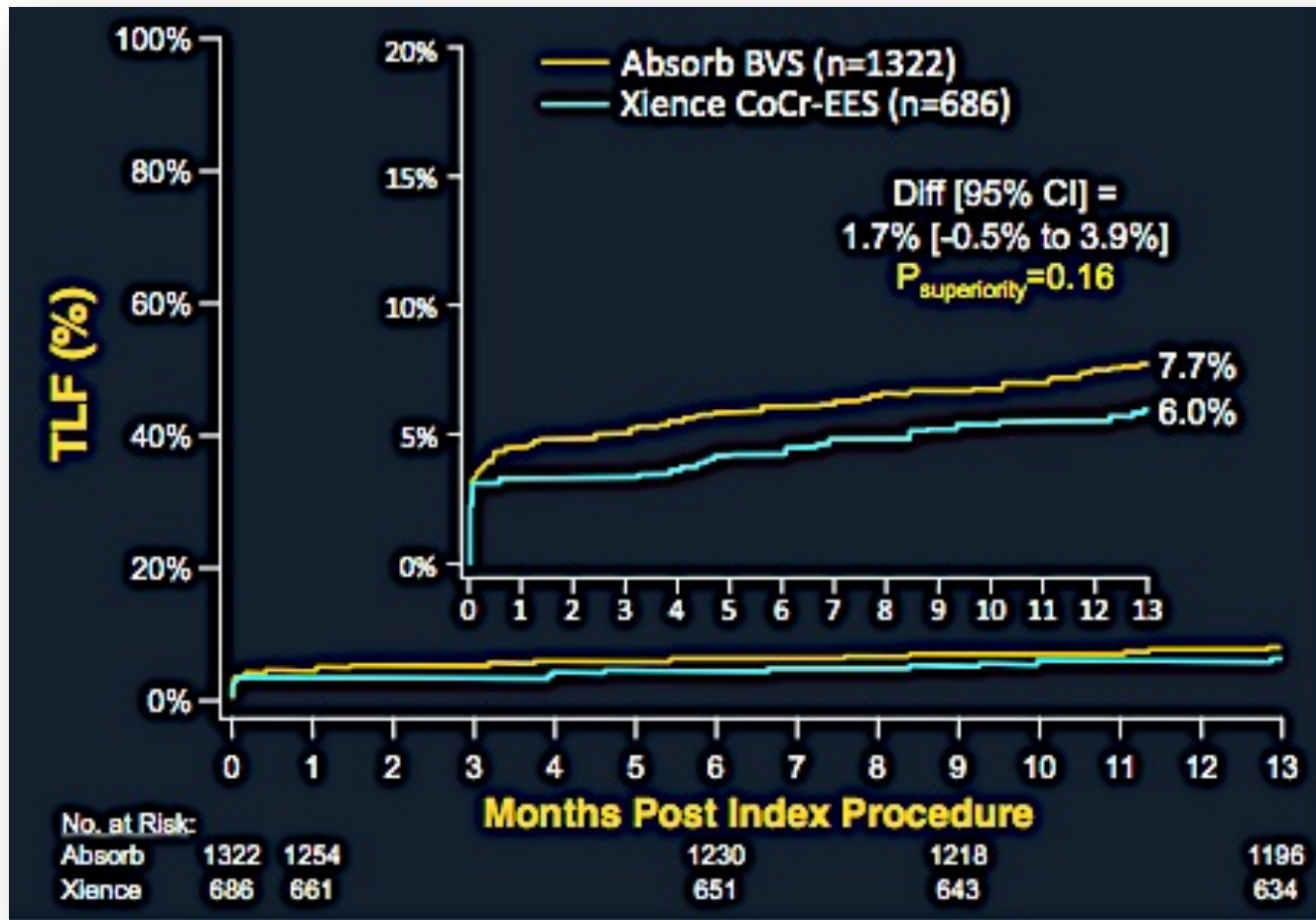


ABSORB III

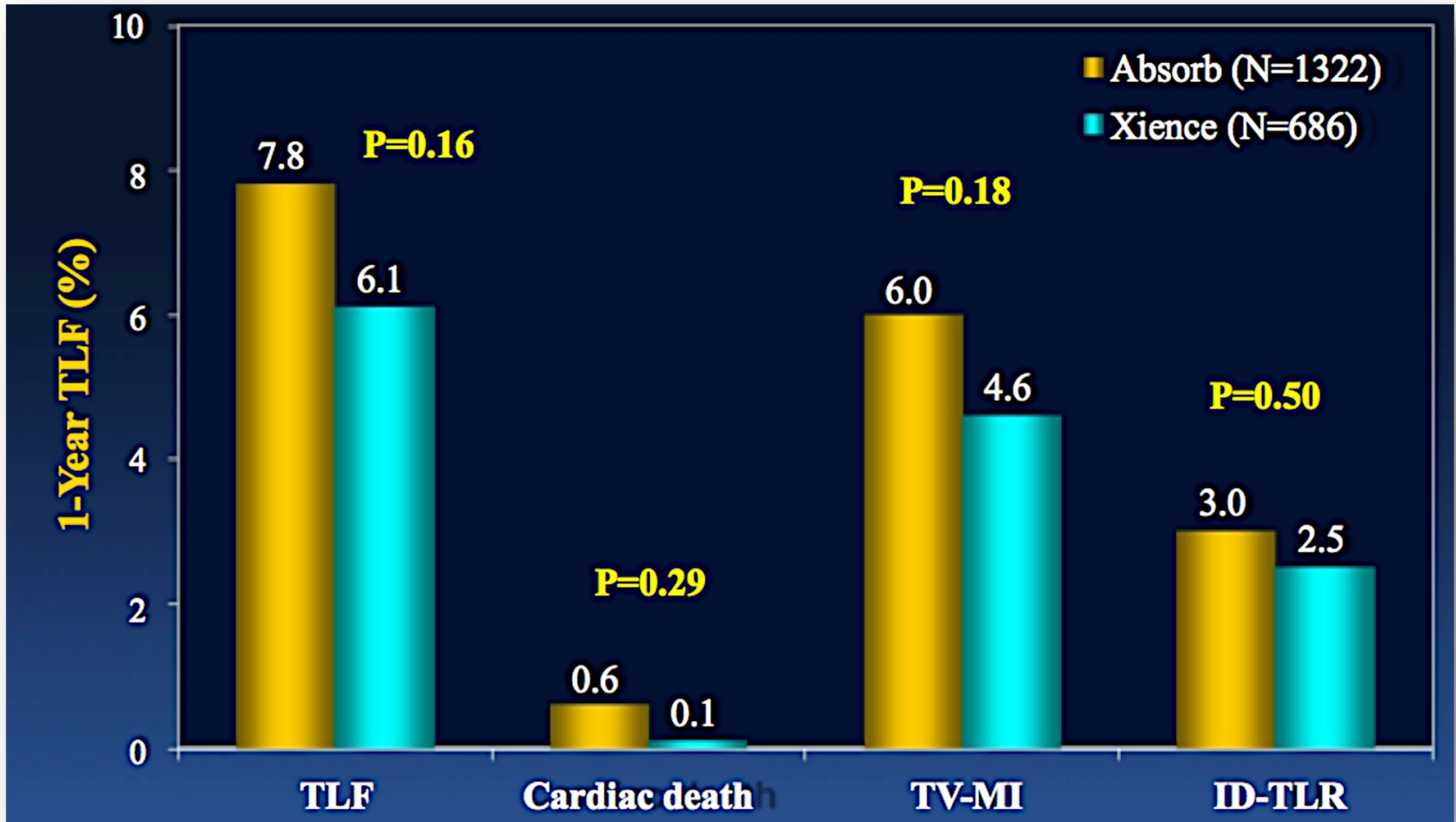
Characteristic	Absorb (N=1322)	Xience (N=686)	p-value
Age (mean)	63.5 ±10.6	63.6±10.3	0.75
Male	70.7%	70.1%	0.80
Race (Caucasian)	87.1%	88.3%	0.44
Current tobacco use	21.3%	20.7%	0.77
Hypertension	84.9%	85.0%	0.95
Dyslipidemia	86.2%	86.3%	0.97
Diabetes	31.5%	32.7%	0.60
Insulin-treated	10.5%	11.2%	0.60
Prior MI	21.5%	22.0%	0.79
Prior coronary intervention	38.7%	38.0%	0.75
Stable angina	57.3%	60.8%	0.13
Unstable angina	26.9 %	24.5%	0.25
Silent ischemia	10.0%	10.2%	0.88
Single vessel disease	69.5%	67.2%	0.29

ABSORB III

TLF: DC CV, IDM lié à l'artère stentée, Ischémie liée à la lésion



ABSORB III



ABSORB III

	Absorb (N=1322)	Xience (N=686)	p-value
Device Thrombosis			0.13
- Early (≤ 30 days)			0.46
- Late (> 30 days)			0.10
- Definite (≥ 50%)			0.21
- Probable (1 year)	0.15%	0.00%	0.55

Etude positive à 1 an (non infériorité)

Efficacité et sûreté du stent absorb dans l'angor stable (58%) et le SCA stabilisé

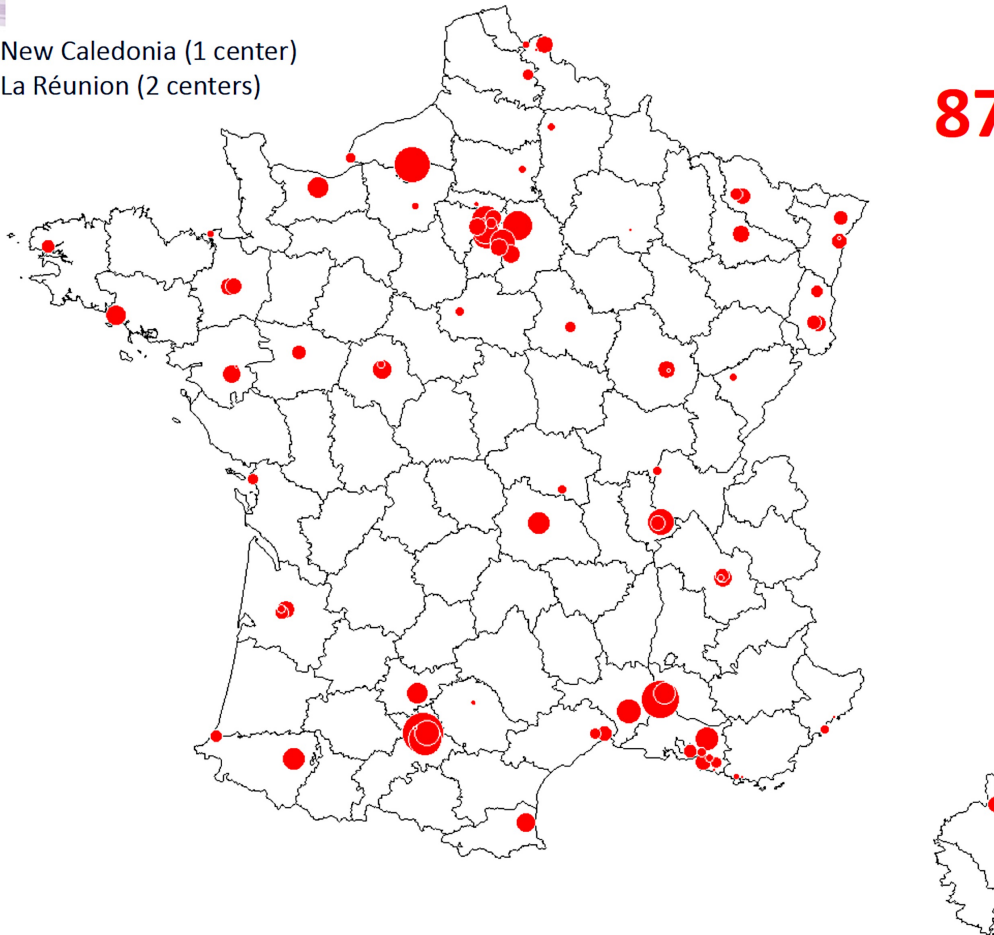
France - ABSORB

2016 | euro
PCR

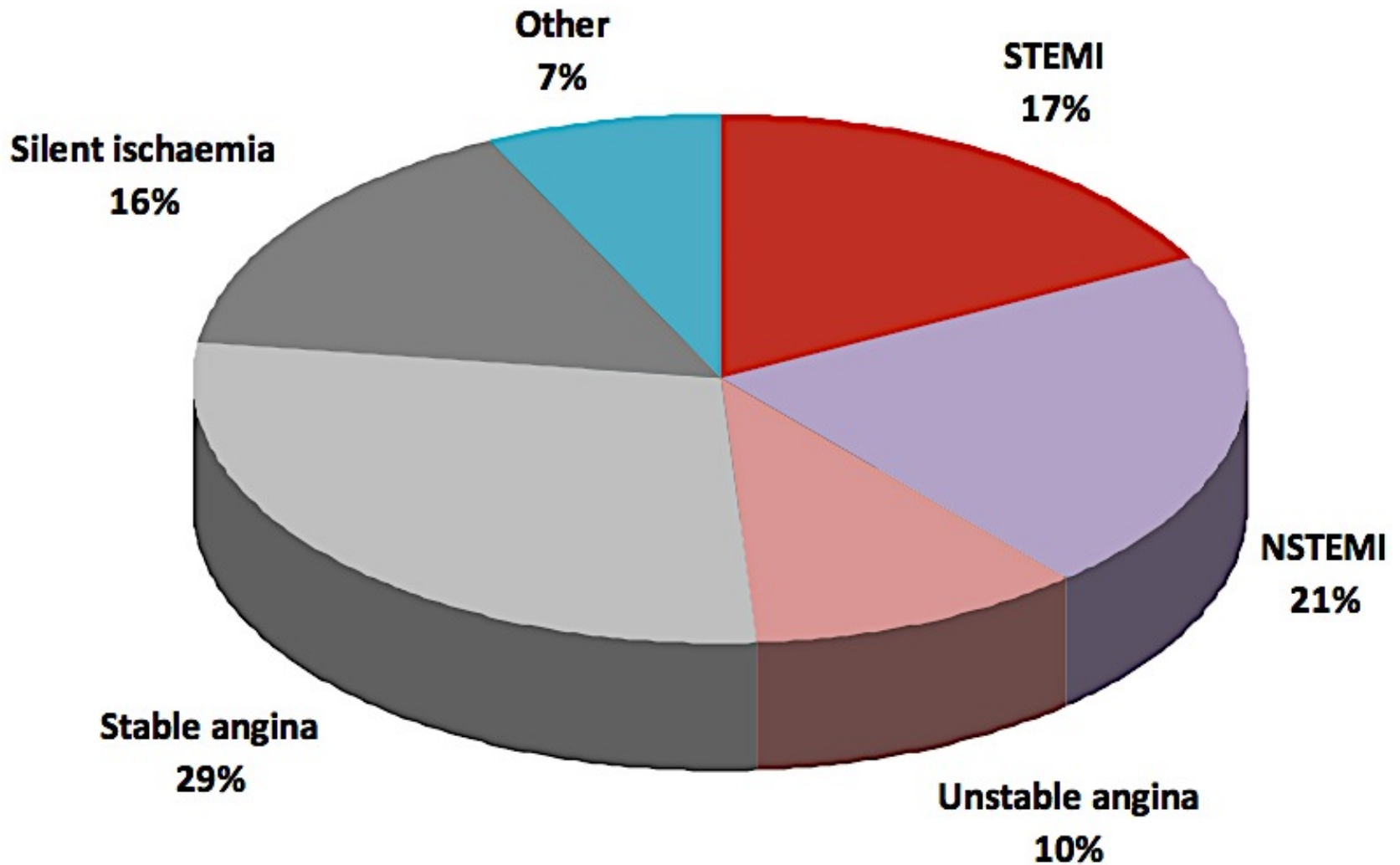
2089 Patients

- New Caledonia (1 center)
- La Réunion (2 centers)

87 centers



France - ABSORB



France - ABSORB

	Percentage (%)
Pre-dilatation	93
Rotablator	0.2
Thrombo-aspiration	4.9
n implanted Absorb	
- 1	88.7
- 2	9.7
- 3	1.6
Mean length BVS	23.4 mm +/- 10.1
Mean diameter BVS	3.06 mm +/- 0.39
OCT	15.7
Post-dilatation	72
Final Timi 3 flow	99.3
Success Rate	99.6

France - ABSORB

Mortalité

30 jours

- Mortality: n=6/2089
0.28%

- Myocardial Infarction : n=20

- Non fatal stroke n=2

- TLR: n=13

• **IN-HOSPITAL : 16 /2089 Pts**

*Acute: 11
Sub-Acute: 5*

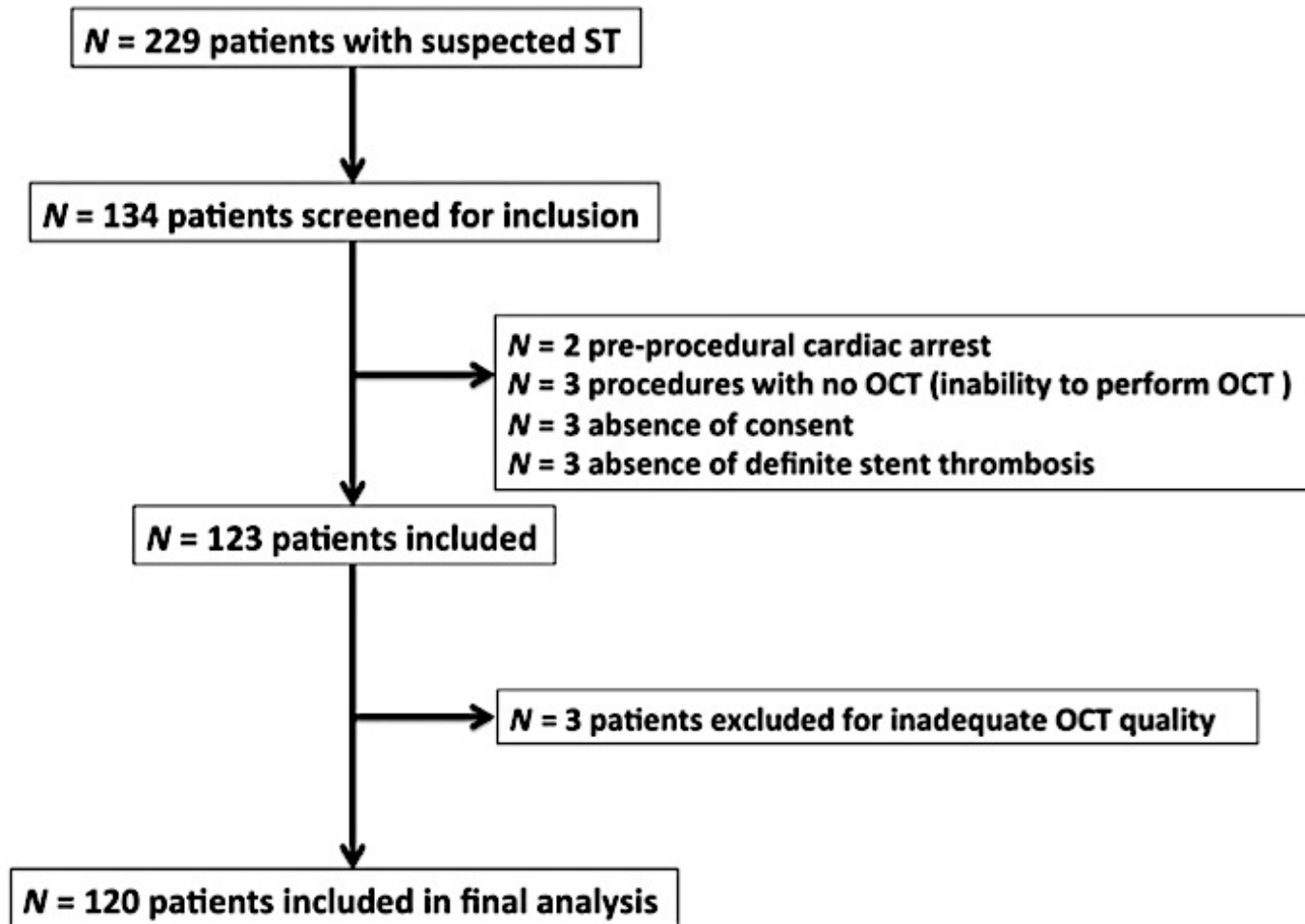
0.8 %

• **1 MONTH : 22/ 2089 Pts**

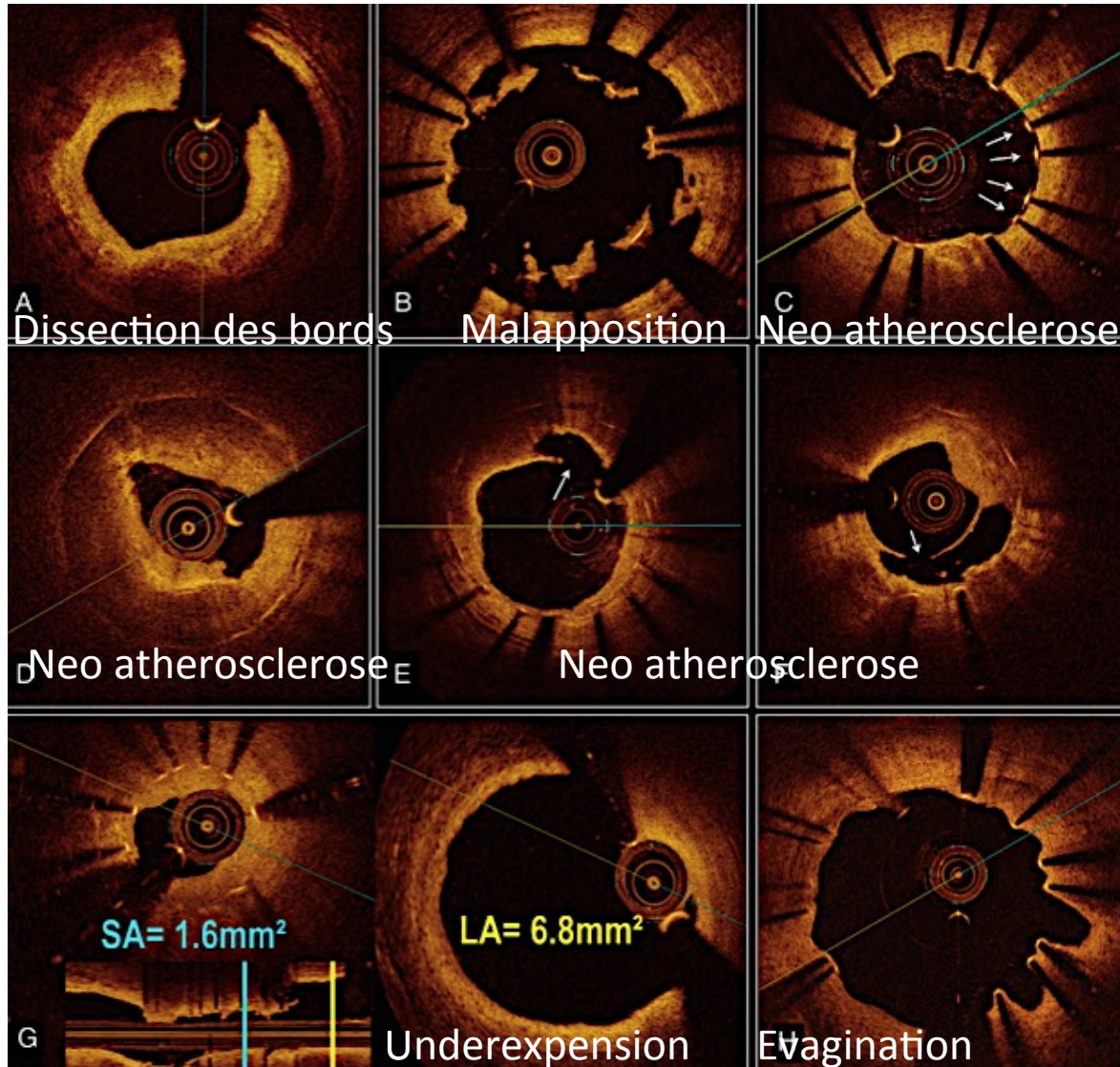
(INCLUDING IN-HOSPITAL) **1.05%**

Thrombose de stent

PESTO



PESTO



PESTO

	All patients (n = 120)	BMS (n = 47)	DES (n = 71)	P
Malapposition (%)	24	22	26	0.71
Ruptured NA (%)				0.005
Severe underexpansion				0.22
Coronary evagination				0.04
ER disease progression				0.09
Isolated uncovered stent				0.16
NIH with thrombus				0.67
Edge dissection (%)				0.61
No cause identified (%)	3	2	4	0.48

Dans la thrombose de stent, l'OCT permet de retrouver une anomalie morphologique dans 97%

Stents resorbables

IDM

Double antiagrégation plaquettaire: durée

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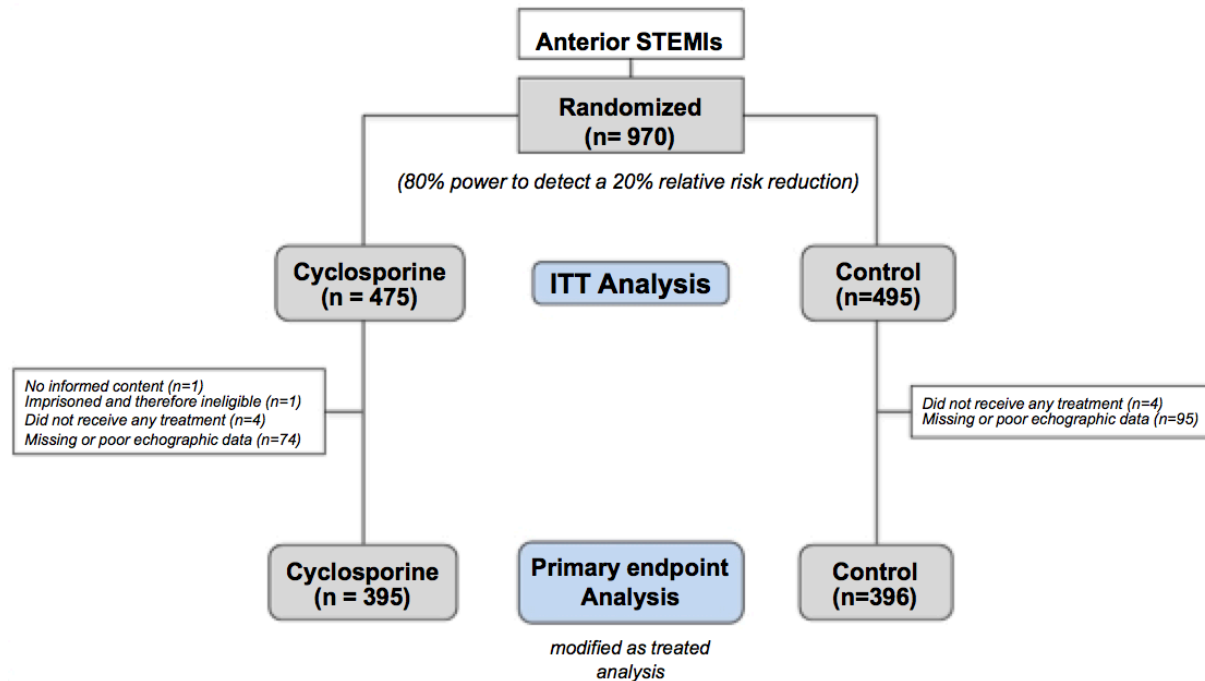


CIRCUS

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ORIGINAL ARTICLE

Cyclosporine before PCI in Patients with Acute Myocardial Infarction





CIRCUS

(Death / HF / LV

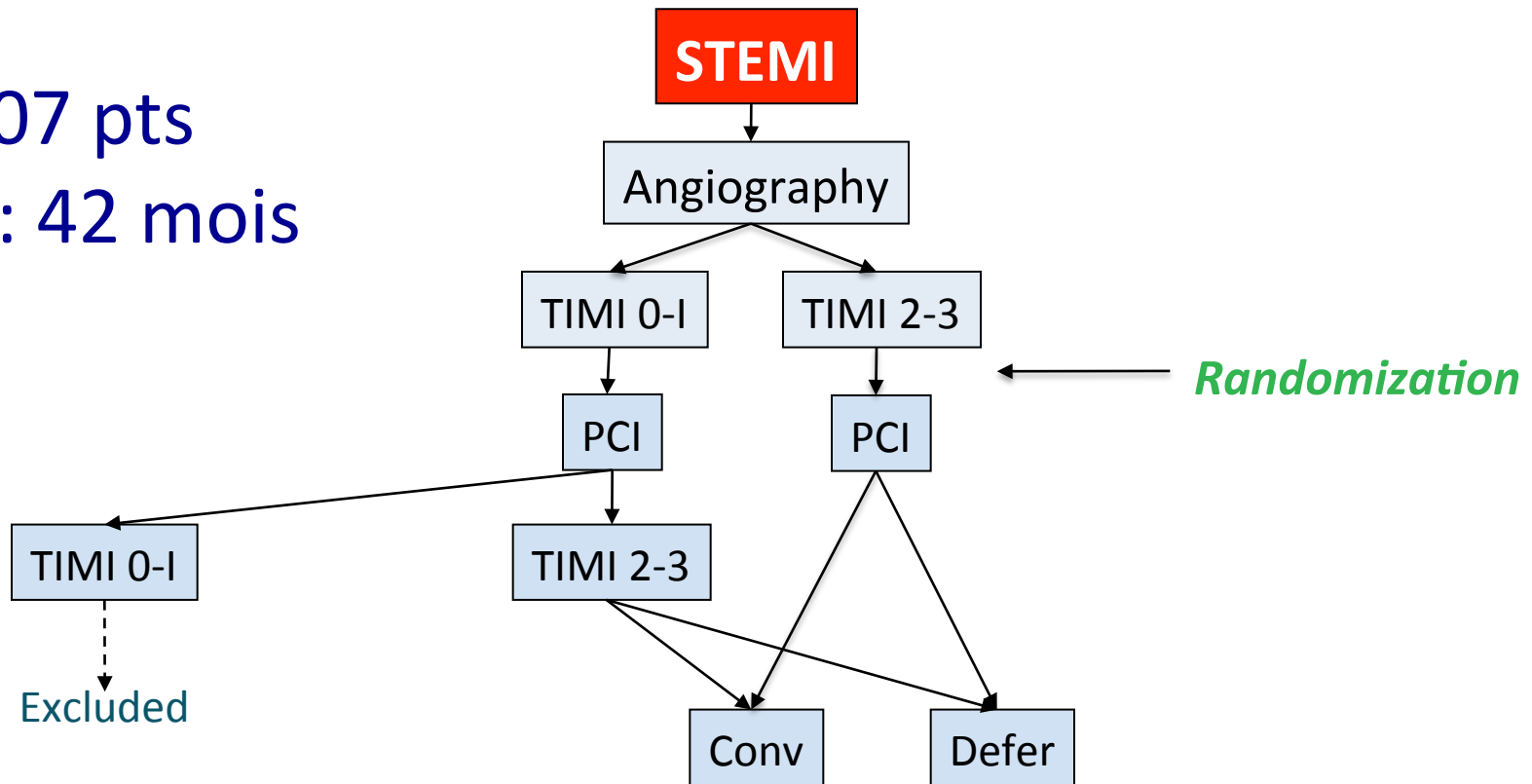
**Dans l'IDM anterieur, la cyclosporine ne
réduit pas le critère primaire à 1 an:
DC, IC, Remodelage VG**

P value

0.77

DANAMI 3-DEFER

1207 pts
FU: 42 mois



Defer: réouverture de la culprit et stent 48h après

Conv: stent immédiat

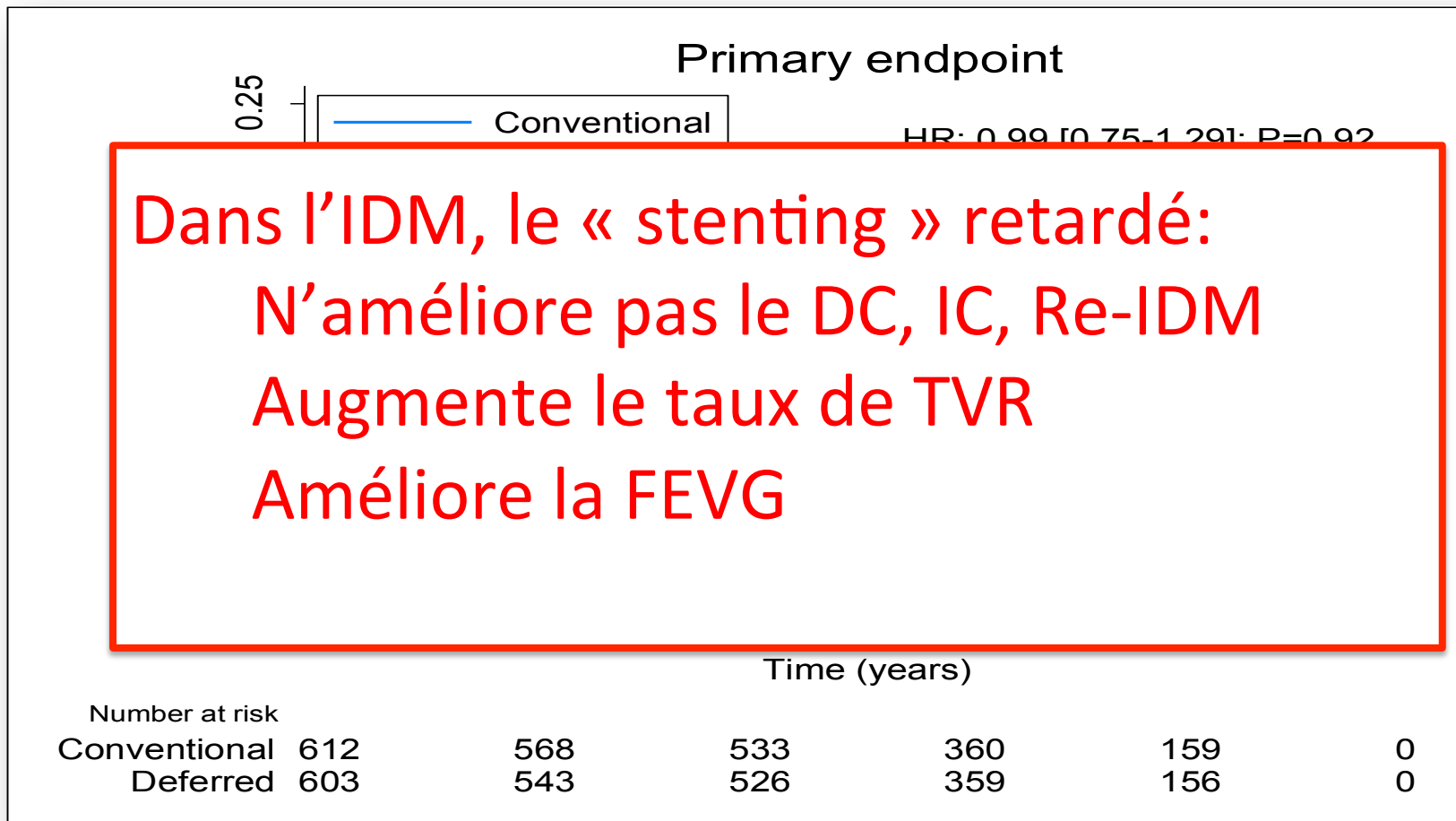
DANAMI 3-DEFER

Defer: réouverture de la culprit et stent 48h après
22% de stent pendant l'ATC primaire

	Conventional PCI group (n=612)	Deferred stent implantation group (n=603)
PCI		
Radial access	27 (4%)	36 (6%)
Arteries treated per patient	1 (1-1)	1 (1-1)*
Implanted stents	1 (1-2)	1 (1-2)*
Stent diameter (mm)	2.5 (2.0-4.0)	2.5 (2.0-2.5)
Use of glycoprotein IIb/IIIa inhibitor	96 (16%)	209 (35%)*
Use of bivalirudin	457 (75%)	349 (58%)*
Use of bivalirudin	457 (75%)	349 (58%)*
Thrombus aspiration	358 (58%)	378 (63%)

DANAMI 3-DEFER

Critère primaire: DC, hospitalisation pour IC , Re-IDM, TVR



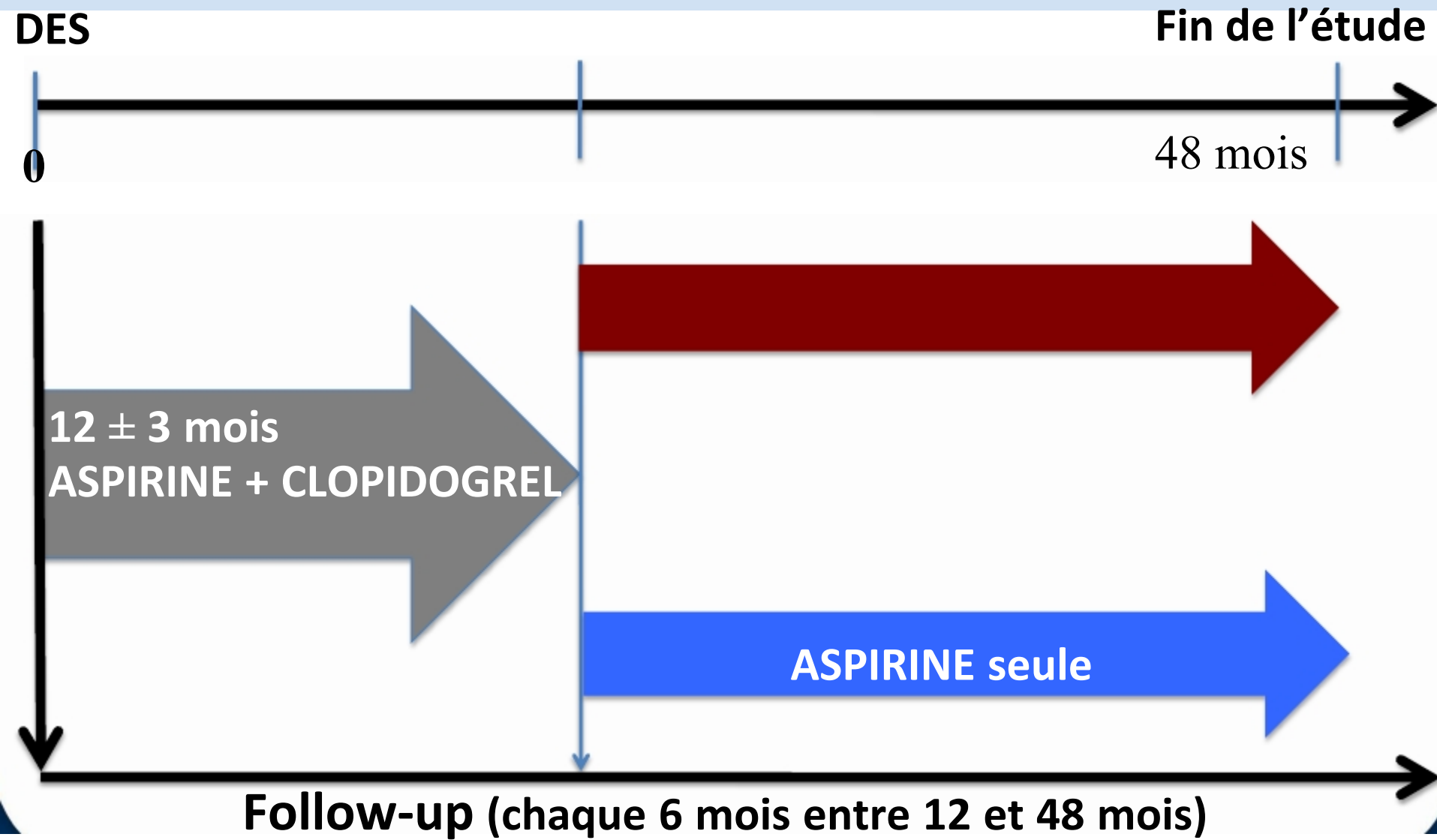
Stents resorbables

IDM

Double antiagrégation plaquettaire: durée

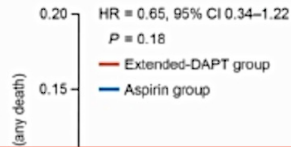
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Optidual

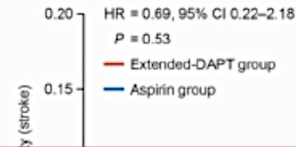


Optidual

Arrêt de l'étude. Moyenne de suivi à 22 mois

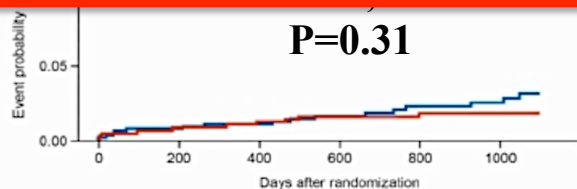


Death



Stroke

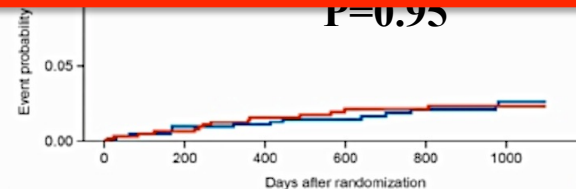
Chez les patients n'ayant fait aucun évènement dans la 1^{ère} année après le stent, la poursuite de la DAPT à 4 ans n'est pas supérieure



Numbers at risk:

Extended-DAPT group
Aspirin group

695	652	585	509	455	358
690	635	589	494	428	339



Numbers at risk:

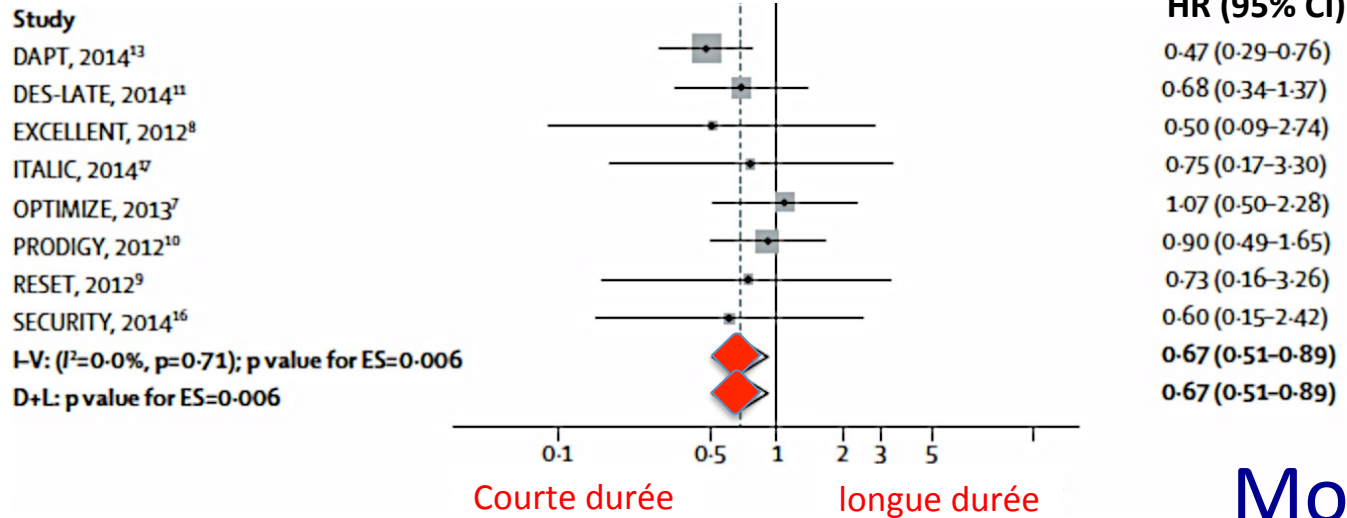
Extended-DAPT group
Aspirin group

695	648	576	501	449	354
690	632	566	491	426	338

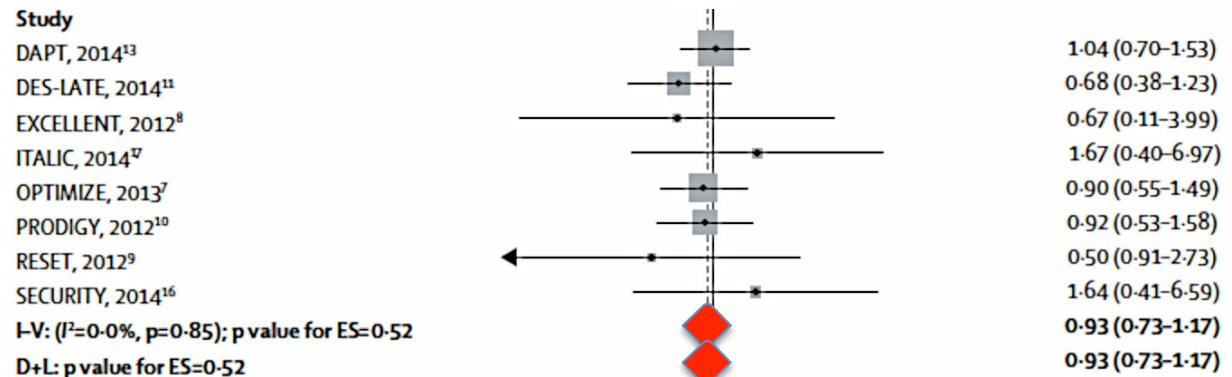
Network méta-analyse

31 666 pts – 10 études randomisées

Mortalité non CV



Mortalité CV



Durée du traitement AA

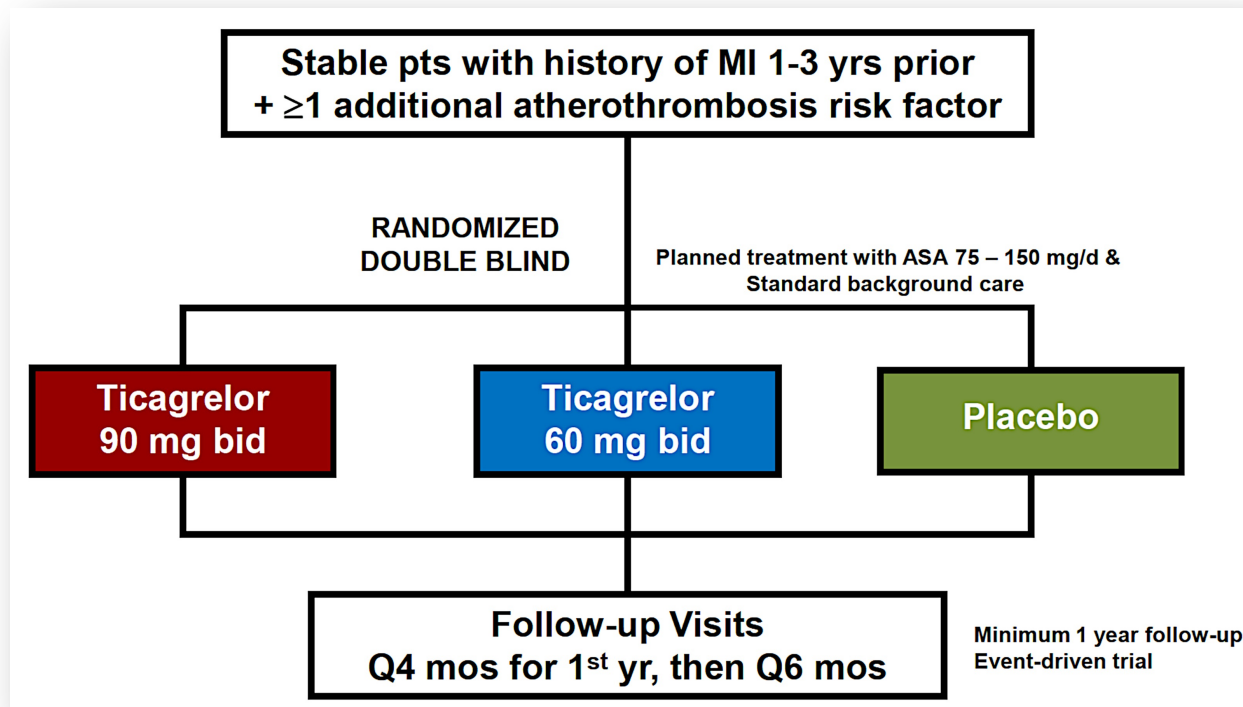
The NEW ENGLAND
JOURNAL *of* MEDICINE

ESTABLISHED IN 1812

MAY 7, 2015

VOL. 372 NO. 19

Long-Term Use of Ticagrelor in Patients with Prior
Myocardial Infarction



Durée du traitement AA

Endpoint

HR (95% CI)

P value

CV Death, MI, or Stroke
(1558 events)

0.85 (0.75-0.96)

0.008

0.84 (0.74-0.95)

0.004

0.84 (0.76-0.94)

0.001

CV Death
(566 events)

0.87 (0.71-1.06)

0.15

0.83 (0.68-1.01)

0.07

0.85 (0.71-1.00)

0.06

Myocardial Infarction
(898 events)

0.81 (0.69-0.95)

0.01

0.84 (0.72-0.98)

0.03

0.83 (0.72-0.95)

0.005

Stroke
(313 events)

0.82 (0.63-1.07)

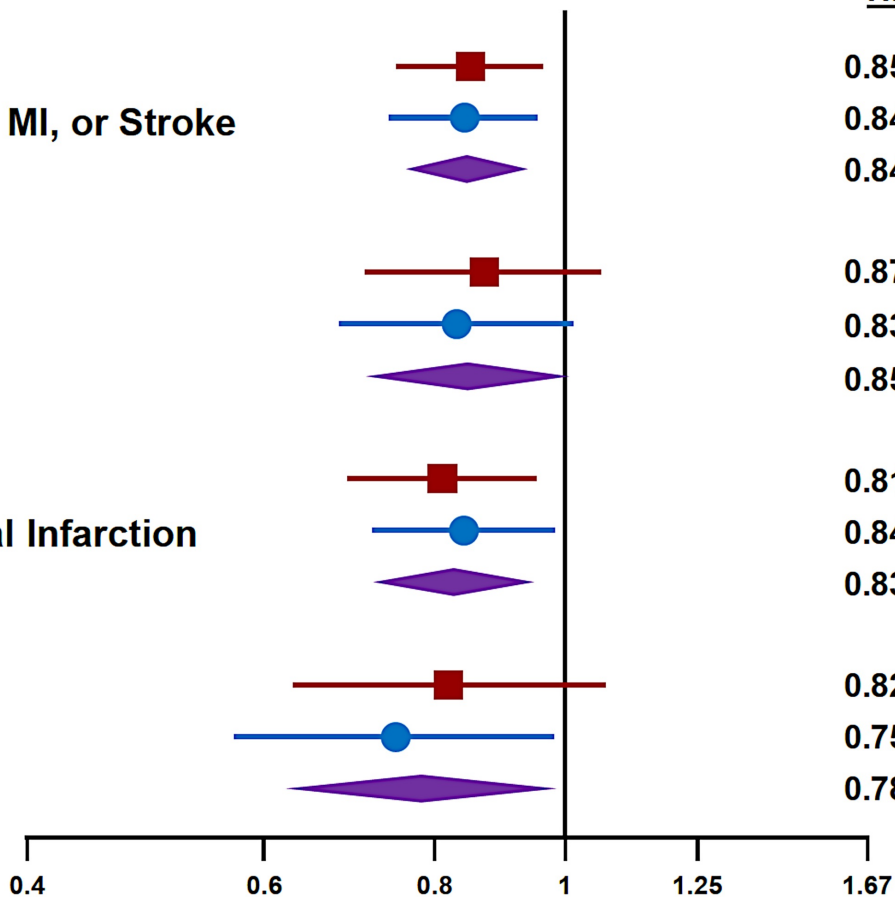
0.14

0.75 (0.57-0.98)

0.03

0.78 (0.62-0.98)

0.03



Ticagrelor better

Placebo better

■ Ticagrelor 90 mg
● Ticagrelor 60 mg
◆ Pooled



An Academic Research Organization of
Brigham and Women's Hospital and Harvard Medical School

Durée du traitement AA

3-Year KM Event Rate (%)

Chez les patients ayant fait un IDM 1 à 3 ans auparavant, la poursuite de la DAPT avec ASA+ ticagrelor :

réduit le risque: DC CV, IDM, AVC

augmente le taux de saignements majeurs
(moins fréquents avec la dose de 60 mg)

ICH

IDM	Placebo	Thienopyridine	p
DC global	1.6%	1.4%	0.61

Sans IDM	Placebo	Thienopyridine	p
DC global	1.5%	2.1%	0.04

LEADERS Free

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ORIGINAL ARTICLE

Polymer-free Drug-Coated Coronary Stents in Patients at High Bleeding Risk

**Prospective, double-blind randomized (1:1) trial
2466 High bleeding risk (HBR) PCI patients**

**BioFreedom™
DCS**

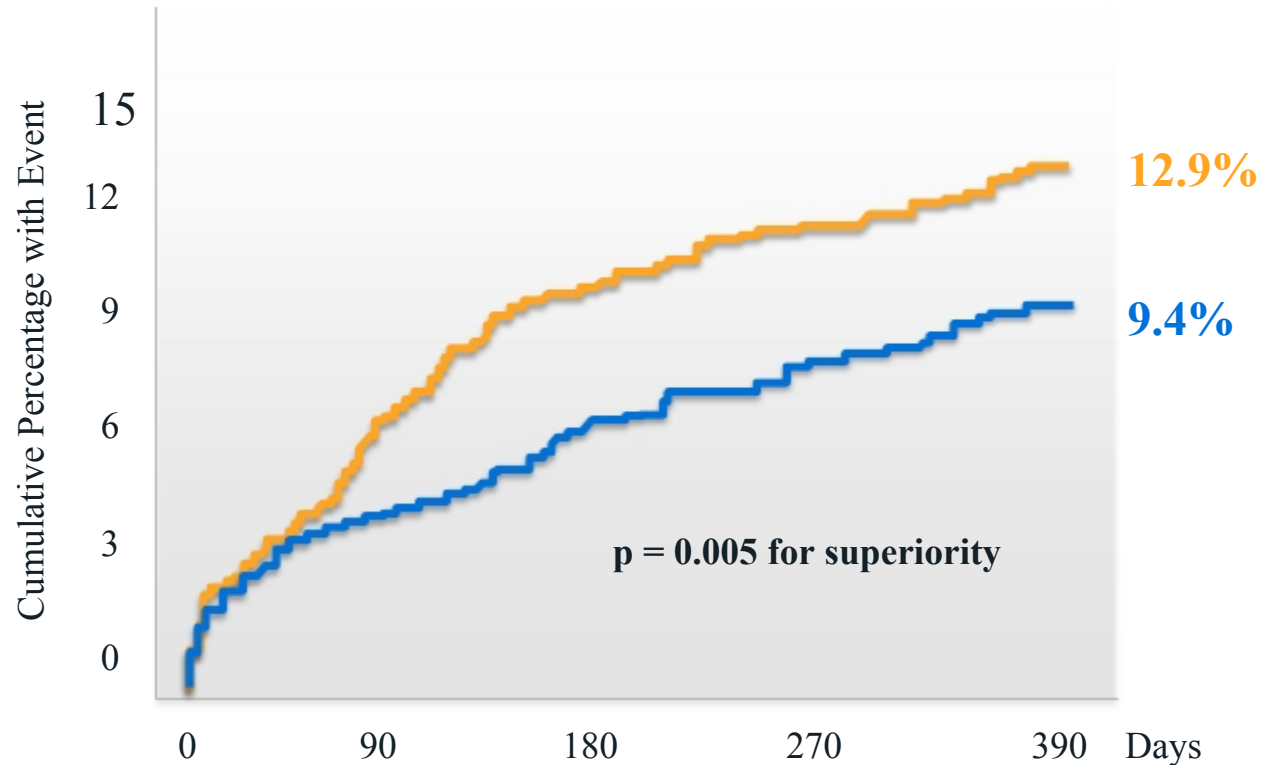
VS.

**Gazelle™
BMS**

DAPT mandated for 1 month only, followed by long-term SAPT

LEADERS Free

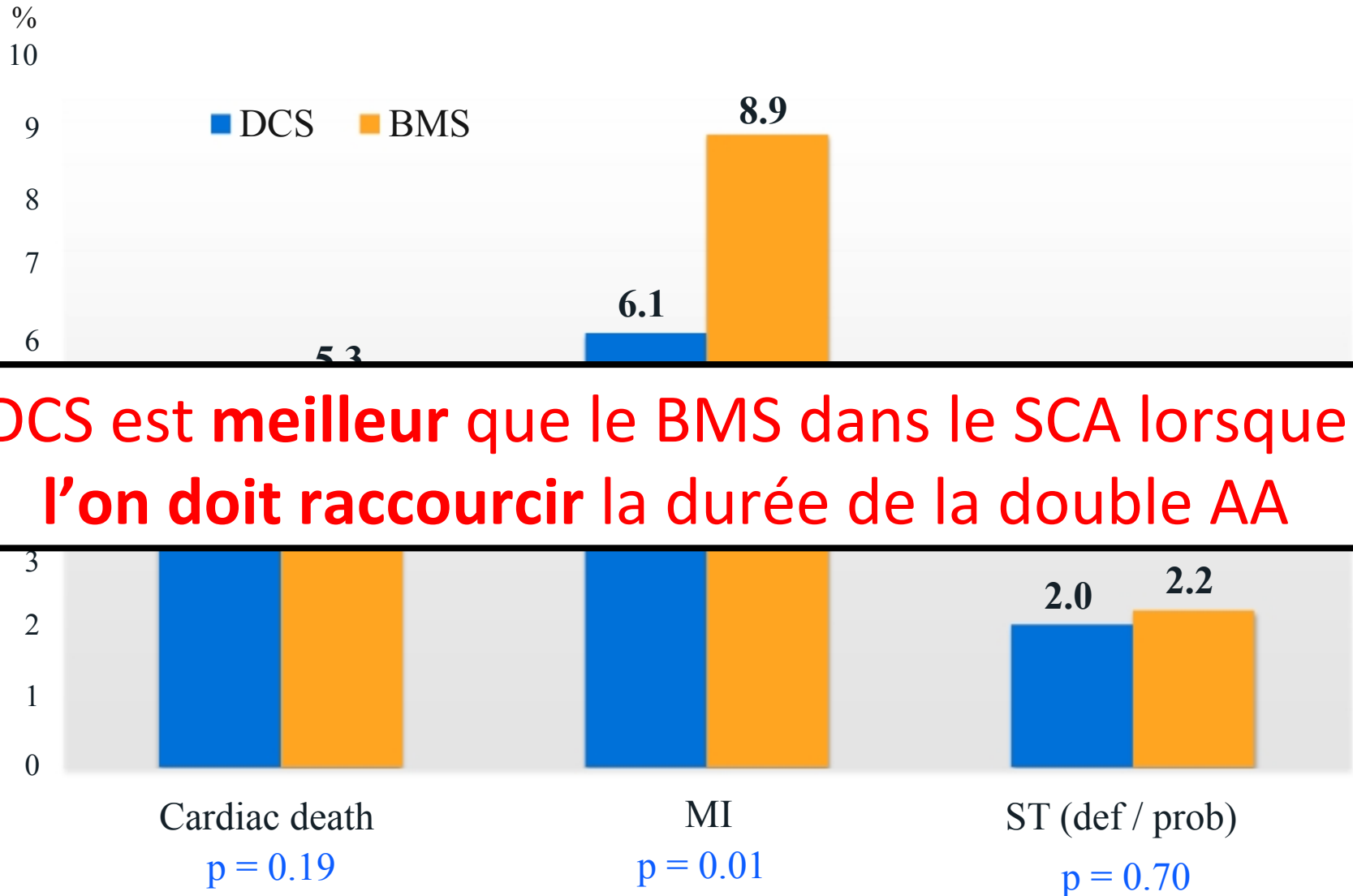
Critère primaire (DC CV, IDM, TS)



Number at Risk

DCS	1221	1146	1105	1081	1045
BMS	1211	1115	1066	1037	1000

LEADERS Free



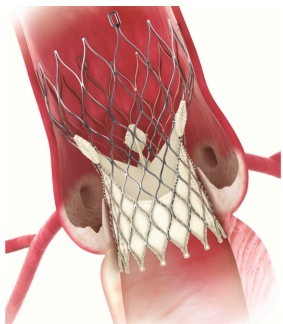
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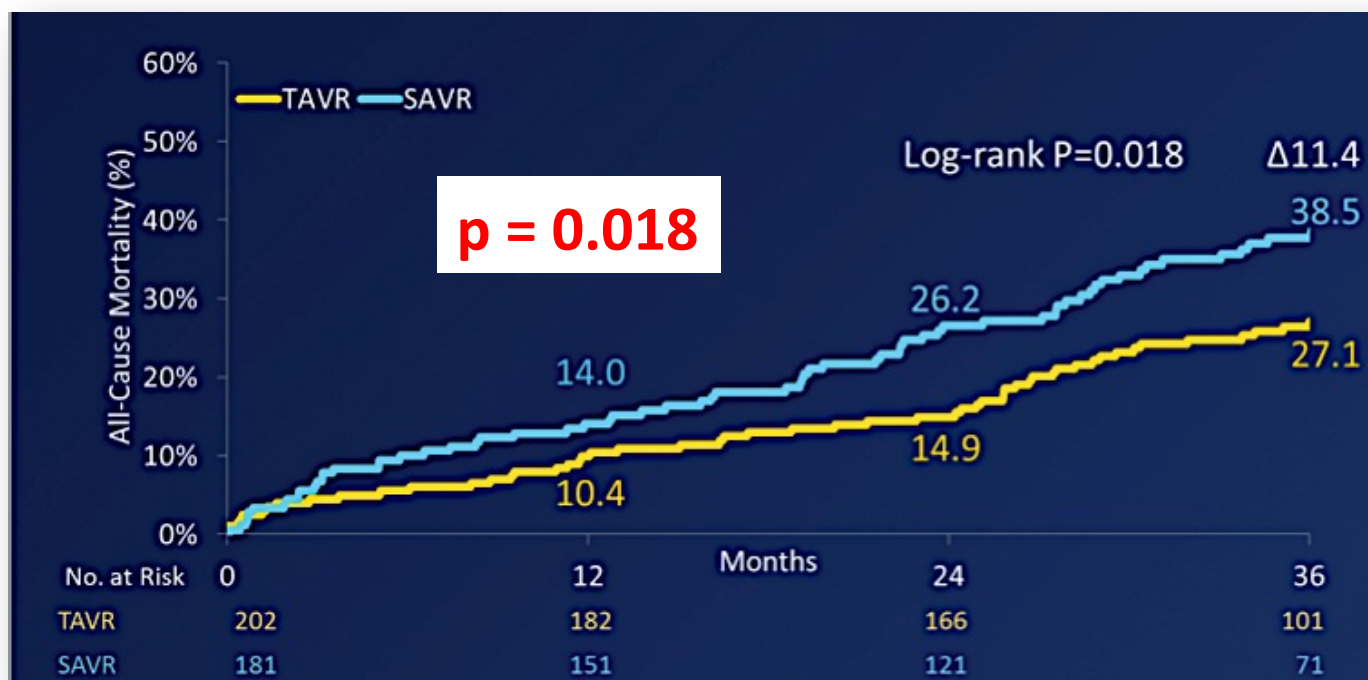
TAVI

CoreValve vs Chirurgie

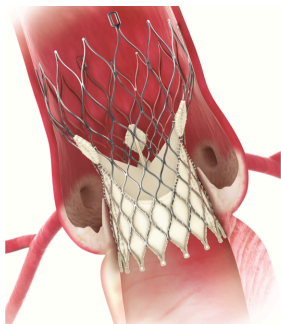


Mortalité à 3 ans

STS = 7.3
L EuroSCORE = 17.6

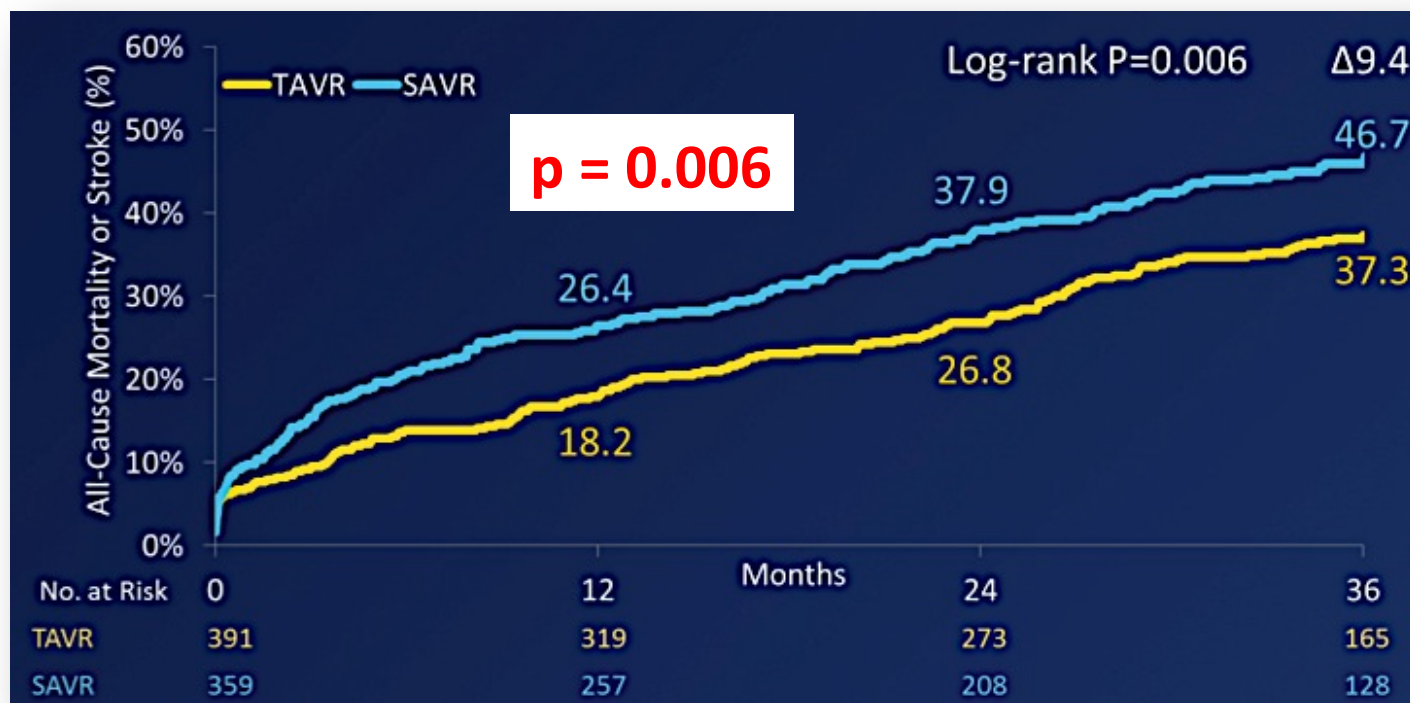


CoreValve vs Chirurgie

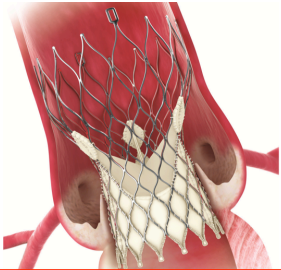


STS ≤ 7

Mortalité à 3 ans



CoreValve vs Chirurgie



Echographie à 3 an

Patients à Risques intermédiaires

A 3 ans:

CoreValve **supérieure** à la chirurgie
Résultats **échographiques** > chirurgie

Baseline

Discharge

1 Month

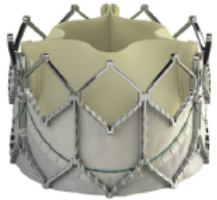
1 Year

2 Years

3 Years

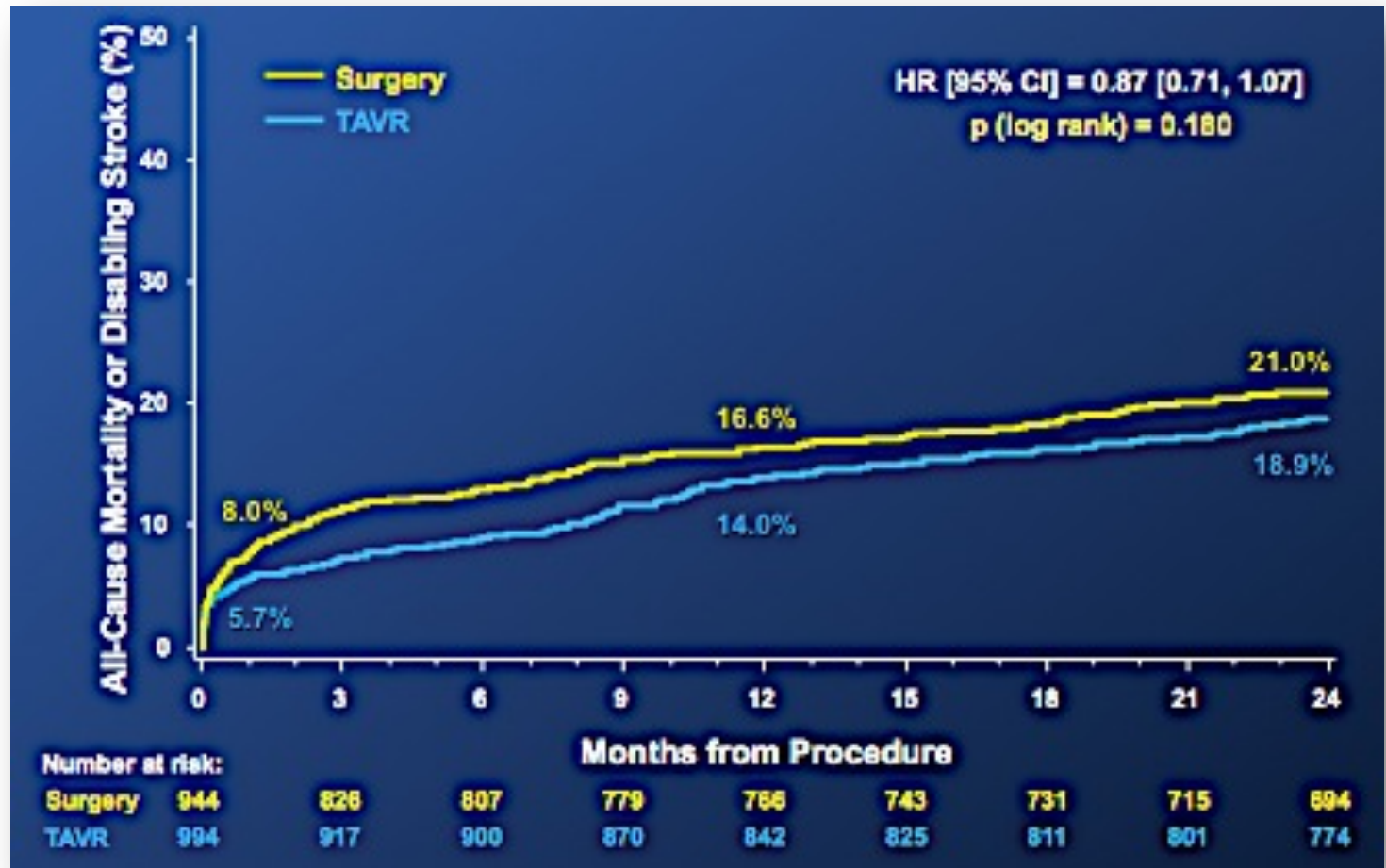
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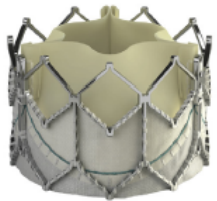
Sapien XT

STS = 6



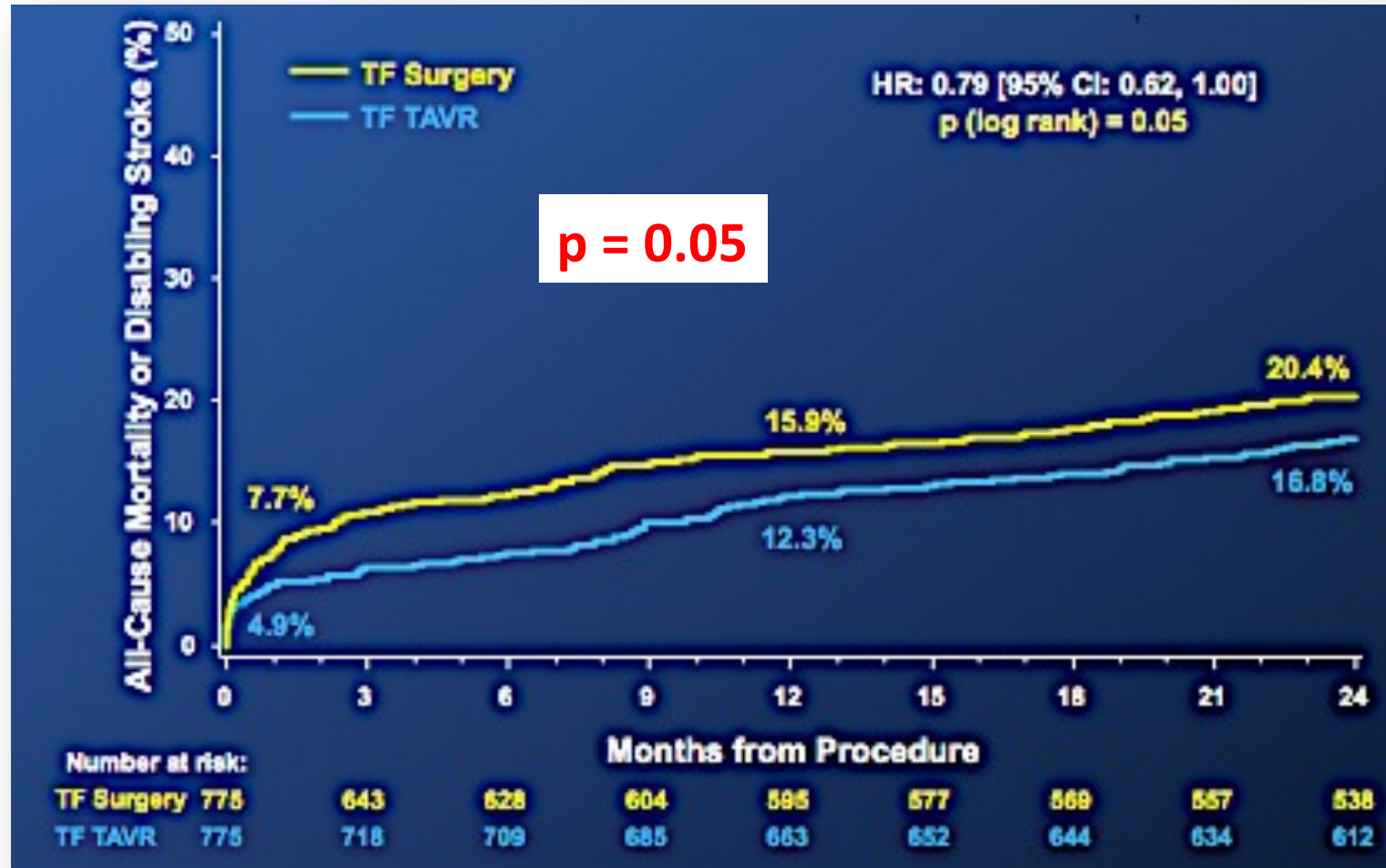
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Sapien XT

STS = 6



PARTNER 2

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2,50

→ Surgery

Patients à Risques intermédiaires
A 2 ans:

Sapien XT **non inférieure** à la chirurgie

Voie fémorale: > chirurgie

Résultats **échographiques** > chirurgie

No. of Echos

Surgery

861

727

590

488

TAVR

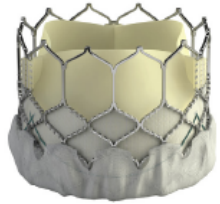
899

829

695

567

TAVI vs Chirurgie



Sapien S3

Score de propension

STS = 5

	30 jours		1 an		p
	TAVI	Chirurgie	TAVI	Chirurgie	
Mortalité	1,1 %	4,0 %	4,5%	8,1%	<0.0001
Mortalité CV	0.9 %	3.1 %	3,1 %	5.3%	
AVC	2,7%	6,1%	4,6%	8,2%	0.004

