

DES: 1 mois de DAPT pour tous  
**NON**



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# Rationnel

Actuellement, la durée recommandée pour la double anti agrégation plaquettaire après DES est de 6 à 12 mois, afin de réduire le risque de thrombose tardive de stent particulièrement dans le syndrome coronarien aigu.

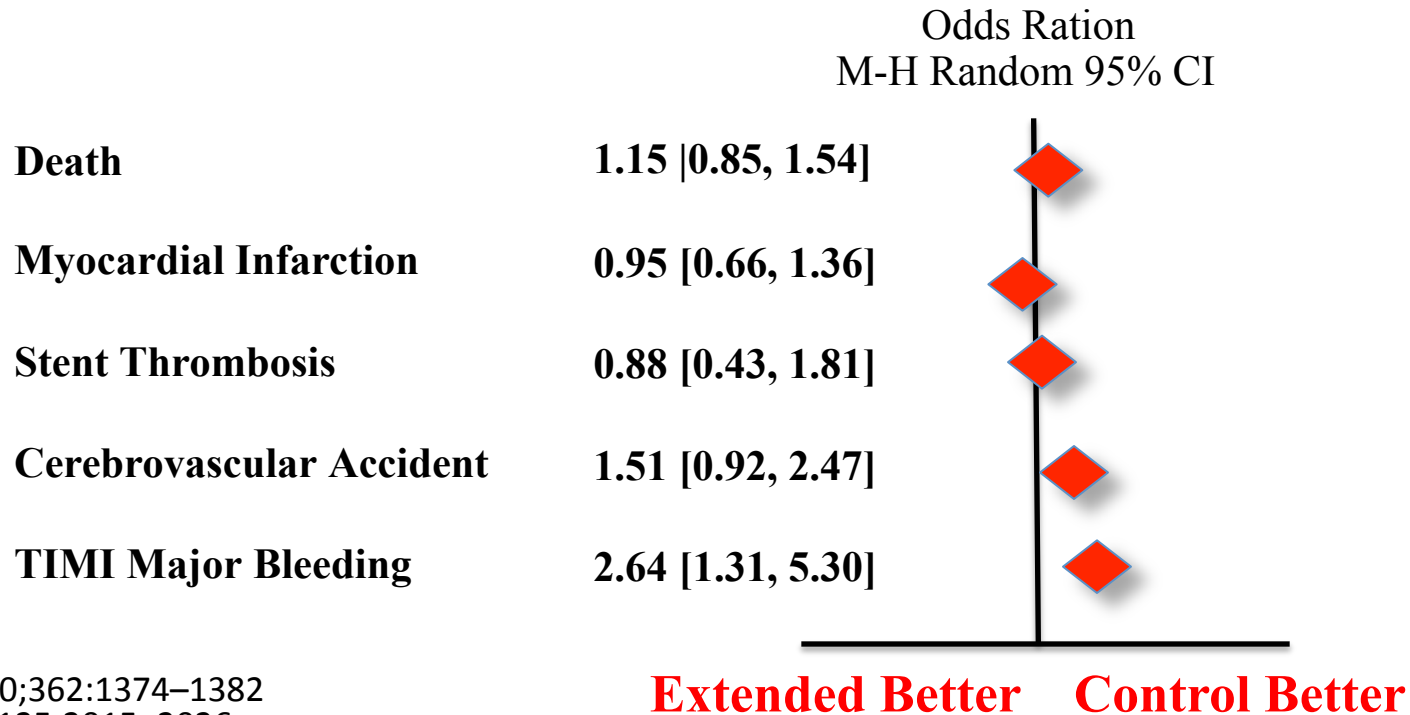
Est-ce que plus court c'est mieux?

Durée 3 à 6 mois

# Durée 3 à 6 mois

## Clinical Impact of Extended DAPT after PCI

A meta analysis of Randomized trials (n=8 231)



N Engl J Med 2010;362:1374–1382

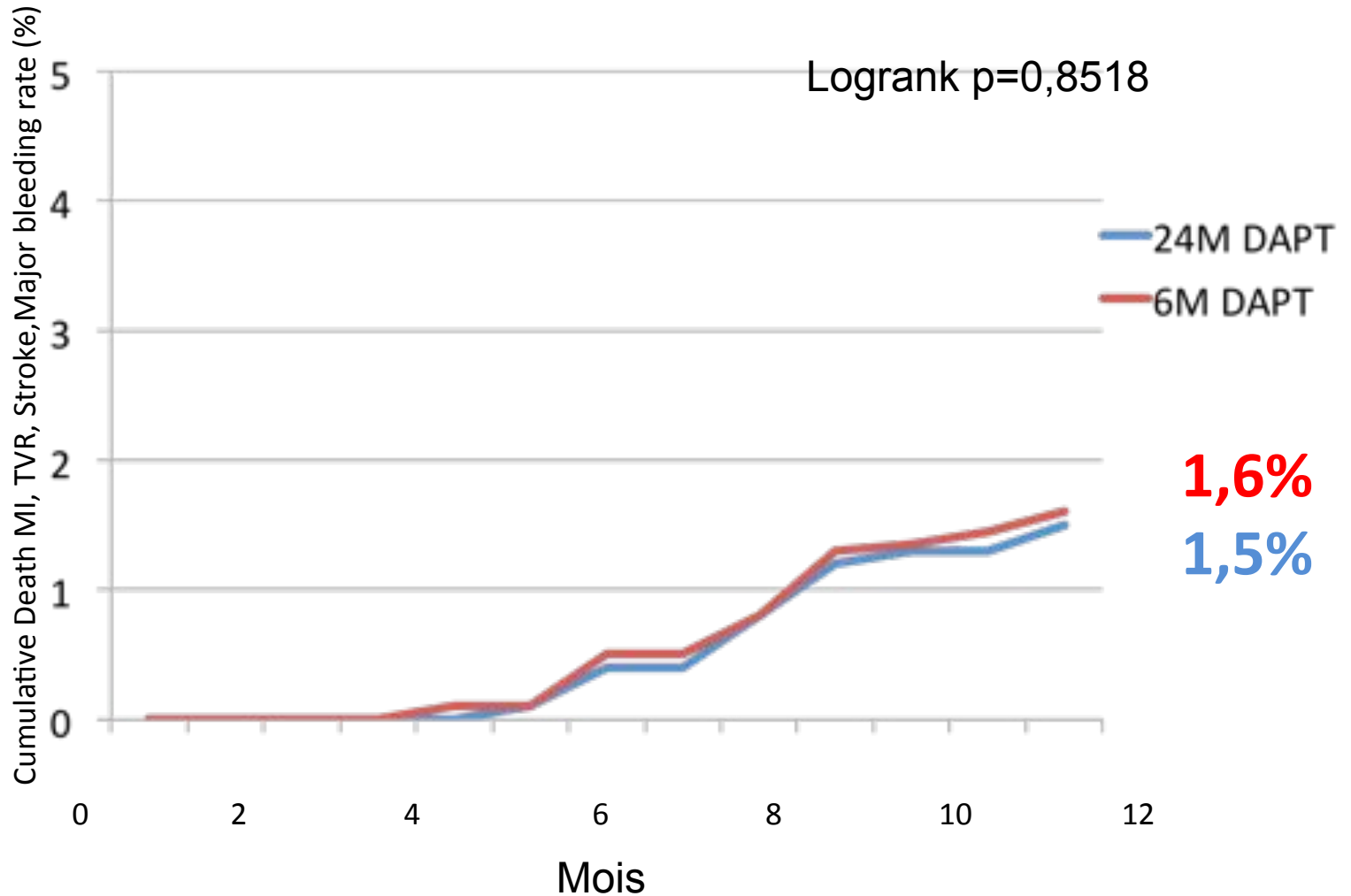
Circulation 2012;125:2015–2026

Circulation 2012;125:505–513.

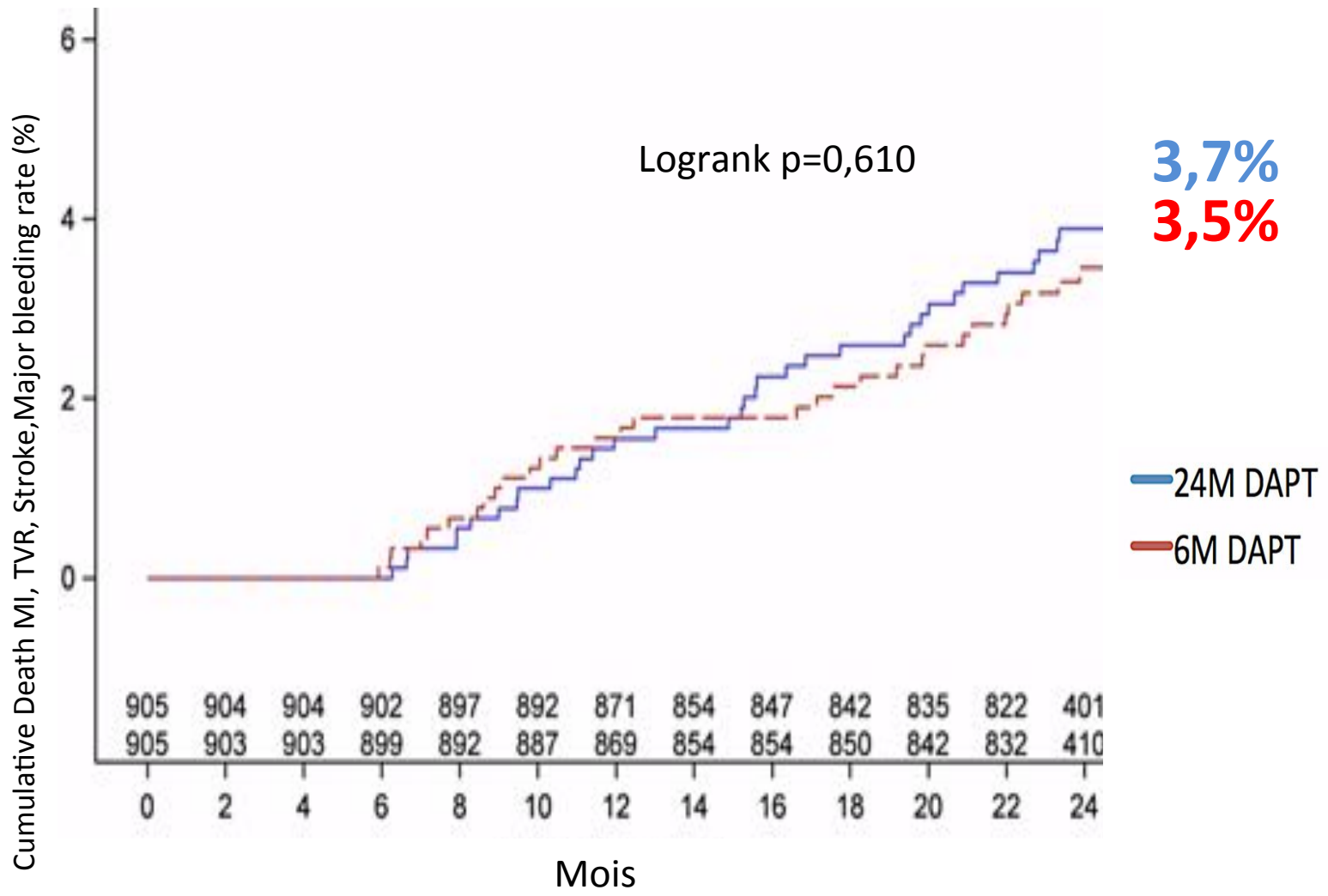
J Am Coll Cardiol. 2012 Oct 9;60(15):1340-8.

Cassese et al European Heart Journal 2012; 33: 3078-3087

# Critère primaire @ 1 an



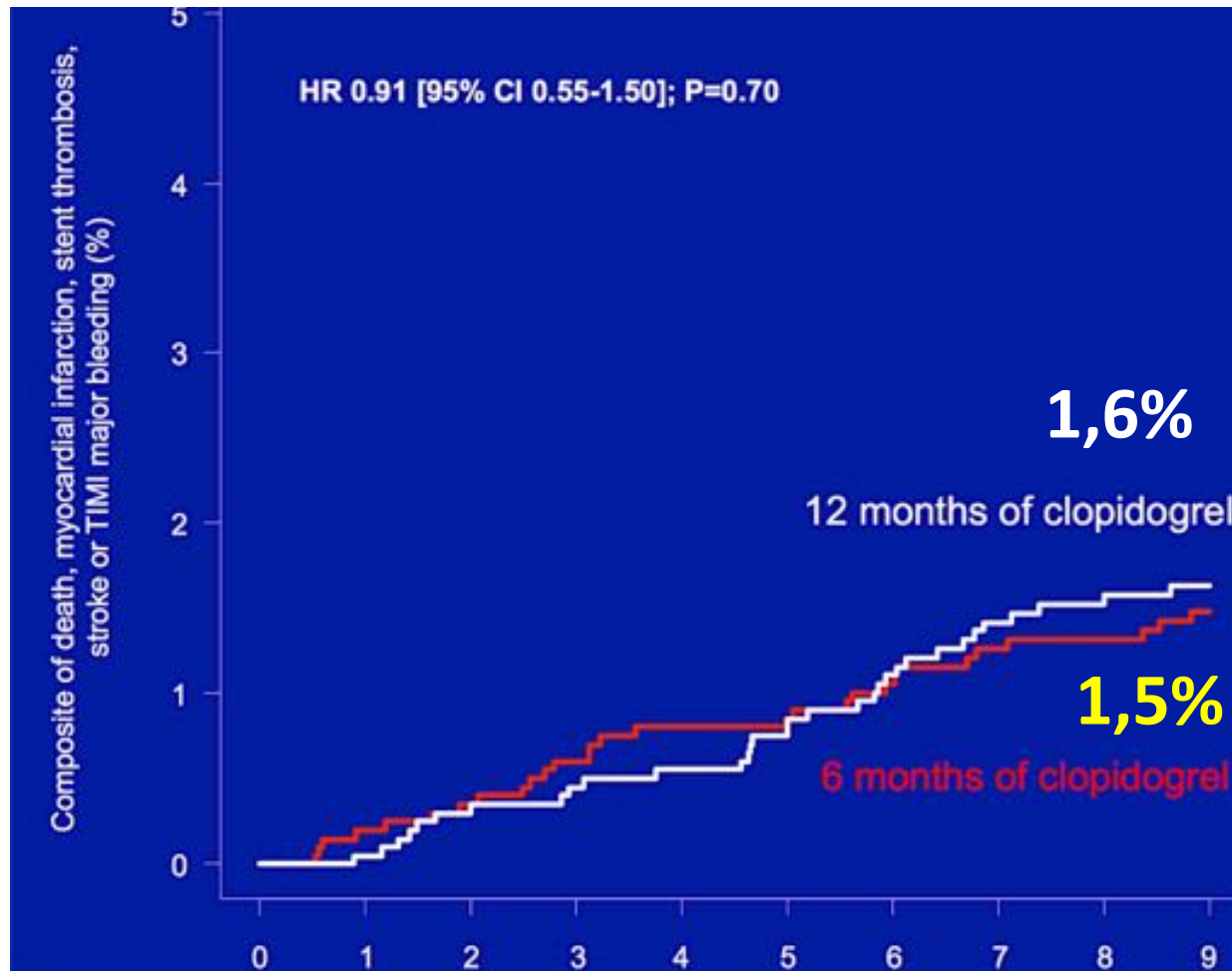
# Critère primaire @ 2 ans



# ISAR SAFE

6 months vs 12 months of clopidogrel after DES implantation

**ACS:40%**



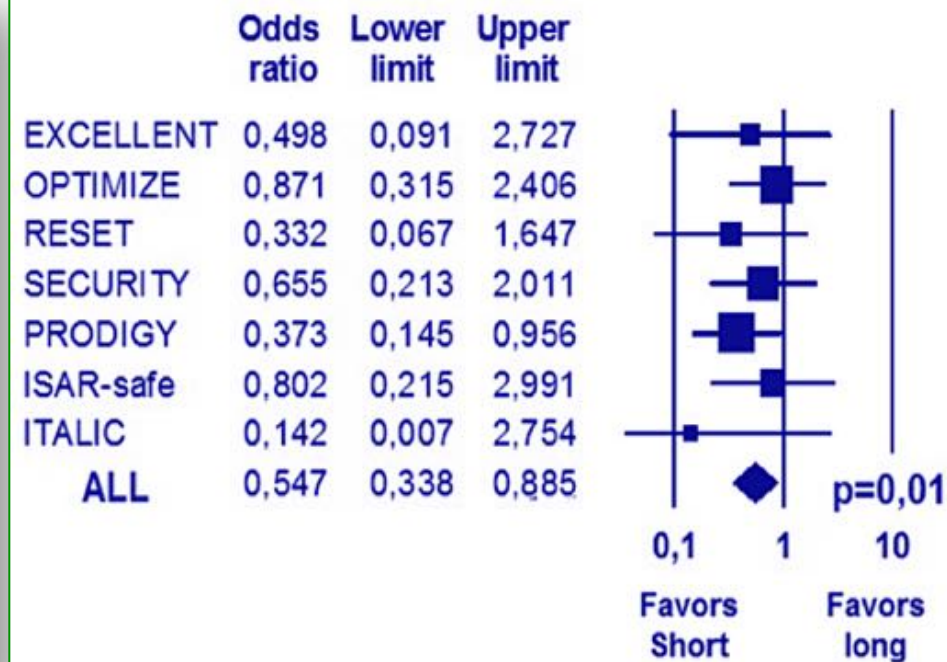
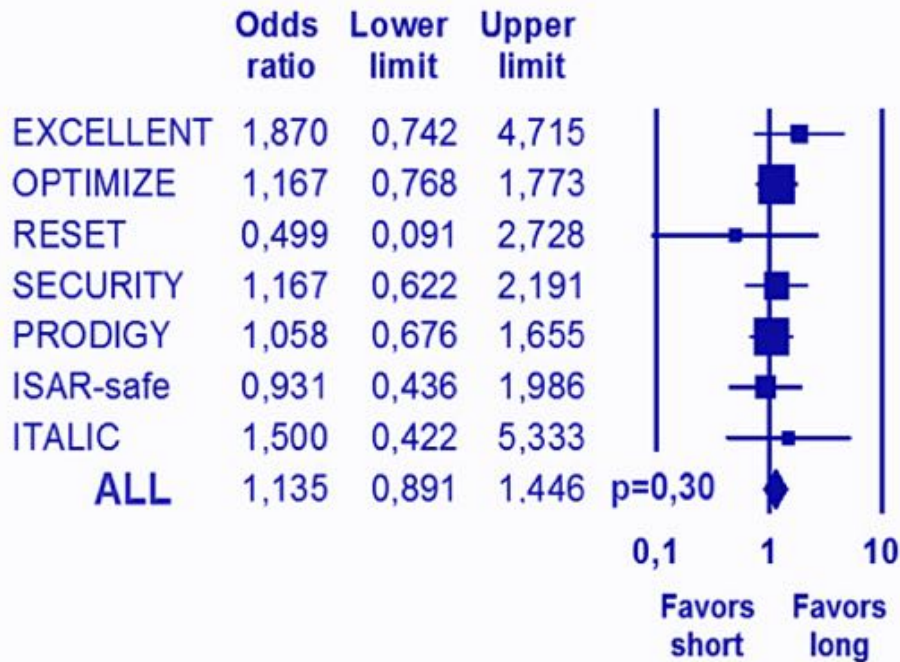
Schulz-Schupke et al Eur Heart J 2015; 36: 1252--63

# Durée 3 à 6 mois

## Meta-analysis (n= 15 870 pts)

### MI

### Major bleeding



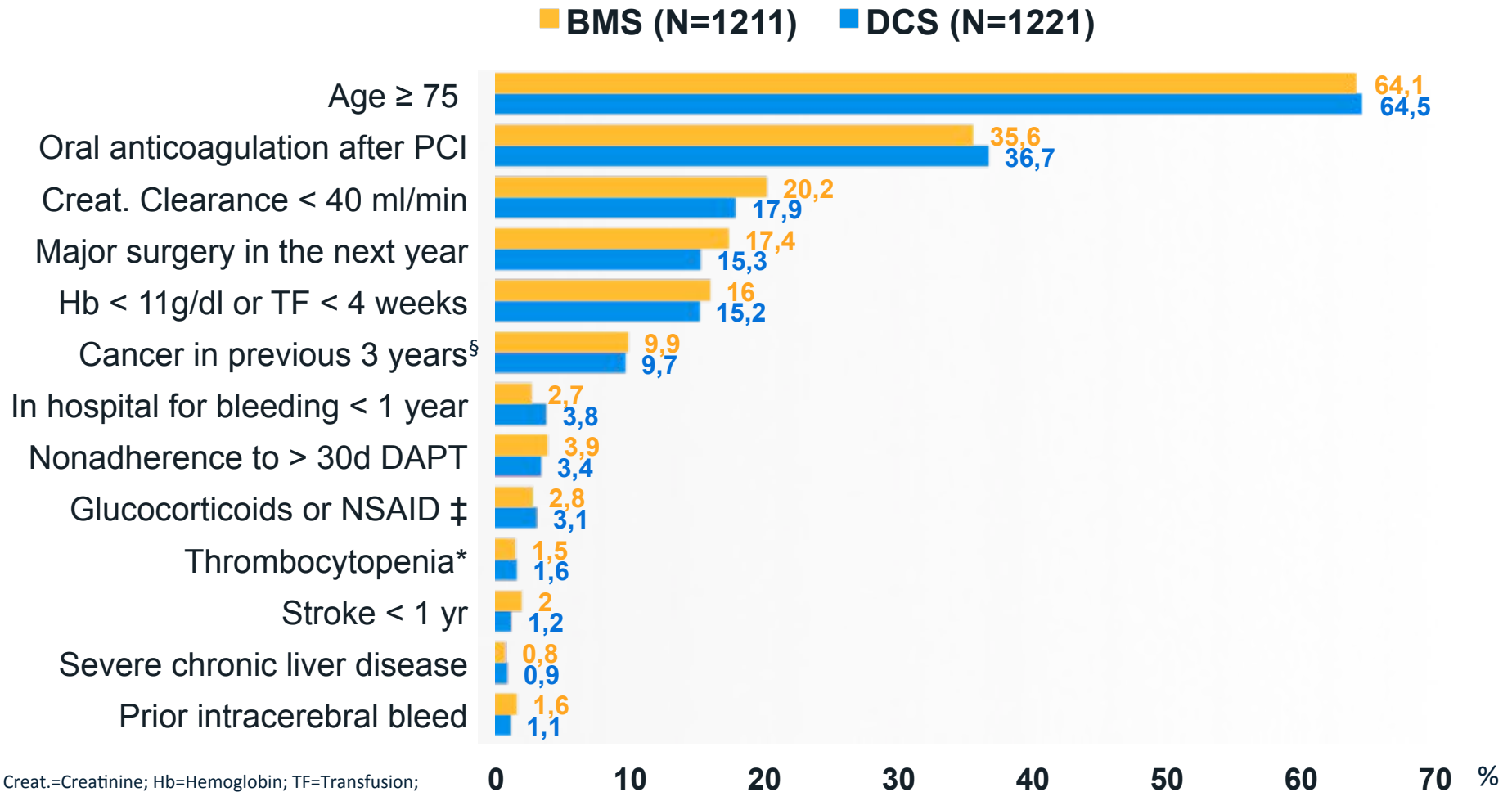
EXCELLENT (Gwon et al. Circ 2014)  
 OPTIMIZE (Feres et al. JAMA 2013)  
 RESET (Kim et al. JACC 2013)  
 SECURITY (Colombo et al. JACC 2014)

PRODIGY (Valgimigli et al. Circ 2012)  
 ISAR-safe (Schulz-Schüpke et al. EHJ 2015)  
 ITALIC (Gilard et al. JACC 2014)



# Durée 1 mois

## LEADERS FREE Trial



Creat.=Creatinine; Hb=Hemoglobin; TF=Transfusion;

‡ for > 30 days after PCI; \*Platelet count < 100'000/mm<sup>3</sup>; §Excluded skin cancer

# DES vs BMS

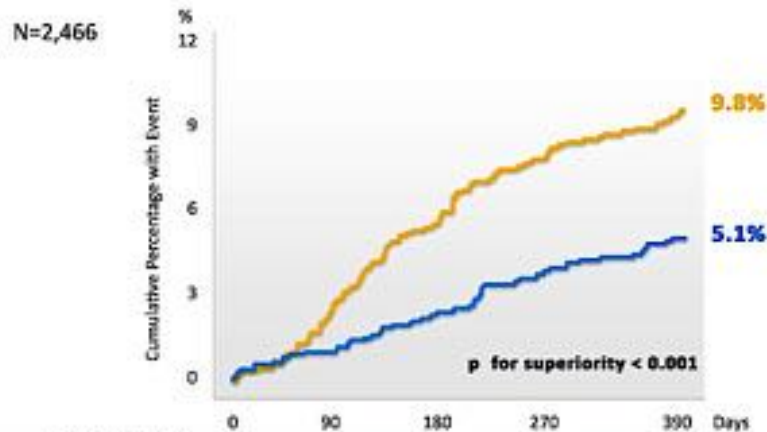
## LEADERS FREE Trial



The NEW ENGLAND  
JOURNAL of MEDICINE

### LEADERS FREE Trial

Primary Efficacy Endpoint: Clinically Driven TLR

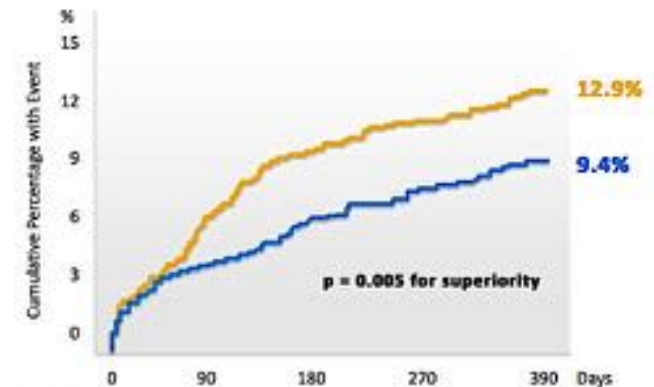


Number at Risk

<b>DCS</b>	1221	1167	1130	1098	1053
<b>BMS</b>	1211	1131	1072	1034	984

### LEADERS FREE Trial

Primary Safety Endpoint: Cardiac Death, MI, Stent Thrombosis



Number at Risk

<b>DCS</b>	1221	1146	1105	1081	1045
<b>BMS</b>	1211	1115	1066	1037	1000

# DES vs BMS

## LEADERS FREE Trial

Primary Safety Endpoint  
(Cardiac Death, MI, ST) at 2 year



Number at Risk

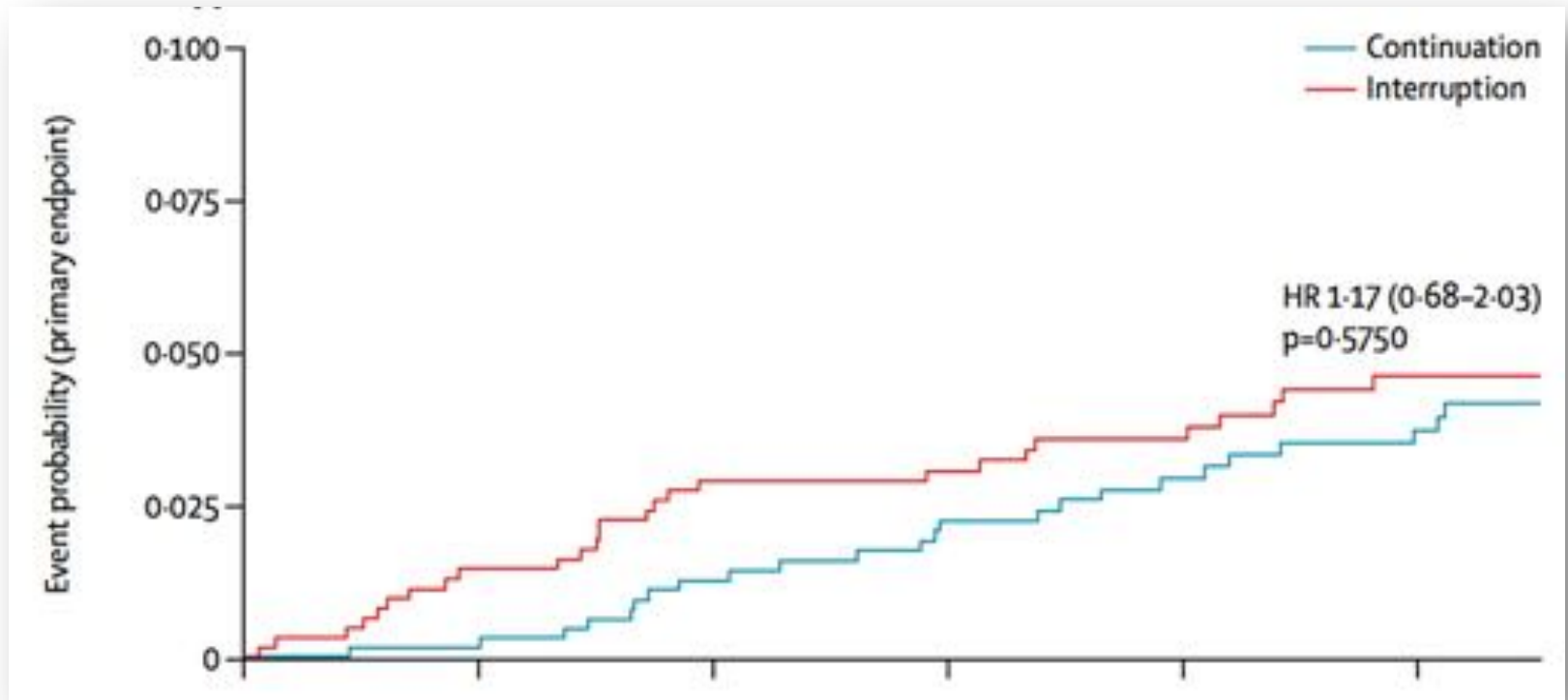
DES	1221	1104	1052	1008	620
BMS	1211	1067	1010	973	587

Est-ce que plus long c'est mieux?

Durée > 12 mois

# ARTIC-Interruption

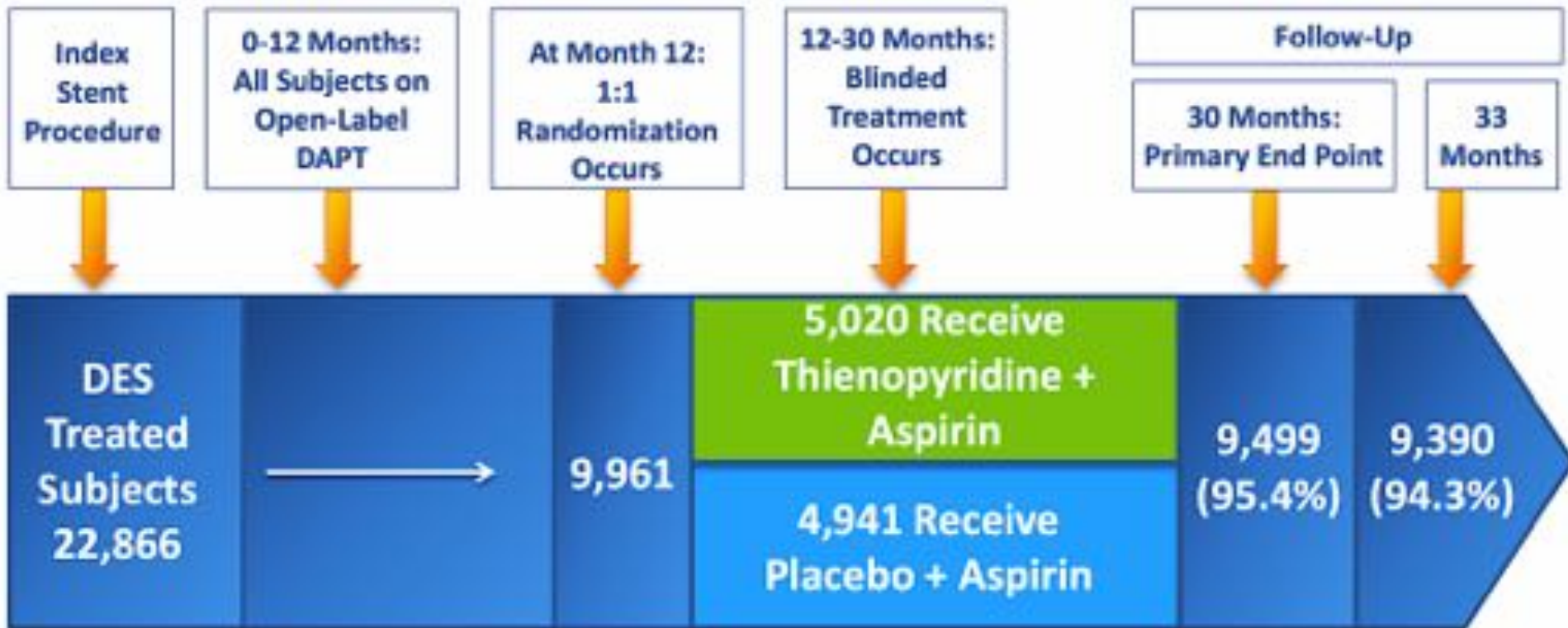
**End point:** death, myocardial infarction, stent thrombosis, stroke, or urgent revascularisation



Major or minor bleeding 1.9% vs 0.5% p=0.03

Collet et al Lancet 2014;384:1577-85

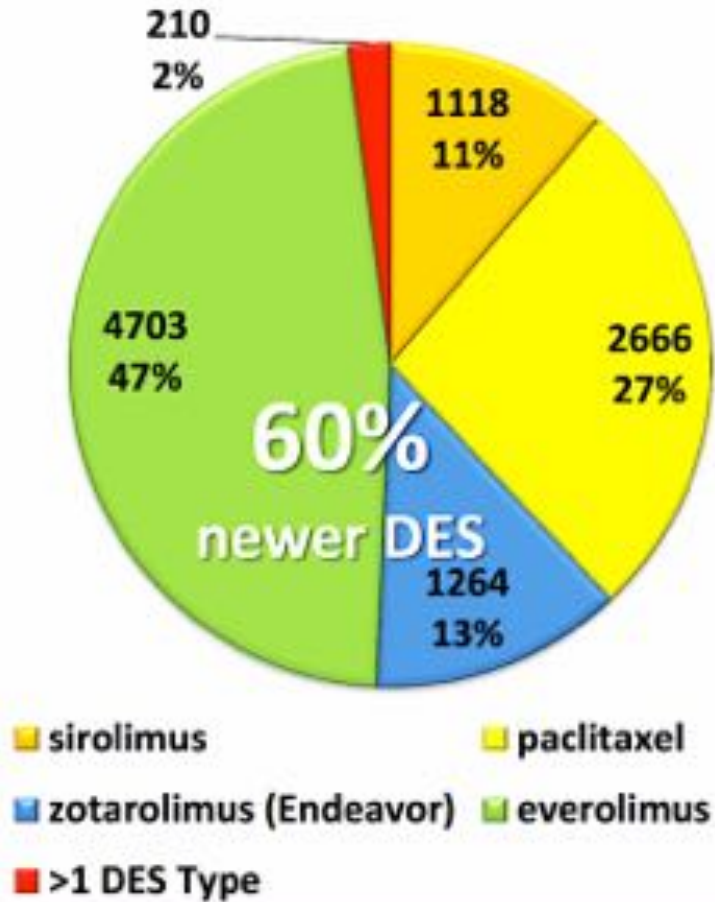
# DAPT



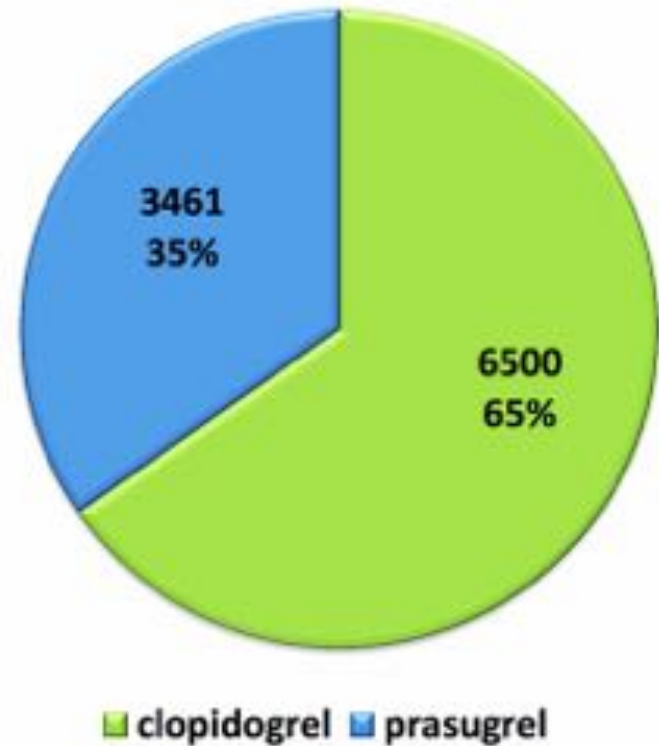
**56% excluded**

Mauri et al N Engl J Med. 2014;371:2155-66

### Drug Eluting Stent Type



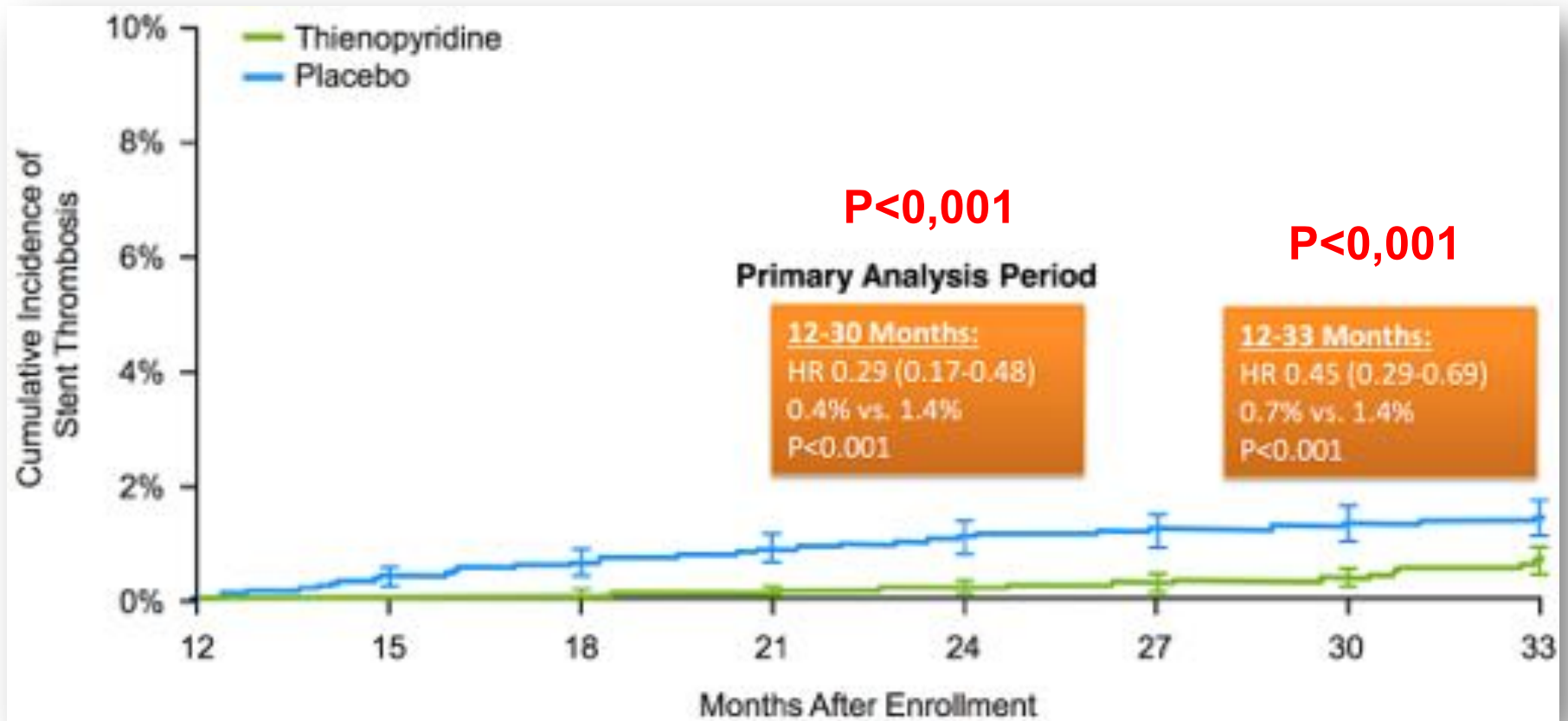
### Thienopyridine Type



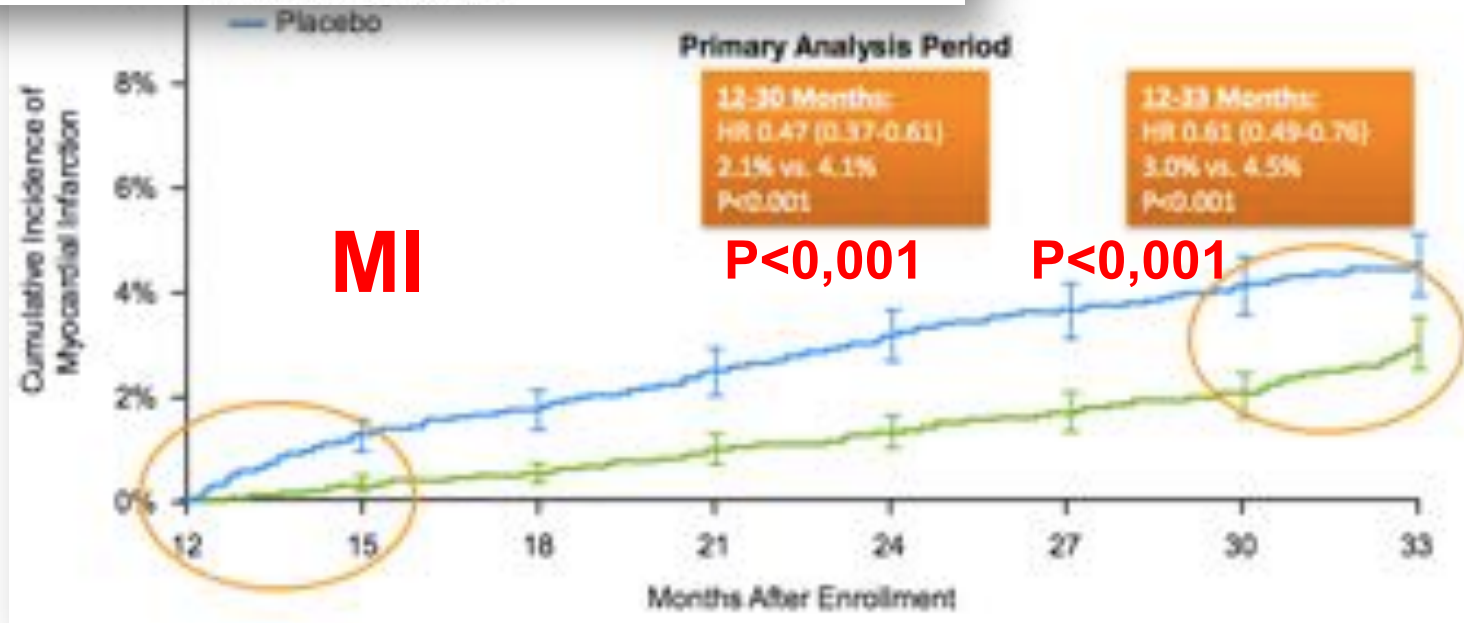
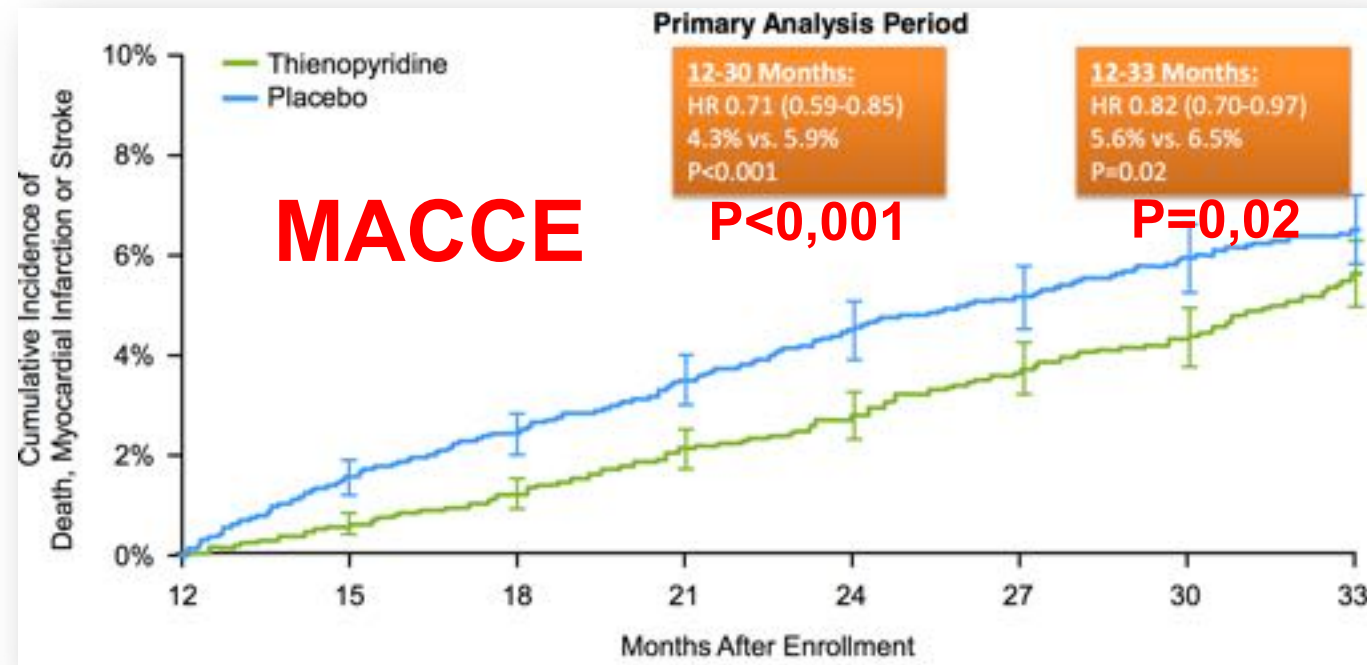
# DAPT



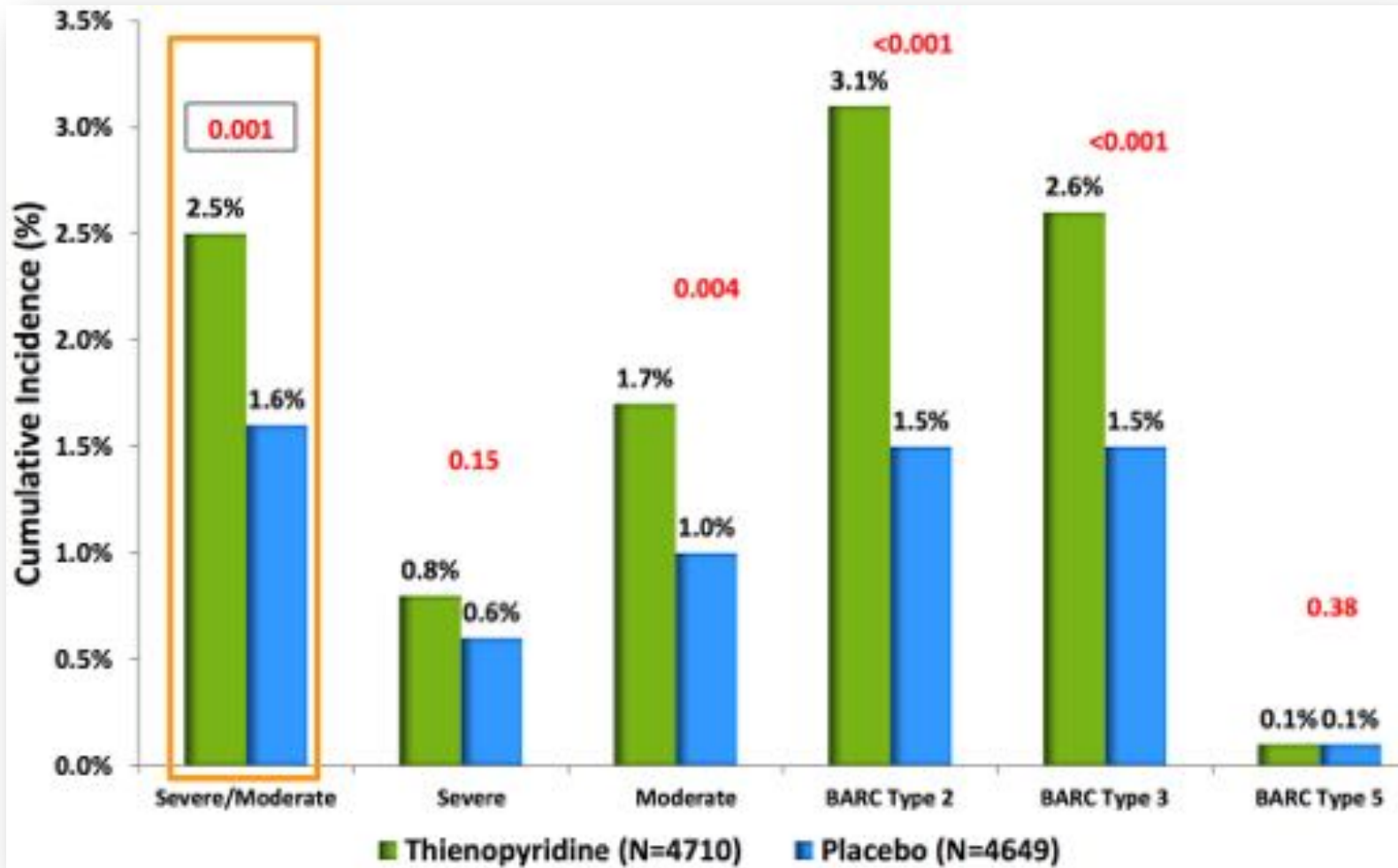
## Thrombose de stent certaine ou probable (définition ARC)





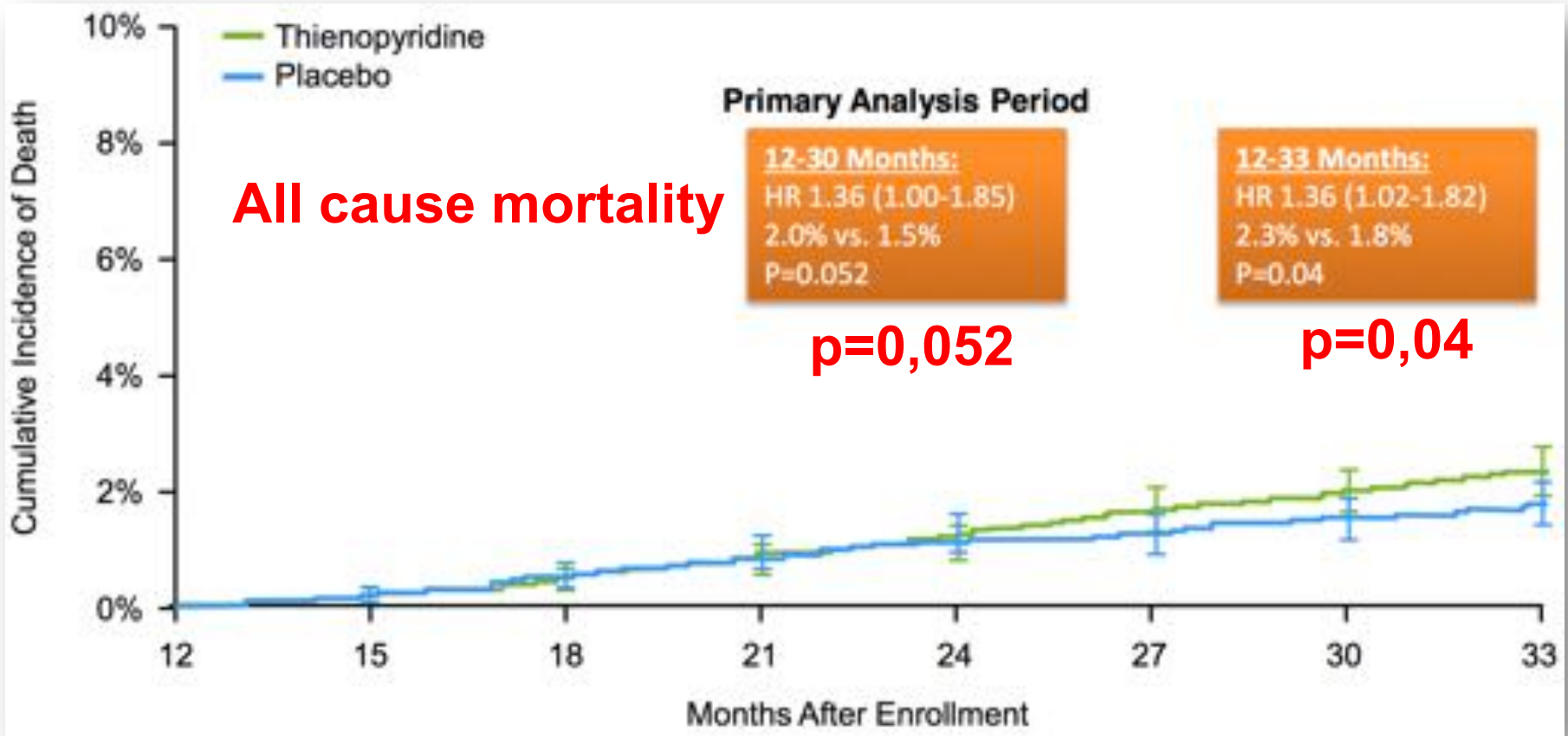


# DAPT



Mauri et al N Engl J Med. 2014;371:2155-66

# DAPT



# Durée > 12 mois

## Mortalité globale

Events %	Short duration (12 months)	Long duration (30 months)
DAPT (n=9 961)	1,5	2,0
DES-Late (n=5 045)	1,4	2,0
ARTIC-Interruption (n=1 259)	1,4	1,1



Mauri L et al, NEJM 2014  
 Lee CW et al, Circulation 2014  
 Collet JP et al. Lancet 2014

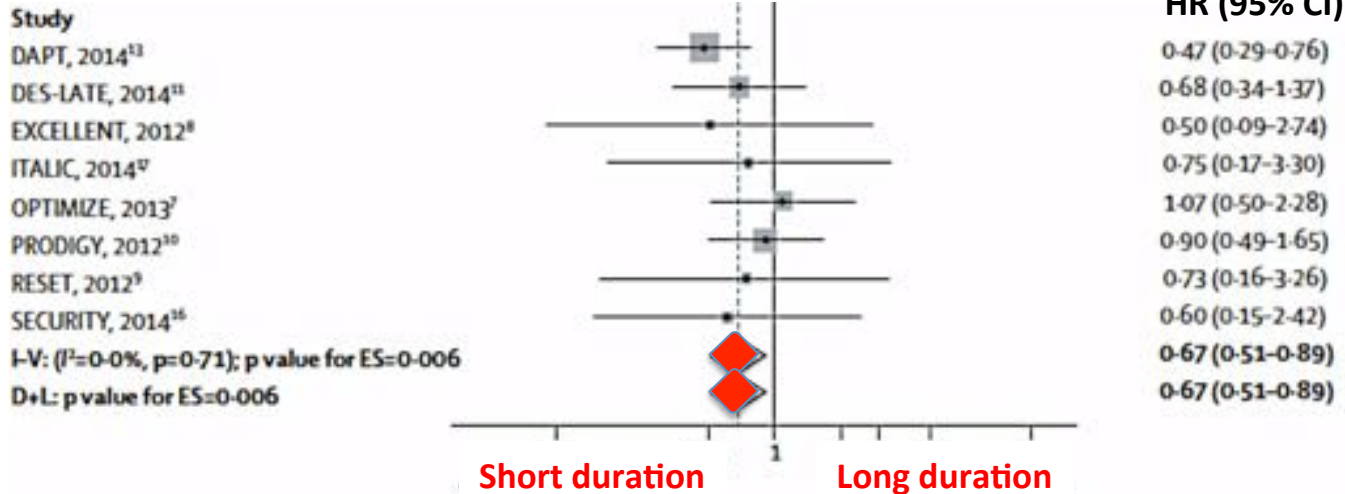
Montalescot G AHA 2014

# Durée < 12 mois

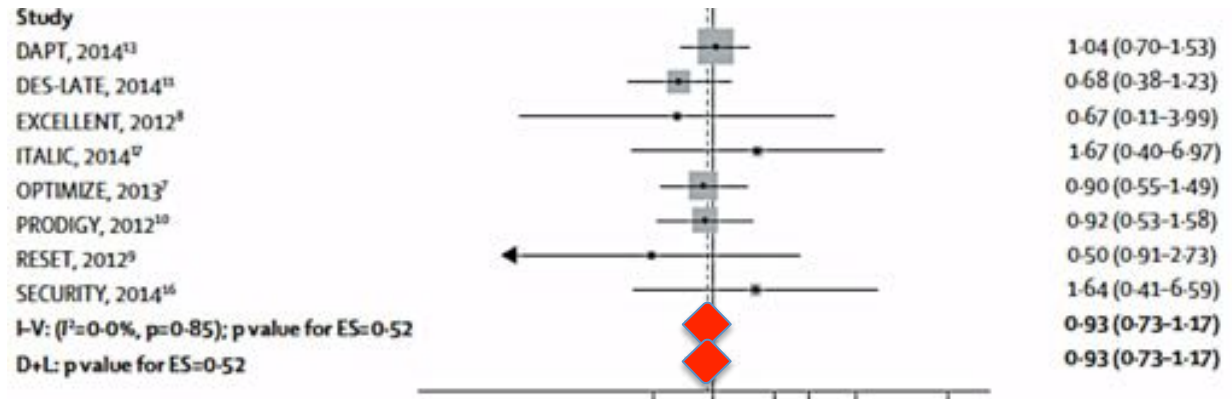
## Network méta-analyse

31 666 pts – 10 études randomisées

### Death all cause



### CV Death



## **DAPT > 12 mois:**

Diminue le taux d'évènements thrombotiques

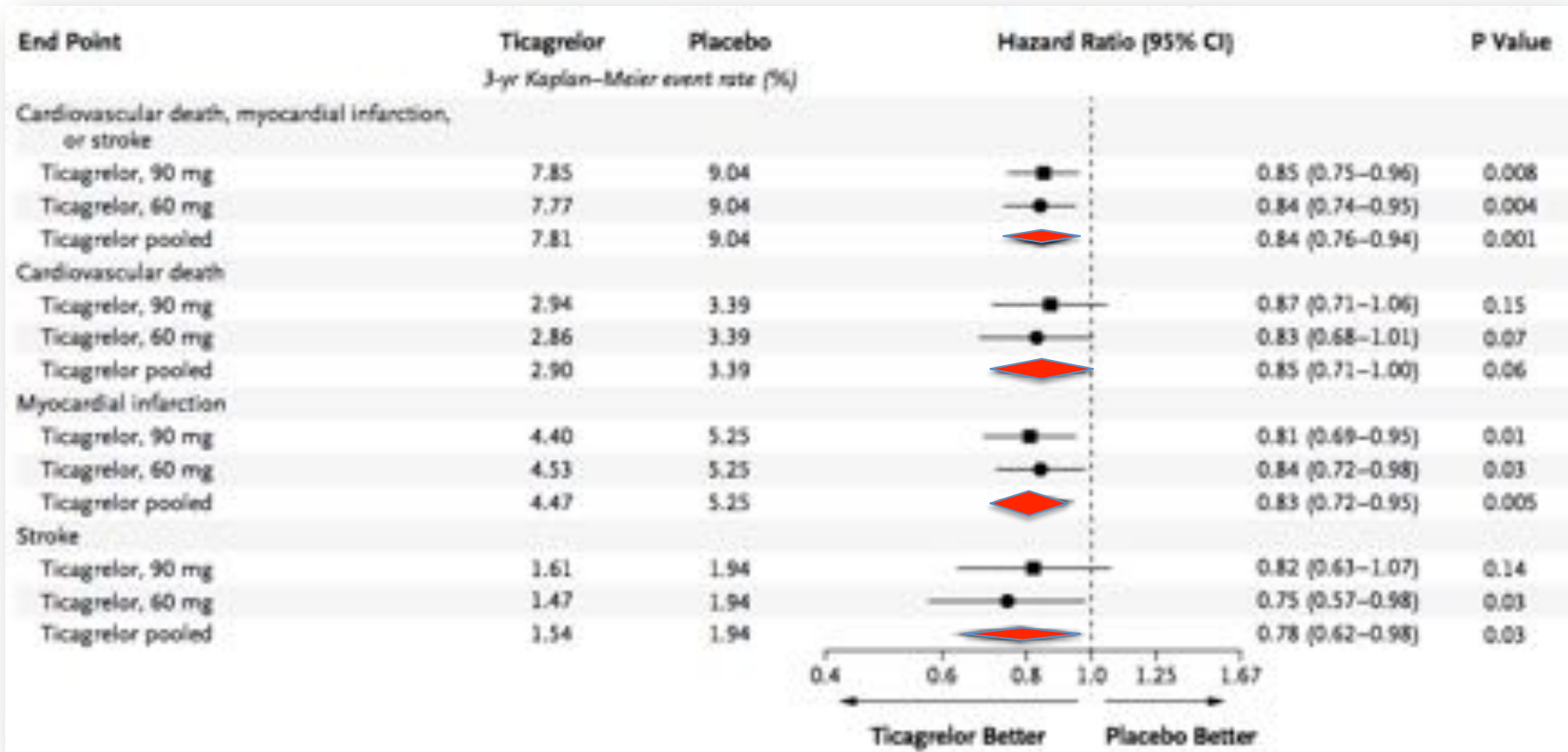
Augmente le taux de saignement

Augmente la mortalité globale

**Cependant**

# PEGASUS

## Long-Term Use of Ticagrelor in Patients with Prior MI (Most patients were enrolled close to 2 years after MI)



Bonaca et al N Engl J Med. 2015;372:1791-800

# PEGASUS

## Bleeding

End Point	Ticagrelor, 90 mg vs. Placebo		Ticagrelor, 60 mg vs. Placebo	
	Hazard Ratio (95% CI)	P Value	Hazard Ratio (95% CI)	P Value
<b>Bleeding</b>				
TIMI major bleeding	2.69 (1.96–3.70)	<0.001	2.32 (1.68–3.21)	<0.001
TIMI minor bleeding	4.15 (2.47–7.00)	<0.001	3.31 (1.94–5.63)	<0.001



# DAPT trial

Analyse ancillaire de DAPT trial: chez les pts avec ou sans ATCD d'IDM

IDM	Placebo	Thienopyridine	p
DC global	1.6%	1.4%	0.61

Pas d'IDM	Placebo	Thienopyridine	p
DC cardiovasculaire	1.5%	2.1%	<b>0.04</b>

# Guidelines

## Angor stable

Recommendations for PCI	Class <sup>a</sup>	Level <sup>b</sup>
Antiplatelet therapy after PCI		
DAPT is indicated for at least 6 months after DES	I	A
DAPT is indicated for 6 months after BMS	I	B
Shorter DAPT duration for patients at high bleeding risk	IIb	A
Life-long single antiplatelet therapy for patients at high bleeding risk	I	A
Instruction on the use of antiplatelet therapy	I	C
DAPT may be used for more than 6 months in patients at high ischemic risk and low bleeding risk	IIb	C

**6 Mois** après DES  
**1 mois** après BMS

**< 6 mois** si important risque de saignement  
**> 6 mois** si important risque de saignement

## Syndrome coronarien aigu

Recommendations	Class <sup>a</sup>	Level <sup>b</sup>
Antiplatelet therapy		
ASA is recommended (or 80–150 mg i.v.), and a P2Y <sub>12</sub> inhibitor is recommended for 12 months after DES or BMS in patients at high ischemic risk and low bleeding risk	I	A
A P2Y <sub>12</sub> inhibitor is recommended for 12 months after DES or BMS in patients at high ischemic risk and low bleeding risk. Options are:	I	A

**12 mois** après DES ou BMS

# Durée optimale de DAPT?

**Après une ATC avec DES**

**Pas de règle applicable pour tout les patients concernant la durée de DAPT**

# Durée optimale de DAPT?

## Après une ATC avec DES

**DAPT pour 6 mois**



### **Durée plus longue**

Evts thrombotiques dans les 6 m

Première génération DES

**Ht risque thrombotique:**

**IDM**

Multiple stents, stent du TCG

ATCD thrombose de stent

diabetes, lésions diffuses

### **Durée plus courte**

Saignement dans les 6 mois

Nécessité de chirurgie

**Ht risque de saignement**

anticoagulation (FA...)

Insuffisance rénale

Co-morbidités pour le saignement (gastro, AVC...)

