Liens d'intérêts uniquement (pas de conflit)

P.Sabouret reports :

Honoraires pour participation à des boards, conseils scientifiques, présentations orales au cours des 5 dernières années :

Amgen, Astra-Zeneca, BMS, Boehringer, Daiichi-Sankyo, Eli Lilly, MSD, Novartis, Sanofi.

« Confluence of interest is not conflict of interest » Fitzgerald Anna, JAMA 2015

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DAPT

Focused Update on
Dual Antiplatelet Therapy
in Coronary Artery Disease

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What is new in the 2017 ESC focussed update on DAPT?

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Change in recommendations

Before	→ 2017
Pretreatment with $P2Y_{12}$ inhibitors when PCI is planned	
Liberal use of PPI to mitigate GI bleeding risk	
Elective surgery requiring discontinuation of the P2Y12 inhibitor after 1 month	
Ticagrelor interruption of 3 days prior elective surgery	
Dual therapy as an alternative to triple therapy when bleeding risk outweighs the ischaemic risk	
Discontinuation of antiplatelet treatment in patients treated with OAC should be considered at 12 months.	
Routine platelet function testing to adjust therapy	

New recommendations 2017

- The occurrence of actionable bleeding while on DAPT should prompt reconsideration of type and duration of DAPT regimen.
- The decision for DAPT duration should be dynamic and reassessed during the course of the initially selected DAPT regimen.
- Discontinuation of $P2Y_{12}$ inhibitor therapy after 6 months when stenting ACS patients with PRECISE-DAPT ≥ 25
- 6-month DAPT regimen in patients with SCAD treated with drug-coated balloon
- Early administration of ticagrelor/ clopidogrel in NSTE-ACS with invasive approach
- Ticagrelor 60 mg b.i.d preferred over other oral P2Y12 inhibitors for DAPT continuation >12 months in post-MI

I IIA IIB III

New/revised concepts

Metallic stent and DAPT duration

Switch between $P2Y_{12}$ inhibitors

Risk scores to guide DAPT duration
-PRECISE DAPT score
-DAPT score

Specific profiling
-Definition of complex PCI
-Unfavourable profile for OAC and APT
Gender considerations and special populations

DAPT duration without stenting
-Medical management
-CABG or cardiac surgery

Anticoagulation and DAPT
-Acute and chronic setting
-Dosing regimen

2017 ESC Focused Update on DAPT in Coronary Artery Disease, developed in collaboration with EACTS (European Heart Journal 2017 - doi:10.1093/eurheartj/ehx419)

Risk scores validated for dual antiplatelet therapy duration decision-making

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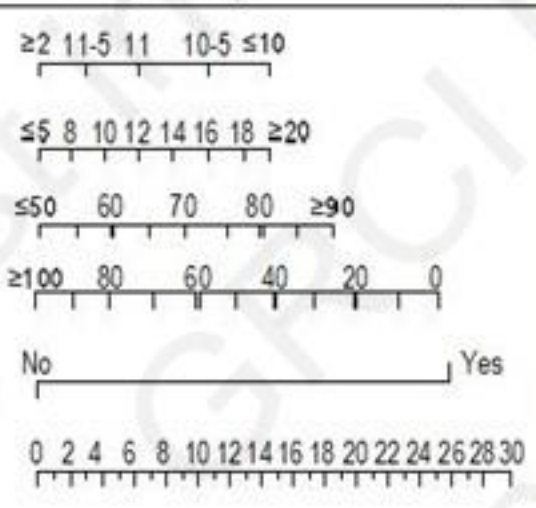
	PRECISE-DAPT score	DAPT score
Time of use	At the time of coronary stenting	After 12 months of uneventful DAPT
DAPT duration strategies assessed	Short DAPT (3–6 months) vs. Standard/long DAPT (12–24 months)	Standard DAPT (12 months) vs. Long DAPT (30 months)
Score calculation		Age ≥75 −2 pt 65 to <75 −1 pt <65 0 pt Cigarette smoking +1 pt Diabetes mellitus +1 pt MI at presentation +1 pt Prior PCI or prior MI +1 pt Paclitaxel-eluting stent +1 pt Stent diameter <3 mm +1 pt CHF or LVEF <30% +2 pt Vein graft stent +2 pt
Score range	0 to 100 points	−2 to 10 points
Decision making cut-off suggested	Score ≥25 → Short DAPT Score <25 → Standard/long DAPT	Score ≥2 → Long DAPT Score <2 → Standard DAPT
Calculator	www.precisedaptscore.com	www.daptstudy.org

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Measures to minimize bleeding while on dual antiplatelet therapy

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Recommendations	Class	Level
Radial over femoral access is recommended for coronary angiography and PCI if performed by an expert radial operator.	I	A
In patients treated with DAPT, a daily aspirin dose of 75–100 mg is recommended.	I	A
A PPI in combination with DAPT is recommended.	I	B
Routine platelet function testing to adjust antiplatelet therapy before or after elective stenting is not recommended.	III	A

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Strategies to avoid bleeding complications in patients treated with oral anticoagulant

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- Assess ischaemic and bleeding risks using validated risk predictors (e.g. CHA_2DS_2-VASc, ABC, HAS-BLED) with a focus on modifiable risk factors.
- Keep triple therapy duration as short as possible; dual therapy after PCI (oral anticoagulant and clopidogrel) to be considered instead of triple therapy.
- Consider the use of NOACs instead of VKA when NOACs are not contra-indicated.
- Consider a target INR in the lower part of the recommended target range and maximize time in therapeutic range (i.e. >65–70%) when VKA is used.
- Consider the lower NOAC regimen tested in approval studies and apply other NOAC regimens based on drug-specific criteria for drug accumulation.
- Clopidogrel is the $P2Y_{12}$ inhibitor of choice.
- Use low-dose (≤100 mg daily) aspirin.
- Routine use of PPIs.

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Dual antiplatelet therapy duration in patients with indication for oral anticoagulation

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Recommendations	Class	Level
It is recommended to administer periprocedurally aspirin and clopidogrel in patients undergoing coronary stent implantation.	I	C
In patients treated with coronary stent implantation, triple therapy with aspirin, clopidogrel and OAC should be considered for 1 month, irrespective of the type of stent used.	IIa	B
Triple therapy with aspirin, clopidogrel and OAC for longer than 1 month and up to 6 months should be considered in patients with high ischaemic risk due to ACS or other anatomical/procedural characteristics, which outweigh the bleeding risk.	IIa	B
Dual therapy with clopidogrel 75 mg/day and OAC should be considered as an alternative to 1-month triple antithrombotic therapy in patients in whom the bleeding risk outweighs the ischaemic risk.	IIa	A

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Dual antiplatelet therapy duration in patients with indication for oral anticoagulation *(continued)*

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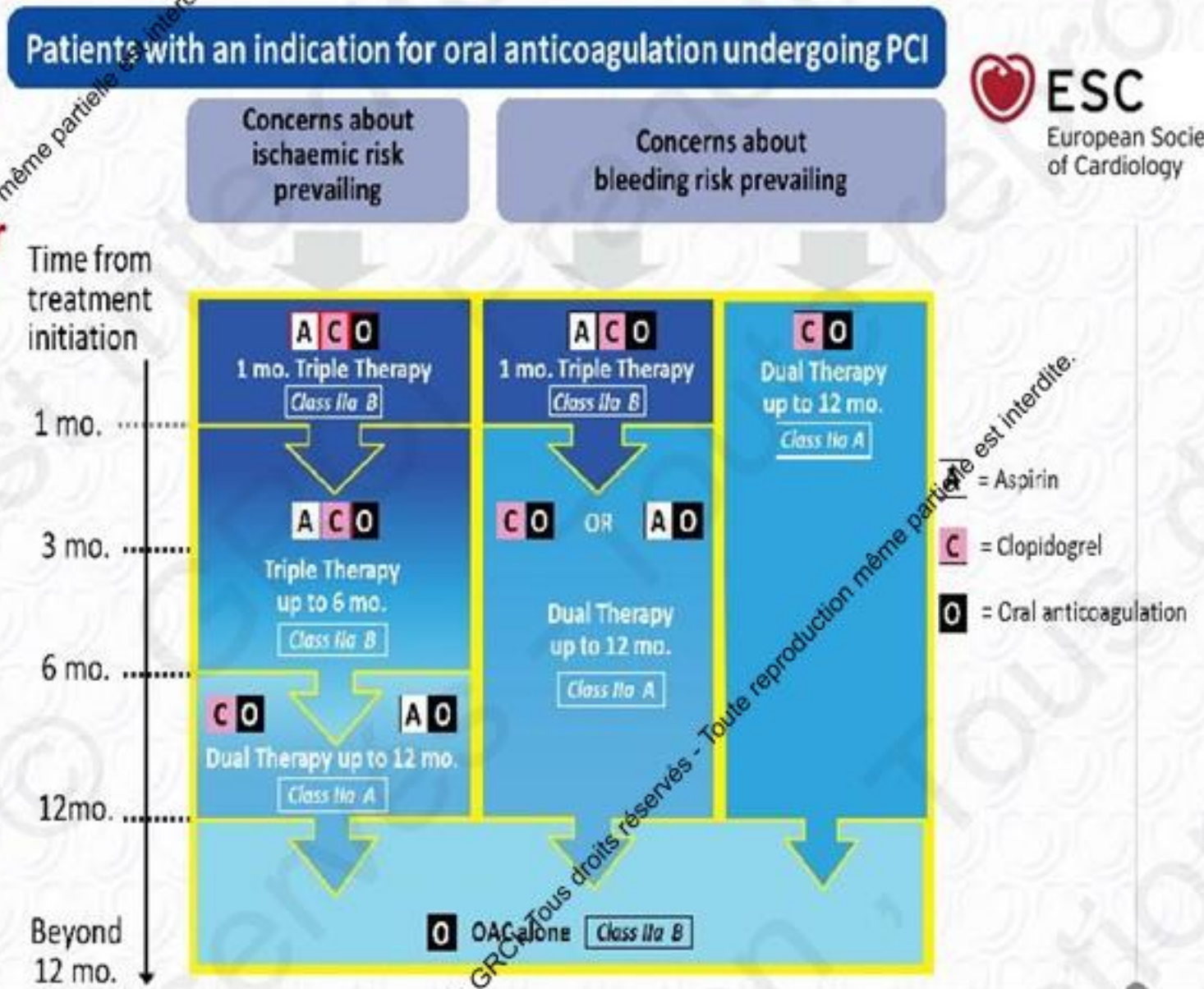
Recommendations	Class	Level
Discontinuation of antiplatelet treatment in patients treated with OAC should be considered at 12 months.	IIa	B
In patients with an indication for VKA in combination with aspirin and/or clopidogrel, the dose intensity of VKA should be carefully regulated with a target INR in the lower part of the recommended target range and a time in the therapeutic range >65–70%.	IIa	B
When a NOAC is used in combination with aspirin and/or clopidogrel, the lowest approved dose effective for stroke prevention tested in AFib trials should be considered.	IIa	C
When rivaroxaban is used in combination with aspirin and/ or clopidogrel, rivaroxaban 15 mg *q.d.* may be used instead of rivaroxaban 20 mg *q.d.*	IIb	B
The use of ticagrelor or prasugrel is not recommended as part of triple antithrombotic therapy with aspirin and OAC.	III	C

Algorithm for dual antiplatelet therapy (DAPT) in patients with an indication for oral anticoagulation undergoing percutaneous coronary intervention (PCI)



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Algorithm for dual antiplatelet therapy (DAPT) in patients with an indication for oral anticoagulation Undergoing percutaneous coronary intervention (PCI)

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Patients with an indication for oral anticoagulation undergoing PCI

Concerns about ischaemic risk prevailing	Concerns about bleeding risk prevailing

Time from treatment initiation

1 mo.

A C O	A C O	C O
1 mo. Triple Therapy	1 mo. Triple Therapy	Dual Therapy up to 12 mo.
Class IIa B	*Class IIa B*	*Class IIa A*

Algorithm for dual antiplatelet therapy (DAPT) in patients with an indication for oral anticoagulation undergoing percutaneous coronary intervention (PCI) *(continued)*

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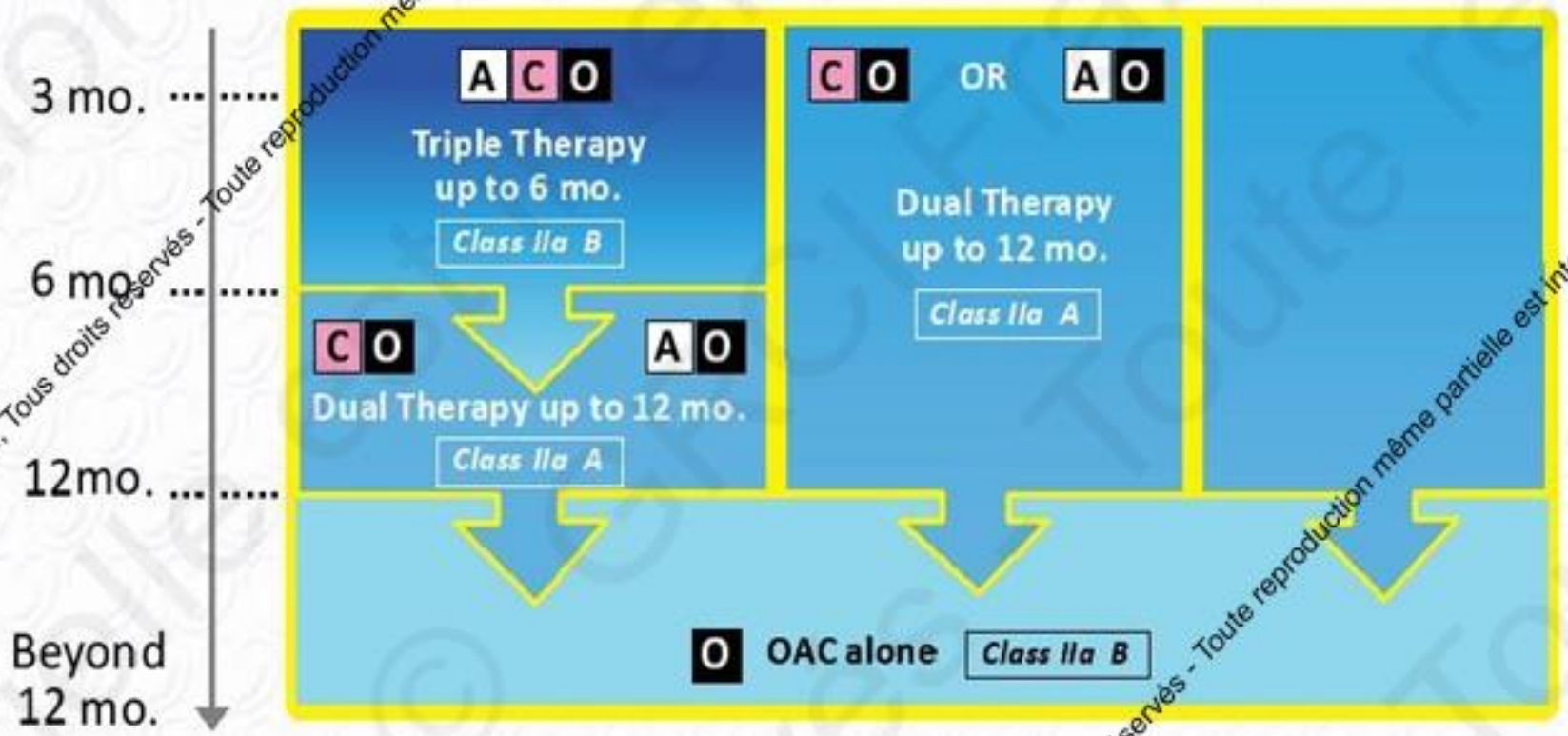

A = Aspirin C = Clopidogrel O = Oral anticoagulation

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1. Adhésion des cardiologues aux nouvelles recommandations (Août 2017).
2. Adhésion des patients aux traitements. Evaluation pour repérer les patients « fragiles »
3. Fiche patient pour son parcours de soins, notamment la 1ère année post-SCA et /ou FA.
4. Check-points proposés à M1,M3, M6,M12 chez le cardiologue.
5. Informer rapidement le MG après chaque visite (fiche mémo pour le MG).
6. Coordination pour la gestion des effets indésirables (bleedings)
7. Coordination pour les arrêts transitoires.
8. Synthèse à un an avec rappel des principes du suivi et décision .
9. Le Clopidogrel est le seul P2Y12 à utiliser en cas de FA.
10. Si choix d'un AOD, opter pour la plus faible dose validée (PIONEER AF-REDUAL-PCI)
11. Discours consensuel des différents acteurs de santé .

Merci pour votre attention