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Ce que dit MASTER-DAPT

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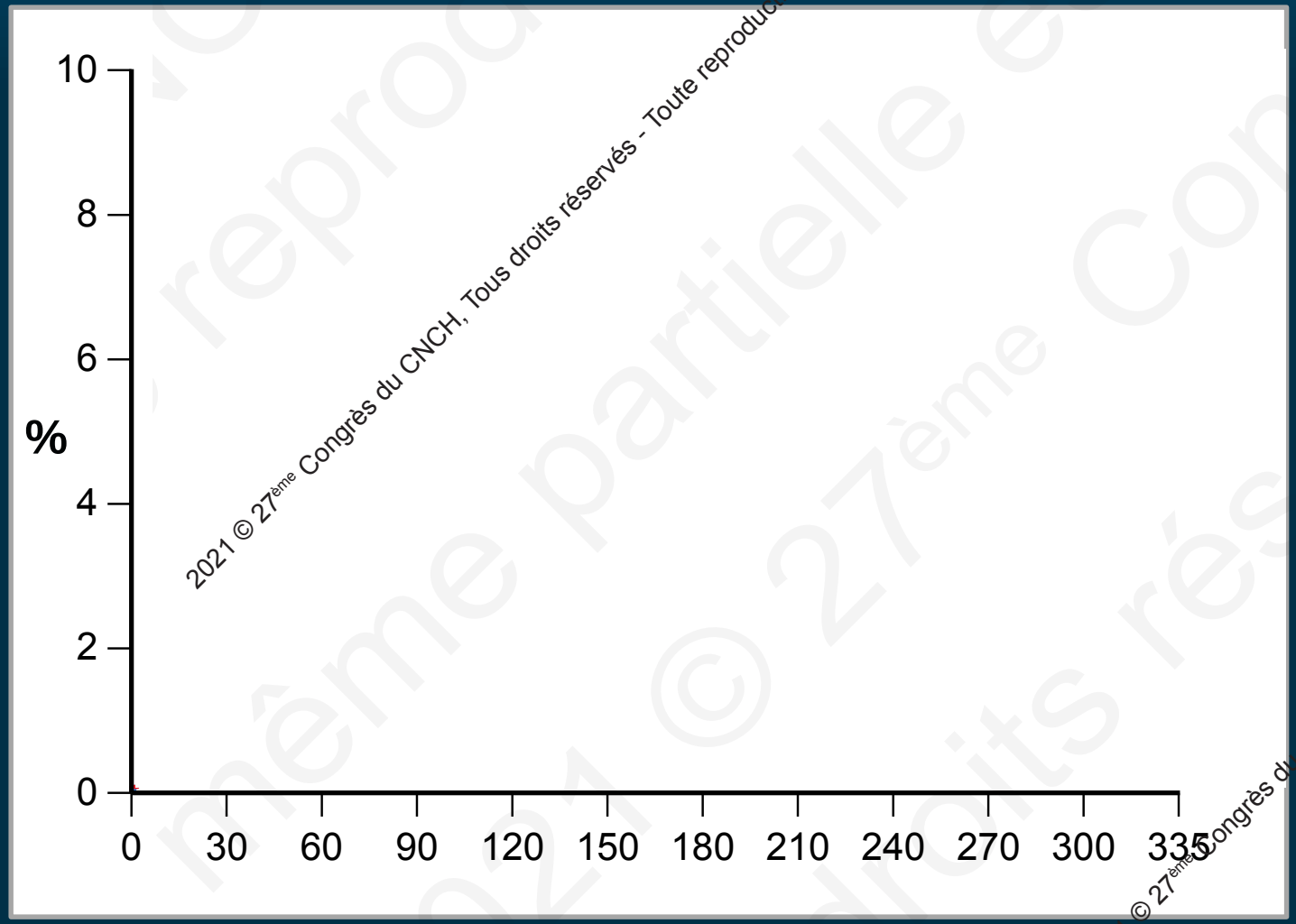
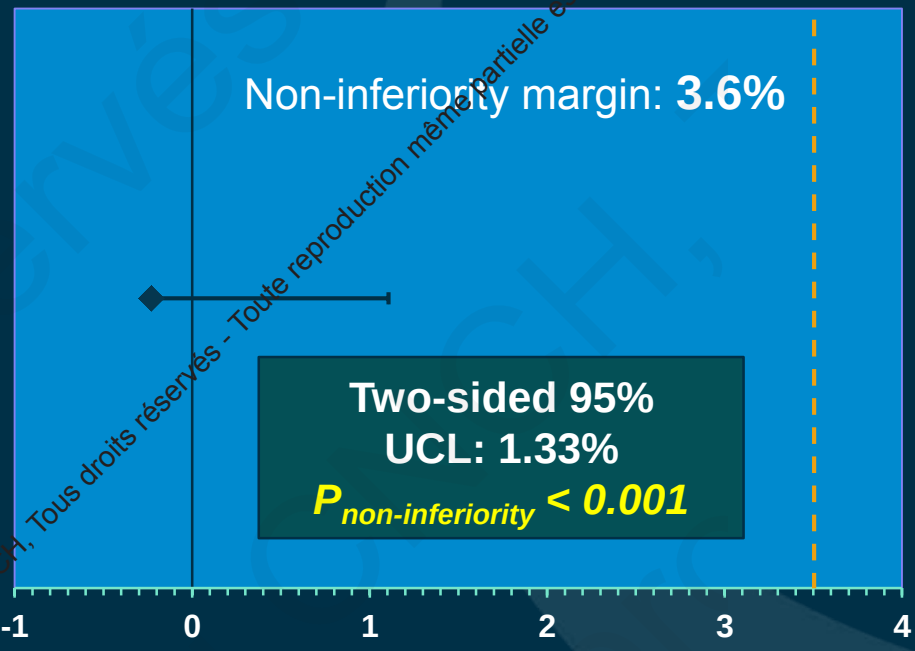
Net adverse clinical events (NACE)

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*

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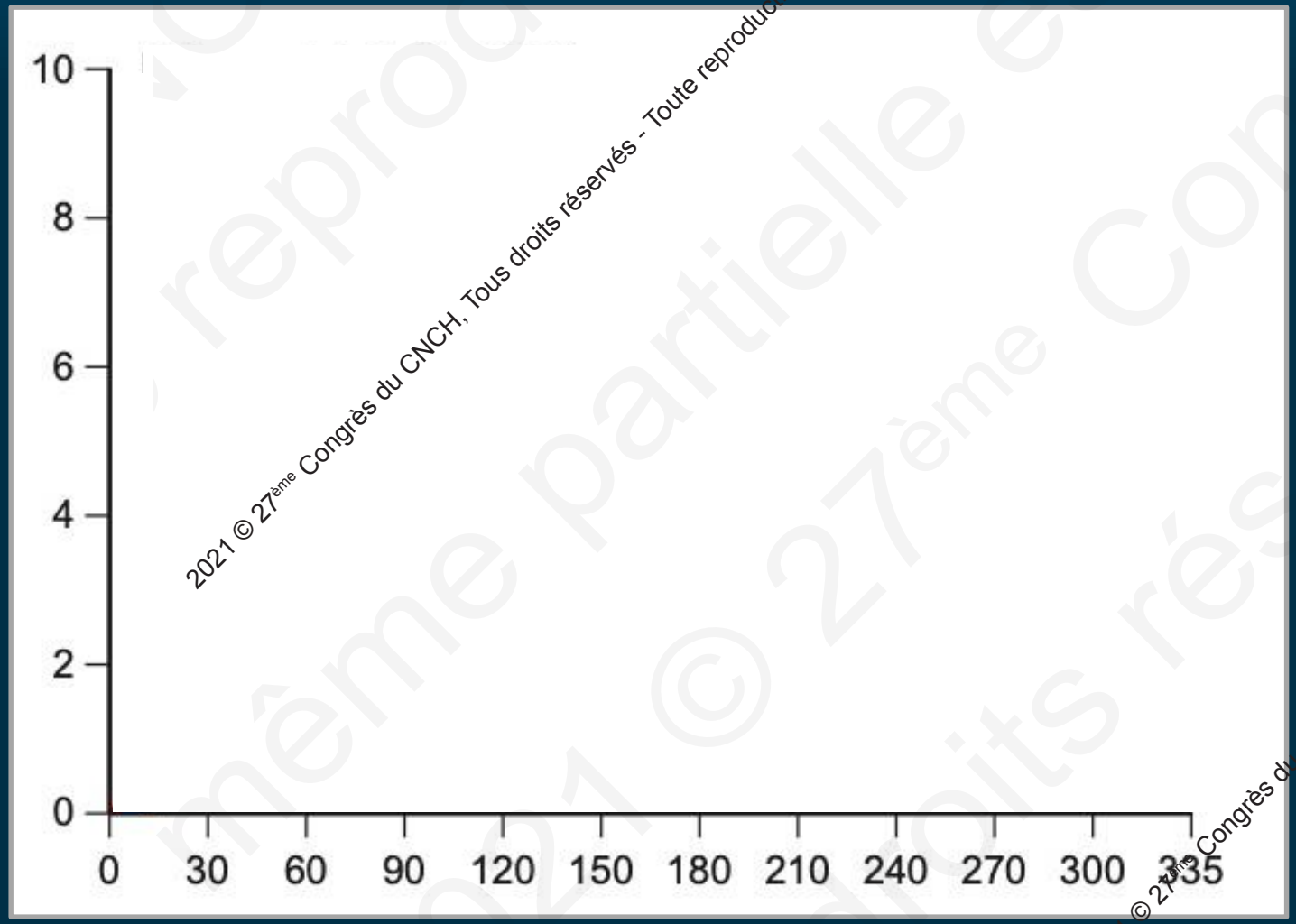
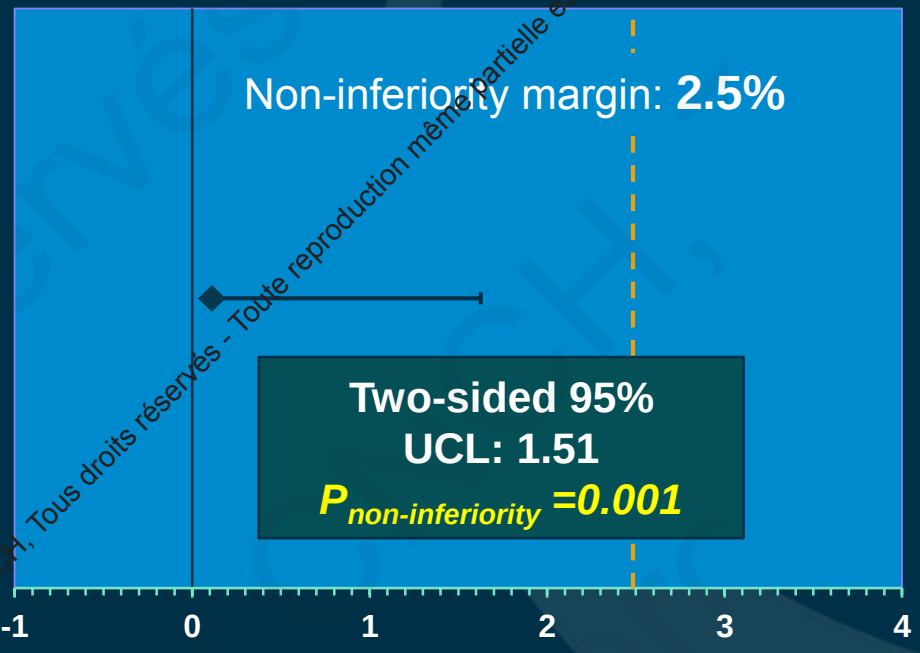
Major adverse cardiac and cerebral events (MACCE)

Per protocol population



Non-inferiority Analysis

Difference in cumulative incidence, 0.11



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

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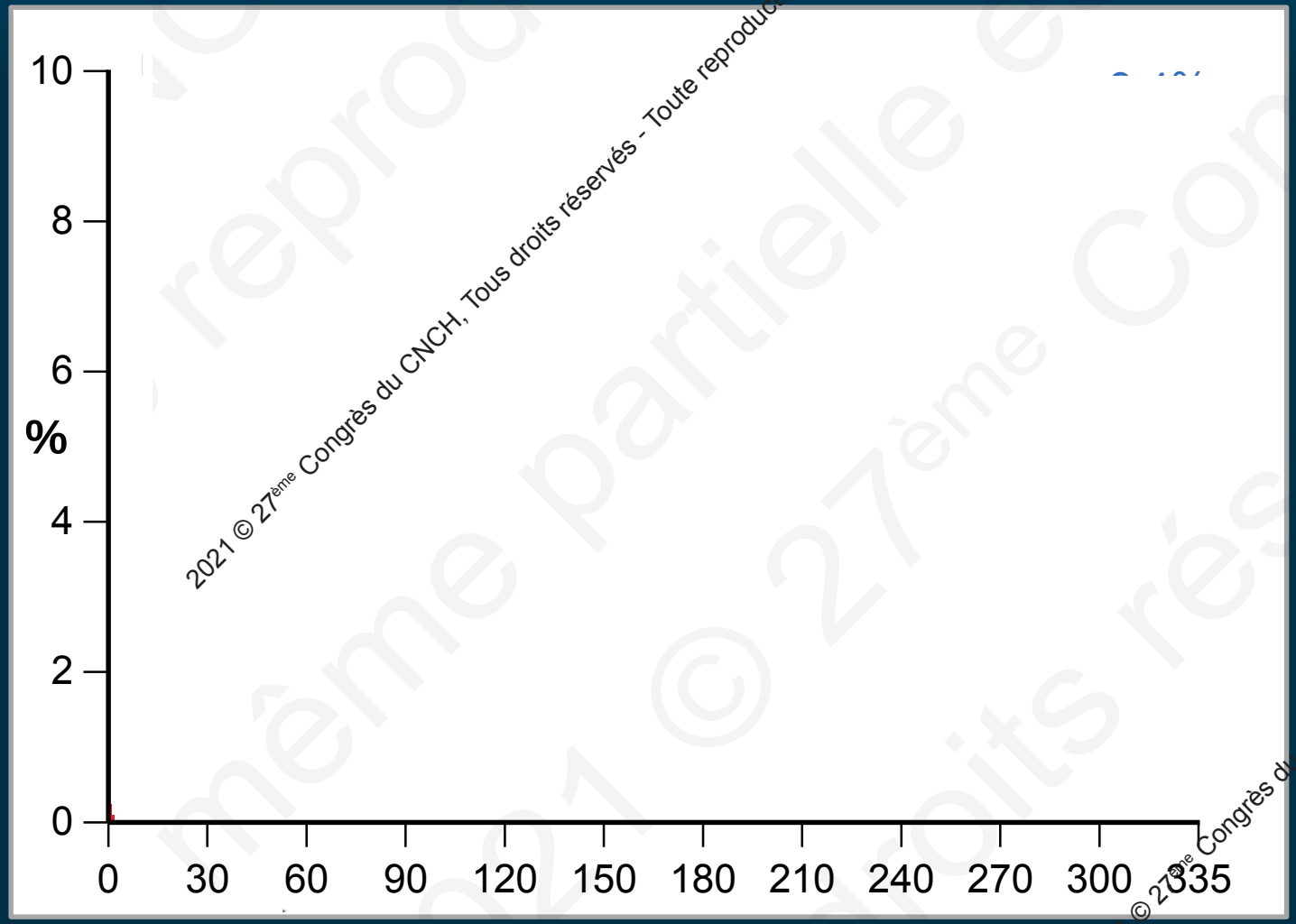
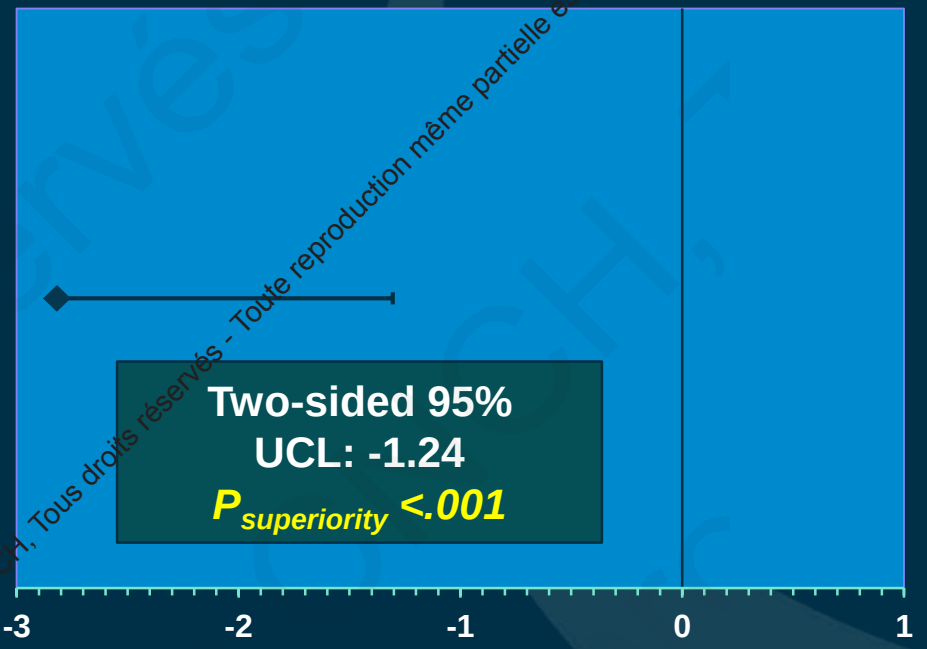
Major or clinically relevant nonmajor bleeding

Intention to treat population



Superiority Analysis

Difference in cumulative incidence, -2.82



NNTB: 35

MCB: *BARC 2, 3 or 5*

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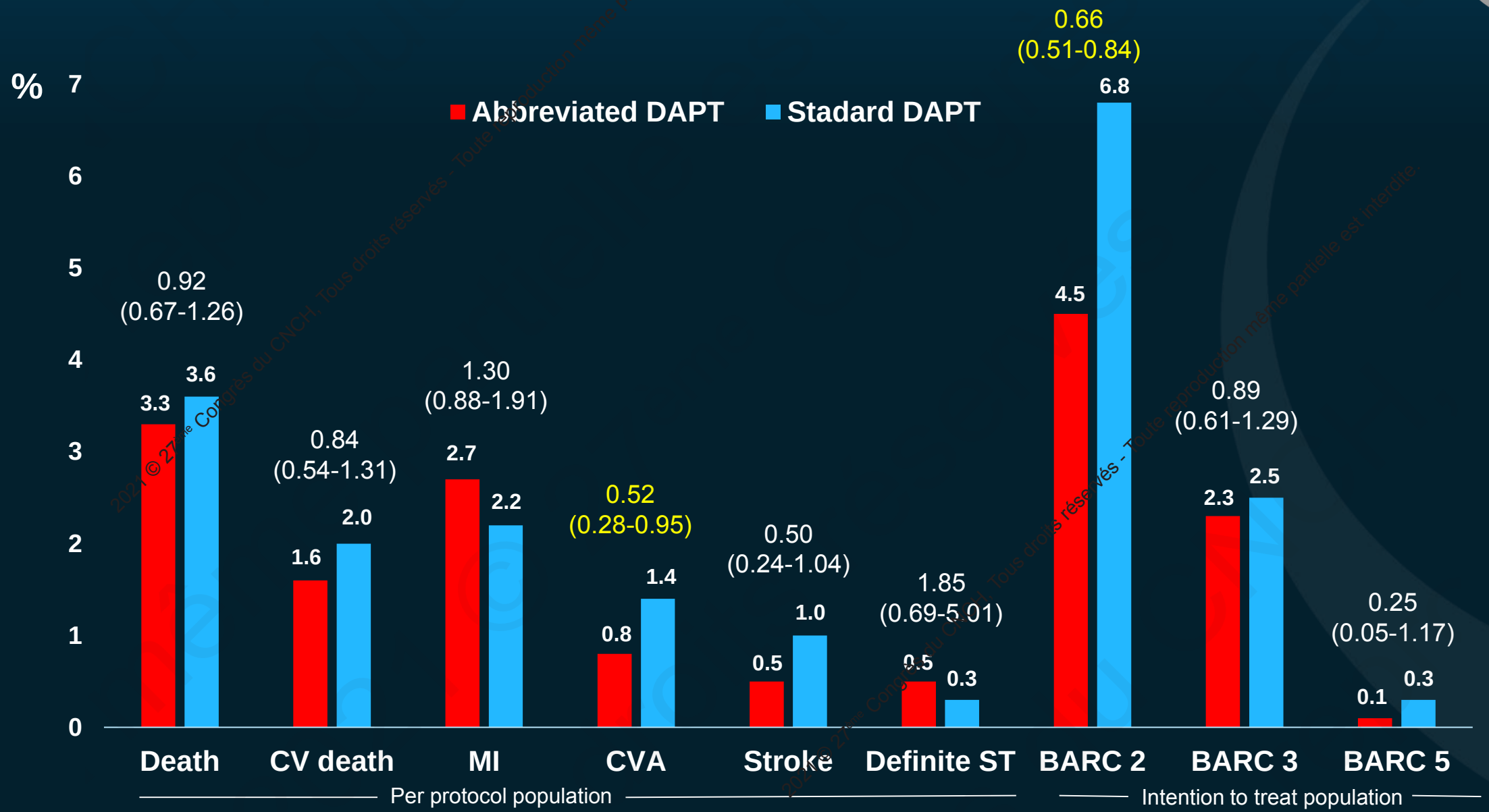
Secondary Endpoints



Study Limitations

- Open label study
- DAPT duration was heterogenous in the standard DAPT group, which reflects current clinical practice
- DAPT duration in both arms was longer than what is currently recommended for OAC patients
- This study was not designed to assess the role of type of SAPT after DAPT discontinuation
- Non-inferiority margins were relatively wide and the observed event rates were lower than expected for NACE and MACE
- Our results may not apply to patients not treated with biodegradable-polymer sirolimus eluting stents

Conclusions

In patients at HBR who had undergone implantation of a biodegradable-polymer ULTIMASTER sirolimus-eluting stent, the discontinuation of DAPT at a median of 34 days compared with continuation of treatment for a median of 193 days after PCI was:

- noninferior for the incidence of net adverse clinical events
- noninferior for the incidence of major adverse cardiac or cerebral events
- associated with a lower incidence of major or clinically relevant nonmajor bleeding

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