Angioplasties complexes chez les patients à hauts risques de saignement (HBR)

Pourquoi adapter son traitement antiagrégant plaquettaire?

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DÉCLARATION DE LIENS D'INTÉRÊT AVEC LA PRÉSENTATION

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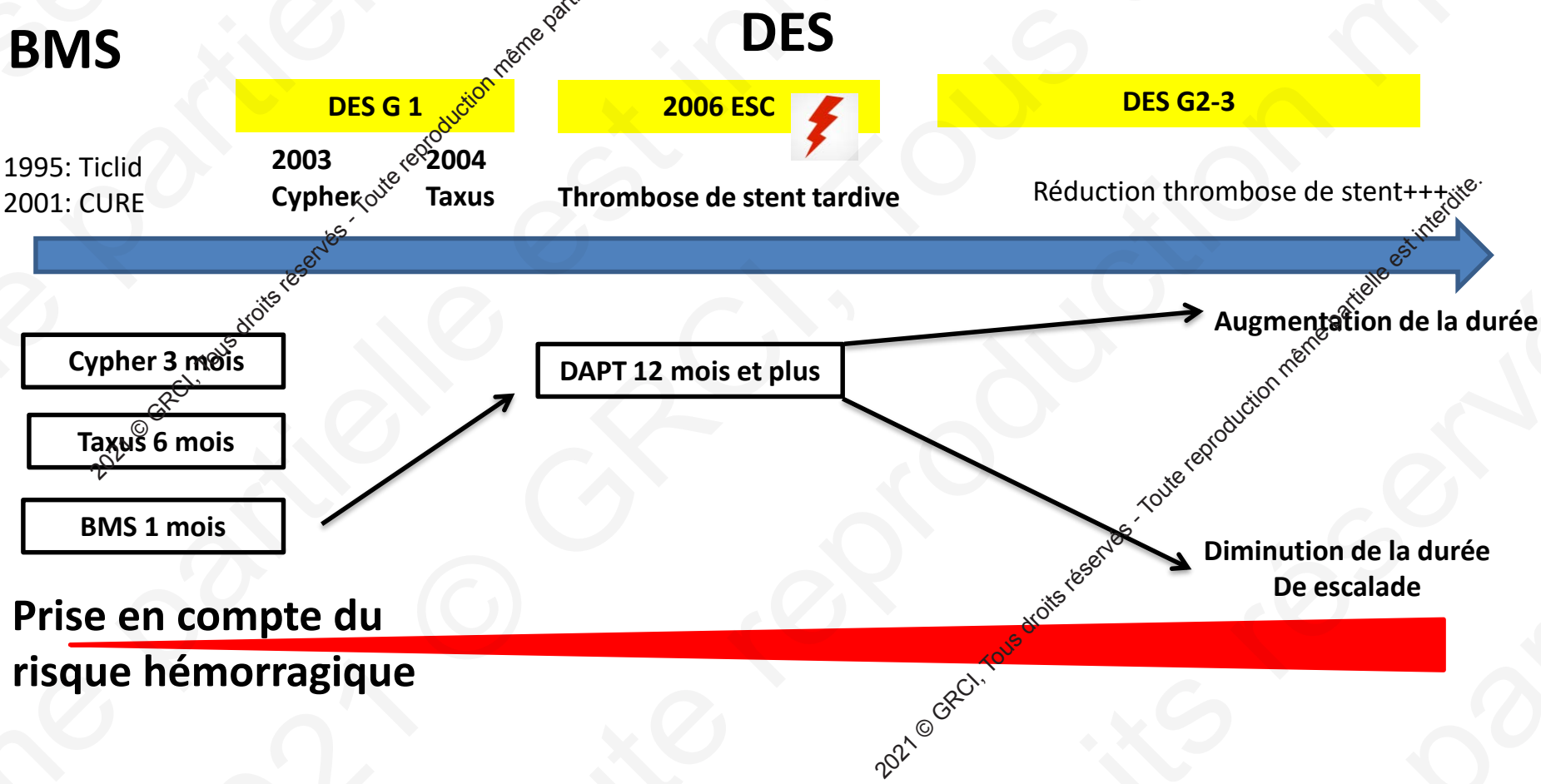
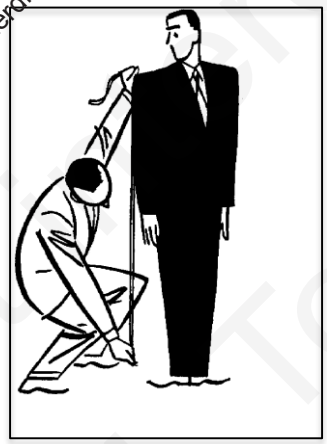
Durée de la DAPT: une (très) longue histoire

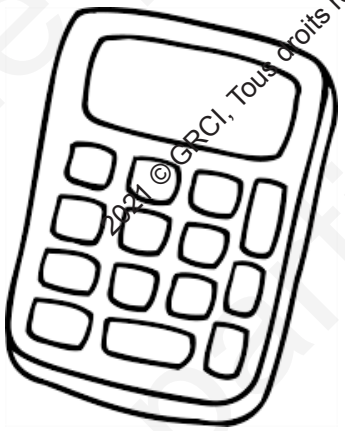


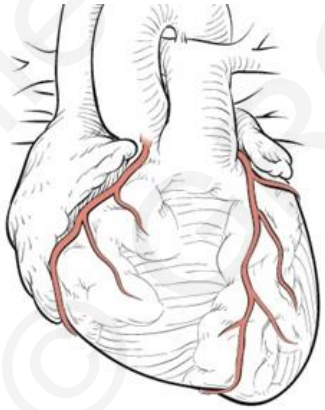
How to individualize the DAPT?

Ischemic risk



Bleeding risk





Score

Evaluation of Anatomic complexity

Evaluation of Bleeding risk

Physician decision

Individualisation de la durée du traitement antiplaquettaire

6 mois (SCC)-12 mois (SCA)

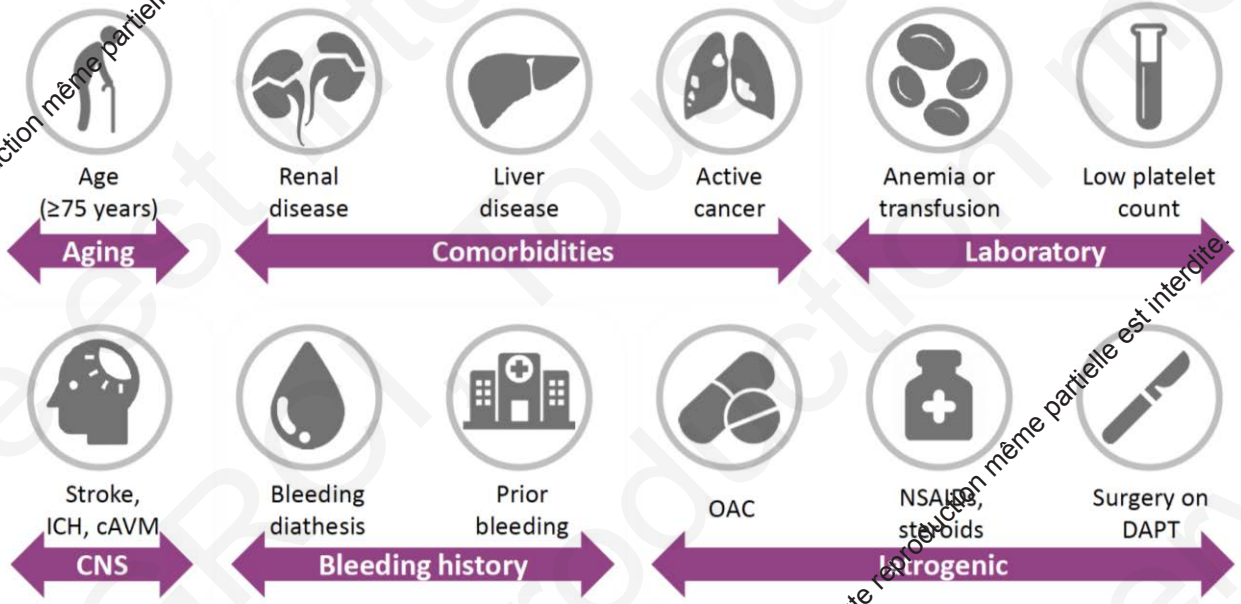
short duration of DAPT

Long duration of DAPT

De escalation of DAPT

Individualisation de la durée du traitement antiplaquettaire

HBR



=35 40% des patients

Etudes DAPT + HBR

Population HBR

DAPT 1 mois post PCI

DES vs BMS

DAPT 1 mois post PCI

DES 1 vs DES 2

DAPT 1 mois vs 6 mois post PCI

DES 1 – 1mois vs DES 1- 6 mois

DAPT for 1 month?

HBR patients

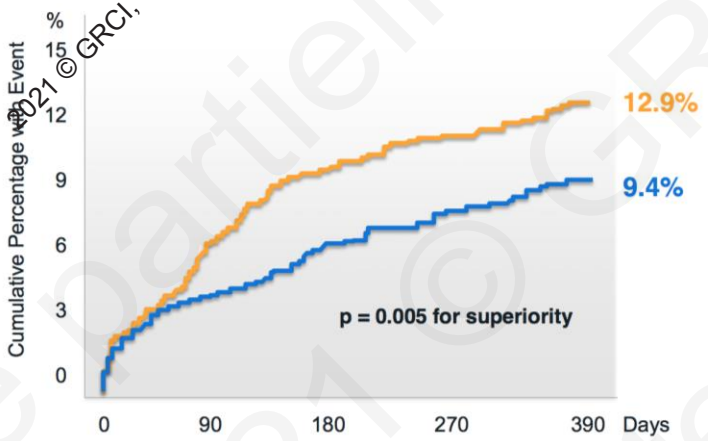
No Randomisation of 2 durations

Comparison of DES vs BMS in high risk of bleeding patients using one month DAPT

LEADERS FREE

BIOFREEDOM Stent > BMS

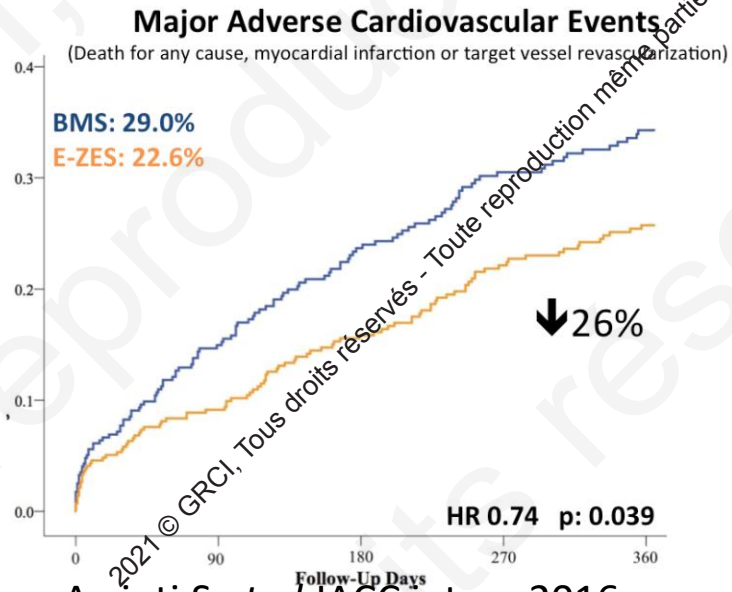
Cardiac Death, MI, ST



Urban P *et al* NEJM 2015

ZEUS

ZOTAROLIMUS Eluting endeavor > BMS



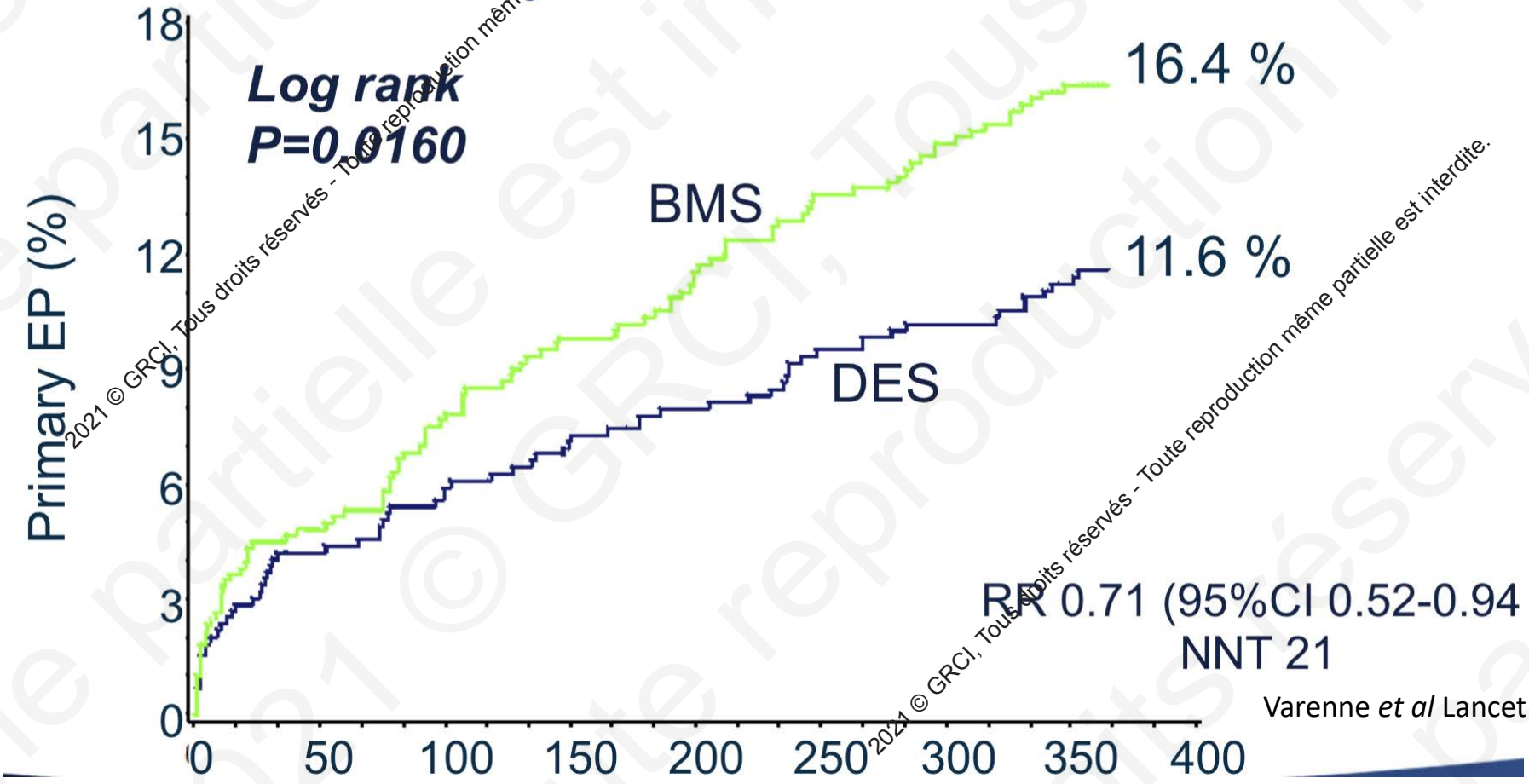
Arrioti S *et al* JACC interv 2016

Tailored DAPT: 1 mo in stable and 6 mo in ACS pts
Prespecified by the investigator prior to randomization

SENIOR Trial

Primary End Point

All-cause mortality, MI, stroke, ischemia-driven TLR



RR 0.71 (95%CI 0.52-0.94
NNT 21

Varenne *et al* Lancet 2017

Etudes DAPT + HBR

Population HBR

DAPT 1 mois post PCI

DES vs BMS

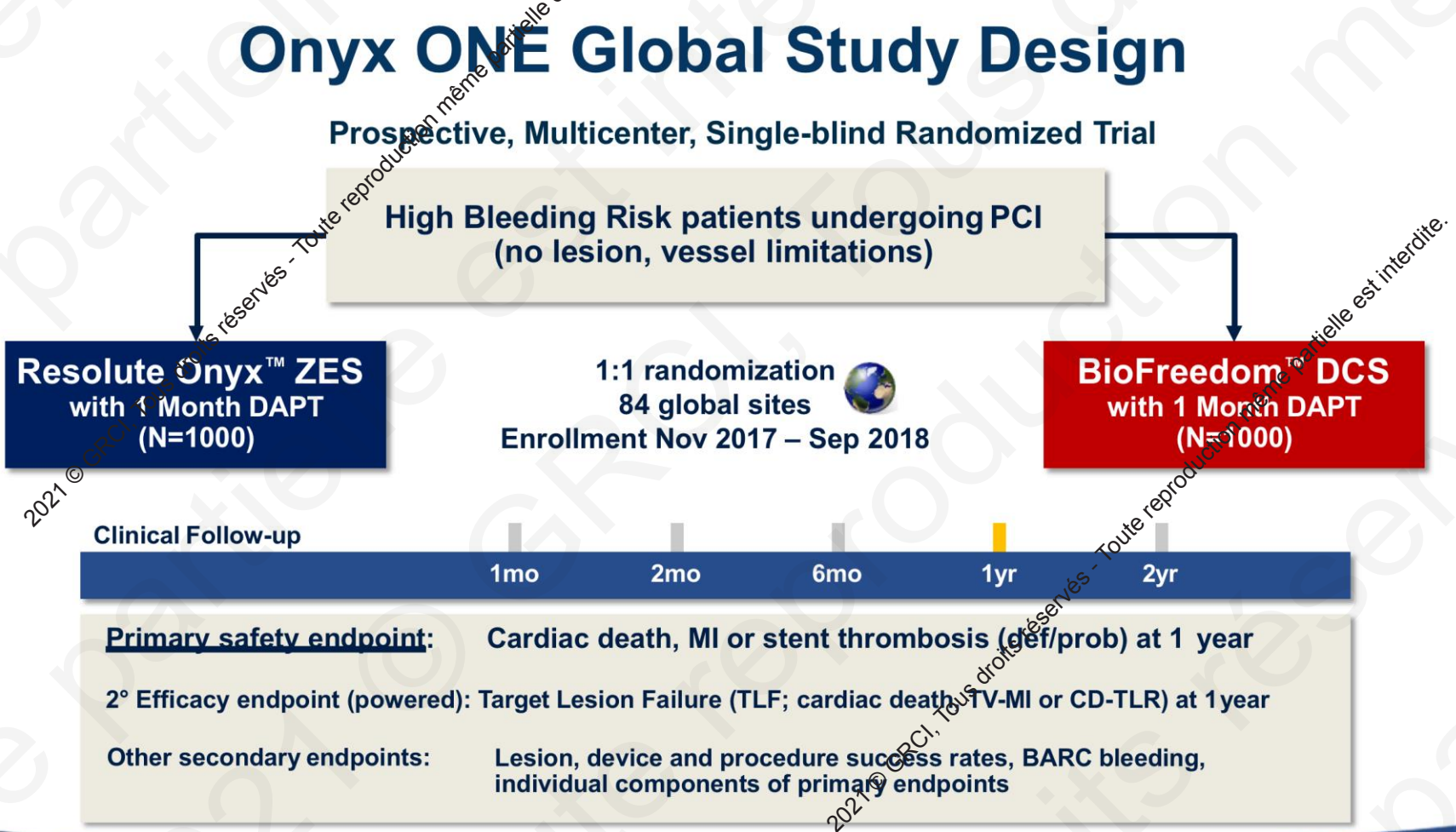
DAPT 1 mois post PCI

DES 1 vs DES 2

DAPT 1 mois vs 6 mois post PCI

DES 1 – 1mois vs DES 1- 6 mois

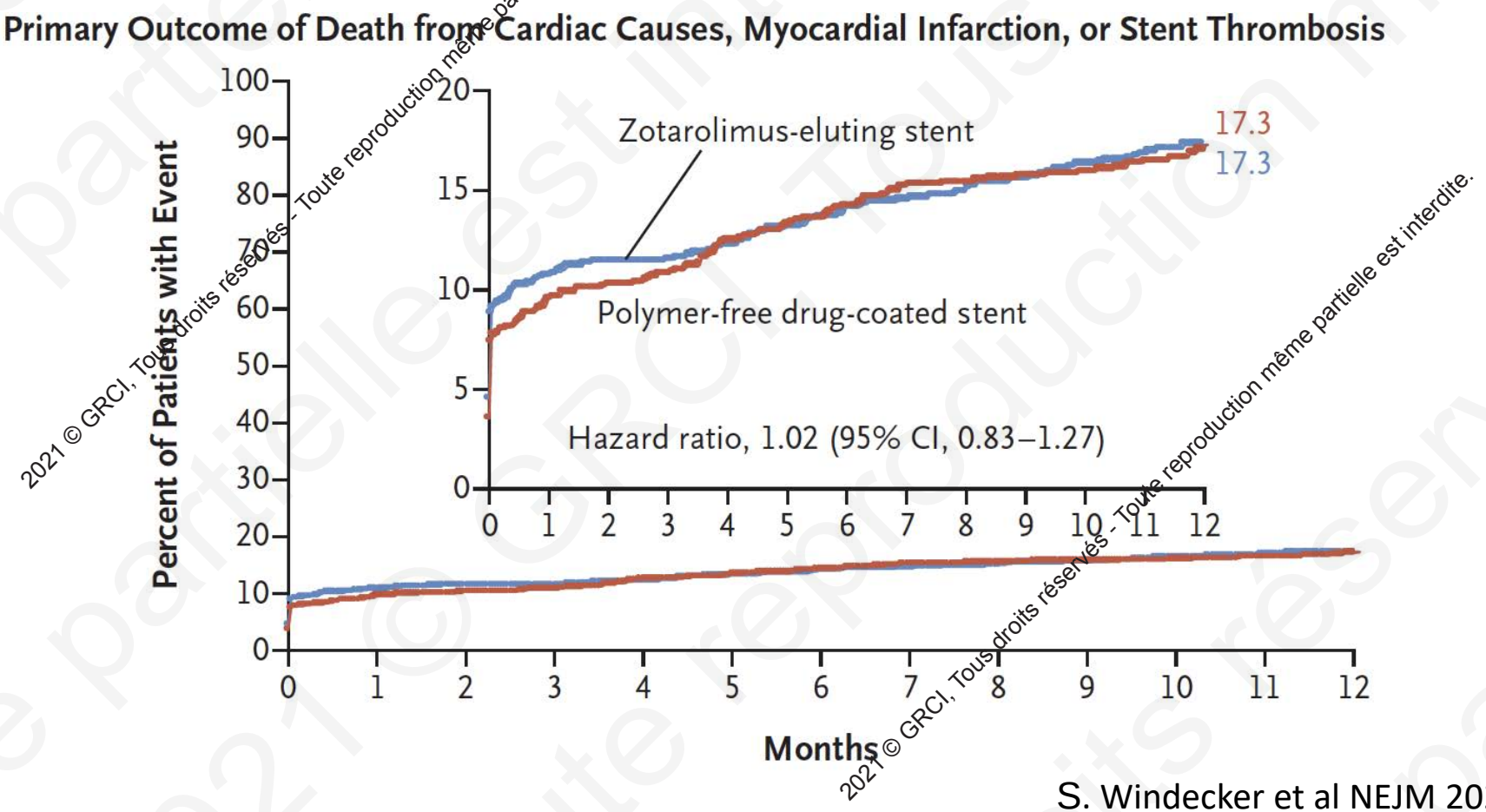
DEVICE: SHORT DAPT/HBR



Clinicaltrials.gov NCT03344653
Kedhi E, et al. Am Heart J. 2019;214:134-141

ONYX ONE

Mean age 74 y, ACS 50%



S. Windecker et al NEJM 2020

Etudes DAPT + HBR

Population HBR

DAPT 1 mois post PCI

DES vs BMS

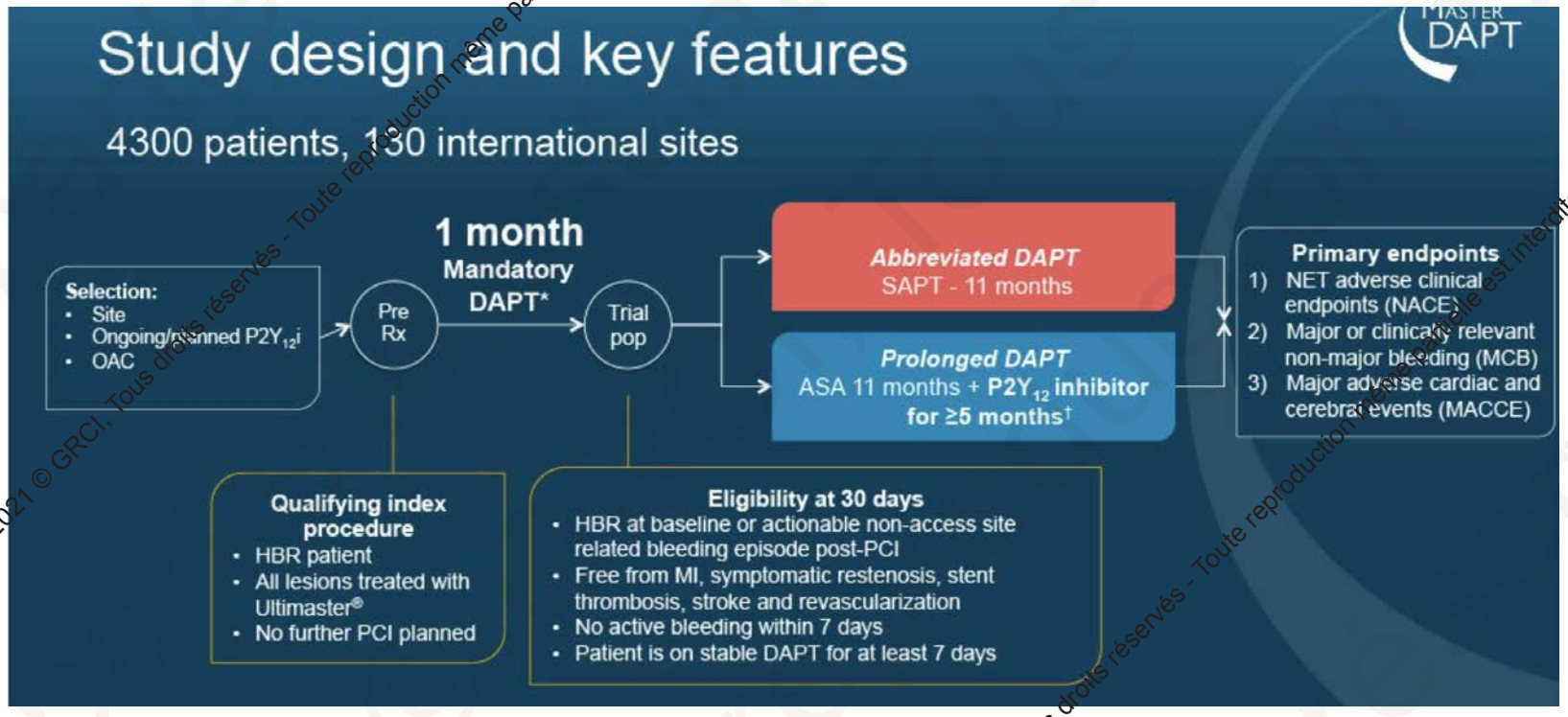
DAPT 1 mois post PCI

DES 1 vs DES 2

DAPT 1 mois vs 6 mois post PCI

DES 1 – 1mois vs DES 1- 6 mois

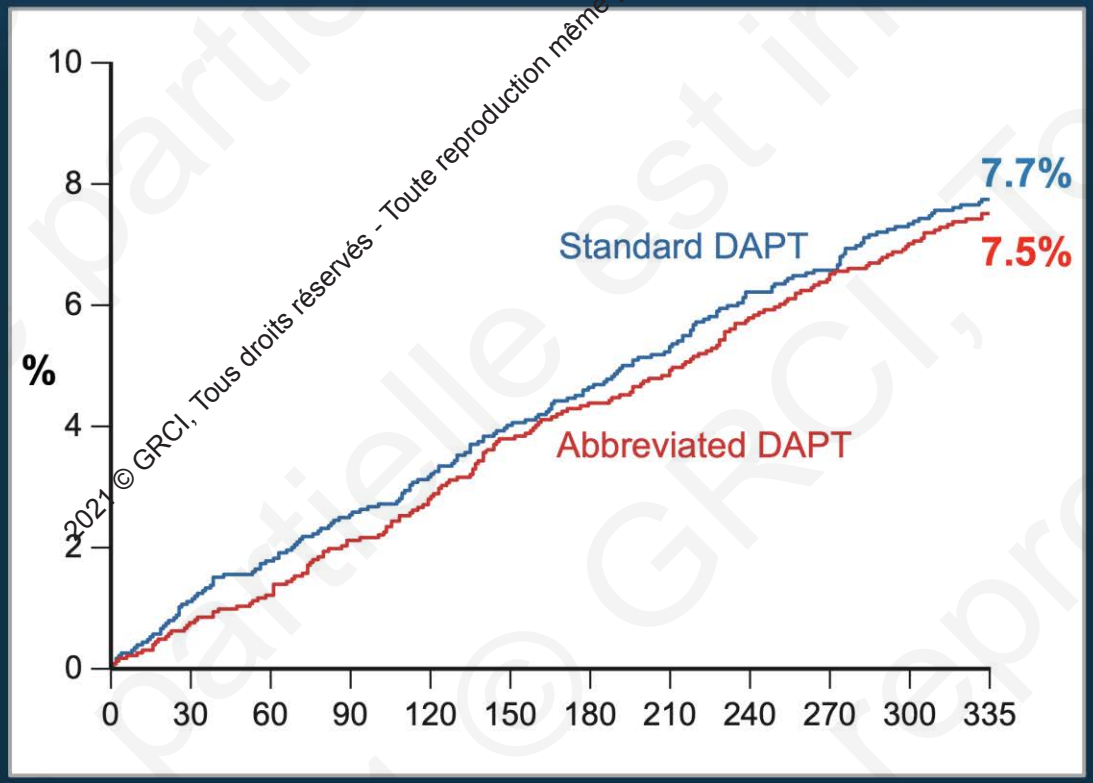
MASTER DAPT



Valgimigli et al NEJM 2021

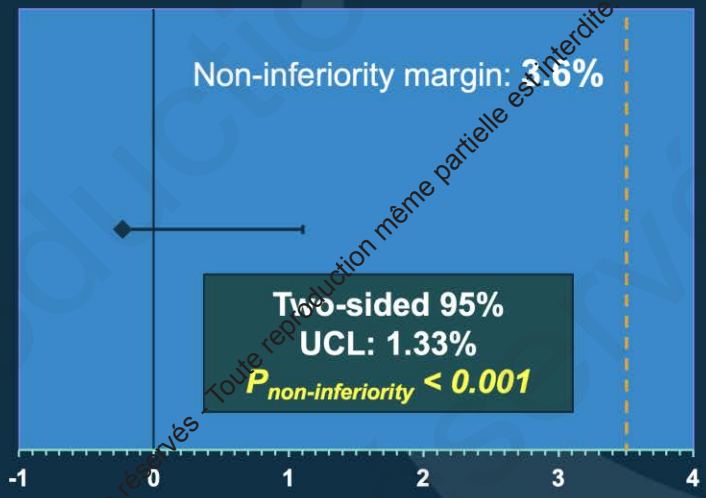
Net adverse clinical events (NACE)

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*

Valgimigli et al NEJM 2021

Bleeding risk > Ischemic risk

short duration of DAPT

Chronic coronary syndrome

1 (IIb)- 3 month (IIa)

Actute coronary syndrome

6 month (IIa)

ESC guidelines

De escalade

De escalation : **intense $P2Y_{12}$ inhibitor** ➔ **Clopidogrel**

TOPIC, ANTARCTIC, TROPICAL, POPULAR AGE, POPULAR GENETIC

"De escalation" : retrait aspirine, **$P2Y_{12}$ monothérapie**

- Clopidogrel après 1 mois (STOP DAPT 2/STOP DAPT 2 ACS) 3 mois (SMART CHOICE)
- Ticagrelor after 1-3 months (GLOBAL LEADERS/TWILIGHT/TICO)
- P2Y12 1 mois après ACS (TARGET FIRST)

Conclusion

Les progrès techniques des stents actifs permettent d'envisager une durée minimale très courte de bithérapie (1mois)

Les patients à haut risque hémorragique bénéficient de cette stratégie sans prix à payer sur les évènements ischémiques

Le type de traitement (Clopi/ Tica-prasu) et sa durée doivent être adaptés à chaque patient