



# FORUM EUROPÉEN CŒUR, EXERCICE & PRÉVENTION

## Quand peut-on diminuer/arrêter un antiplaquettaire chez un coronarien ?

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I have the following potential disclosure to report

Consulting fees/ speaker honoraria:

- Astra Zeneca
- BMS-Pfizer
- Boehringer-Ingelheim
- Bayer
- Novartis
- Sanofi
- Novo Nordisk

Research grant/support:

- BMS
- Bayer
- Biosensors



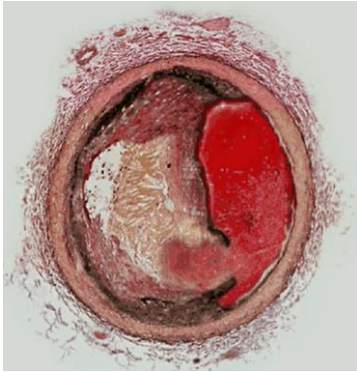
# Quand peut-on diminuer/arrêter un antiplaquettaire chez un coronarien ?

- ✓ **Chez un patient sous bithérapie (DAPT)**
  - Quand?
  - Comment diminuer ou arrêter?
  
- ✓ **Chez un patient en monothérapie (SAPT)**
  - Quand ?
  - Comment diminuer ou arrêter?
  
- ✓ **Situations particulières (saignement et anticoagulation)**



# Patient sous DAPT

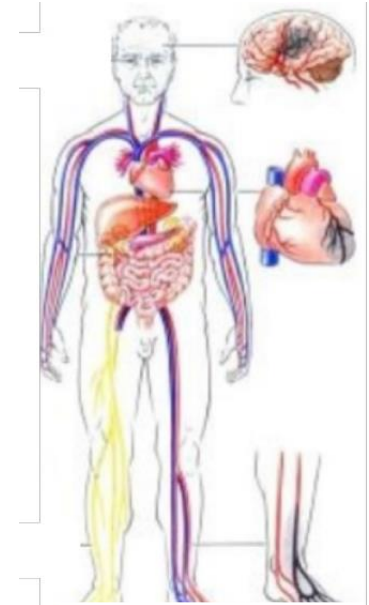
SCA récent



ATL programmée



Haut risque CV

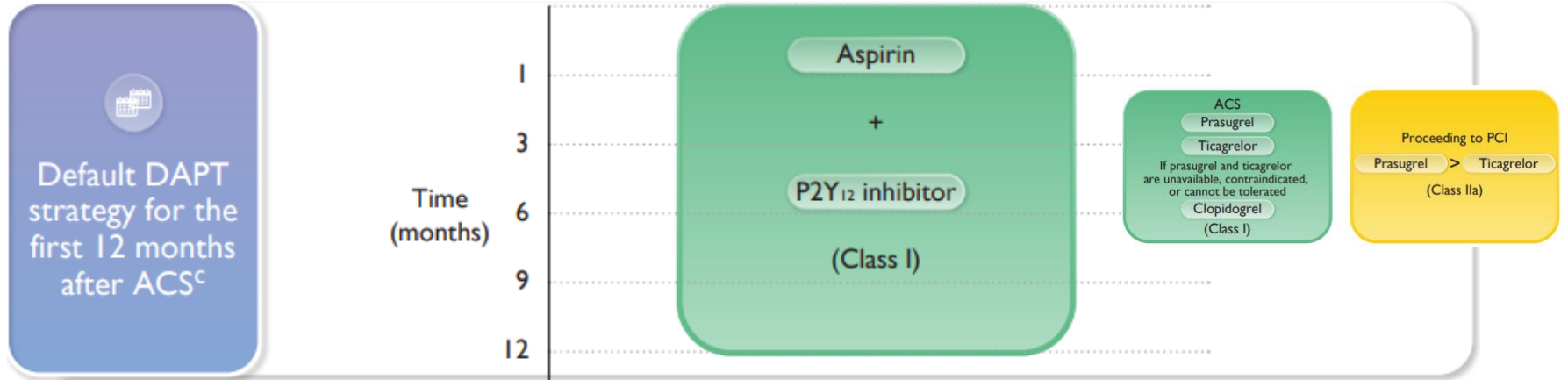


DAPT 12 mois

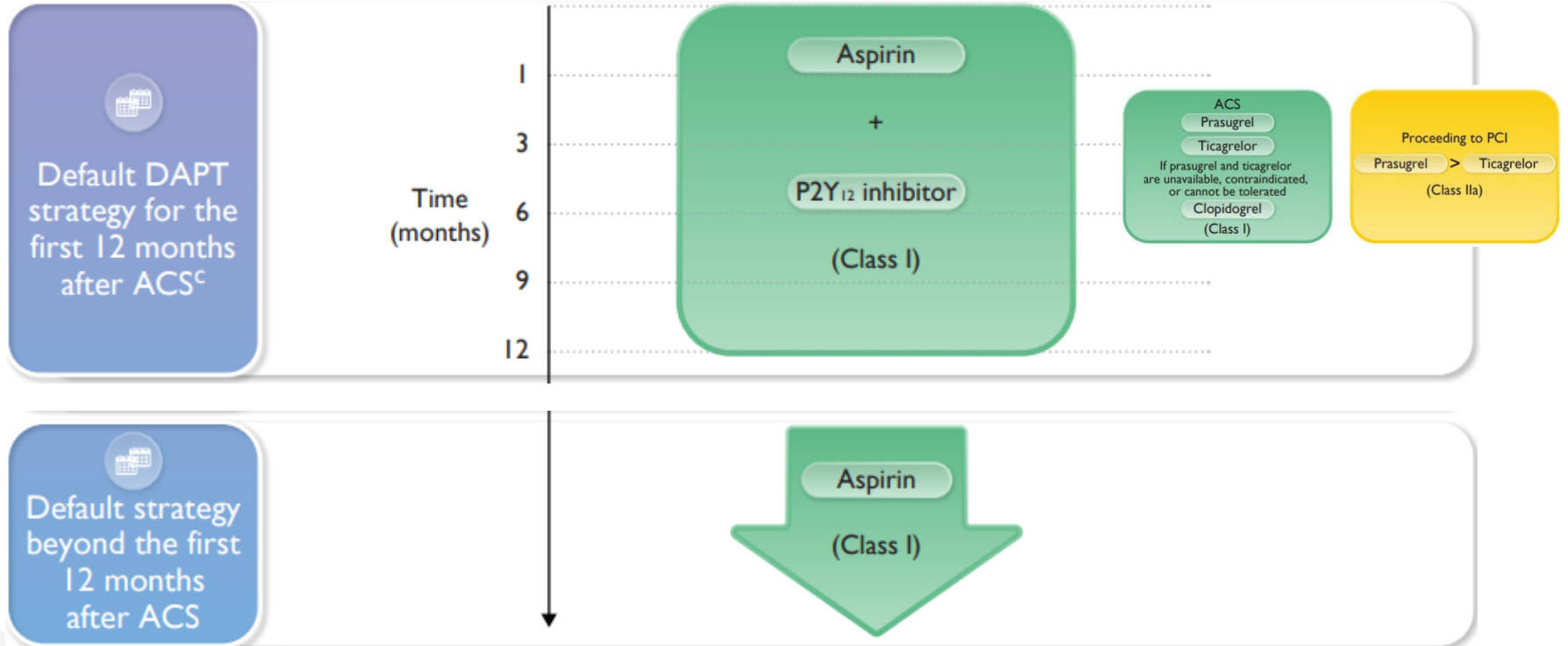
DAPT 1-6 mois

DAPT Long cours

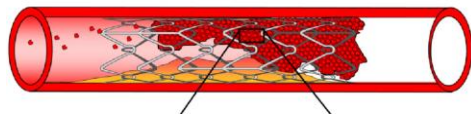
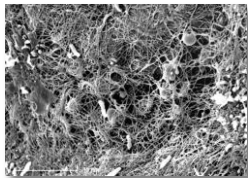
# Patient avec SCA récent



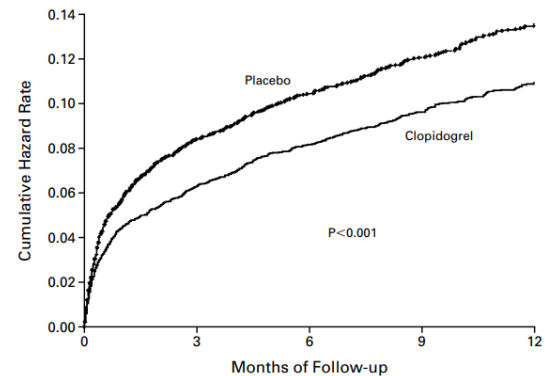
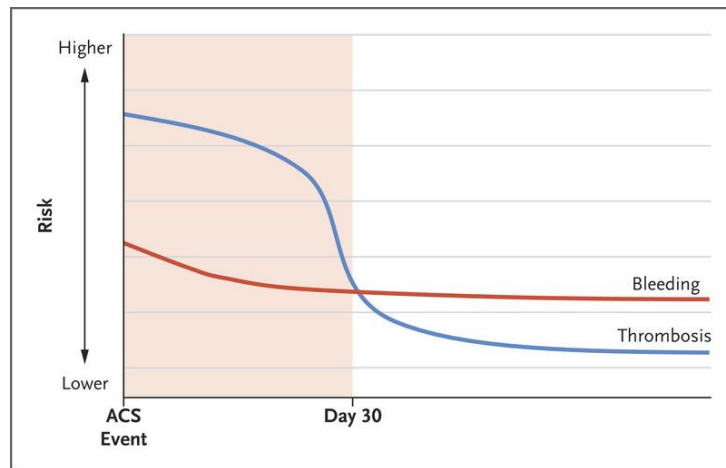
# Patient avec SCA récent



# Patient avec SCA récent avant 12 mois DAPT



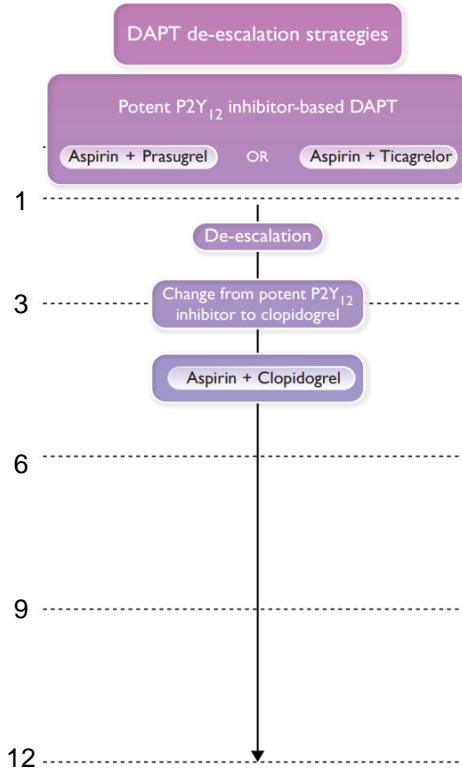
## Thrombose vs. bleeding



No. AT RISK					
Placebo	6303	5780	4664	3600	2388
Clopidogrel	6259	5866	4779	3644	2418

# Patient avec SCA récent avant 12 mois DAPT

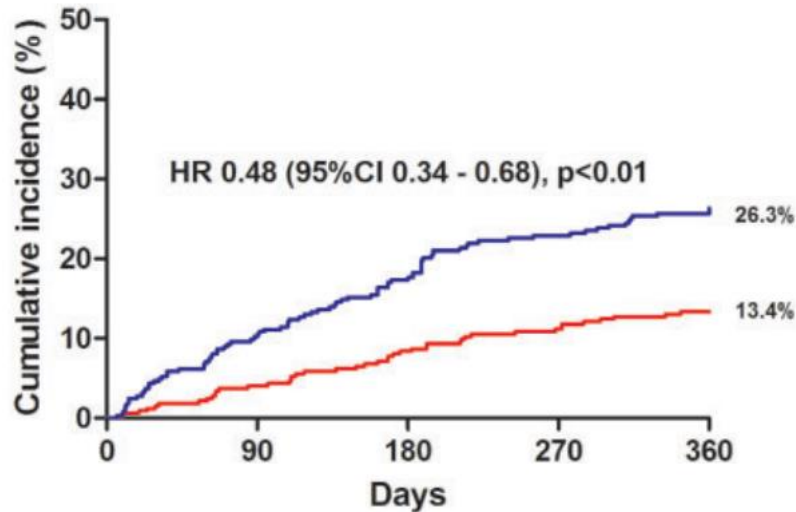
## Diminution de la DAPT



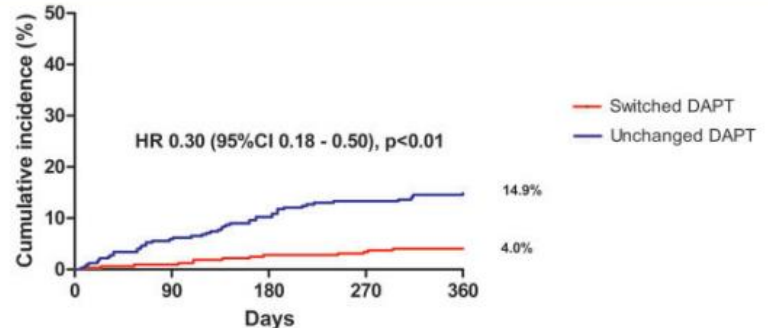


# Désescalade avant 12 mois DAPT

The TOPIC Trial: 646 ACS patients clopidogrel à 1 mois  
 Primary endpoint : DC, IDM, stroke, Revasc, bleeding



— Switched DAPT  
 — Unchanged DAPT



Bleeding

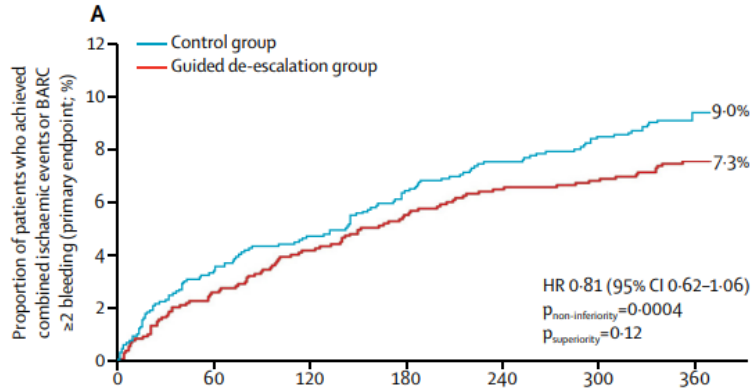
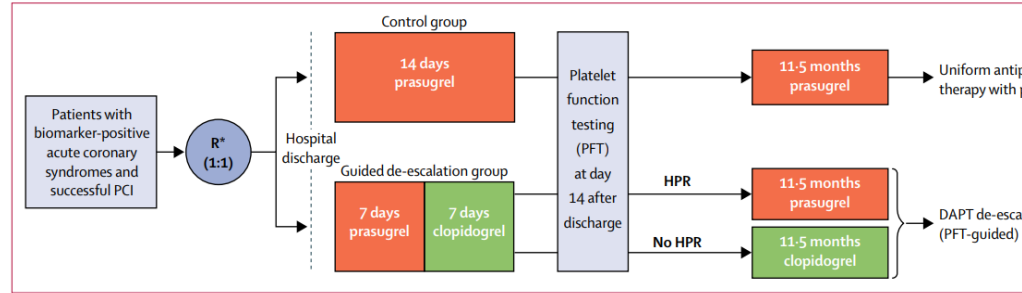
No. at risk					
Switched DAPT	322	309	295	284	273
Unchanged DAPT	323	289	266	246	233



# Désescalade avant 12 mois DAPT

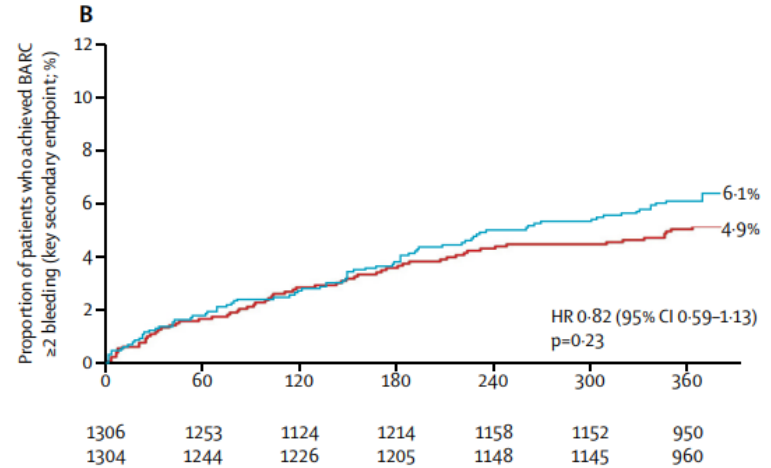
## The TROPICAL ACS Trial

### Net primary endpoint



Number at risk

Control group	1306	1238	1220	1190	1132	1124	924
De-escalation group	1304	1234	1213	1189	1129	1124	942



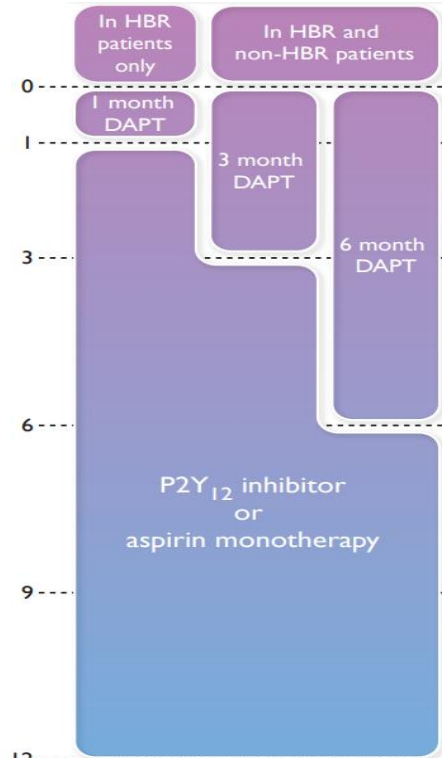
1306	1253	1124	1214	1158	1152	950
1304	1244	1226	1205	1148	1145	960



# Patient avec SCA récent avant 12 mois DAPT



## Arrêt de la DAPT

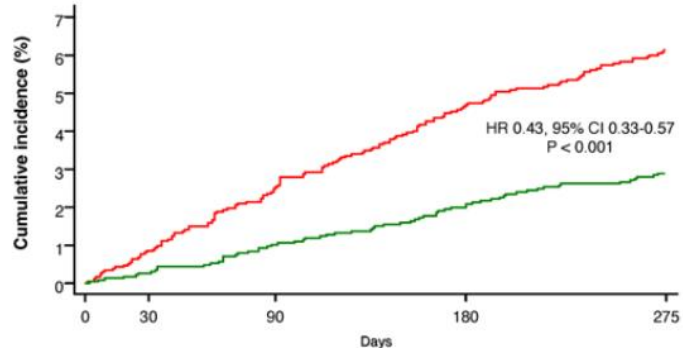


# Patient avec SCA récent avant 12 mois DAPT

## ✓ ACS and PCI with 3 months DAPT (n=7529)

C

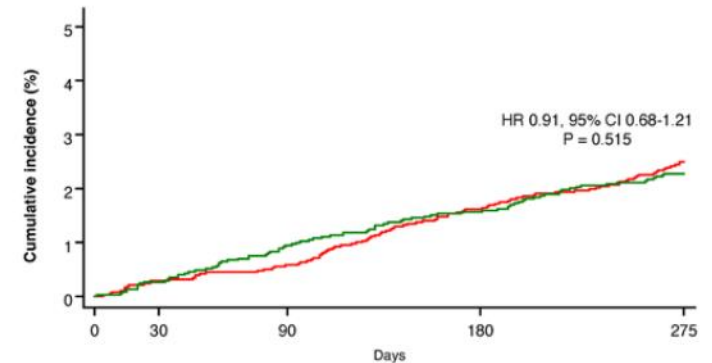
TIMI major or minor bleeding



Number at risk		0	30	90	180	275
Aspirin + Ticagrelor	2341	2310	2264	2199	2143	
Ticagrelor Monotherapy	2273	2257	2227	2194	2154	

B

All-cause death, MI, or stroke



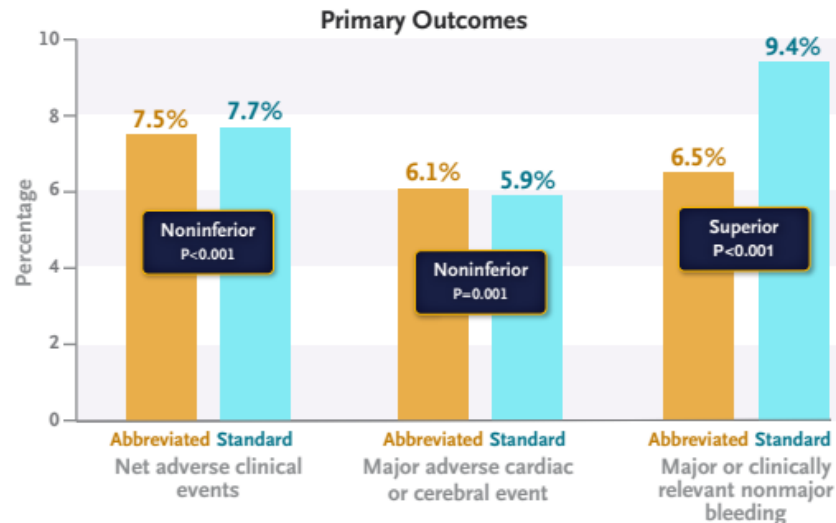
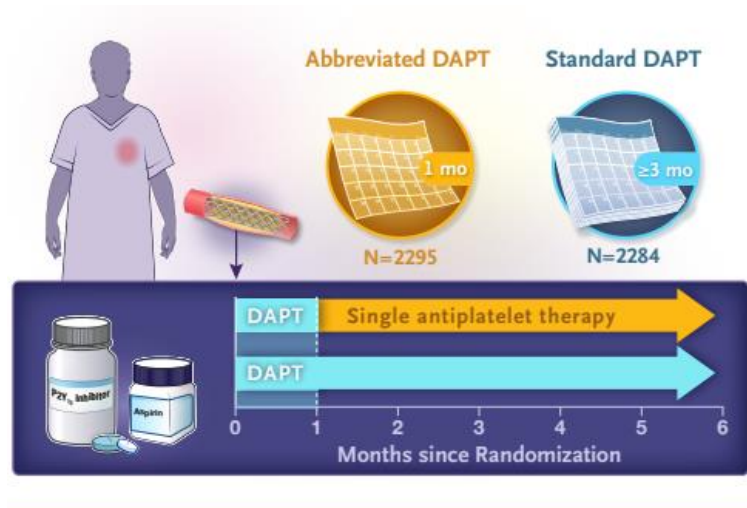
Number at risk		0	30	90	180	275
Aspirin + Ticagrelor	3803	3777	3752	3698	3648	
Ticagrelor Monotherapy	3726	3705	3664	3621	3578	

## DAPT during 3 months and monotherapy by ticagrelor (stop aspirin)



## Patient avec SCA récent avant 12 mois DAPT

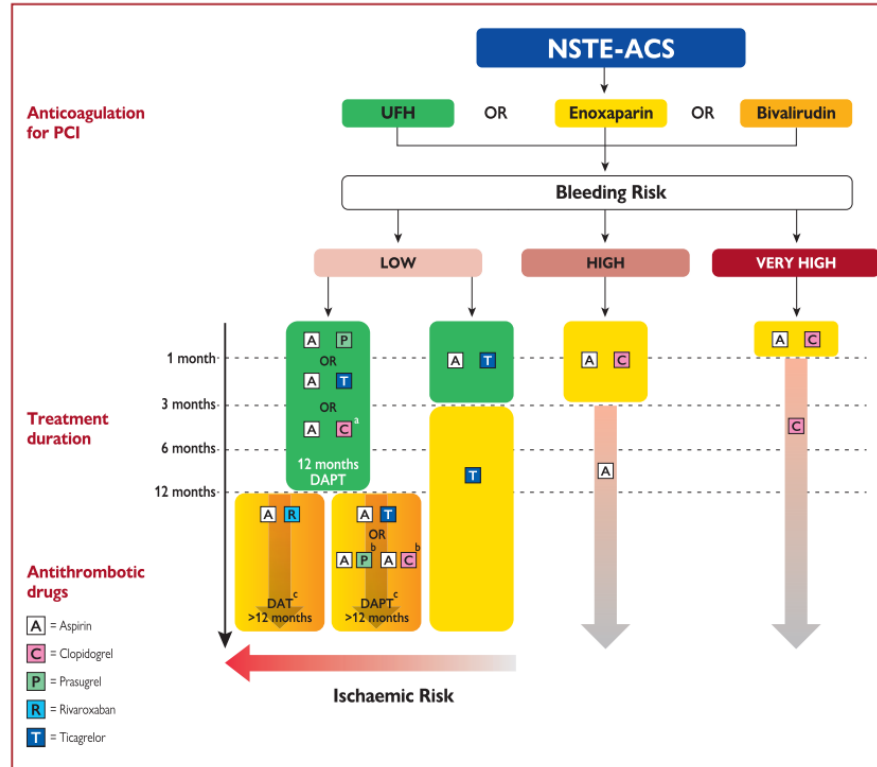
### ✓ MASTER DAPT trial: ACS and PCI with 1 month DAPT (n=4434)



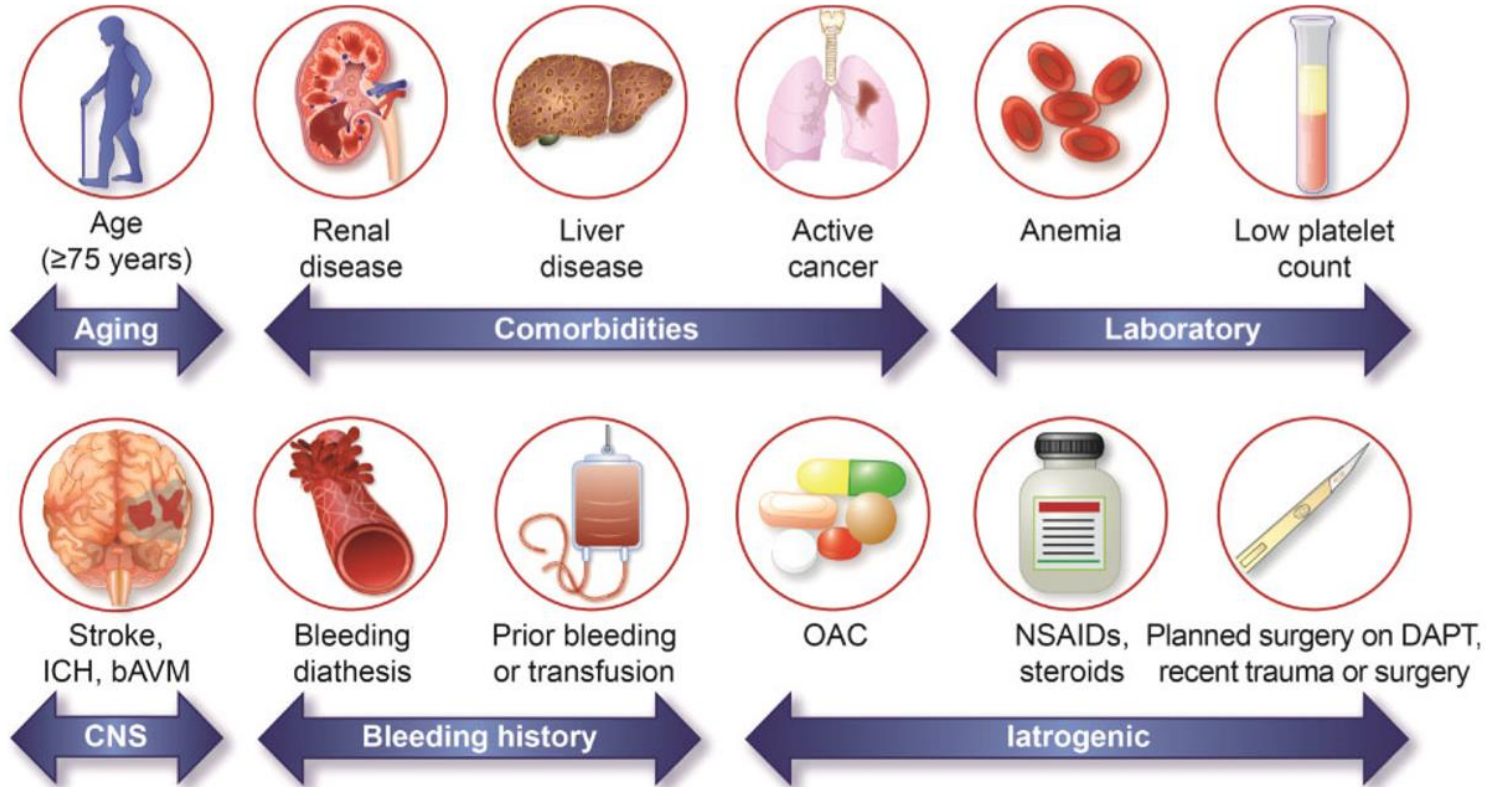
**DAPT during 1 months and monotherapy (31% aspirin, 55% clopidogrel)**



# Patient avec SCA récent avant 12 mois DAPT



# High bleeding risk patients



# Patient avec SCA récent avant 12 mois DAPT

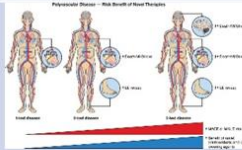
## Patient risk enhancers



Diabetes mellitus



Previous MI



Multivessel CAD

Polyvascular disease

Premature or accelerated athérosclerosis



CKD (eGFR 15 to 59 mL/min/1.73 m<sup>2</sup>)



Systemic inflammatory disease

(HIV, RA...)

## PCI risk enhancers

At least 3 stents implanted / At least 3 lesions treated



Total stent length >60 mm



Complex revascularization



Left main  
CTO

Bifurcation stenting with >\_2 stents  
Stenting of last patent vessel

stent thrombosis on antiplatelet treatment

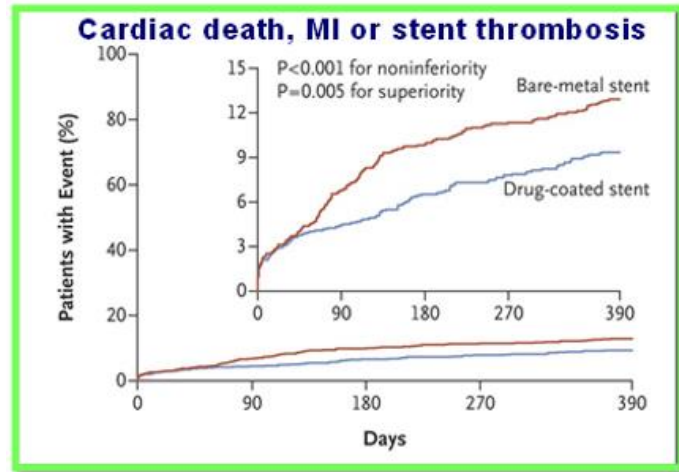




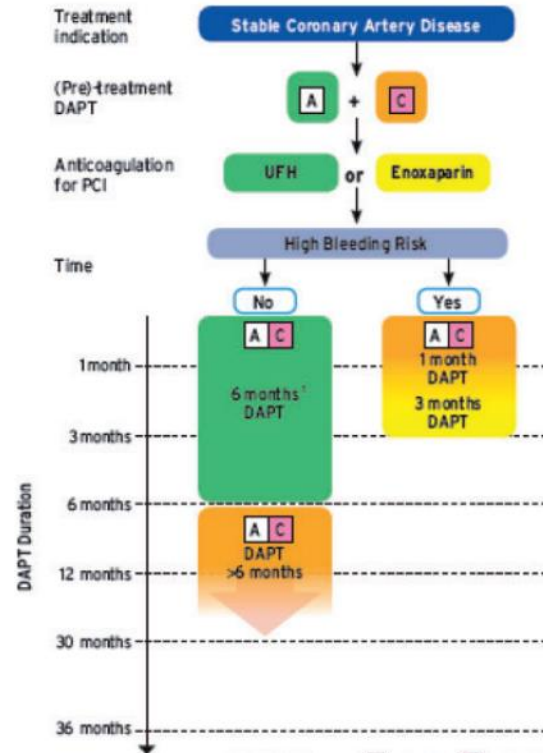
# Patient avec ATL programmée

- ✓ Le DES n'est plus un problème au-delà de 1 mois

LEADERS-FREE study (n=2466)



Urban P et al. NEJM 2015

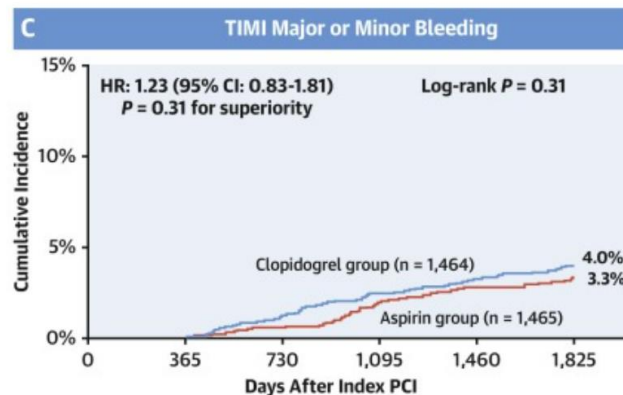
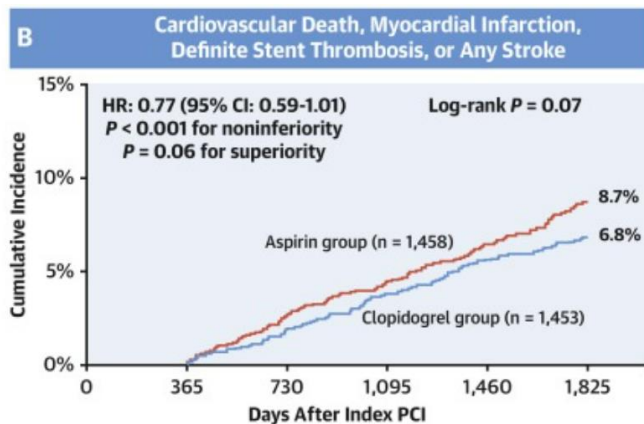


# Patient sous monothérapie

Default strategy beyond the first 12 months after ACS

Aspirin  
(Class I)

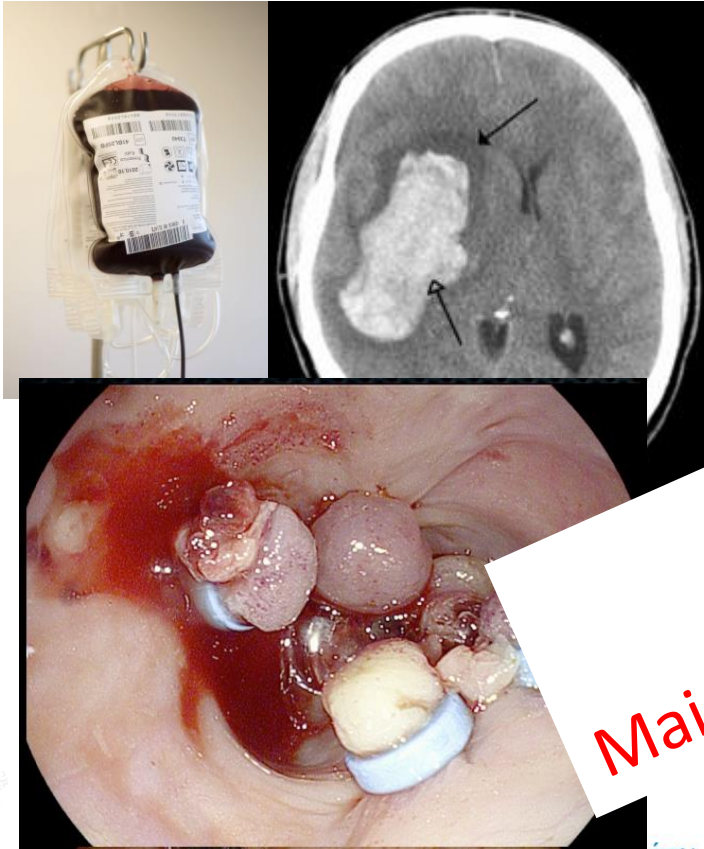
## Clopidogrel vs. aspirin



## Situations particulières



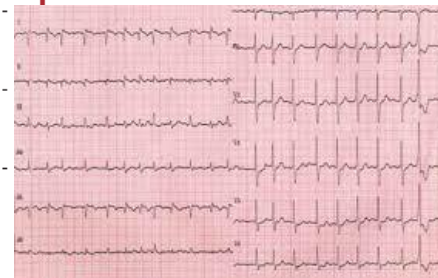
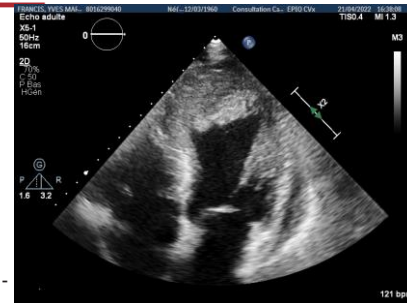
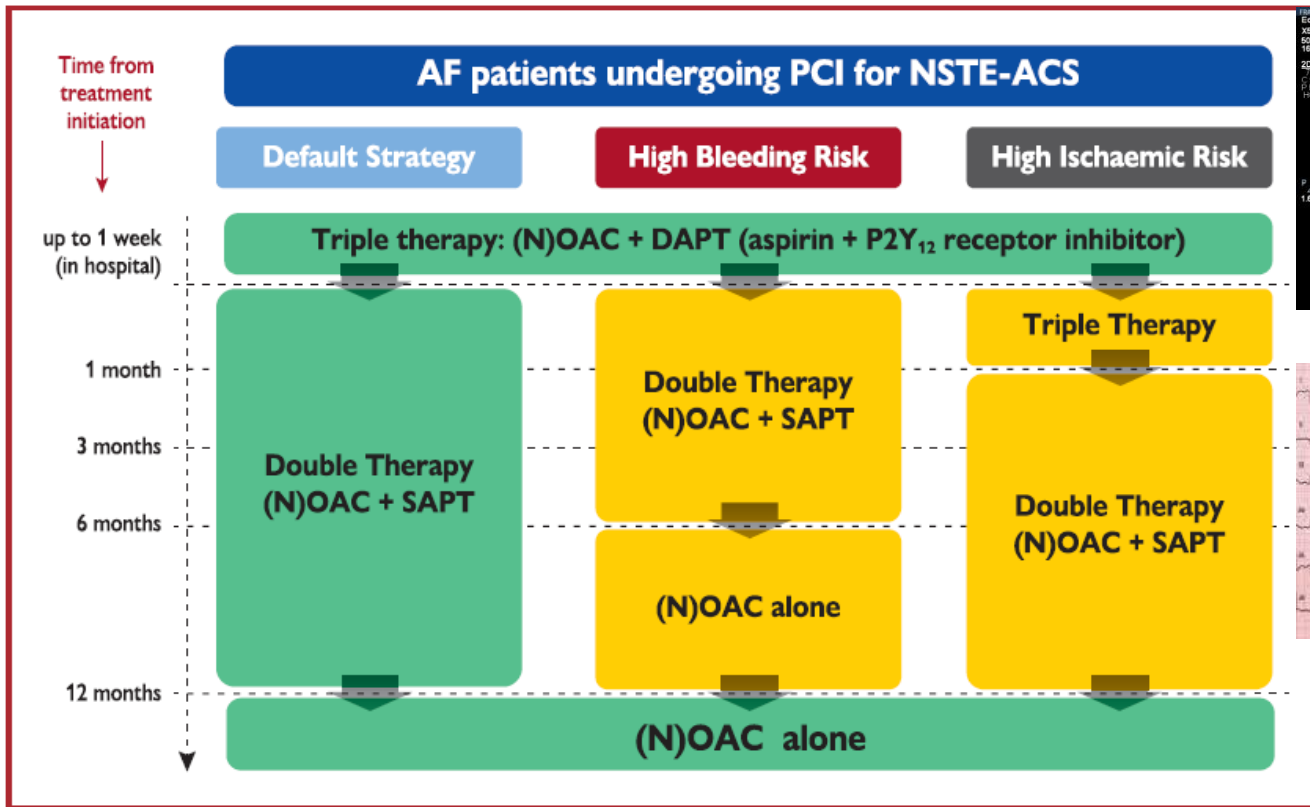
## Patient avec hémorragie: la dé-escalade subie



Arrêt P2Y12  
Maintien aspirine et reprise au décours



# Patient sous anticoagulant



©ESC 2020



## Conclusion

- ✓ Intérêt de la DAPT forte durant 1 à 3 mois après un SCA
- ✓ DAPT à poursuivre chez les patients à faible risque hémorragique
- ✓ Désescalade DAPT en cas de risque hémorragique et à généraliser?
- ✓ Interruption DAPT avec P2Y12 chez les patients à double risque (ischémique et hémorragique)
- ✓ Interruption DAPT avec aspirine chez les patients avec saignement
- ✓ Arrêt chez les patients avec anticoagulation au long cours



MERCI DE VOTRE ATTENTION



## En prévention primaire

- ✓ **Chez un patient sous bithérapie (DAPT)**
  - **Quand?**
  - **Comment?**
  
- ✓ **Chez un patient en monothérapie (SAPT)**
  - **Quand ?**
  - **Comment ?**

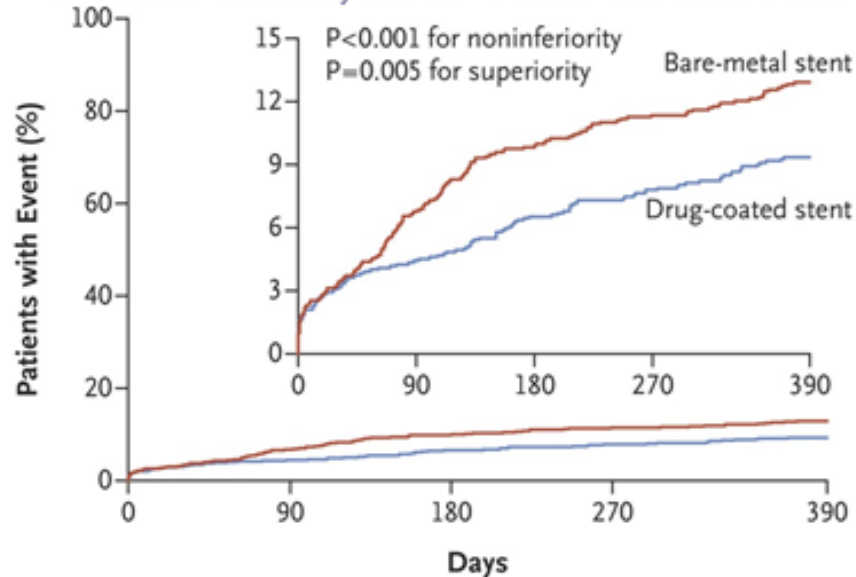




# Le DES n'est plus un problème

LEADERS-FREE study (n=2466)

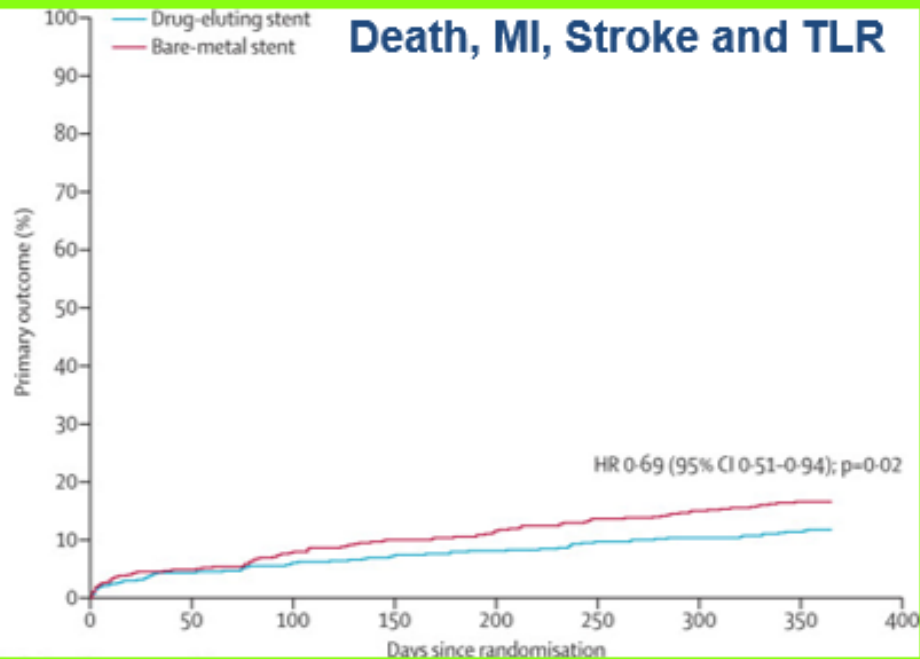
## Cardiac death, MI or stent thrombosis



Urban P et al. NEJM 2015

SENIOR study (n=1200)

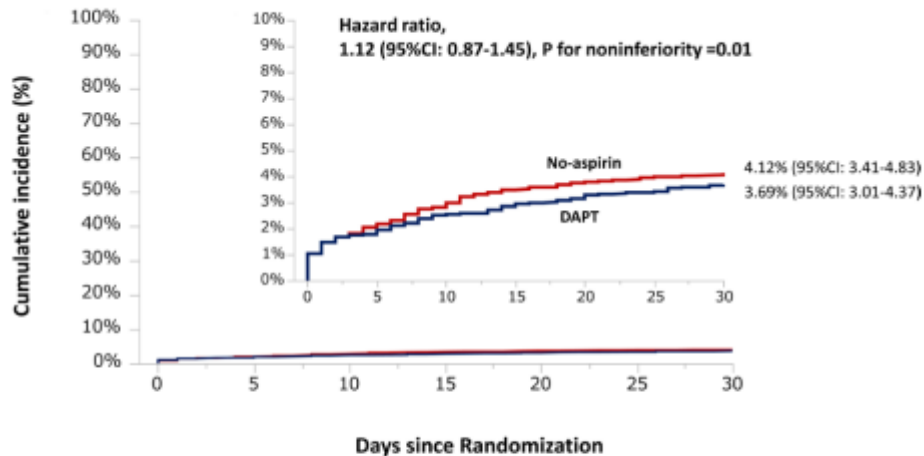
## Death, MI, Stroke and TLR



Varenne O et al. Lancet 2017

# Aspirine dans le premier mois post-stent

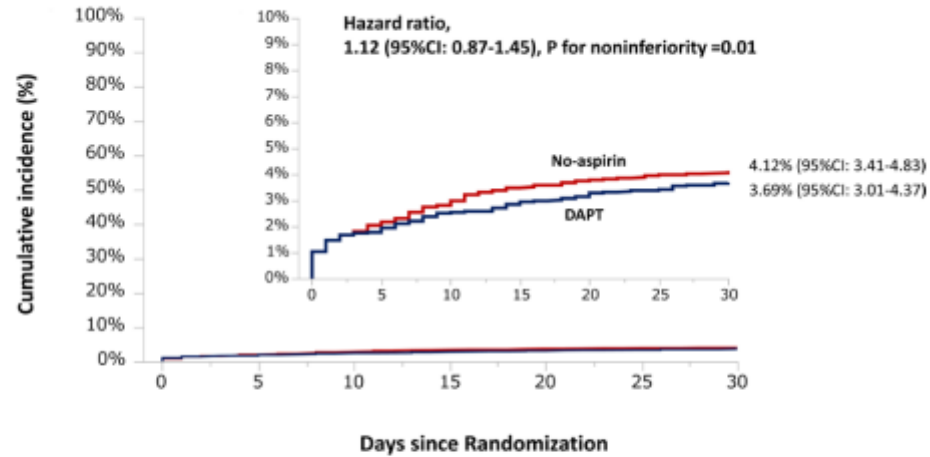
## B Co-primary cardiovascular endpoint



	0	5	10	15	20	25	30
<b>No-aspirin</b>							
Number of patients at risk	2984	2823	2900	2878	2868	2862	2859
Number of Patients of event	28	65	89	105	113	119	123
Cumulative incidence rate (%)	0.94	2.18	2.98	3.52	3.79	3.99	4.12
<b>DAPT</b>							
Number of patients at risk	2982	2929	2906	2895	2886	2879	2870
Number of Patients of event	31	58	76	88	98	102	110
Cumulative incidence rate (%)	1.04	1.95	2.55	2.95	3.29	3.42	3.69



## B Co-primary cardiovascular endpoint



No-aspirin	0	5	10	15	20	25	30
Number of patients at risk	2984	2823	2900	2878	2868	2862	2859
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Cumulative incidence rate (%)	1.04	1.95	2.55	2.95	3.29	3.42	3.69

