Monotherapie met antiplaatjestherapie

- Wanneer verminderen?
- Stop P2Y12 of ASA?

Prof.dr RJ van Geuns, interventional cardiologist
Nationale antistollingsdag November 2020

Radboudumc

ESC guidelines

ESC European Society of Cardiology
European Heart Journal (2020) **41**, 407–477
doi:10.1093/eurheartj/ehz425

ESC GUIDELINES

2019 ESC Guidelines for the diagnosis and management of chronic coronary syndromes

The Task Force for the diagnosis and management of chronic coronary syndromes of the European Society of Cardiology (ESC)

Authors/Task Force Members: Juhani Knuuti* (Finland) (Chairperson), William Wijns* (Ireland) (Chairperson), Antti Saraste (Finland), Davide Capodanno (Italy), Emanuele Barbato (Italy), Christian Funck-Brentano (France), Eva Prescott (Denmark), Robert F. Storey (United Kingdom), Christi Deaton (United Kingdom), Thomas Cuisset (France), Stefan Ag… ll (Norway), Kenneth Dickstein (Norway), Thor Edvardsen (Nor… r Escaned (Spain), Bernard J. Gersh (United States of America), Pa… h Republic), Martine Gilard (France), David Hasdai (Israe… ovak Republic), Felix Mahfoud (Germany), Josep Masip (S… cto (Italy), Marco Valgimigli (Switzerland), Step… any), and Jeroen J. Bax (Netherlands)

70 pages

ESC European Society of Cardiology
European Heart Journal (2020) **00**, 1–79
doi:10.1093/eurheartj/ehaa575

ESC GUIDELINES

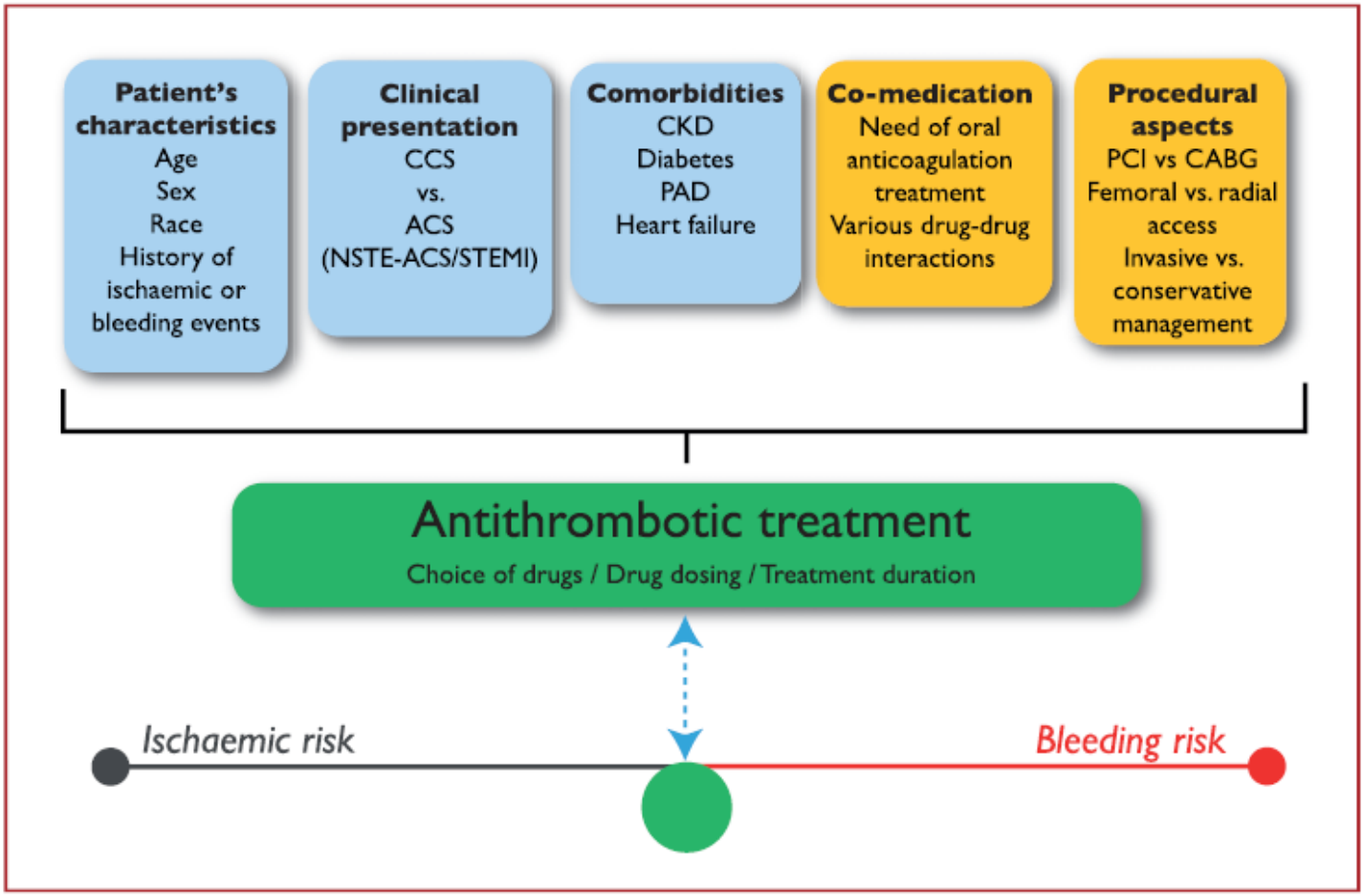
2020 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation

The Task Force for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation of the European Society of Cardiology (ESC)

Authors/Task Force Members: Jean-Philippe Collet * (Chairperson) (France), Holger Thiele * (Chairperson) (Germany), Emanuele Barbato (Italy), Olivier Barthélémy (France), Johann Bauers… (Germany), Deepak L. Bhatt (United States of America), Paul Dendal…), Maria Dorobantu (Romania), Thor Edvardsen (Norway), Thierry F…), Chris P. Gale (United Kingdom), Martine Gilar… Jobs (Germany), Peter Jüni (Canada), Ekaterini… S. Lewis (Israel), Julinda Mehilli (Germany)… ela Merkely (Hungary), Christian Mueller (Swi… tzerland), Frans H. Rutten (Netherlands), Dir… ge C.M. Siontis (Switzerland)

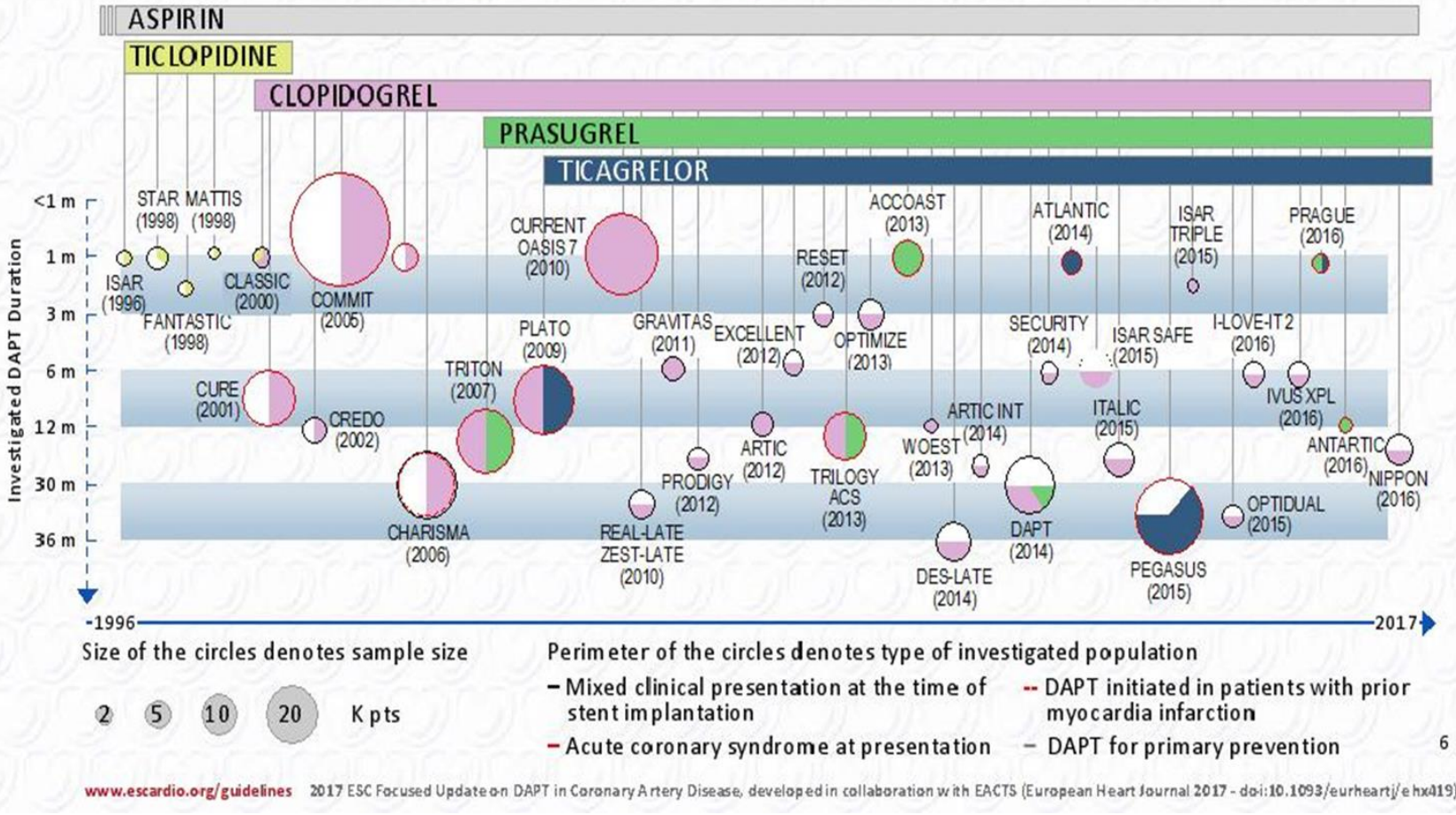
79 pages

DAPT duration



History of dual antiplatelet therapy (DAPT) in patients with coronary artery disease

ESC European Society of Cardiology



Size of the circles denotes sample size

2 5 10 20 K pts

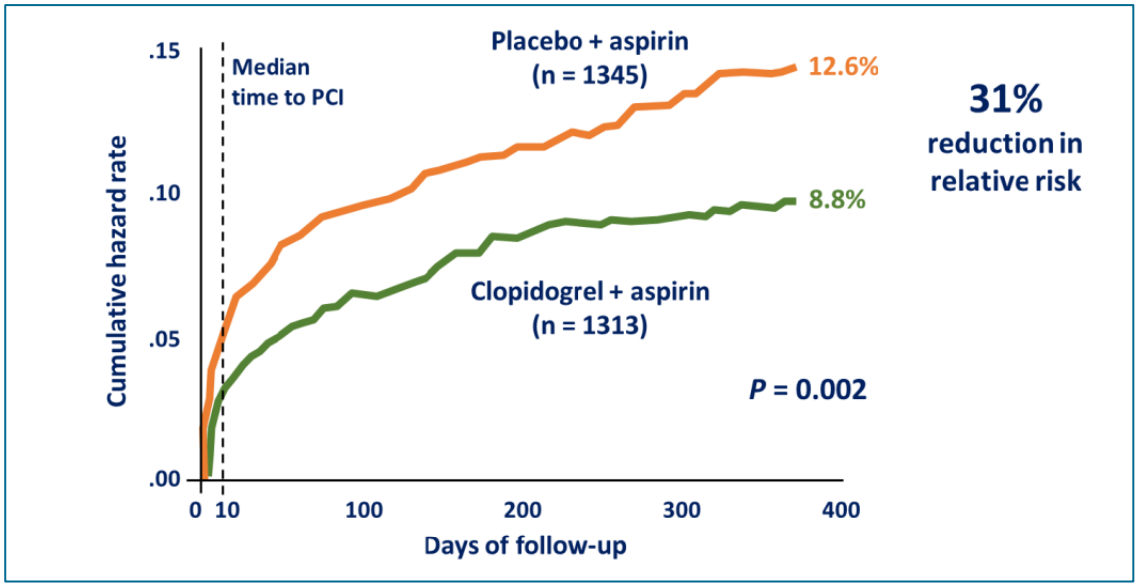
Perimeter of the circles denotes type of investigated population

- Mixed clinical presentation at the time of stent implantation
- Acute coronary syndrome at presentation
- DAPT initiated in patients with prior myocardia infarction
- DAPT for primary prevention

6

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

PCI-CURE study: CV death or MI



DAPT duration: 12 months

Mehta SR et al. Lancet 2001;358(9281) 527-33

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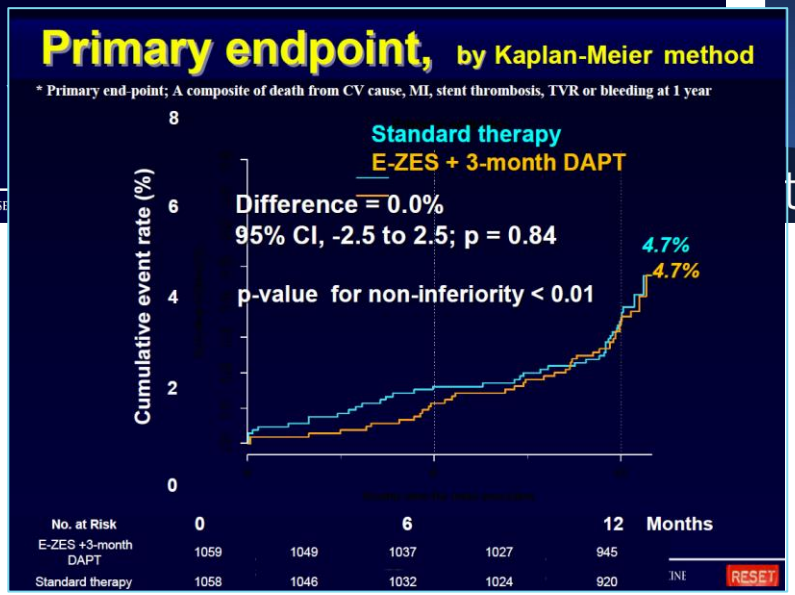
Verkorte duur DAPT (stop P2Y12)

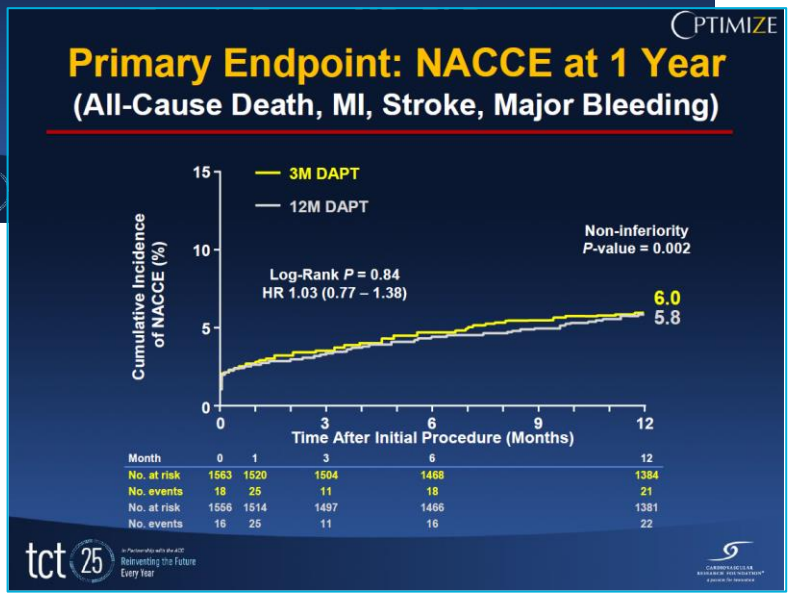
A New Strategy for Discontinuation of Dual Antiplatelet Therapy: Real Safety and Efficacy of 3-Month Dual Antiplatelet Therapy Following Zotarolimus-Eluting Stent Implantation: RESET Trial

Myeong-Ki Hong , MD. Ph D,
on behalf of RESET investigators



Main Arena III - Plenary Sessions XVI
Late Breaking Clinical Trials III - Featured Trial of the Day:

OPTIMIZE:
A Prospective, Randomized Trial *of 3 Months Versus 12 Months* of Dual Antiplatelet Therapy with the *Endeavor Zotarolimus-Eluting Stent*



Byeong-Keuk Kim, Myeong-Ki Hong. RESET: J Am Coll Cardiol. 2012 Oct 9;60(15):1340-8

Feres et al. OPTIMIZE: JAMA. 2013;310(23):2510-2522

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Verkorte duur DAPT (P2Y12 duration)

RCT's gericht op **verkorte DAPT duur** (6 maanden of korter) na PCI (CAD/ACS):

EXCELLENT (2011): 6 versus 12 maanden

RESET (2012): 3 versus 12 maanden

OPTIMIZE (2014): 3 versus 12 maanden

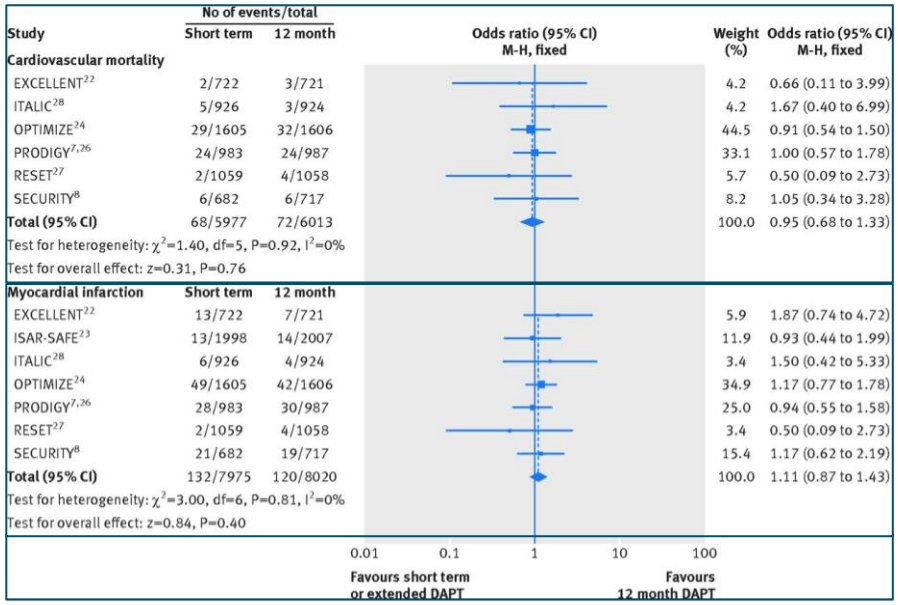
ISAR-SAFE (2014): 6 versus 12 maanden

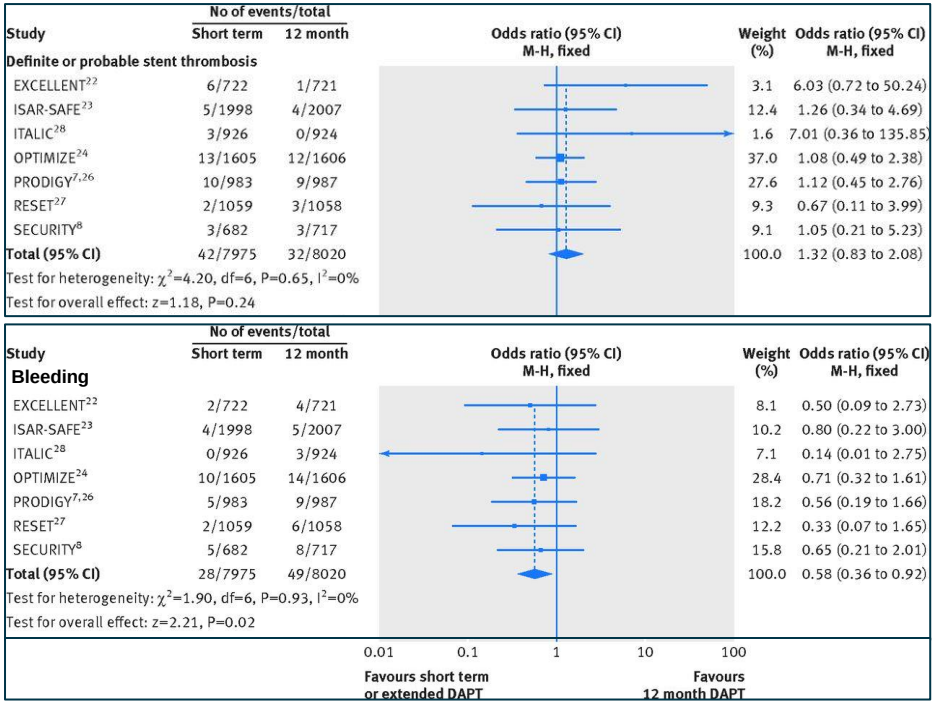
SECURITY (2014): 6 versus 12 maanden

<u>12 months data from:</u>

ITALIC (2014): 6 versus 24 maanden

PRODIGY (2012): 6 versus 24 maanden





Navarese BMJ 2015;350:h1618

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Verlengde duur DAPT (P2Y12 duration)

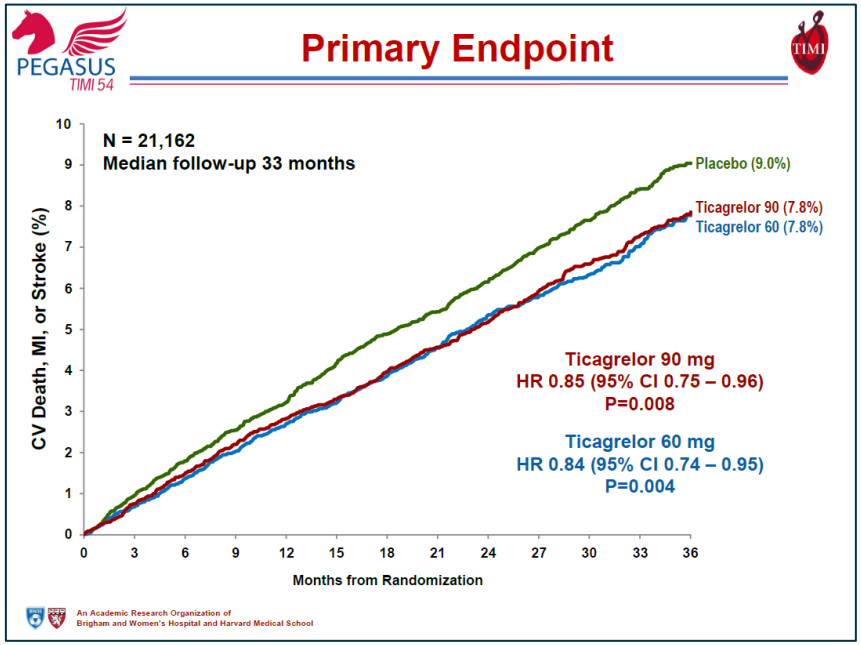
- PEGASUS-TIMI 54 trial: Ticagrelor 2dd 90mg/ Ticagrelor 60mg/ placebo (allen naast ASA) bij patiënten met **voorgeschiedenis van Myocardinfarct en ten minste 1 extra risicofactor voor ischemie**: (>65 jaar, DM, 2de MI, Multivessel, CrCl <60 mL/min)

PEGASUS TIMI 54

Prevention of Cardiovascular Events in Patients With Prior Heart Attack Using Ticagrelor Compared to Placebo on a Background of Aspirin

Marc S. Sabatine, MD, MPH
on behalf of the PEGASUS-TIMI 54
Executive & Steering Committees and Investigators

NCT00526474



Bonaca MP, Bhatt DL, Sabatine MS et al; PEGASUS-TIMI 54 Steering Committee and Investigators. Long-term use of ticagrelor in patients with prior myocardial infarction. N Engl J Med. 2015.7;372(19):1791-800.

Verlengde duur DAPT (P2Y12 duration)

- Vergelijking reguliere- met verlengde DAPT duur na DES
- Patienten die na 12 maanden DAPT “event-free” waren werden gerandomiseerd naar 18 maanden P2Y12 remmer of placebo (naast ASA).

DAPT studie

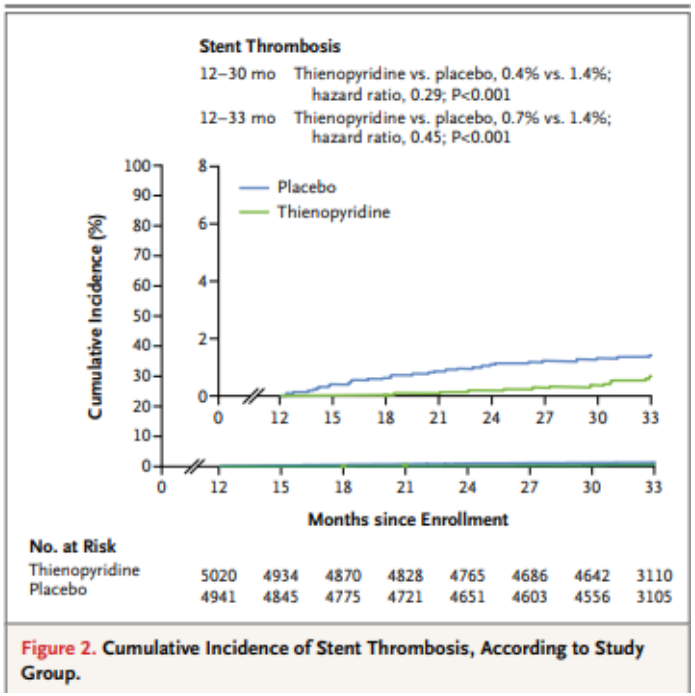


Figure 2. Cumulative Incidence of Stent Thrombosis, According to Study Group.

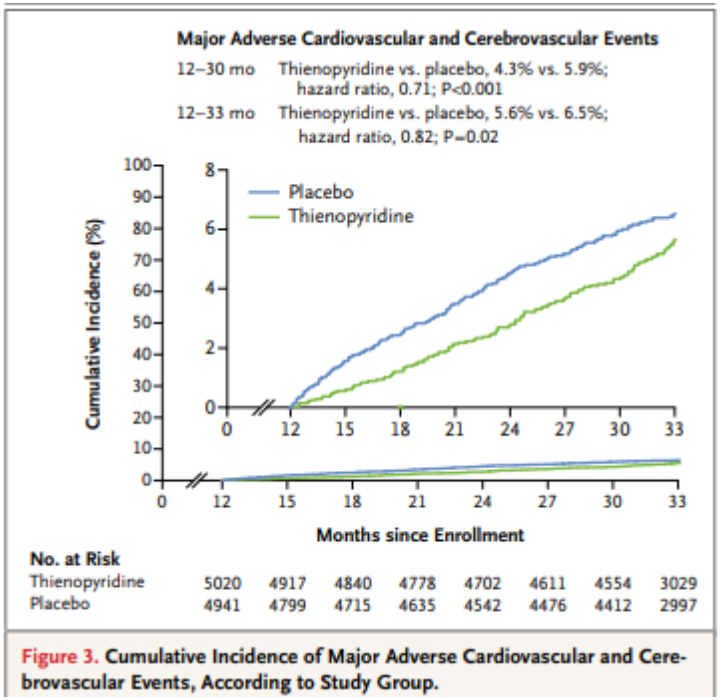


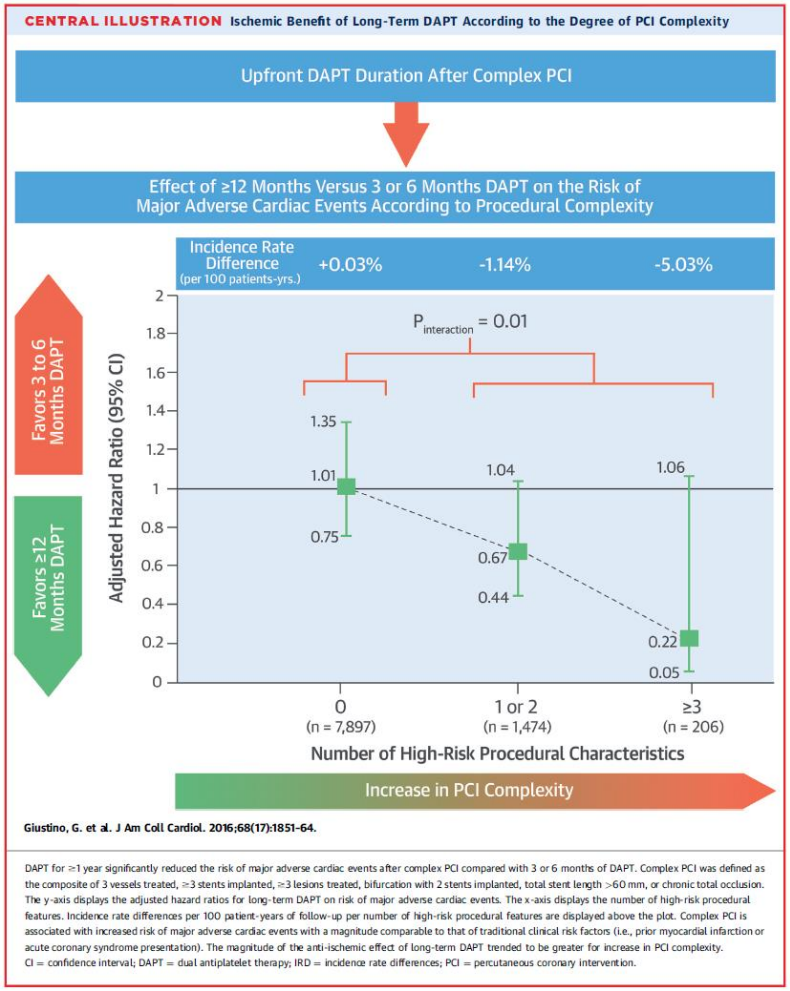
Figure 3. Cumulative Incidence of Major Adverse Cardiovascular and Cerebrovascular Events, According to Study Group.

Mauri L, Kereiakes DJ, Massaro JM et al; DAPT Study Investigators. Twelve or 30 months of dual antiplatelet therapy after drug-eluting stents. N Engl J Med. 2014. 4;371(23):2155-66.

Personaliseren duur DAPT

- Conclusie RCT's:
  - Duur DAPT niet voor gehele PCI populatie eenduidig te maken
  - "Op maat gemaakte" DAPT duur gewenst

Complexe PCI



Complex PCI

> 2 vessels treated

Or

> 2 stents implanted

Or

> 2 lesions treated

Or

Bifurcation with 2 stents

Or

Total stent length > 60 mm

Or

CTO as target lesion

Giustino G, Chieffo A, Colombo A et al. Efficacy and Safety of Dual Antiplatelet Therapy After Complex PCI. J Am Coll Cardiol. 2016. 25;68(17):1851-1864.

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DAPT score

Substudie: Ontwikkeling van scoremodel ten aanzien van bloedingsrisico en ischemisch risico bij verlengde DAPT tot 30 maanden (indien geen event in eerste jaar van DAPT).

Table 2. Myocardial Infarction or Stent Thrombosis Prediction Model and Moderate or Severe Bleeding Prediction Model

	Predictors of Myocardial Infarction or Stent Thrombosis[b]		Predictors of Moderate or Severe Bleeding[c]	
Predictors of Events[a]	HR (95% CI)	*P* Value	HR (95% CI)	*P* Value
Continued thienopyridine vs placebo	0.52 (0.42-0.65)	<.001	1.66 (1.26-2.19)	<.001
Myocardial infarction at presentation	1.65 (1.31-2.07)	<.001		
Prior PCI or prior myocardial infarction	1.79 (1.43-2.23)	<.001		
History of CHF or LVEF <30%	1.88 (1.35-2.62)	<.001		
Vein graft stent	1.75 (1.13-2.73)	.01		
Stent diameter <3 mm	1.61 (1.30-1.99)	<.001		
Paclitaxel-eluting stent	1.57 (1.26-1.97)	<.001		
Cigarette smoking	1.40 (1.11-1.76)	.01		
Diabetes mellitus	1.38 (1.10-1.72)	.01		
Age, per 10 y			1.54 (1.34-1.78)	<.001
Peripheral arterial disease	1.49 (1.05-2.13)	.03	2.16 (1.46-3.20)	<.001
Hypertension	1.37 (1.03-1.82)	.03	1.45 (1.00-2.11)	.05
Renal insufficiency/failure	1.55 (1.03-2.32)	.04	1.66 (1.04-2.66)	.03

Abbreviations: CHF, congestive heart failure; HR, hazard ratio; LVEF, left ventricular ejection fraction; PCI, percutaneous coronary intervention.

[a] Predictors of events from 12 through 30 months after coronary stenting.

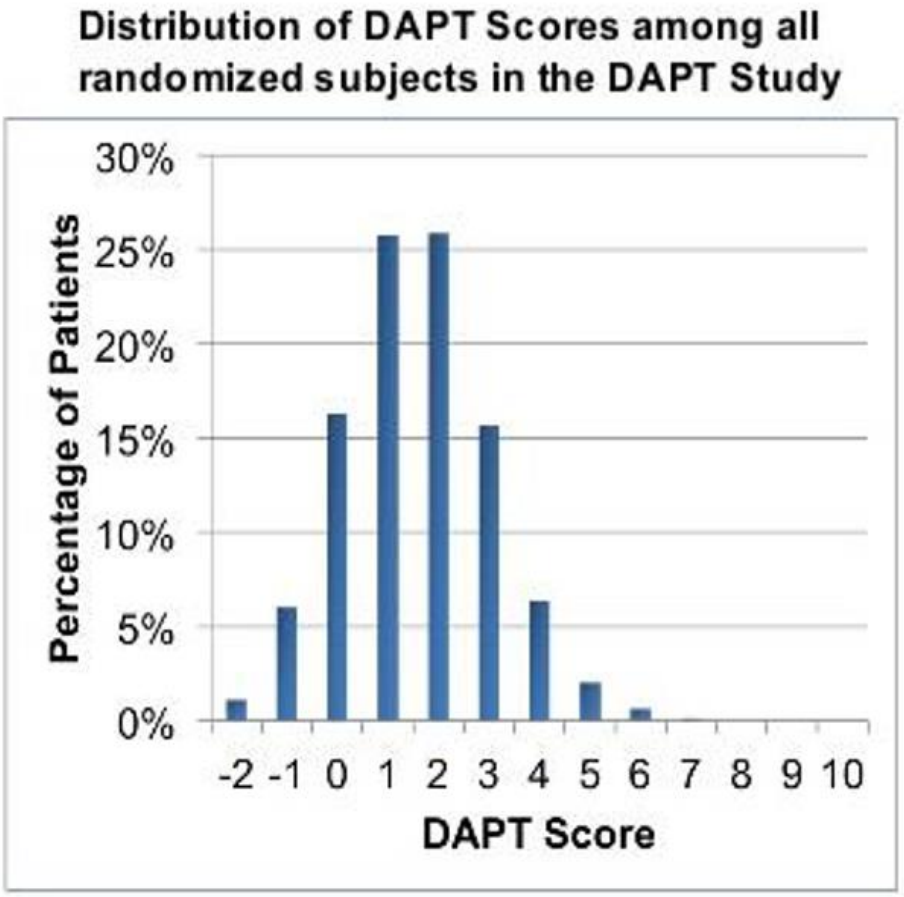
[b] The ischemia model had a *c* -statistic of 0.70 within the DAPT Study randomized population, and goodness-of-fit *P* = .81.

[c] The bleeding model had a *c* statistic of 0.68 within the DAPT Study randomized population, and a goodness-of-fit *P* = .34. Moderate or severe bleeding was defined by Global Utilization of Streptokinase and Tissue Plasminogen Activator for Occluded Arteries criteria. Blank table cells indicate no significant association.

Yeh RW, Secemsky EA, Mauri L; DAPT Study Investigators. Development and Validation of a Prediction Rule for Benefit and Harm of Dual Antiplatelet Therapy Beyond 1 Year After Percutaneous Coronary Intervention. JAMA. 2016. 26;315(16):1735-49.

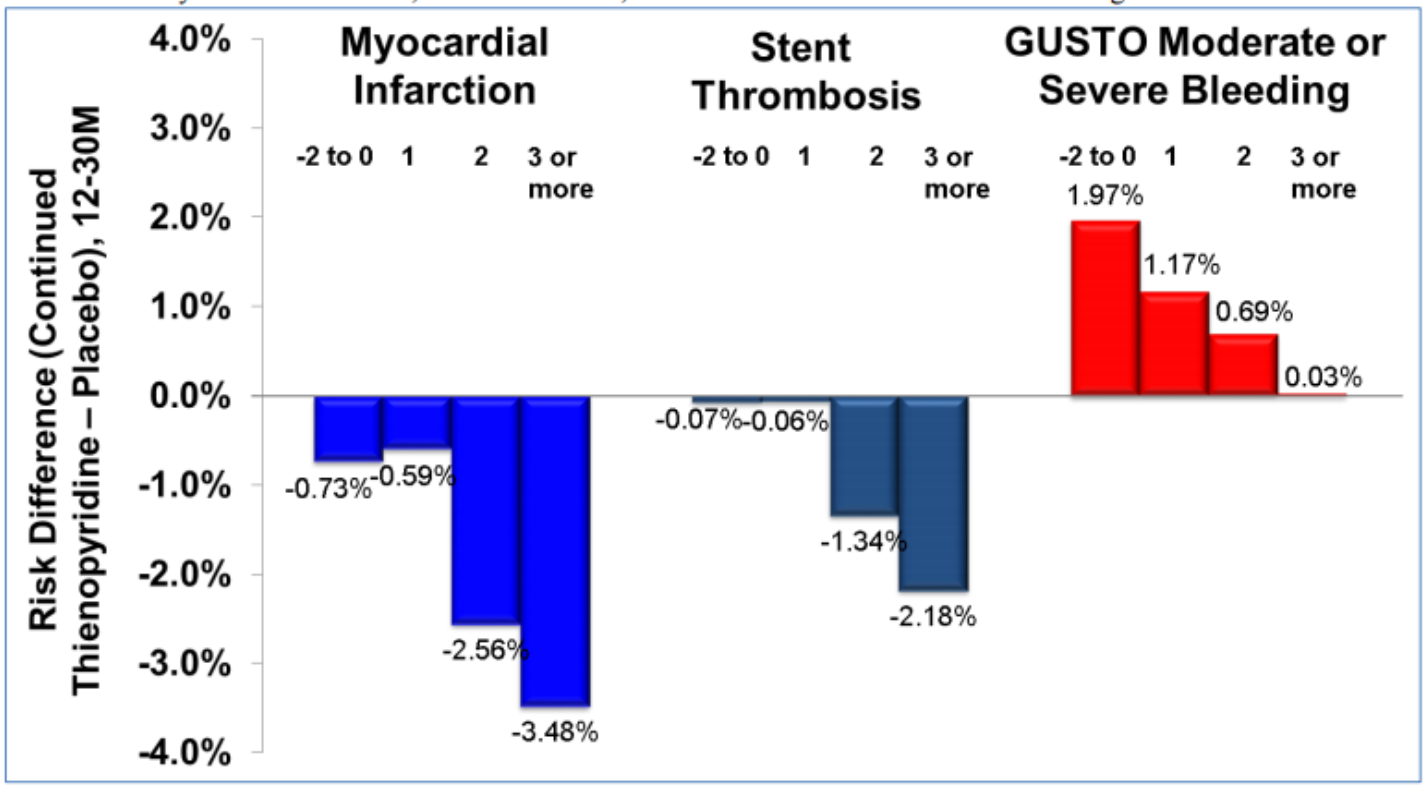
Punten DAPT studie

Variable	Points
Patient Characteristic	
Age	
≥ 75	-2
65 - <75	-1
< 65	0
Diabetes Mellitus	1
Current Cigarette Smoker	1
Prior PCI or Prior MI	1
CHF or LVEF < 30%	2
Index Procedure Characteristic	
MI at Presentation	1
Vein Graft PCI	2
Stent Diameter < 3mm	1



Yeh RW, Secemsky EA, Mauri L; DAPT Study Investigators. Development and Validation of a Prediction Rule for Benefit and Harm of Dual Antiplatelet Therapy Beyond 1 Year After Percutaneous Coronary Intervention. JAMA. 2016. 26;315(16):1735-49.

eFigure 7. Continued Thienopyridine vs. Placebo Treatment Effect by Prediction Score Group. Risk difference of continued thienopyridine minus placebo at 12-30 months in all randomized patients (N=11,648), stratified by prediction score quartile, for the outcomes of myocardial infarction, stent thrombosis, and GUSTO moderate or severe bleeding.



Yeh RW, Secemsky EA, Mauri L; DAPT Study Investigators. Development and Validation of a Prediction Rule for Benefit and Harm of Dual Antiplatelet Therapy Beyond 1 Year After Percutaneous Coronary Intervention. JAMA. 2016. 26;315(16):1735-49.

PRECISE DAPT

Risicofactoren

	Hazard ratio (95% CI)	p value
Age (for each increase of 10 years)	1·34 (1·11–1·48)	0·005
Previous bleeding	4·14 (1·22–14·02)	0·023
White-blood-cell count (for each increase of 10^3 cells per µL)	1·06 (0·99–1·13)	0·078
Haemoglobin at baseline (for each increase of 1 g/dL)	0·67 (0·53–0·84)	0·001
Creatinine clearance (for each increase of 10 mL/min)	0·90 (0·82–0·99)	0·004

Age was truncated above 90 years and below 50 years. Haemoglobin at baseline was truncated above 12 g/dL and below 10 g/dL. Creatinine clearance was truncated above 100 mL/min. White-blood-cell count was truncated above 20×10^3 cells per µL and below 5×10^3 cells per µL.

Table 1: **Multivariable analysis for out-of-hospital Thrombosis in Myocardial Infarction major or minor bleeding, study stratified with backward selection at an α level of 0·1**

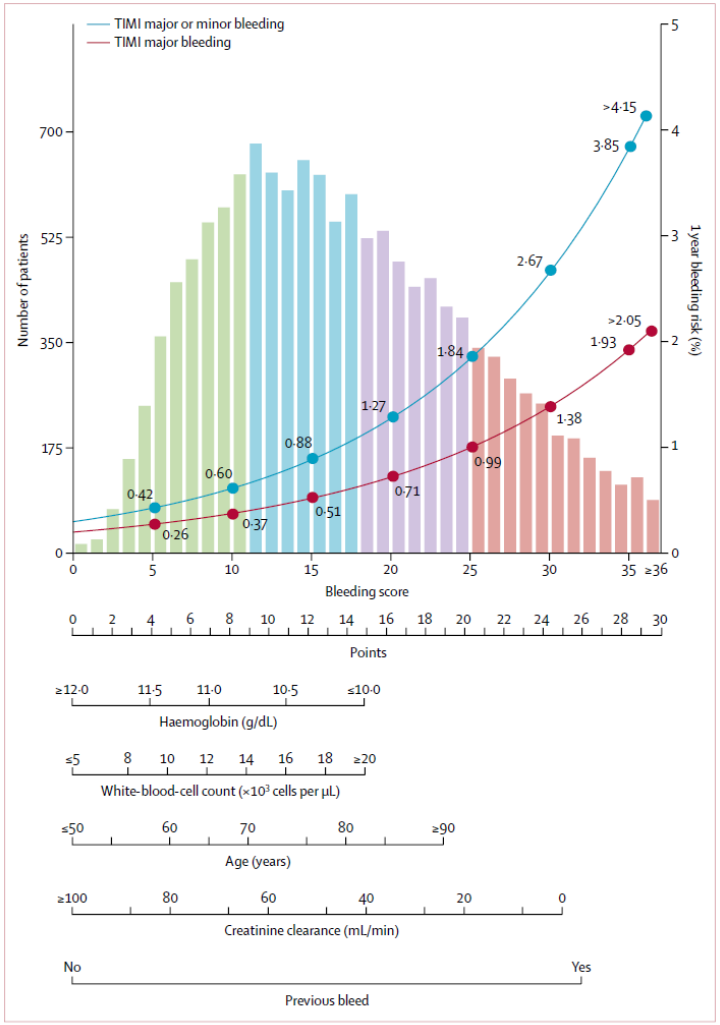


Figure 1: **The PRECISE-DAPT score nomogram for bedside application**
Risk curves refer to out-of-hospital Thrombosis in Myocardial Infarction (TIMI) major or minor bleeding and TIMI major bleeding at 12 months while on-treatment with dual antiplatelet therapy (DAPT). Histogram refers to the PRECISE-DAPT score distribution in the derivation cohort: green bars, the first score quartile (very low risk); blue bars, the second score quartile (low risk); purple bars, the third score quartile (moderate risk); and red bars, the fourth score quartile (high risk).

Costa F, van Klaveren D, Valgimigli M; PRECISE-DAPT Study Investigators. Derivation and validation of the predicting bleeding complications in patients undergoing stent implantation and subsequent dual antiplatelet therapy (PRECISE-DAPT) score: a pooled analysis of individual-patient datasets from clinical trials. Lancet. 2017 M. 11;389(10073):1025-1034.

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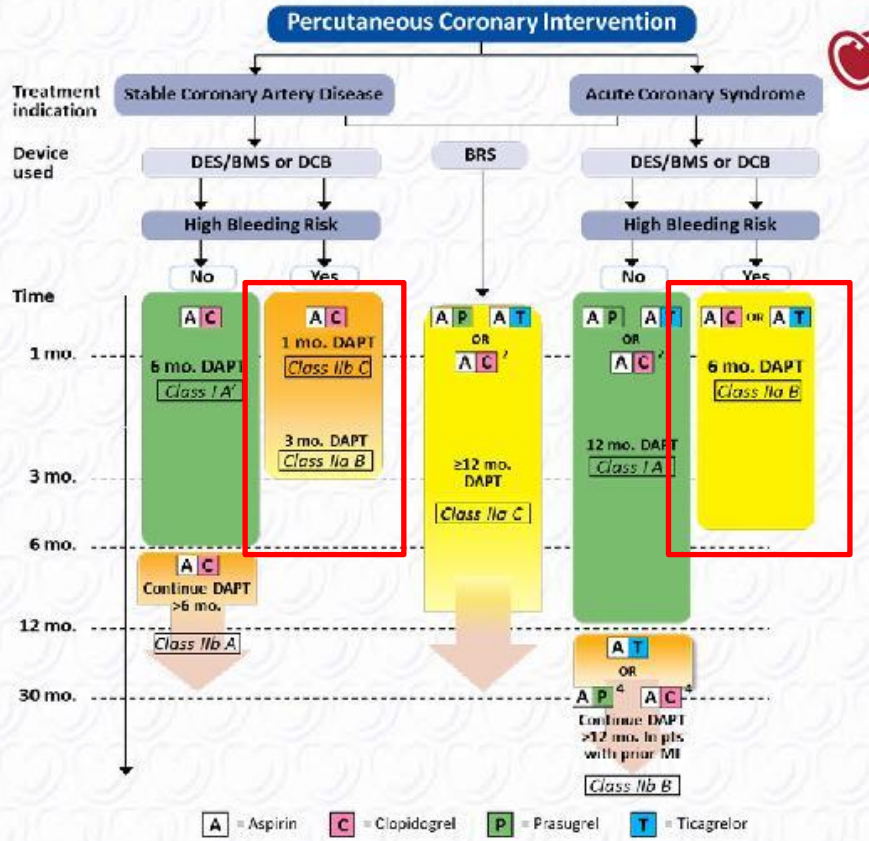
ESC high risk bleeding 2019

Hoog bloedingsrisico: 1 major of 2 minor criteria

Major	Minor
	Age ≥75 y
Anticipated use of long-term oral anticoagulation*	
Severe or end-stage CKD (eGFR <30 mL/min)	Moderate CKD (eGFR 30–59 mL/min)
Hemoglobin <11 g/dL	Hemoglobin 11–12.9 g/dL for men and 11–11.9 g/dL for women
Spontaneous bleeding requiring hospitalization or transfusion in the past 6 mo or at any time, if recurrent	Spontaneous bleeding requiring hospitalization or transfusion within the past 12 mo not meeting the major criterion
Moderate or severe baseline thrombocytopenia† (platelet count <100 × 109/L)	
Chronic bleeding diathesis	
Liver cirrhosis with portal hypertension	
	Long-term use of oral NSAIDs or steroids
Active malignancy‡ (excluding nonmelanoma skin cancer) within the past 12 mo	
Previous spontaneous ICH (at any time)Previous traumatic ICH within the past 12 moPresence of a bAVMModerate or severe ischemic stroke§ within the past 6 mo	Any ischemic stroke at any time not meeting the major criterion
Nondeferrable major surgery on DAPT	
Recent major surgery or major trauma within 30 d before PCI	

Reduced platelet inhibition?

Algorithm for dual antiplatelet therapy (DAPT) in patients treated with percutaneous coronary intervention



ESC European Society of Cardiology

www.escardio.org/guidelines

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

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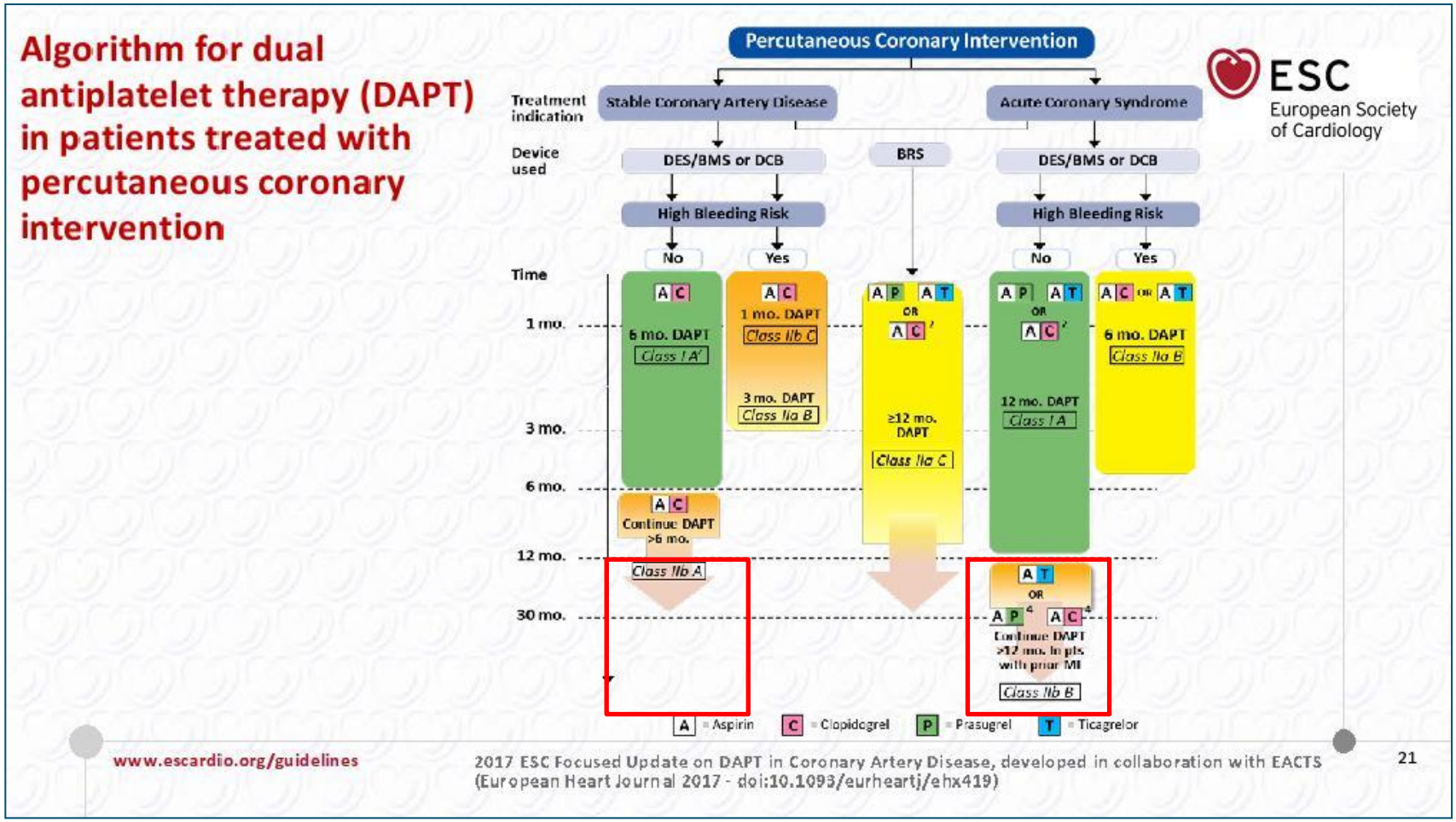
Prolonged platelet inhibition?



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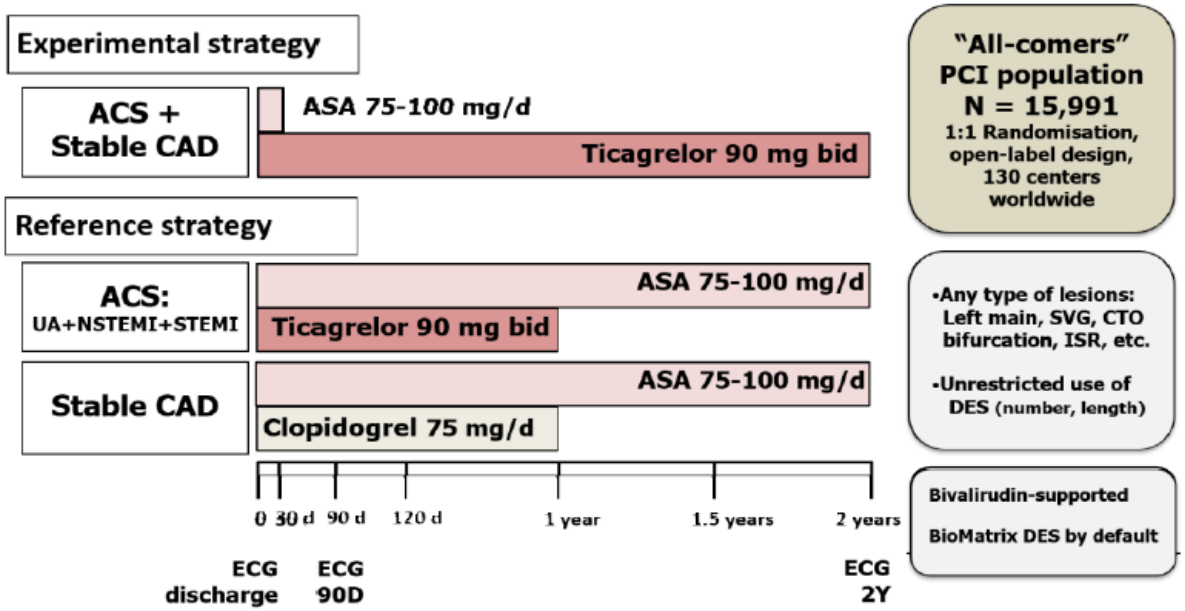
Verkorte duur DAPT (Stop Aspirin, Tica mono)

GLOBAL LEADERS

Ticagrelor plus aspirin for 1 month, followed by ticagrelor monotherapy for 23 months vs aspirin plus clopidogrel or ticagrelor for 12 months, followed by aspirin monotherapy for 12 months after implantation of a drug-eluting stent: a multicentre, open-label, randomised superiority trial

Pascal Vranckx, Marco Valgimigli*, Peter Jüni*, Christian Hamm, Philippe Gabriel Steg, Dik Heg, Gerrit Anne van Es, Eugene P McFadden, Yoshinobu Onuma, Cokky van Meijeren, Ply Chichareon, Edouard Benit, Helge Möllmann, Luc Janssens, Maurizio Ferrario, Aris Moschovitis, Aleksander Zurakowski, Marcello Dominici, Robert Jan Van Geuns, Kurt Huber, Ton Slagboom, Patrick W Serruys, Stephan Windecker, on behalf of the GLOBAL LEADERS Investigators*



"All-comers" PCI population
N = 15,991
1:1 Randomisation, open-label design, 130 centers worldwide

- Any type of lesions: Left main, SVG, CTO bifurcation, ISR, etc.
- Unrestricted use of DES (number, length)

Bivalirudin-supported

BioMatrix DES by default

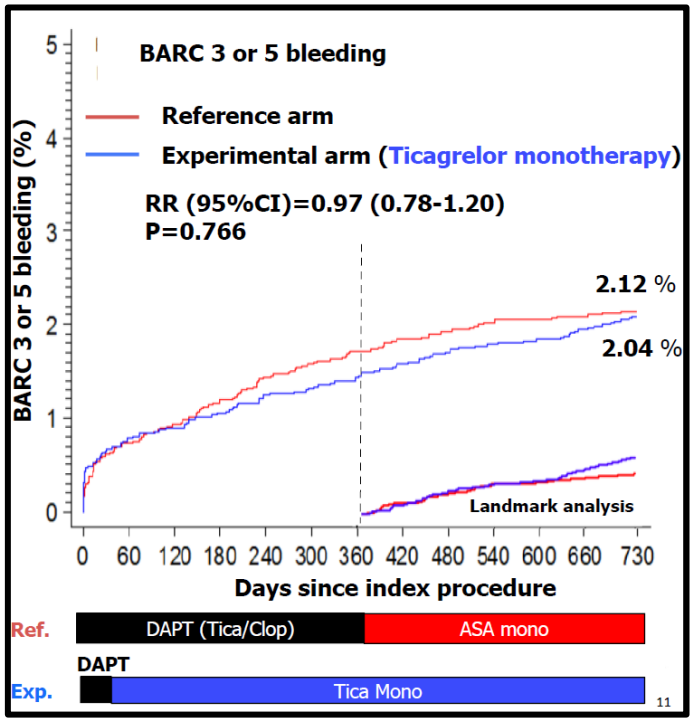
Primary endpoint:
Composite of all-cause mortality or non-fatal new Q-wave MI up to 2 years post randomization

Safety endpoint:
Investigator-reported BARC 3 or 5 bleeding up to 2 years

Global leaders. ESC 2018.

Verkorte duur DAPT (Stop Aspirin, Tica mono)

	Experimental group	Reference group	Risk Ratio (95% CI)	p-value
Number of pts.	N=7980	N=7988		
All-cause mortality or new Q-wave MI	**3.81** %, (304)	**4.37** %, (349)	**0.87** (0.75-1.01)	**0.073**
All-cause mortality	**2.81** % (224)	**3.17** % (253)	**0.88** (0.74-1.06)	0.18
New Q-wave MI	**1.04** % (83)	**1.29** % (103)	**0.80** (0.60-1.07)	0.14
BARC 3 or 5 Bleeding	**2.04** %	**2.12** %	**0.97** (0.78-1.20)	0.77
BARC 5 Bleeding	**0.28** %	**0.30** %	**0.92** (0.52-1.64)	0.78
BARC 3 Bleeding	**1.88** %	**1.99** %	**0.95** (0.76-1.18)	0.63



Global leaders. ESC 2018.

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Verkorte duur DAPT (Stop Aspirin, Clopi mono)

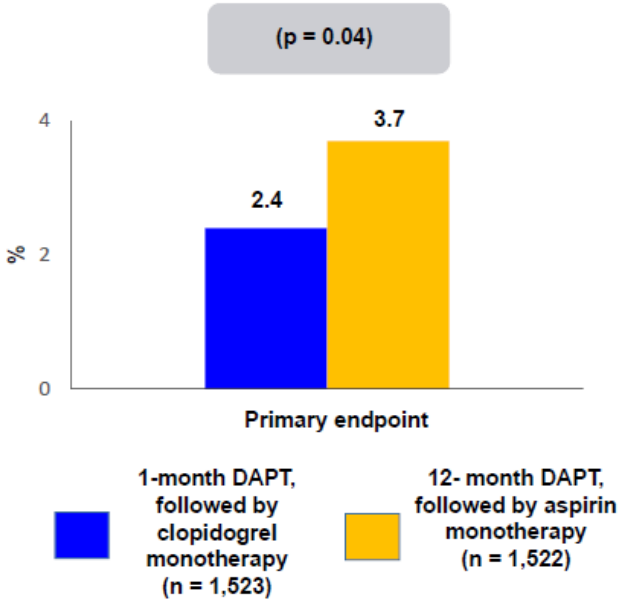
STOPDAPT-2

#ACC19

ASA 1 months

AMERICAN COLLEGE of CARDIOLOGY

Trial Description: Patients undergoing PCI were randomized to 1 month of DAPT followed by clopidogrel monotherapy for 5 years versus 12 months of DAPT followed by aspirin monotherapy for 5 years.



RESULTS

- Primary outcome, death, MI, stent thrombosis, stroke, TIMI major/minor bleeding at 1 year: 2.4% of 1-month DAPT group compared with 3.7% of 12-month DAPT group (p for superiority = 0.04)
- Death, MI, stent thrombosis, or stroke at 1 year: 2.0% of 1-month DAPT group compared with 2.5% of 12-month DAPT group (p for noninferiority = 0.005)

CONCLUSIONS

- Among patients undergoing PCI for stable and unstable cardiovascular disease, 1-month DAPT followed by clopidogrel monotherapy was superior to 12-month DAPT followed by aspirin monotherapy at preventing net adverse clinical events
- 1-month DAPT was noninferior to 12-month DAPT at preventing major adverse ischemic events

Presented by Dr. Hirotoshi Watanabe at ACC 2019

Watanabe H., Domei T., Morimoto T., et al. STOPDAPT-2 **JAMA**2019; 321:2414-2427. Radboudumc

Verkorte duur DAPT (Stop Aspirin, Clopi mono)

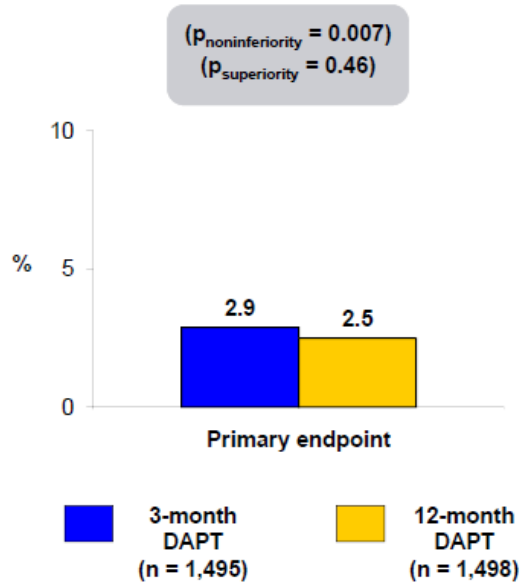
SMART-CHOICE

ASA 3 months

#ACC19

AMERICAN COLLEGE of CARDIOLOGY

Trial Description: Patients undergoing DES-PCI were randomized in a 1:1 fashion to either dual antiplatelet therapy (DAPT) for 3 months followed by P2Y12 inhibitor monotherapy for 9 months, or DAPT for 12 months. They were followed for 1 year.



RESULTS

- Primary endpoint: MACCE (death, MI, stroke) at 12 months, for 3- vs. 12-month DAPT: 2.9% vs. 2.5%, p for noninferiority = 0.007; p for superiority = 0.46
- Death: 1.4% vs. 1.2%, p = 0.61; MI: 0.8% vs. 1.2%, p = 0.28; stent thrombosis: 0.2% vs. 0.1%, p = 0.65
- Bleeding BARC 2-5: 2.0% vs. 3.4%, p = 0.02

CONCLUSIONS

- 3 months of DAPT followed by P2Y12 inhibitor use as monotherapy for 9 months is noninferior to 12 months of DAPT among unselected patients undergoing PCI with a DES; bleeding was lower with this strategy
- Interesting findings, adds to other trials seeking to drop aspirin rather than the P2Y12 inhibitor as antiplatelet agent long-term; outcomes may be different among patients with ACS vs. stable ischemic heart disease

Presented by Dr. Joo-Yong Hahn at ACC 2019

Hahn J.Y., Song Y.B., Oh J.H., et al SMART-CHOICE. **JAMA**2019; 321:2428-2437

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Verkorte duur DAPT (Stop Aspirin, Tica mono)

TWILIGHT - Trial Objectives

Primary Objective:

To determine the impact of SAPT (ticagrelor monotherapy) *versus* DAPT (ticagrelor plus aspirin) for 12 months in reducing **clinically relevant bleeding** (BARC 2, 3 or 5) among high-risk patients who have undergone successful PCI.

Secondary Objective:

To determine the impact of SAPT (ticagrelor monotherapy) *versus* DAPT (ticagrelor plus aspirin) for 12 months on **major ischemic adverse events** (all-cause death, non-fatal MI or stroke) among high-risk patients who have undergone successful PCI.

Verkorte duur DAPT (Aspirin)

TWILIGHT Inclusion Criteria

Clinical criteria

Age ≥65 years

Female gender

Troponin positive ACS

Established vascular disease (previous MI, documented PAD or CAD/PAD revasc)

DM treated with medications or insulin

CKD (eGFR <60ml/min/1.73m ^{2} or CrCl <60ml/min)

Angiographic criteria

Multivessel CAD

Target lesion requiring total stent length >30mm

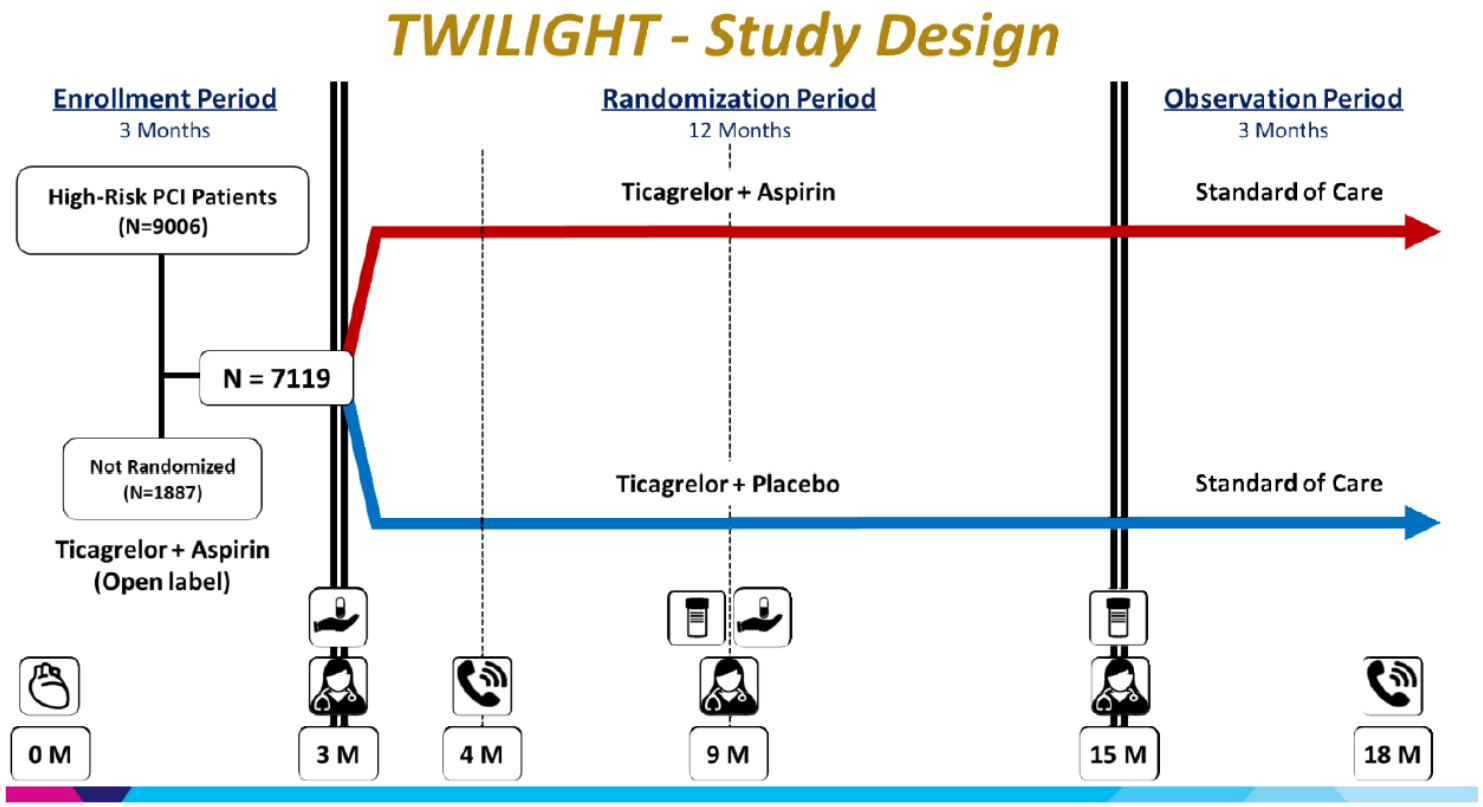
Thrombotic target lesion

Bifurcation lesion (s) with Medina X,1,1 classification requiring ≥2 stents

Left main (≥50%) or proximal LAD (≥70%) lesions

Calcified target lesion(s) requiring atherectomy

Verkorte duur DAPT (Stop Aspirin, Tica mono)



TWILIGHT Inclusion Criteria

Clinical criteria

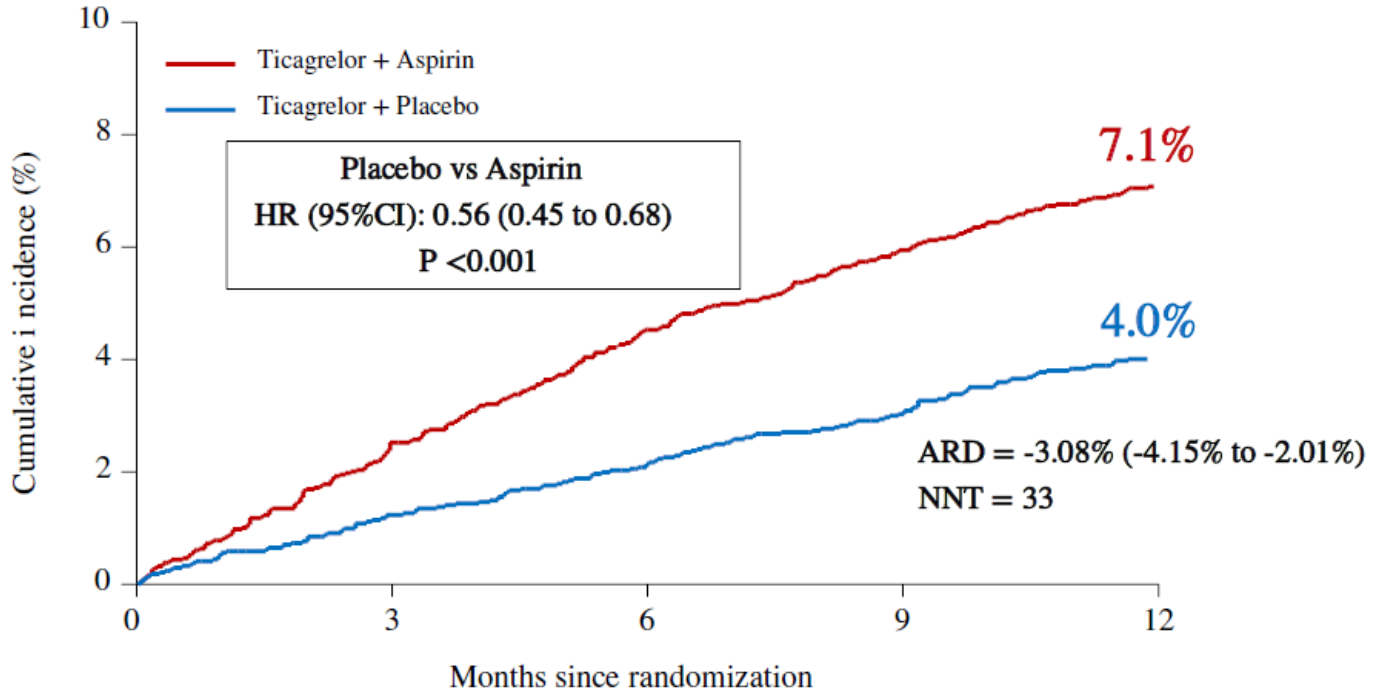
- Age ≥65 years
- Female gender
- Troponin positive ACS
- Established vascular disease (previous MI, documented PAD or CAD/PAD revasc)
- DM treated with medications or insulin
- CKD (eGFR <60ml/min/1.73m ^{2} or CrCl <60ml/min)

Angiographic criteria

- Multivessel CAD
- Target lesion requiring total stent length >30mm
- Thrombotic target lesion
- Bifurcation lesion (s) with Medina X,1,1 classification requiring ≥2 stents
- Left main (≥50%) or proximal LAD (≥70%) lesions
- Calcified target lesion(s) requiring atherectomy

Primary Endpoint: BARC 2, 3 or 5 Bleeding

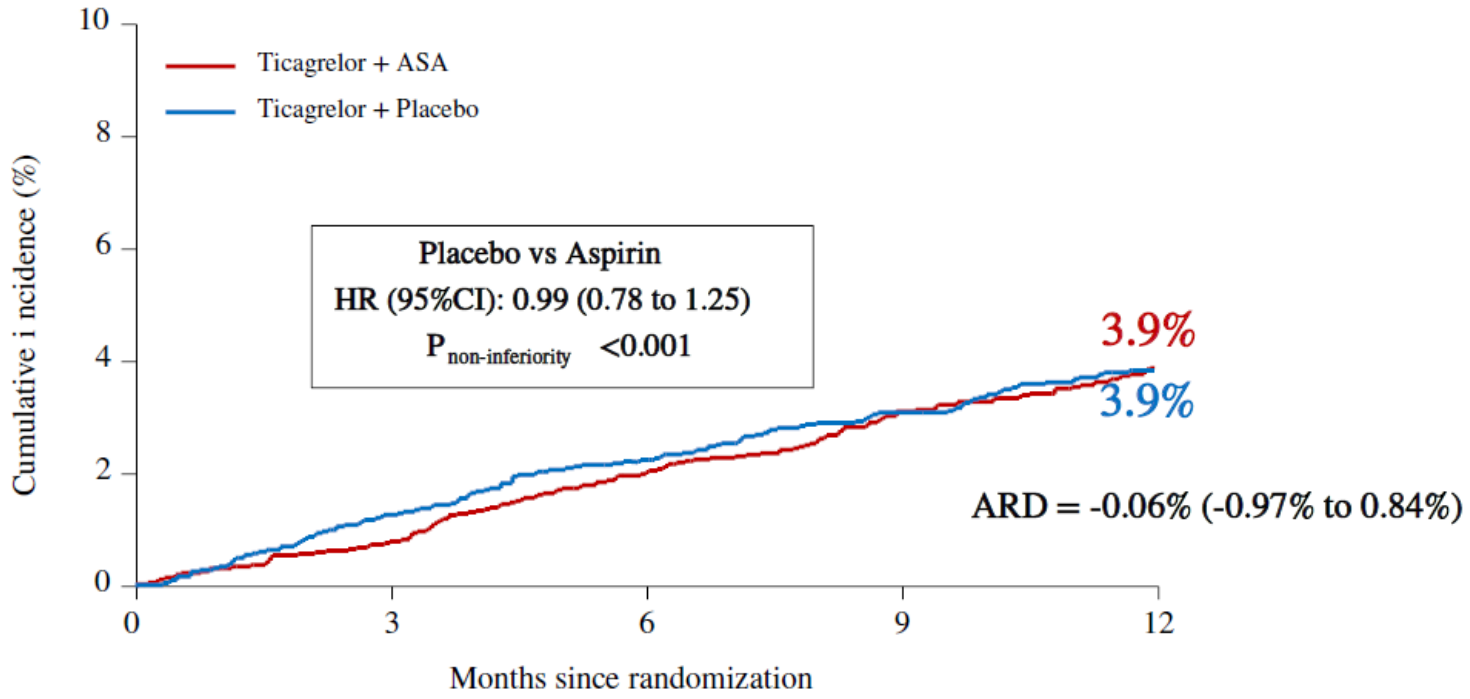
ITT Cohort



No. at risk					
Ticagrelor + Aspirin	3564	3454	3357	3277	3213
Ticagrelor + Placebo	3555	3474	3424	3366	3321

Key Secondary Endpoint: Death, MI or Stroke

PP Cohort



No. at risk					
Ticagrelor + Aspirin	3515	3466	3415	3361	3320
Ticagrelor + Placebo	3524	3457	3412	3365	3330

Limitations DAPT vs SAPT studies

- Combined endpoints: MACE vs NACE
- Mixed durations
- Mixed P2Y12 inhibitors.
- Frequently selected patients.
  - Low risk patients
  - High Bleeding risk patients.

ESC guidelines NSTE-ACS 2020

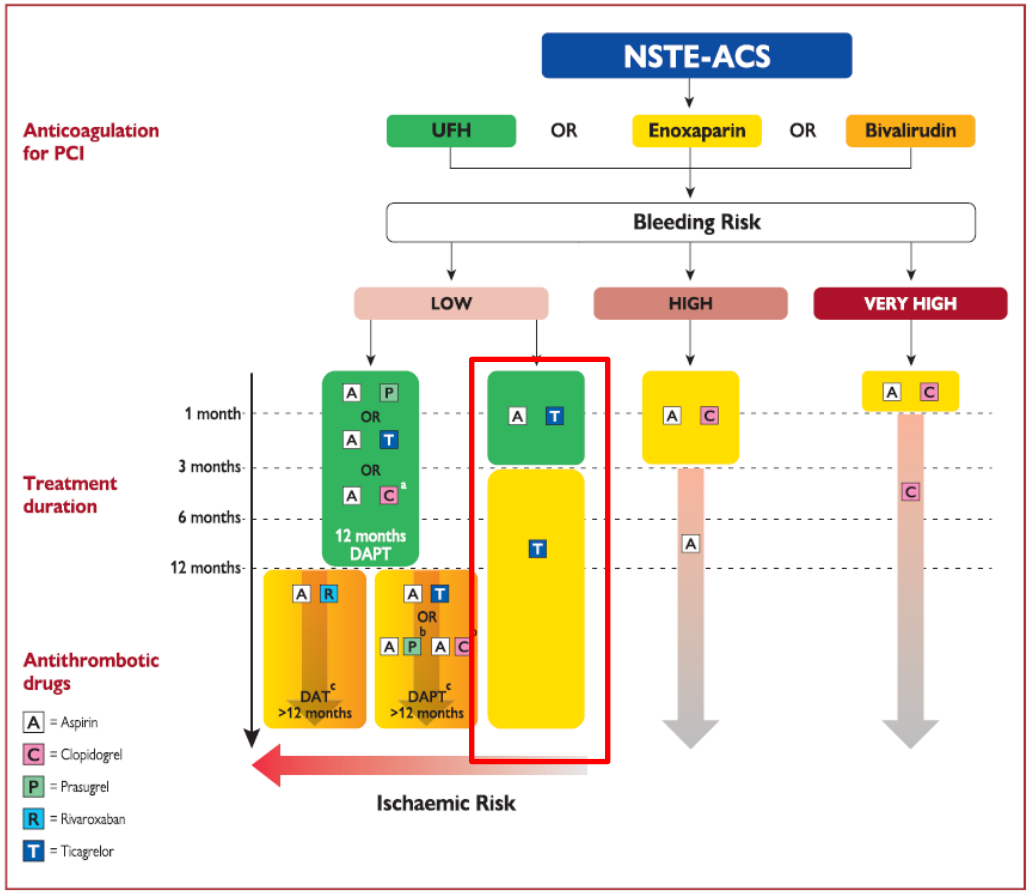
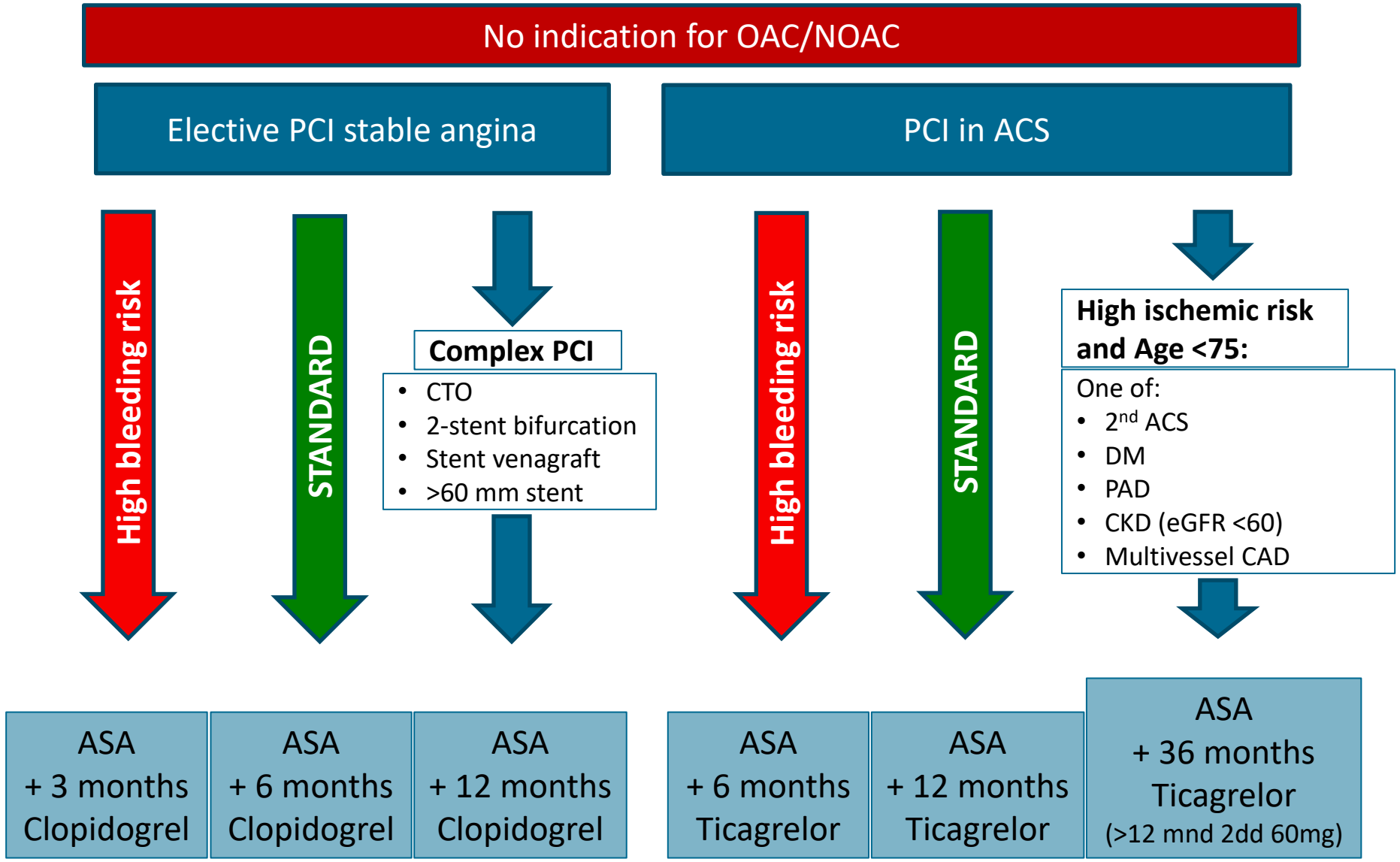


Figure 7 Algorithm for antithrombotic therapy in non-ST-segment elevation acute coronary syndrome patients without atrial fibrillation undergoing percutaneous coronary intervention. HBR is considered as an increased risk of spontaneous bleeding during DAPT (e.g. PRECISE-DAPT score ≥25 or ARC-HBR[158]). Colour-coding refers to the ESC classes of recommendations (green = class I; yellow = IIa; orange = Class IIb). Very HBR is defined as recent bleeding in the past month and/or not deferrable planned surgery. A = aspirin; ARC-HBR = Academic Research Consortium – High Bleeding Risk;

Risicofactoren

- Verhoogd bloedingsrisico:
  - Indicatie voor OAC
  - Intracraniële bloeding in voorgeschiedenis; Spontane bloeding in de laatste 12 maanden.
  - CKD (eGFR <30)
  - Bekende anaemie (Hb< 7mmol/l)

- Verhoogd Ischemisch risico:
  - Diabetes mellitus
  - Tweede ACS
  - Meervatslijden
  - CKD (eGFR <60)
  - Perifeer arterieel vaatlijden



High Bleeding Risk: Eerder ICH; Spontane bloeding <12 mnd; CKD (eGFR <30); Bekende anemie (Hb< 7mmol/l)

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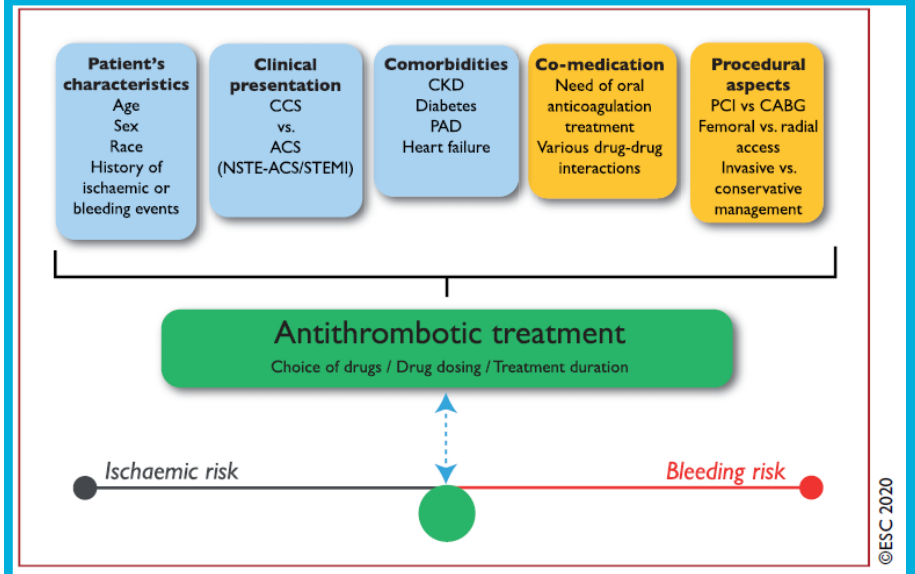
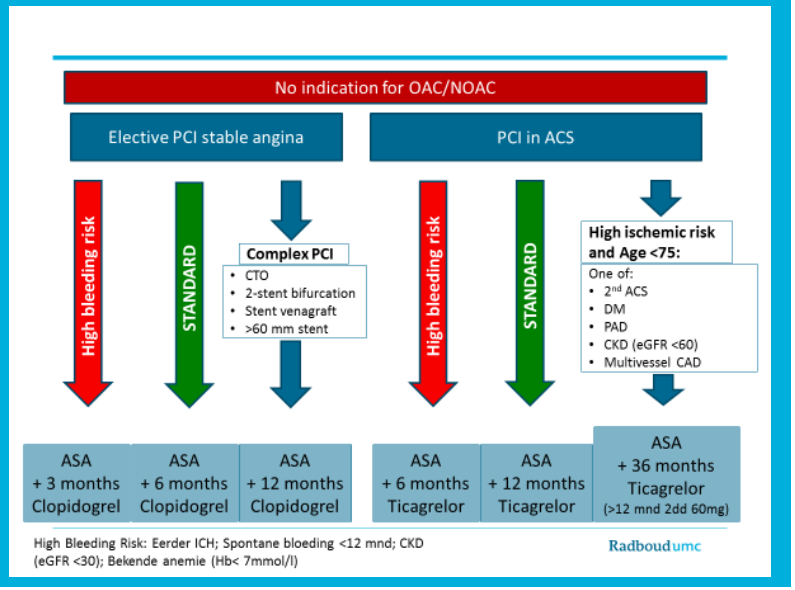
DAPT post ACS/PCI:
Some shorter, some longer





Prof.dr RJ van Geuns, interventional cardiologist
Nationale antistollingsdag November 2020

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ESC guidelines CCS 2019

Antithrombotic therapy post-PCI in patients with CCS and in sinus rhythm		
Aspirin 75–100 mg daily is recommended following stenting.[284]	I	A
Clopidogrel 75 mg daily following appropriate loading (e.g. 600 mg or >5 days of maintenance therapy) is recommended, in addition to aspirin, for 6 months following coronary stenting, irrespective of stent type, unless a shorter duration (1–3 months) is indicated due to risk or the occurrence of life-threatening bleeding.[284]	I	A
Clopidogrel 75 mg daily following appropriate loading (e.g. 600 mg or >5 days of maintenance therapy) should be considered for 3 months in patients with a higher risk of life-threatening bleeding.[284]	IIa	A
Clopidogrel 75 mg daily following appropriate loading (e.g. 600 mg or >5 days of maintenance therapy) may be considered for 1 month in patients with very high risk of life-threatening bleeding.[284]	IIb	C
Prasugrel or ticagrelor may be considered, at least as initial therapy, in specific high-risk situations of elective stenting (e.g. suboptimal stent deployment or other procedural characteristics associated with high risk of stent thrombosis, complex left main stem, or multivessel stenting) or if DAPT cannot be used because of aspirin intolerance.	IIb	C