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Antithrombotic treatment beyond the first year of ACS

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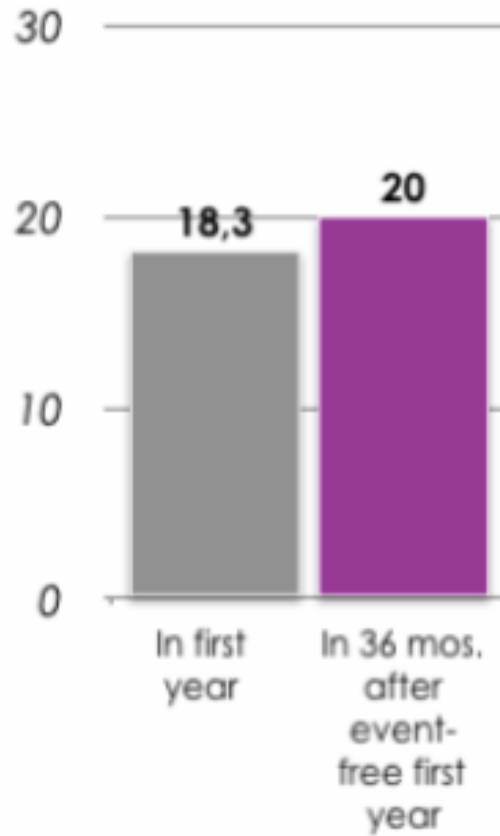
Declaration of Conflict Of Interest

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

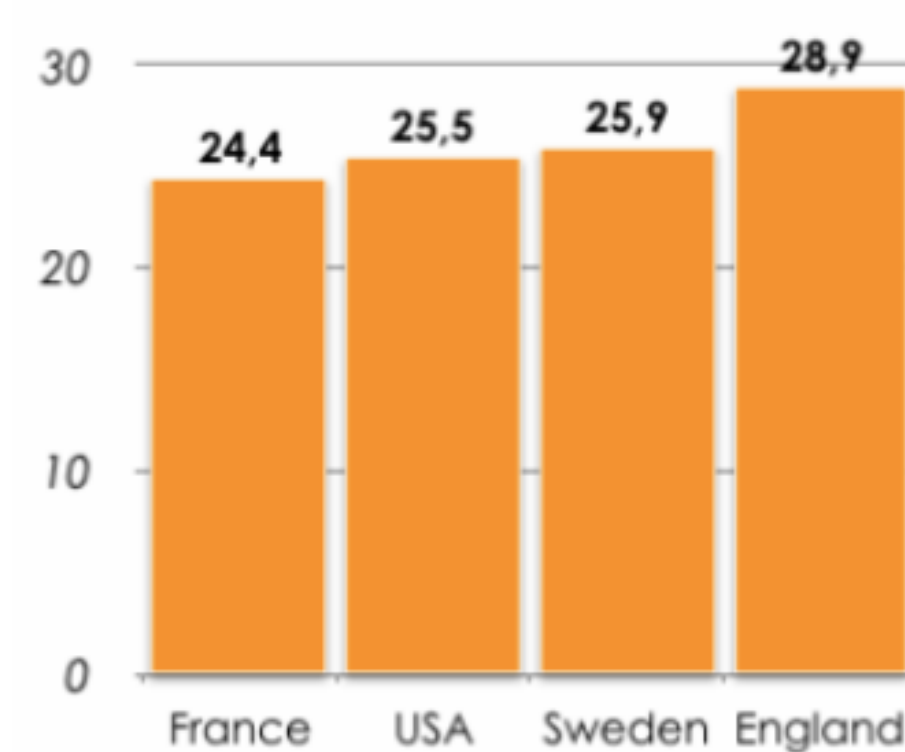
Persistent risk of MACE @ 3 years following MI

Swedish registry (n=97254)



Jernberg T et al. *Eur Heart J* 2015;1163-70

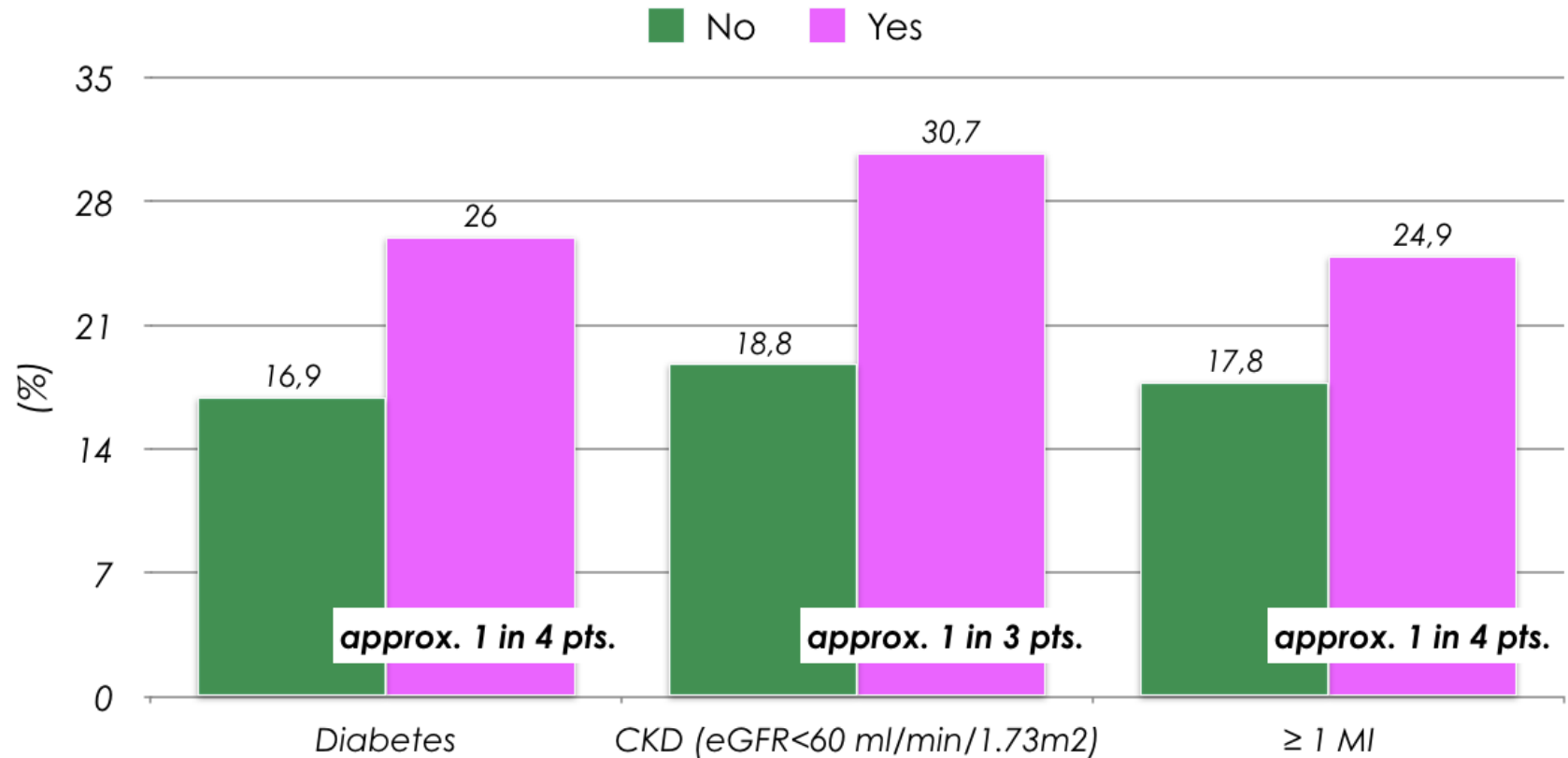
APOLLO program (n=114364)



Rapsomaniki E et al. *EHJ Qual Care Clin Outcomes* 2016;2:172-83

MACE @ 3 yrs in pts. event-free for 1 yr after MI: subgroups

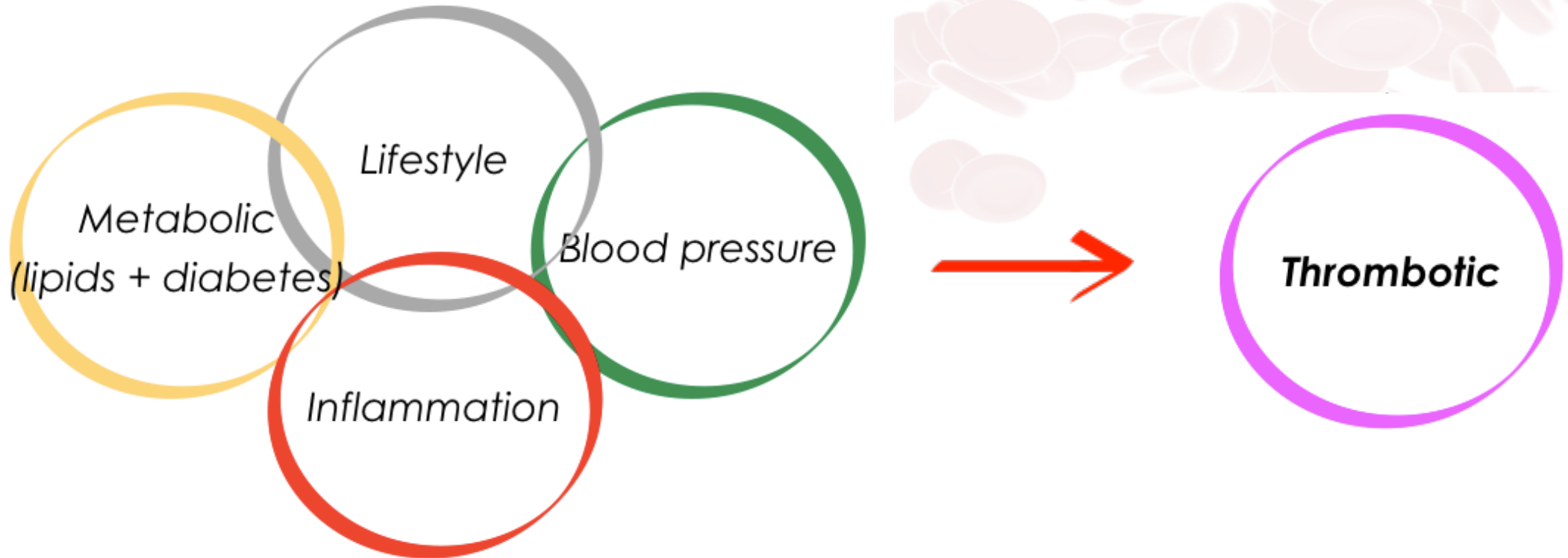
7238 pts. who survived
a year or more after
acute MI



Pathways of residual CV risk

Upstream

Downstream



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

Recommendations	Class	Level
Adding a second antithrombotic drug to aspirin for long-term secondary prevention should be considered in patients with a high risk of ischaemic events and without high bleeding risk.	IIa	A
Adding a second antithrombotic drug to aspirin for long-term secondary prevention may be considered in patients with at least a moderately increased risk of ischaemic events and without high bleeding risk.	IIb	A

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

<i>Drug option (+ ASA)</i>	<i>Dose</i>	<i>Indication</i>
Clopidogrel	75 mg OD	Post-MI in pts. who have tolerated DAPT for 1 year
Prasugrel	10 mg OD*	Post-PCI for MI in pts. who have tolerated DAPT for 1 year
Ticagrelor	60 mg BID	Post-MI in pts. who have tolerated DAPT for 1 year
Rivaroxaban	2.5 mg BID	Post-MI >1 year or multivessel CAD

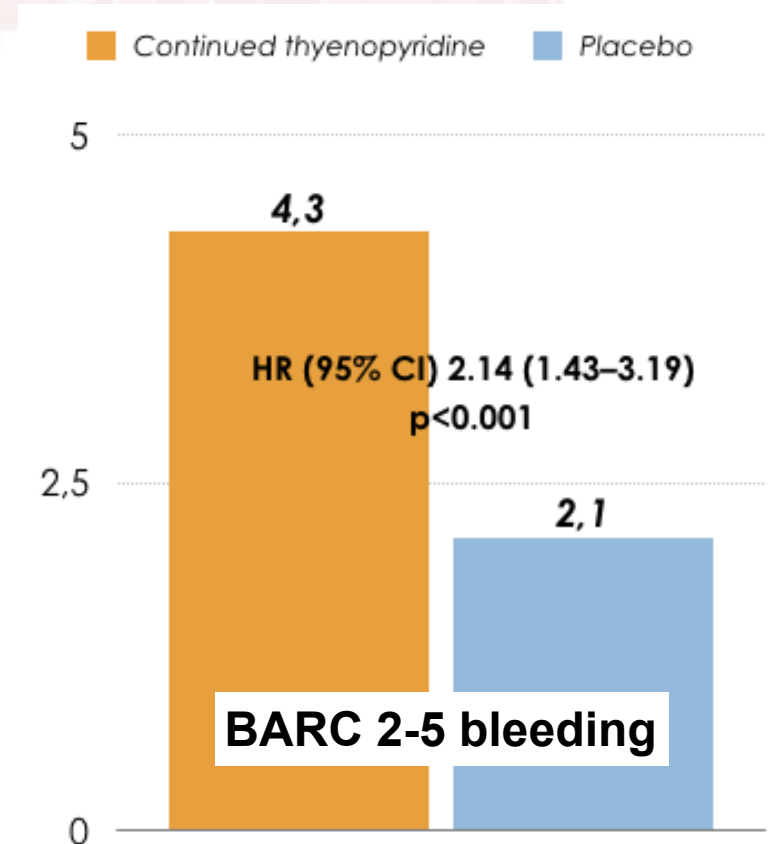
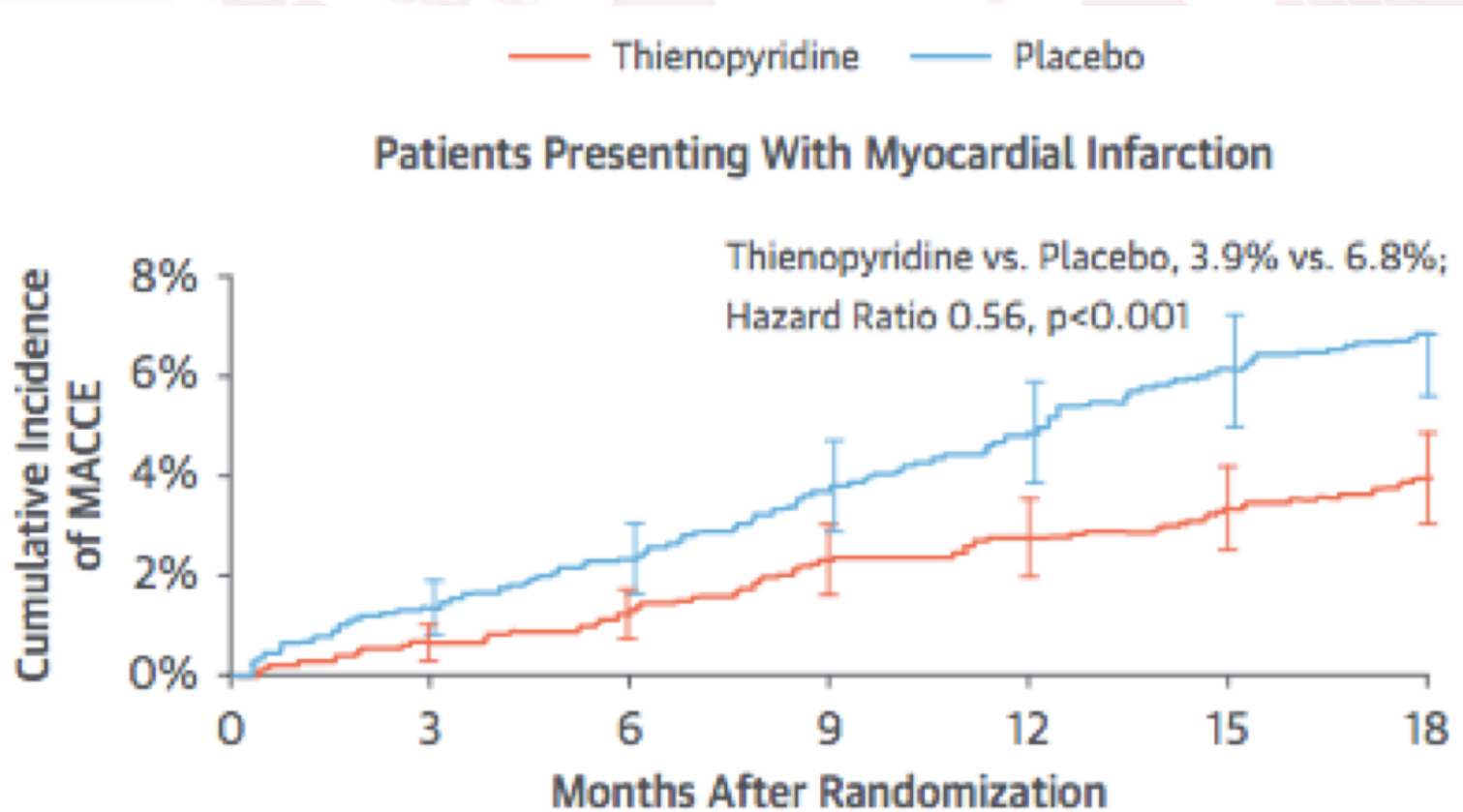
* 5 mg OD for body weight < 60 kg and/or age > 75 years

DAPT study: subanalysis in pts. with MI

12-mo. DAPT after PCI with DES/BMS + randomization to additional 18 mos. of DAPT

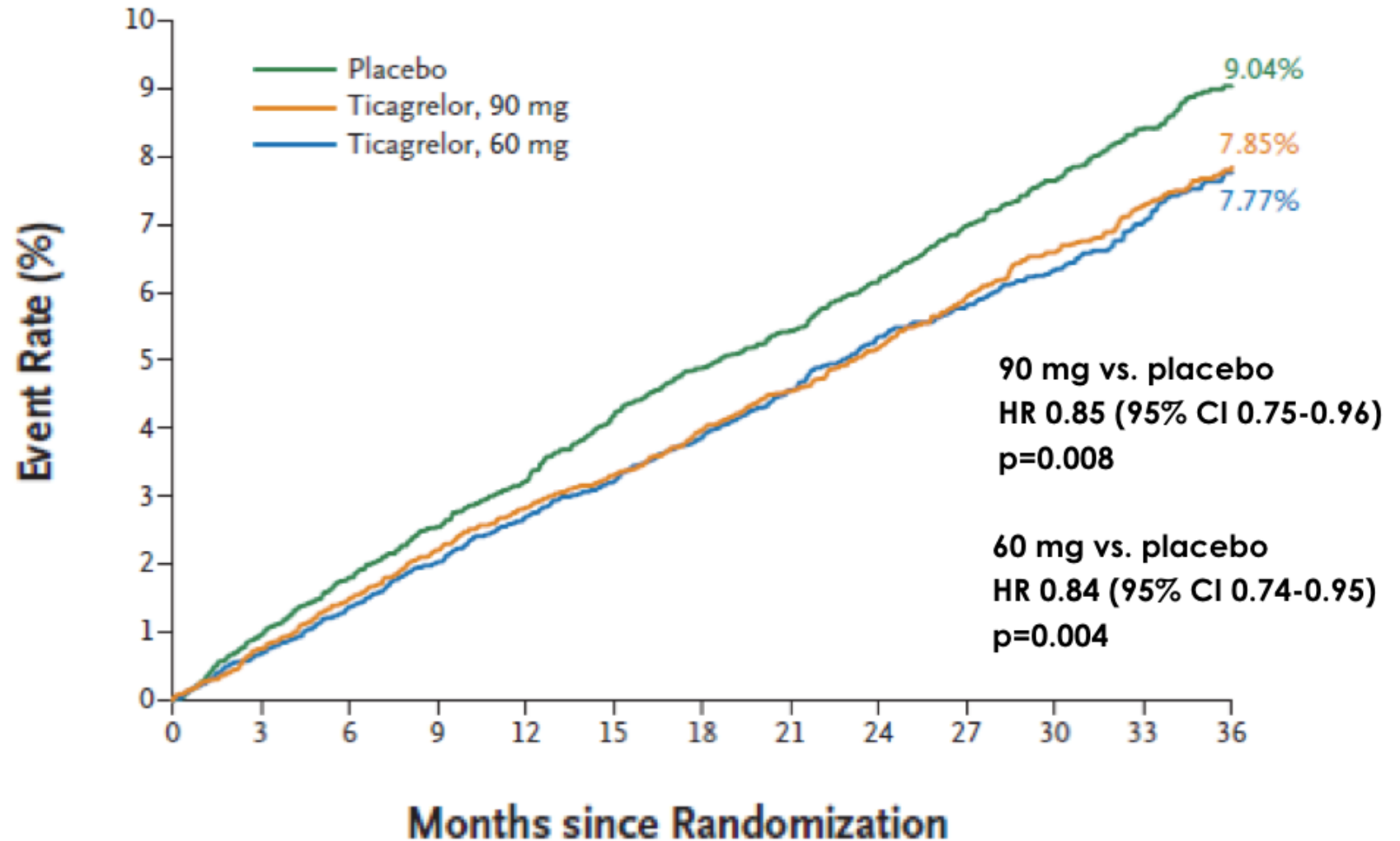
3576 pts. undergoing PCI for STEMI/NSTEMI (31% of overall population)

clopidogrel/prasugrel 65/35%

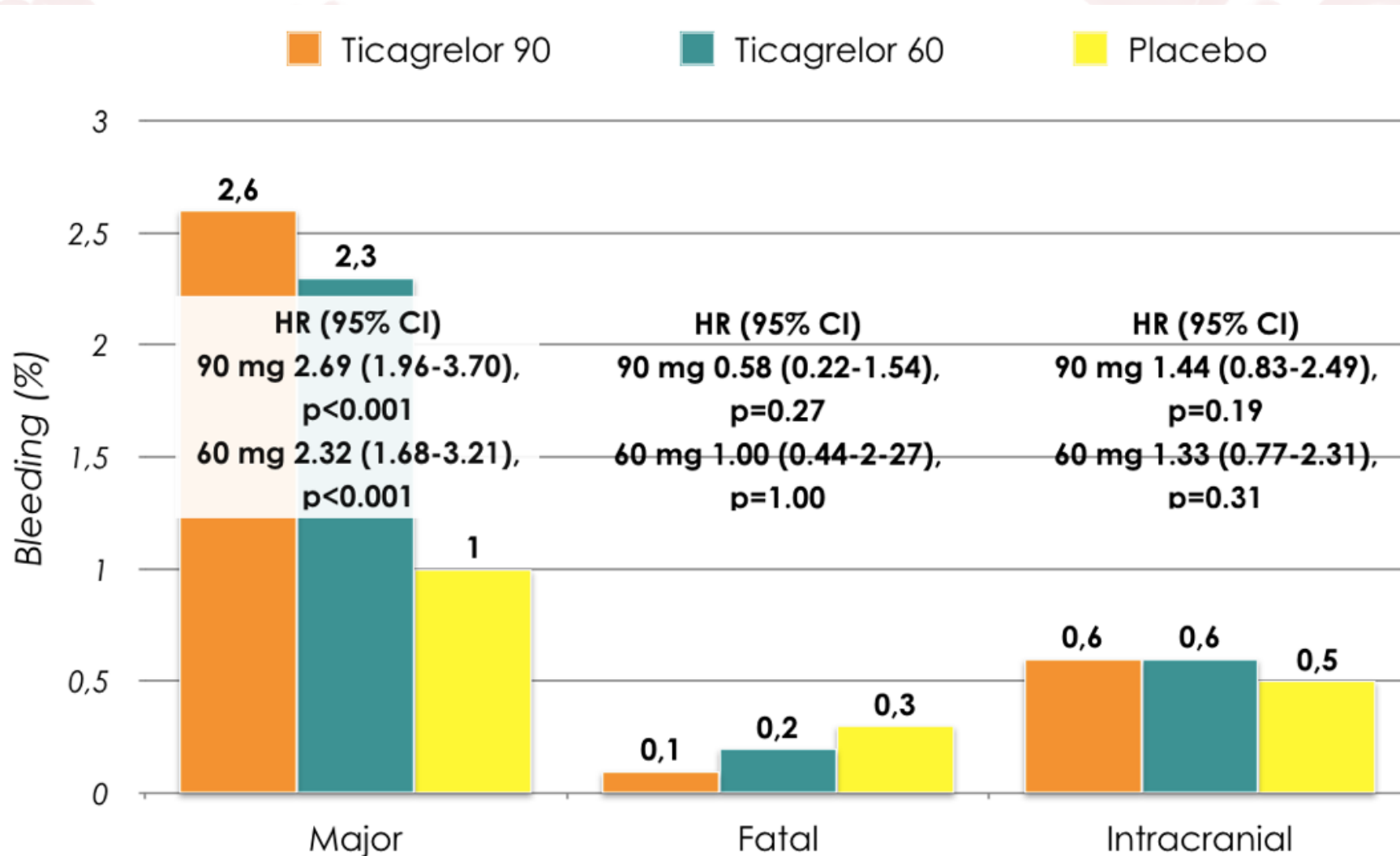


PEGASUS-TIMI 54 trial: efficacy outcome

- 21,162 pts.
- age ≥ 50 years
- spontaneous MI 1-3 years before + ≥ 1 additional atherothrombotic risk factors (≥ 65 years, >1 prior MI, multi-vessel CAD, diabetes, chronic non-end-stage renal dysfunction)
- Primary endpoint: composite of CV death, MI or stroke

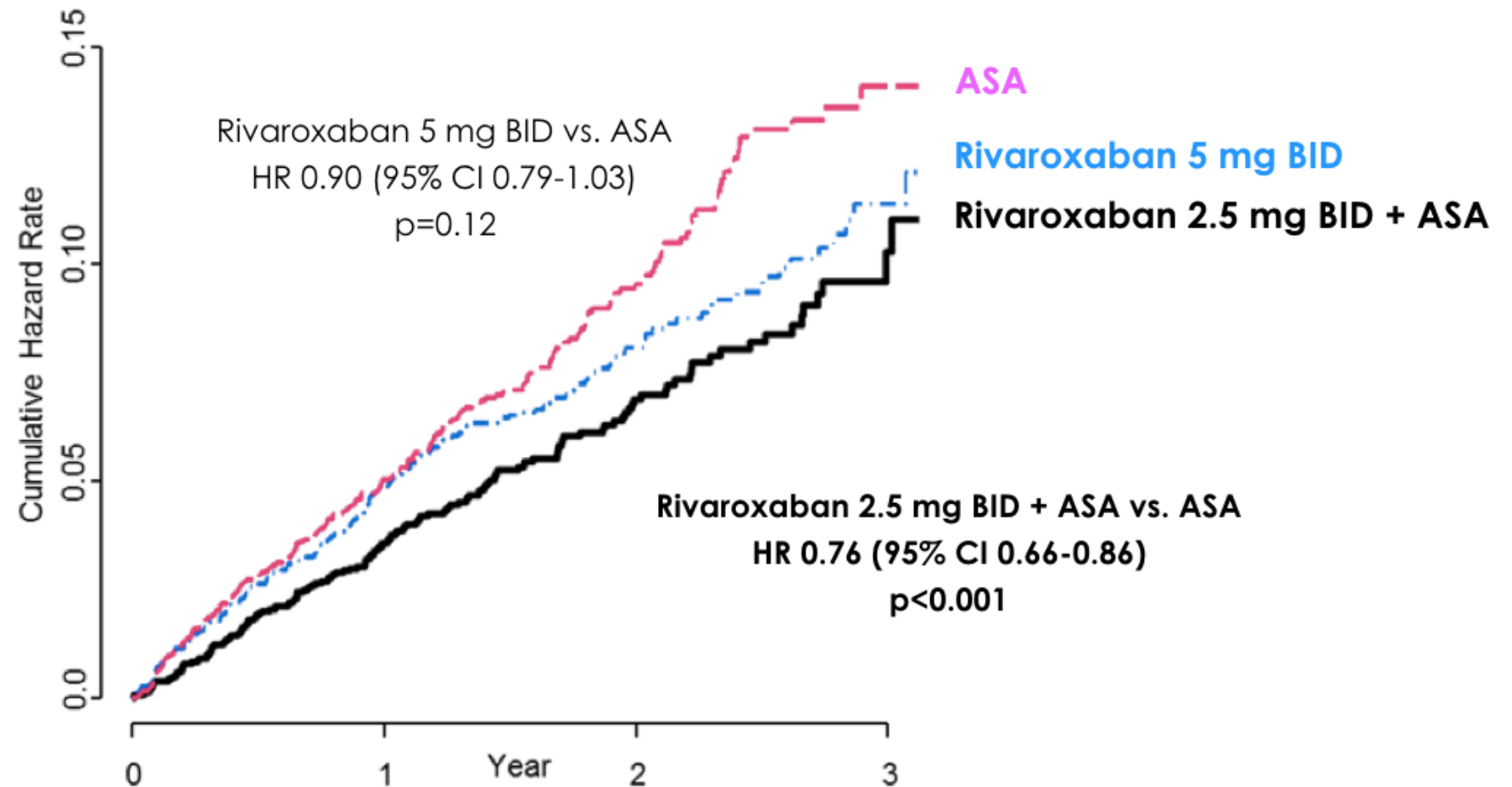


PEGASUS-TIMI 54 trial: safety outcomes

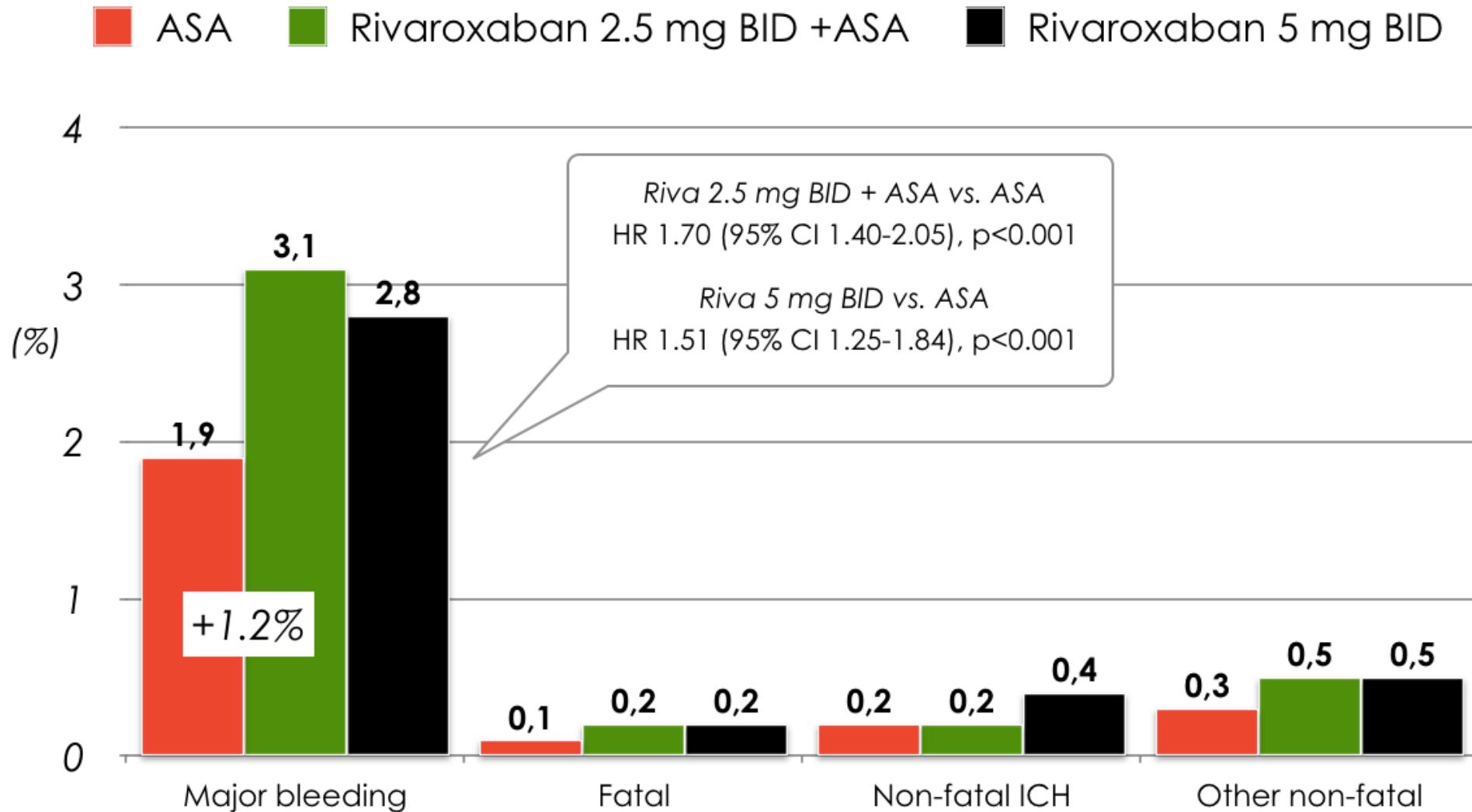


COMPASS trial: efficacy outcome

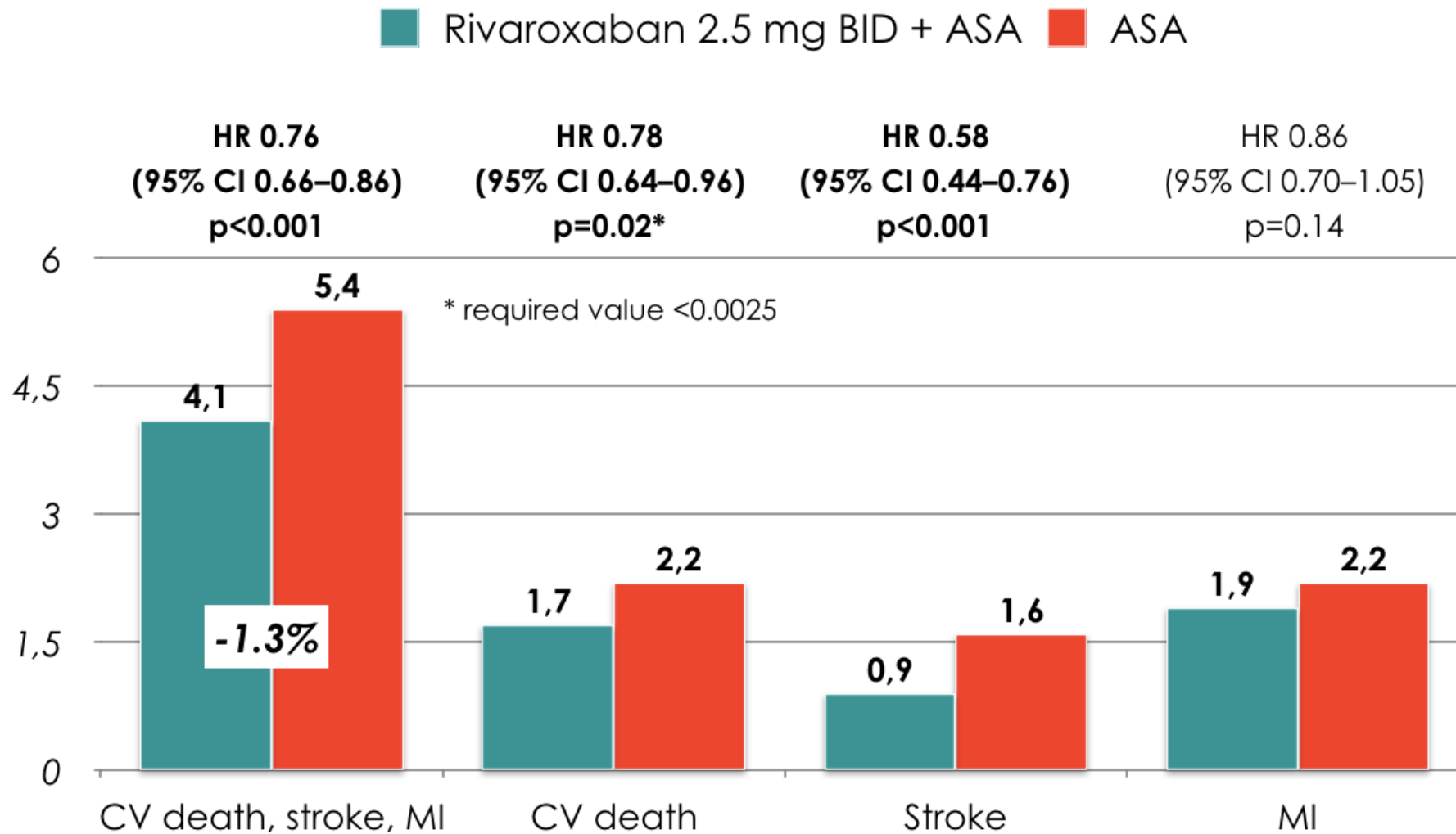
- 27395 pts. with stable atherosclerotic vascular disease
- Primary outcome = composite of CV death, MI, or stroke



COMPASS trial: safety outcomes

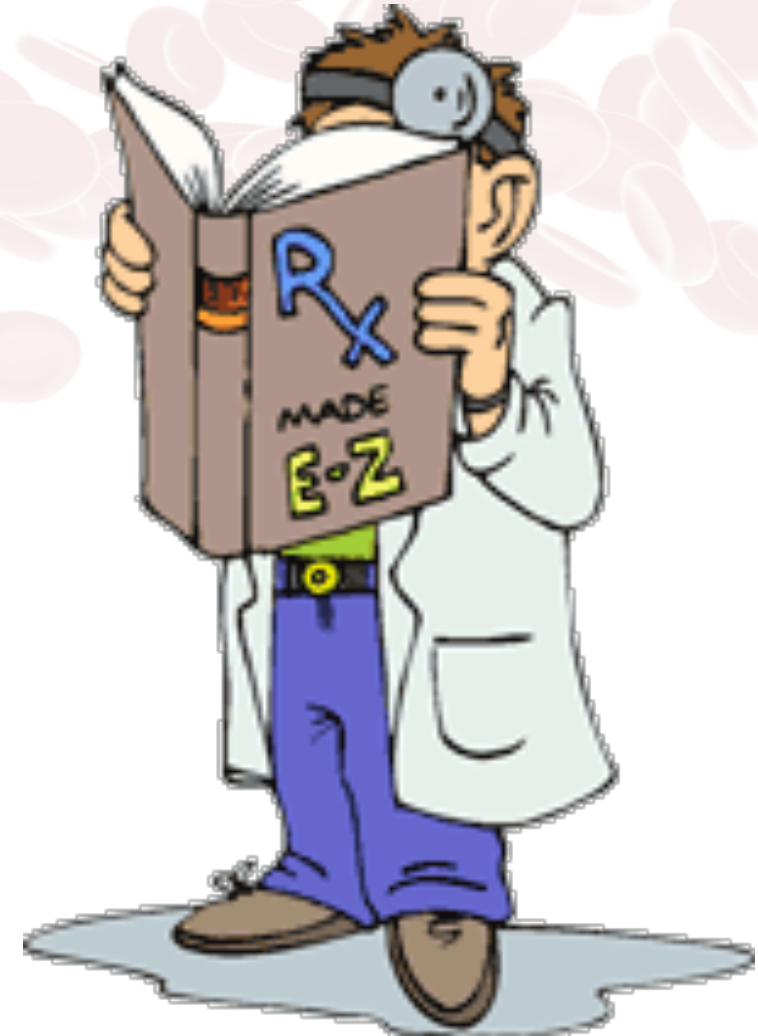


COMPASS trial: individual ischemic outcomes



Question

Which patient for which strategy
(prolonged DAPT vs. dual
pathway inhibition)?

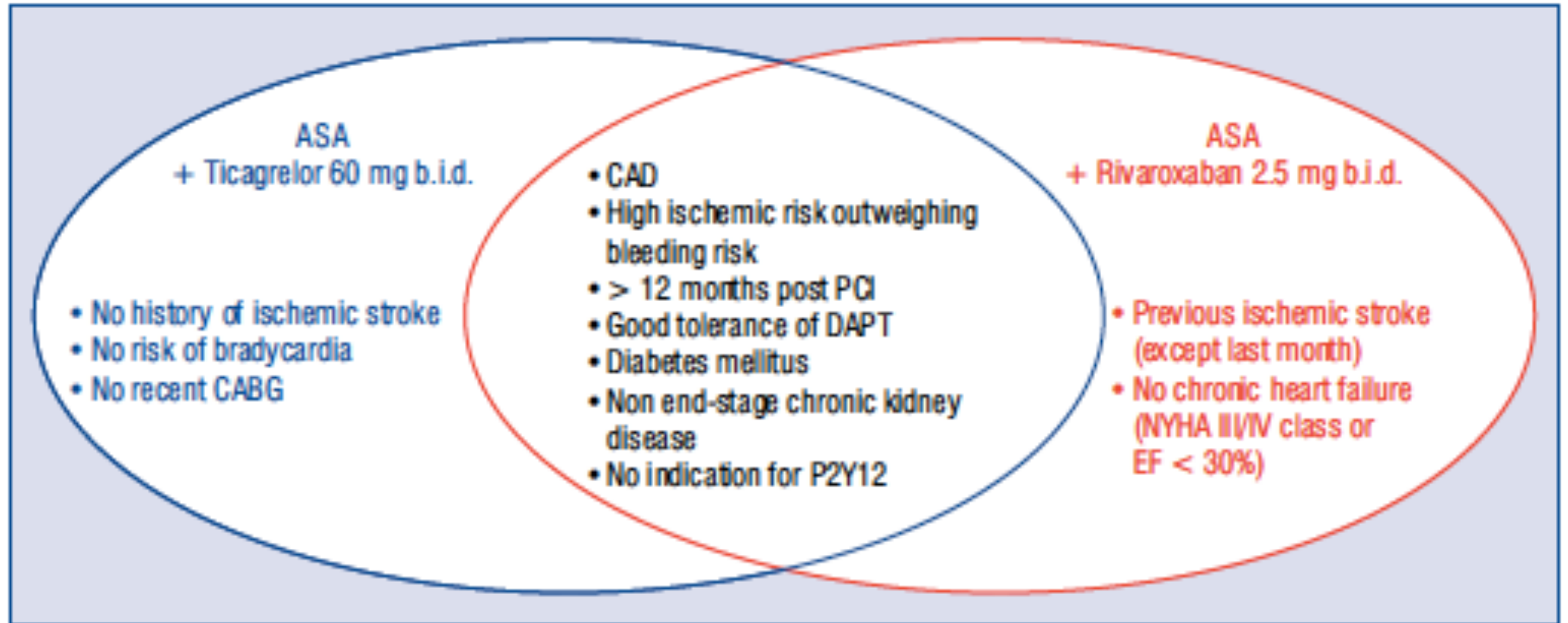


PEGASUS vs. COMPASS: different populations

Inclusion criteria in the PEGASUS-TIMI 54 trial	Inclusion criteria in the COMPASS trial (CAD cohort ~90%)
MI within 1–3 years Age \geq 50 years One additional risk factor: Age \geq 65 years Diabetes mellitus PAD Multi-vessel CAD CKD not requiring dialysis Second previous MI (prior to index MI)	MI within 20 years or multi-vessel CAD regardless of previous revascularization Age \geq 65 years or PAD or two additional risk factors: Current smoking Diabetes mellitus CKD—excluding eGFR $<$ 15 mL/min Heart failure Non-lacunar ischemic stroke \geq 1 month

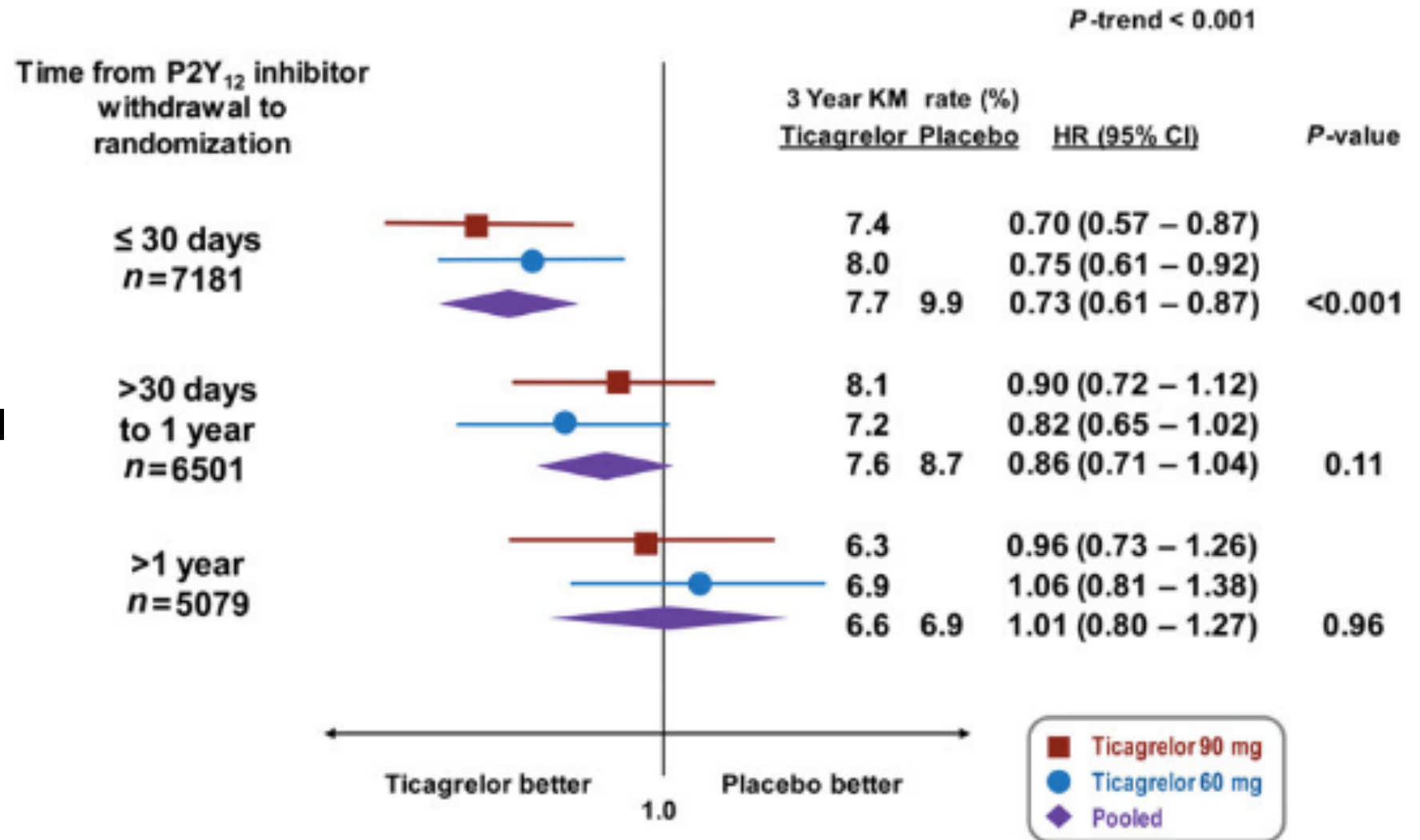
Years since MI (median) 1.7 vs 7.1

Overlapping of PEGASUS-TIMI 54 and COMPASS inclusion criteria

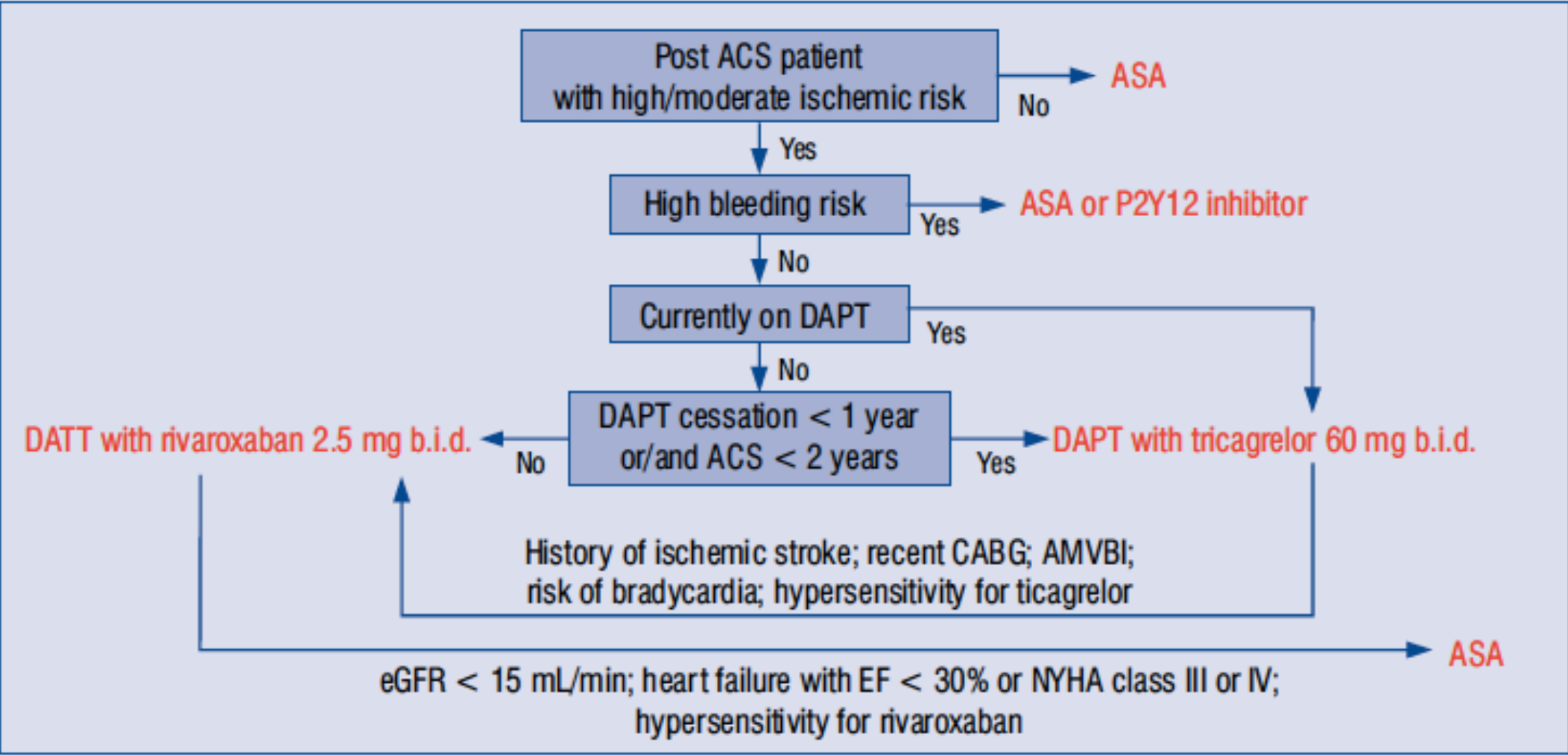


Primary endpoint in relation to time of P2Y₁₂ inhibitor withdrawal

PEGASUS-TIMI 54 trial



Prolonged DAPT vs. dual pathway inhibition: an algorithm



Conclusions

Antithrombotic treatment beyond the first year of ACS:

- should be considered when residual ischemic risk is moderate to high
- can include prolonged DAPT or dual pathway inhibition
- should include ticagrelor as the preferred P2Y₁₂ inhibitor for prolonged DAPT
- should be individualized as regards prolonged DAPT vs. dual pathway inhibition