Six-month dual antiplatelet tx noninferior to 24-month DAPT

February 25 2015

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(HealthDay)—For aspirin-sensitive patients undergoing everolimus-eluting stent implantation, six-month dual antiplatelet therapy (DAPT) is noninferior to 24-month DAPT, according to a study published in the March 3 issue of the *Journal of the American College of Cardiology*.

Martine Gilard, M.D., Ph.D., from Brest University in France, and colleagues examined whether antiplatelet treatment with DAPT for six months was noninferior to 24-month DAPT in patients who were aspirin sensitive. Patients undergoing implantation of everolimus-eluting stents with confirmed nonresistance to aspirin were randomized to receive six-

or 24-month DAPT. Due to recruitment problems, the trial was terminated prematurely, with 941 patients randomized to 24-month DAPT and 953 to six-month DAPT.

The researchers found that at 12 months post-stenting, there was no significant between-group difference in the primary end point (composite of death, myocardial infarction, urgent target vessel revascularization, stroke, and major bleeding; 1.5 percent [24-month] versus 1.6 percent [six-month]; P = 0.85). Noninferiority was demonstrated for six-month DAPT, with an absolute risk difference of 0.11 percent (P for noninferiority = 0.0002). No significant differences were seen in stent thrombosis or bleeding complications. Primary and secondary end points did not differ for the 792 high-risk patients with acute coronary syndrome (hazard ratio, 1.7; 95 percent confidence interval, 0.519 to 6.057; P = 0361).

"Rates of bleeding and thrombotic events were not significantly different according to six- versus 24-month DAPT after percutaneous coronary intervention with new-generation drug-eluting stents in good aspirin responders," the authors write.

The study was partially funded by Abbott Vascular Devices.

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