One year results from the REDUCE trial reported

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Results from the prospective, multicenter, randomized investigator-initiated REDUCE trial were reported today at the 29th annual Transcatheter Cardiovascular Therapeutics (TCT) scientific symposium. Sponsored by the Cardiovascular Research Foundation (CRF), TCT is the world's premier educational meeting specializing in interventional cardiovascular medicine.

The optimal duration of dual antiplatelet therapy (DAPT) in patients with acute coronary syndrome (ACS) treated with a drug-eluting stent is still under debate. The potential benefits of long-term DAPT in avoiding thrombotic complications may be offset by a higher risk of major bleeding complications. Researchers hypothesized that a reduction in DAPT duration could be achieved without increasing the overall treatment risk, by using the COMBO dual therapy stent, a stent designed to foster early re-endothelialization using a luminal anti-CD34 antibody with antiproliferative abluminal sirolimus elution.

From June 2014 to May 2016, 1,496 patients with acute coronary syndrome and treated with the COMBO dual therapy stent were randomly assigned to either three months (N=751) or 12 months (N=745) of DAPT. Clinical follow-ups were scheduled at three, six, 12, and 24 months. The primary study endpoint was a composite of all-cause mortality, myocardial infarction, stent thrombosis (ST), stroke, target-vessel revascularization (TVR), and bleeding (BARC II, III, V) at twelve months.

The trial found no difference in the primary endpoint between three and 12 months DAPT (8.2% vs. 8.4%, Pnoninferiority