

TCT: Ticagrelor monotherapy within one month of DAPT noninferior to continued DAPT

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For patients with acute coronary syndrome (ACS), stopping dual antiplatelet therapy (DAPT) within one month for ticagrelor monotherapy is noninferior and superior to 12 months of ticagrelor-based DAPT, according to a study published online Oct. 25 in



Circulation to coincide with the annual Transcatheter Cardiovascular Therapeutics conference, held from Oct. 23 to 26 in San Francisco.

Sung-Jin Hong, M.D., from Yonsei University College of Medicine in Seoul, South Korea, and colleagues conducted a randomized, open-label, noninferiority trial involving 2,850 patients with ACS who underwent drug-eluting stent implantation at 24 centers in South Korea and were randomly assigned to receive ticagrelor monotherapy (90 mg twice daily) after less than one month of DAPT or 12 months of ticagrelor-based DAPT (1,426 and 1,424 patients, respectively).

The researchers found that the primary end point of net clinical benefit as a composite of all-cause death, <u>myocardial infarction</u>, definite or probable stent thrombosis, stroke, and major bleeding at one year after the index procedure in the intention-to-treat population occurred in 2.8 and 5.2 percent of patients in the group receiving ticagrelor monotherapy after less than one month of DAPT and the ticagrelor-based 12-month DAPT group, respectively (hazard ratio, 0.54).

Major bleeding occurred significantly less often in the group receiving ticagrelor monotherapy after less than one month of DAPT versus the 12-month DAPT group (1.2 versus 3.4 percent; hazard ratio, 0.35).

"The significant reduction in <u>major bleeding</u> in the ticagrelor monotherapy after

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