ACC: Ticagrelor monotherapy cuts bleeding risk in acute coronary syndrome

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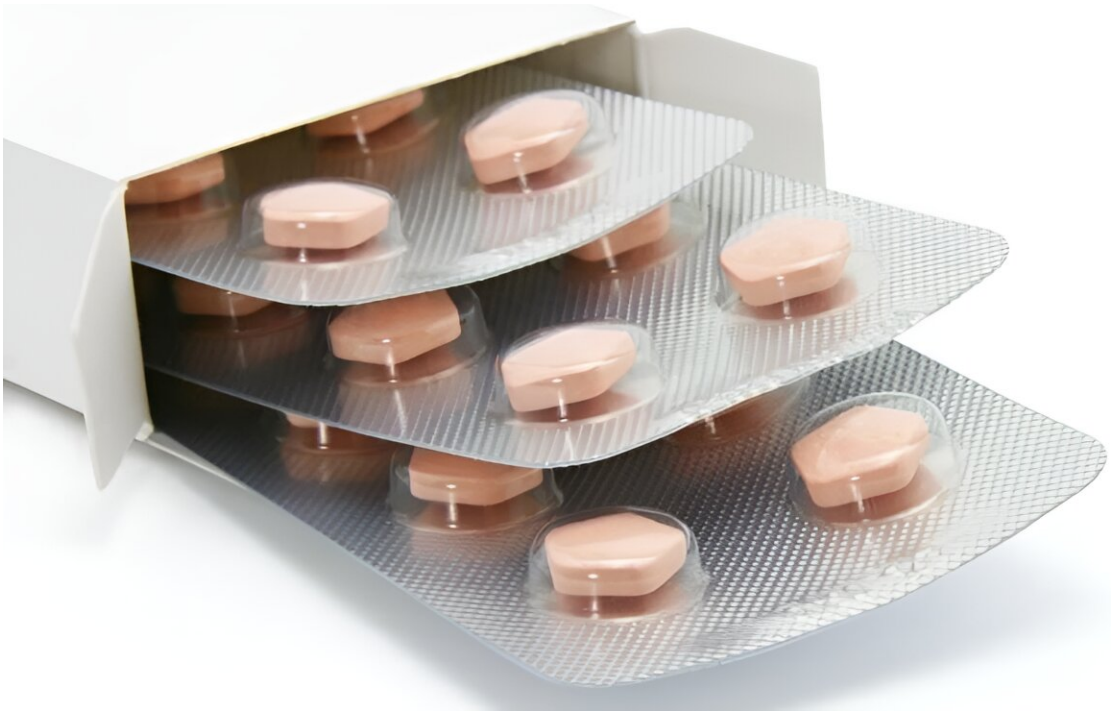

Treatment with ticagrelor alone results in a lower rate of clinically relevant bleeding compared with ticagrelor and aspirin among patients with an acute coronary syndrome who had percutaneous coronary intervention and remained event-free for one month on dual antiplatelet therapy, according to a study published online April 7 in *The Lancet* to

coincide with the annual meeting of the American College of Cardiology, held from April 6 to 8 in Atlanta.

Zhen Ge, M.D., from Nanjing First Hospital in China, and colleagues conducted a randomized, double-blind trial involving adults with an acute coronary syndrome with percutaneous coronary intervention with stent placement, who had no major ischemic or bleeding events after one-month treatment with dual antiplatelet therapy. Participants were randomly assigned to receive oral ticagrelor plus oral aspirin or oral ticagrelor plus a matching oral placebo (1,700 patients in each group) beginning one month after and ending 12 months after percutaneous coronary intervention.

The researchers found that clinically relevant bleeding occurred in 2.1 and 4.6 percent of patients in the ticagrelor plus placebo group and the ticagrelor plus aspirin group, respectively (hazard ratio, 0.45). Major adverse cardiovascular or cerebrovascular events (MACCE) occurred in 3.6 and 3.7 percent of patients in the ticagrelor plus placebo and ticagrelor plus aspirin groups, respectively.

"The present results show that, in these patients, treatment with a ticagrelor monotherapy regimen between month one and month 12 after the intervention decreases the risk of clinically relevant bleeding events while providing similar protection from MACCE as compared with ticagrelor plus aspirin," the authors write.

Several authors disclosed ties to the pharmaceutical and medical device industries.

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