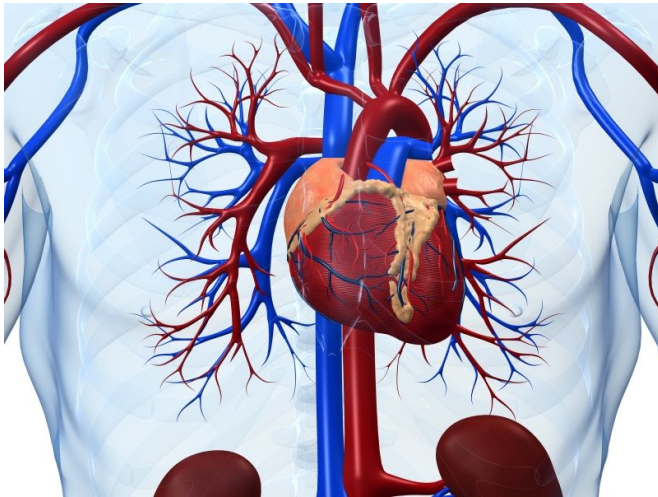


Adverse events not up with six months of DAPT

19 May 2016



thrombosis occurred in 0.3 percent of patients in both the six- and 12-month groups (hazard ratio, 1.00; P = 0.999). No significant differences were seen between the groups in the primary end point among 686 patients with [acute coronary syndrome](#) and 506 patients with diabetes mellitus.

"Compared to 12-month DAPT, six-month DAPT did not increase the composite events of cardiac death, myocardial infarction, stroke, or TIMI [major bleeding](#) at one year in the patients who received an everolimus-eluting stent implantation," the authors write.

The study was partially funded by Abbott Vascular.

More information: [Full Text \(subscription or payment may be required\)](#)
[More Information](#)

(HealthDay)—For patients receiving an everolimus-eluting stent implantation, six months of dual antiplatelet therapy (DAPT) does not increase composite events compared with 12 months of DAPT, according to a study published online May 17 in *JACC: Cardiovascular Interventions* to coincide with EuroPCR 2016, held from May 17 to 20 in Paris.

Sung-Jin Hong, M.D., from Inje University in Seoul, South Korea, and colleagues randomized 1,400 patients (implanted mean total stent length >45 mm) receiving an everolimus-eluting stent implantation to receive six-month (699 patients) or 12-month (701 patients) DAPT.

The researchers found that the primary end point (composite of [cardiac death](#), [myocardial infarction](#), stroke, or thrombolysis in myocardial infarction [TIMI] major bleeding at one year) occurred in 2.2 and 2.1 percent of patients in the six- and 12-month DAPT groups, respectively (hazard ratio, 1.07; P = 0.854). Definite or possible stent

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