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Stable Ischemic Heart Disease

AN UPDATE META-ANALYSIS OF RANDOMIZED TRIALS COMPARING SHORT-TERM AND LONG-TERM DUAL ANTIPLATELET THERAPY FOLLOWING DRUG-ELUTING STENTS

Poster Contributions

Poster Hall B1

Sunday, March 15, 2015, 9:45 a.m.-10:30 a.m.

Session Title: Traditional and Novel Risk Markers and Outcomes

Abstract Category: 27. Stable Ischemic Heart Disease: Therapy

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Background: Current guidelines recommend 1 year of dual antiplatelet (DAPT) after implantation of drug eluting stents (DES). However, recent clinical trials, including one published just a few months ago, have challenged these recommendations by suggesting that a shorter duration of DAPT may be adequate for procedures using second-generation DES. In addition, the findings of individual trials have been scrutinized due to their small sample size and lack of statistical power. We conducted an updated meta-analysis of randomized trials to assess the efficacy and safety of ≤ 6 months versus ≥ 12 months DAPT after implantation of DES.

Methods: Relevant randomized trials were included in the analysis. The pooled risk ratio (RR) was calculated using random-effect models.

Results: Five trials involving 10,048 patients were included; 5009 patients were randomized to shorter and 5039 patients to longer duration DAPT. There were no differences in the risk of all-cause mortality (RR 0.94; 95% CI, 0.72–1.22; $P = 0.63$), cardiac death (0.94; 0.69–1.29; $P = 0.72$), myocardial infarction (1.14; 0.89–1.47; $P = 0.30$), or stent thrombosis (1.17; 0.73–1.89; $P = 0.52$) between short-term and long-term DAPT. Short-term DAPT was associated with a decreased risk of major bleeding (0.53; 0.33–0.89; $P = 0.011$).

Conclusion: Extended-duration DAPT was not associated with cardiovascular or mortality benefits after implantation of DES, although the risk of major bleeding was significantly lower with shorter duration of therapy.

