TEMPORAL ASSOCIATIONS BETWEEN TIME AFTER PERCUTANEOUS CORONARY INTERVENTION, DUAL ANTIPLATELET THERAPY CESSION AND STENT THROMBOSIS IN THE CONTEMPORARY PCI ERA: INSIGHTS FROM THE PARIS REGISTRY

Oral Contributions
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Background: Early cessation of dual antiplatelet therapy (DAPT) increased the risk of stent thrombosis (ST) risk after PCI with 1st generation drug eluting stents (DES). Whether similar association persists in contemporary PCI with more frequent use of 2nd generation DES is unknown.

Methods: The PARIS (Patterns of Non-Adherence to Anti-Platelet Regimens in Stented Patients) registry is a multinational, prospective observational study of PCI patients (n=5018). Modes of DAPT cessation included recommended discontinuation, brief interruption or disruption (bleeding/noncompliance). Patients were grouped by presence or absence of DAPT cessation and time after PCI. Temporal associations between time after PCI, DAPT cessation and ST were examined using logistic regression.

Results: Most patients [N = 3533 (70%)] received 2nd generation DES. Over 2 years of follow-up, def/prob ST occurred in 71 patients (1.4%) and patients with ST were less likely to have received a 2nd generation DES. The frequency of ST was highest among those with any DAPT cessation in the first 30 days after PCI (Figure). This association persisted after multivariable adjustment (OR (95% CI) for cessation <30 days: 5.13 (2.04-12.90) with no evidence of interaction by stent type.

Conclusions: DAPT cessation within 30 days after PCI is associated with a 5-fold adjusted risk of ST irrespective of stent type (1st or 2nd generation). DAPT cessation beyond 30 days was only marginally associated with ST.

![Graph showing temporal associations between time after PCI, DAPT cessation and ST](image)