antithrombotic regimen was maintained throughout the whole study period (median 2 years). The primary end point was defined as net clinical outcomes, a composite of major bleeding and major adverse cardiac and cerebral events (MACCE). Propensity score-matching analysis was also performed in 99 patient pairs.

Results: The net clinical outcomes of the TAT group was worse than the DAPT group (34.3% vs 21.1%, p = 0.006), which was mainly driven by higher incidence of major bleeding (16.7% vs 4.6%, p < 0.001), without any significant increase in MACCE (22.1% vs 17.6%, p = 0.313). In multivariate analysis, the TAT was an independent predictor for worse net clinical outcomes (HR 1.67, 95% CI 1.09-2.57, p = 0.018) and major bleeding (HR 3.74, 95% CI 1.74-8.02, p = 0.001). After propensity score-matching, TAT group still had worse net clinical outcomes, mainly driven by higher major bleeding, than DAPT group.

Conclusions: In AF patients undergoing DES implantation, prolonged administration of TAT is associated with worse net clinical outcomes due to the substantial increase in major bleeding without any improvement of MACCE.

TCT-476
Antithrombotic Therapy In Patients With Chronic Kidney Disease And Atrial Fibrillation Undergoing Percutaneous Coronary Intervention: Results From The AVIATOR Registry

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Background: Chronic kidney disease (CKD) confers increased risk for bleeding and ischemic complications after percutaneous coronary intervention (PCI). Guidelines recommend dual antiplatelet therapy (DAPT) in patients undergoing PCI and anticoagulation in patients with atrial fibrillation (AF) and CHADS2 scores ≥ 2. The optimal antithrombotic therapy in patients with CKD and AF after PCI is unknown.

Methods: The AVIATOR (Antithrombotic strategy Variability In ATrial fibrillation and Obstructive coronary disease Revascularization with PCI) registry, included 859 consecutive patients with AF treated with PCI of whom 286 had CKD (e-GFR < 60 ml/min). CKD patients were stratified in 2 groups: triple therapy (TT; DAPT plus warfarin) or DAPT (aspirin plus clopidogrel), and those receiving triple therapy (TT; DAPT plus warfarin). Major adverse cardiovascular events (MACE) and bleeding rates in these antithrombotic groups were studied after one year.

Results: The mean age of patients who received DAPT was 81 ± 4 years, whereas those on TT had a mean age of 80 ± 3 years. Patients receiving DAPT (n = 203, 52.5%) were more likely to have a history of bleeding and infarction, while those on TT (n = 184, 47.5%) had a past history of stroke. The 1-year MACE (15.7% vs 12.2%, HR 1.25, p = 0.413, for DAPT vs TT, respectively) and bleeding (9.4% vs 12.1%, HR 1.25, p = 0.548, for DAPT vs TT, respectively) rates were similar between the two groups.

Conclusions: In contrast to consensus statements, elderly patients with AF undergoing PCI are most frequently treated with DAPT. Bleeding and ischemic complications remain substantial in this cohort irrespective of treatment.

TCT-477
Major Adverse Cardiovascular Events And Bleeding Risk Analysis In Elderly Afibrillation Patients Undergoing Percutaneous Coronary Intervention: The AVIATOR Registry

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Background: Elderly patients with atrial fibrillation (AF) undergoing percutaneous coronary intervention (PCI) are at an increased risk for bleeding and ischemic complications. Optimum antithrombotic therapy in this group is controversial and challenging.

Methods: Among 859 patients from the AVIATOR (Antithrombotic strategy variability in AF and obstructive coronary disease) registry who underwent PCI, 387 patients with age ≥ 75 were selected for this analysis. At discharge, these patients were stratified into two groups: those receiving dual antiplatelet therapy (DAPT; aspirin plus clopidogrel), and those receiving triple therapy (TT; DAPT plus warfarin). Major adverse cardiovascular events (MACE) and bleeding rates in these antithrombotic groups were studied after one year.

Results: The mean age of patients who received DAPT was 81 ± 4 years, whereas those on TT had a mean age of 80 ± 3 years. Patients receiving DAPT (n = 203, 52.5%) were more likely to have a history of bleeding and infarction, while those on TT (n = 184, 47.5%) had a past history of stroke. The 1-year MACE (15.7% vs 12.2%, HR 1.25, p = 0.413, for DAPT vs TT, respectively) and bleeding (9.4% vs 12.1%, HR 1.25, p = 0.548, for DAPT vs TT, respectively) rates were similar between the two groups.

Conclusions: In contrast to consensus statements, elderly patients with AF undergoing PCI are most frequently treated with DAPT. Bleeding and ischemic complications remain substantial in this cohort irrespective of treatment.