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Acute Coronary Syndromes

SHORT DURATION VERSUS 1-YEAR DUAL ANTIPLATELET THERAPY AFTER DRUG-ELUTING STENTS IMPLANTATION: SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

Poster Contributions

Poster Hall B1

Saturday, March 14, 2015, 3:45 p.m.-4:30 p.m.

Session Title: ACS: Procedural and Long-Term Antithrombotic Therapy

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Authors: *Pedro Villablanca Spinetto, David Briceno, Amell Fredrik, Felipe Albuquerque, Salvador Villablanca, Mark Menegus, Vankeepuram Srinivas, Mark Greenberg, Anna Bortnick, Ernest Monrad, Michael Johnson, Robert Pyo, Montefiore Medical Center/Albert Einstein College of Medicine, New York, NY, USA, Universidad de Valparaiso, Valparaiso, Chile*

Background: The benefits of 1-year of dual antiplatelet therapy (DAPT) as compared with short-term (≤ 6 months), in patients undergoing percutaneous coronary intervention (PCI) after drug-eluting stents (DES) remains controversial. We performed a meta-analysis of 1-year versus short-term duration DAPT in patients undergoing PCI with DES.

Methods: We conducted an electronic database search of randomized controlled trials (RCT). Efficacy endpoints included cardiac mortality, all-cause mortality, myocardial infarction (MI), stroke, and stent thrombosis. Safety endpoints included major bleeding, all bleeding, target vessel revascularization (TVR). Odds ratios (OR) and 95% confidence intervals (CI) were computed using the Mantel-Haenszel (MH) method. Fixed-effect model was used; if heterogeneity (I^2) >40 , effects were obtained with a random model.

Results: Five RCT were included and yielded 9,556 patients. There was no significant difference for all measured efficacy endpoints (Figure). We found a significant benefit favoring short-term DAPT for major bleeding (OR 0.5 [95% CI 0.3-0.82], $p=0.006$) and all bleeding (OR 0.63 [95% CI 0.46-0.87], $p=0.005$). No heterogeneity was seen. Exclusion of any single study from the analysis did not alter the overall result of our analysis.

Conclusion: This meta-analysis showed no benefit of 1-year versus short-term therapy in patients undergoing PCI with DES. However, there is a significant harm with respect bleeding associated with 1-year therapy of DAPT.

