ABSTRACTS – ORAL

731 What Anticoagulant and Antiplatelet Protocol Is Necessary for Stenting?

Tuesday, March 26, 1996, 8:30 a.m.–10:00 a.m.
Orange County Convention Center, Room 224

8:30

731-1 Combined Antiplatelet Therapy Without Anticoagulation After Stent Implantation; The Ticlopidine Aspirin Stent Evaluation (TASTE) Study

Jean-Marc Lablanche, Jean-Louis Bonnet, Gilles Grollier, Nicolas Danchin, Marc Bedossa, Christophe Leclercq, Alec Vahanian, Michel E. Bertrand. *University of Lille, France*

Despite intensive anticoagulation, subacute stent thrombosis and major hemorrhagic complications remain major problems after stent implantation.

In a prospective multicenter French study, we investigated the efficacy of a combination of 2 antiplatelet agents, ticlopidine 500 mg and aspirin 200 mg daily, without oral anticoagulation after stent implantation. Since November 1993, 529 consecutive patients (545 vessels) were successfully stented with conventional (non-heparin coated) stents, for failed angioplasty (n = 112), a suboptimal result (n = 326), or electively (n = 107). We present the in-hospital and 4 week clinical follow-up results.

Coronary events related or possibly related to stent thrombosis occurred in 5.4% of patients with bailout stents, 1.8% of patients with stents for suboptimal results. Serious bleeding occurred in 5.4% of patients after bailout stenting. Neither stent thrombosis nor serious bleeding occurred after elective stenting. Ticlopidine was discontinued in 1.2% of patients due to neutropenia (0.6%) or rash (0.6%). Mean hospital stay decreased from 6.16 ± 2.14 days to 4.2 ± 2.15 days during the study period.

A combination of 2 antiplatelet agents can be employed in the vast majority of patients after coronary stent implantation. Subacute stent thrombosis rates and bleeding complications compare favourably with those reported using conventional therapy and the duration of hospitalisation is reduced.

8:45

731-2 Preliminary Results of the Must Trial. Major Clinical Events During the First Month

M.C. Morice, B. Valeix, J. Marco, J.J. Goy, P. Commeau, N. Reifart, V. Voudris, A. Serra, T. Baardman. *P.W Semuys I.C.V Paris Sud, France*

Intracoronary stents are increasingly being used as an adjunct or alternative to balloon angioplasty. Its major limitation is the intrinsic thrombogenicity of metallic stent. The French registry on coronary stenting without Coumadin showed a low rate of subacute thrombosis and bleeding complication with the association of 2 antiagregants (Ticlopidine and aspirin). The MUST study was designed to validate the concept of stenting with Ticlopidine 250 mg for one month and aspirin 100 mg/day for 6 months as sole post stenting treatment.

In this open, prospective, multicenter, observational study, 21 European centers enrolled 260 patients from January to August 1995. Patients selected had stable or unstable angina and were treated with a single 15 mm Palmaz-Schatz stent deployed on a native artery of 3 mm or more. Only de novo lesions were included.

Results: Major adverse events during the first month were one case of emergent surgery (0.4%), 3 cases of subacute thrombosis (1.2%) and 5 M.I (1.9%). Seven patients (2.7%) experienced at least one major adverse event.

In conclusion: coronary stenting with low doses of ~~2~~ antiagregants is feasible and efficient. It represents a low cost approach using conventional stents, without IVUS guided stent deployment.

9:00

731-3 Is Ticlopidine a Necessary Component of Antiplatelet Regimens Following Coronary Artery Stenting

Christopher M. Goods, Khaled F. Al-Shaibi, Brian H. Negus, Ming W. Liu, Sanjay S. Yadav, Suresh P. Jain, Larry S. Dean, Sriram S. Iyer, J. Michael Parks, Gary S. Roubin. *University of Alabama at Birmingham, Birmingham, AL*

Antiplatelet therapy with Aspirin and Ticlopidine has been associated with low thrombosis rates following coronary artery stenting. It is unknown if similar outcomes could be achieved with Aspirin alone. Between 9/94 and 8/95 342 patients were selected to receive one of two antiplatelet regimens following native coronary artery stenting using the Cook stent. Patients were selected after optimal angiographic results were achieved. Intravascular ultrasound guidance was not used. Group A (n = 296) were patients treated with a combination of Aspirin 325 mg BID and Ticlopidine 250 mg BID and Group B (n = 46) were patients treated with Aspirin 325 mg BID alone. Assignment to either regimen was based on physician preference. Clinical outcomes with 30 day follow-up are shown.

	A (n = 296)	B (n = 46)	P value*
Stent thrombosis	2 (0.7%)	3 (6.6%)	0.02
Death	1 (0.3%)	2 (4.4%)	0.05
Bypass surgery	2 (0.7%)	0	NS

*Fisher Exact test with permutation method

Conclusion: This non-randomized, comparative study suggests that the combination of Aspirin and Ticlopidine is superior to Aspirin alone in preventing stent thrombosis.

9:15

731-4 Prospective Randomized Trial of Antiplatelet vs. Anticoagulation Treatment After Intracoronary Palmaz-Schatz Stent Placement-6-Month Follow-Up

Albert Schömig, Helmut Schühlen, Rudolf Blasini, Adnan Kastrati, Hanna Walter, Martin Hadamitzky, Eva Zitzmann, Gert Richardt, Claus Schmitt, Eckhard Alt, Franz-Josef Neumann. *1. Medizinische Klinik, Klinikum rechts der Isar, Technische Universität Munich, Germany*

Recent studies have advocated the feasibility of antiplatelet therapy alone to prevent thrombotic occlusions after coronary stent placement. The goal of our randomized trial is to compare anticoagulation therapy with antiplatelet therapy after successful Palmaz-Schatz stent placement. The postintervention *antikoagulation* protocol consists of aspirin (100 mg bid) + phenprocoumon with i.v.-heparin until the target INR of 3.5 is reached. The *antiplatelet* protocol consists of aspirin (100 mg bid) + ticlopidine (250 mg bid). Phenprocoumon and ticlopidine are both given for four weeks. Randomization started October 1, 1994 to continue for one year. Analysis will include defined endpoints of cardiac (death, infarction, occlusion of the stented vessel, repeat PTCA, CABG), non cardiac events (groin complications or bleeding requiring surgery or transfusion, or impairing organ function) and angiographic outcome. By August 31, 1995 473 patients had been randomized.

Analysis of the two treatment groups for clinical events during a 30 day and 6 month follow up period and angiographic 6 month outcome will be presented.

9:30

731-5 In-Hospital and 1-Month Clinical Results of an International Study Testing the Concept of IVUS Guided Optimized Stent Expansion Alleviating the Need of Systemic Anticoagulation

Peter de Jaegere, Harald Mudra, Yaron Almagor, Hans Figulla, Ian Penn, Serge Doucet, Antonio Bartorelli, Christian Hamm, for the Music Study Investigators. *Rotterdam, The Netherlands*

A single center experience demonstrated that systemic anticoagulation can safely be omitted after intracoronary stenting provided optimal stent expansion is obtained by using high presurre balloons and IVUS guidance. This concept is validated in a multicentric approach by using an open, prospective, observational study (Music Study). For this purpose, the incidence of