STENT THROMBOSIS, BLEEDING, AND ANTIPLATELET THERAPY IN THE E-SELECT REGISTRY: ONEYEAR FOLLOW-UP OF 15000 PATIENTS TREATED WITH THE SIROLIMUS-ELUTING CYPHER-SELECT STENT PLUS

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Background: The optimal duration of dual antiplatelet therapy (APT) after implantation of drug-eluting stents remains uncertain.

Methods: Between 2006 and 2008, we prospectively enrolled 15,147 unselected patients from 320 hospitals in 56 countries after implantation of one or more Cypher-Select Plus stents. For the present analysis, we focused on the rates of stent thrombosis (ST) and major bleeding (MB) at one year, and their relationship with APT.

Results: Mean patient age was 62+11 years, 30% were diabetic and 44% presented with ACS or STEMI. Charlson co-morbidity index >3 was observed in 10%. Mean total stent length/patient was 33+21 mm, with 39% receiving more than 1 stent. At 360 days, cardiac mortality was 1.0%, myocardial infarction 1.9%, MB [STEEPLE definition] 1.0% and ST [ARC definite/probable] 0.98%. The incidence of ST and MB was 0.59% and 0.38% respectively from 0-30 days, 0.28% and 0.30% from 31 to 180 days, and 0.07% and 0.27% from 181 to 360 days. Dual APT was taken by 98% of patients at 30 days, 95% at 180 days and 79% at 360 days (see figure)

Conclusions: With good dual APT compliance, the overall incidence of both ST and MB is low. Stopping both antiplatelet drugs is associated with a marked increase in the risk of ST. Given the persistent risk of major bleeding after the first 6 months, it would seem appropriate for a majority of patients to consider limiting the duration of dual APT while maintaining long term single APT. Such an approach deserves evaluation in a prospective, randomized trial.