DAPT for less than 12 months:

Why not?

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DAPT for less than 12 months:

Why not !

To prevent stent thrombosis
To reduce the risk or recurrent ACS

→ **Let's keep it long**

Why not ?

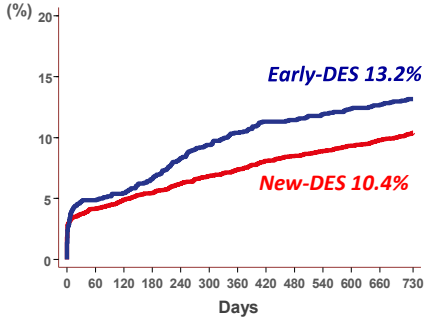
To reduce the risk of bleeding
To reduce side-effects of the drugs
To reduce cost of the treatment

→ **Let's shorten it**

Early generation vs new generation DES

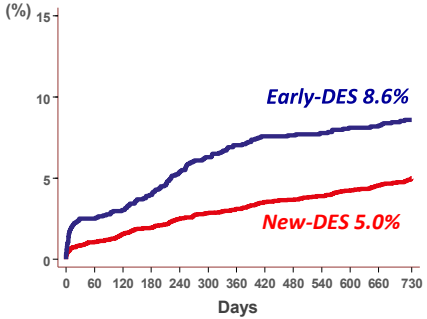
Cdeath, MI, TLR

HR 0.75 (0.63-0.89), P=0.001



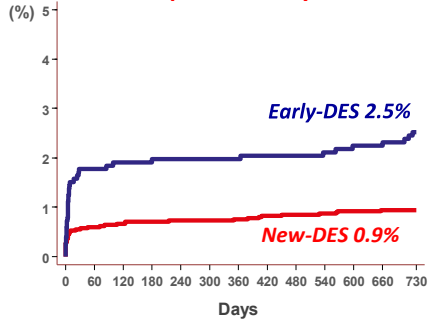
Target-lesion Revasc

HR 0.56 (0.44-0.70), P<0.001



Definite ST

HR 0.40 (0.25-0.65), P<0.001



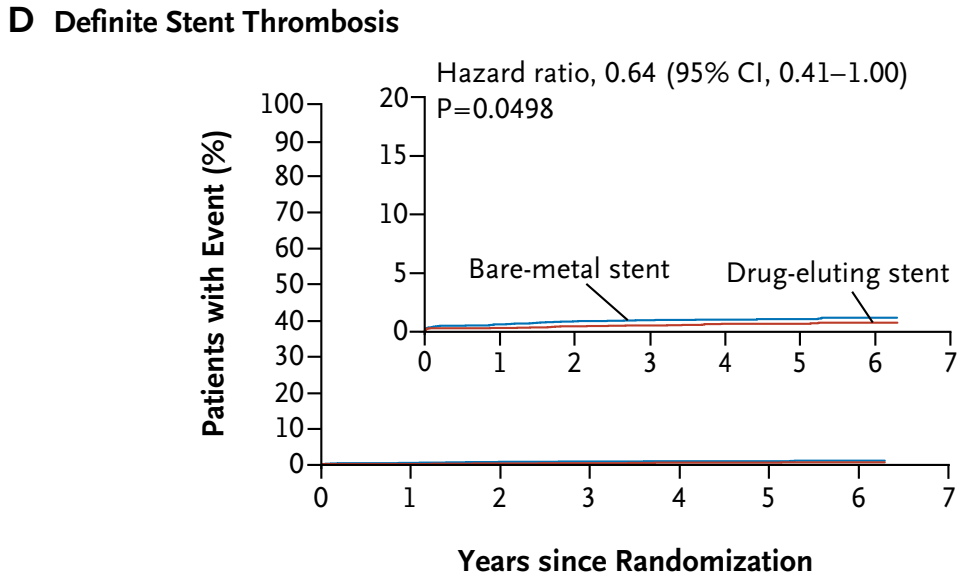
Pooled Analysis (n =6,081):
SIRTAX, LEADERS, RESOLUTE, BIOSCIENCE

New-DES (n =4,554), Early-DES (n =1,527)

Follow-up available in 97.2% of patients at 2-year

Piccolo et al. J Am Coll Cardiol Intv 2015; 8: 1657-66

Second generation DES



NORSTENT trial (2016): definite ST rate lower in DES group (0.8% vs 1.2%; P=0.0498) over 6 years FU

Bønaa KH, Mannsverk J, Wiseth R, et al: Drug-eluting or bare metal stents for coronary artery disease. NEJM 2016.

ESC European Society of Cardiology
European Heart Journal (2018) **00**, 1–96
doi:10.1093/eurheartj/ehy394

2018 ESC/EACTS Guidelines on myocardial revascularization

Procedural aspects of PCI		
DES[f] are recommended over BMS for any PCI irrespective of: ● clinical presentation ● lesion type ● planned non-cardiac surgery ● anticipated duration of DAPT ● concomitant anticoagulant therapy.	I	A

Dual antiplatelet therapy duration in high bleeding risk patients with stable coronary artery disease treated with percutaneous coronary intervention

ESC European Society of Cardiology

DAPT: the longer the better…?

*

In patients with SCAD treated with coronary stent implantation, DAPT consisting of clopidogrel in addition to aspirin is generally recommended for 6 months, irrespective of the stent type.[c 690–694]

I	A

*

In patients with ACS treated with coronary stent implantation, DAPT with a $P2Y_{12}$ inhibitor on top of aspirin is recommended for 12 months unless there are contraindications such as an excessive risk of bleeding (e.g. PRECISE-DAPT ≥25).[701,702,722,723]

I	A

In patients with stable CAD in whom 3-month DAPT poses safety concerns, DAPT for 1 month may be considered[2].	IIb	C

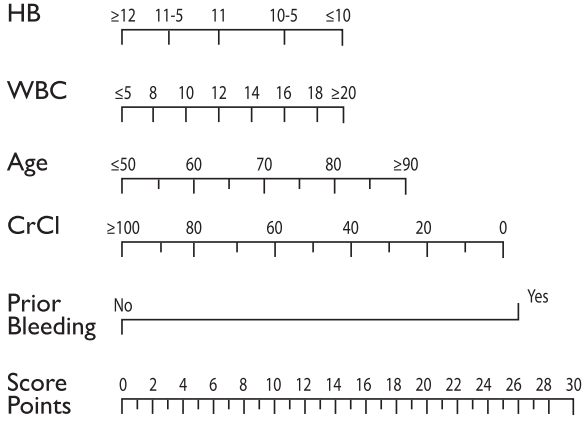
Use of risk scores as guidance for the duration of dual antiplatelet therapy **

Recommendations	Class[a]	Level[b]
The use of risk scores designed to evaluate the benefits and risks of different DAPT durations[c] may be considered.[15,18]	IIb	A

DAPT = dual antiplatelet therapy.
[a]Class of recommendation.
[b]Level of evidence.
[c]The DAPT and PRECISE-DAPT scores are those currently fulfilling these requirements.

*Myocardial revascularization guidelines (ESC 2018) ** DAPT guidelines (ESC 2017)

PRECISEDAPT

	PRECISE-DAPT score[18]
Time of use	At the time of coronary stenting
DAPT duration strategies assessed	Short DAPT (3–6 months) vs. Standard/long DAPT (12–24 months)
Score calculation[a]	
Score range	0 to 100 points
Decision making cut-off suggested	Score ≥25 → Short DAPT Score <25 → Standard/long DAPT
Calculator	www.precisedaptscore.com

ESC European Society of Cardiology
European Heart Journal (2018) **00**, 1–96
doi:10.1093/eurheartj/ehy394

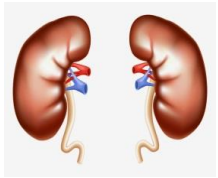
2018 ESC/EACTS Guidelines on myocardial revascularization

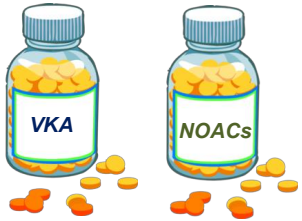
In patients with SCAD considered at high bleeding risk (e.g. PRECISE-DAPT ≥25), DAPT should be considered for 3 months.[d] [695,696]	* IIa	A
In patients with SCAD in whom 3 month DAPT poses safety concerns, DAPT may be considered for 1 month.	* IIb	C
In patients with ACS and stent implantation who are at high risk of bleeding (e.g. PRECISE-DAPT ≥25), discontinuation of $P2Y_{12}$ inhibitor therapy after 6 months should be considered.[729,730]	* IIa	B

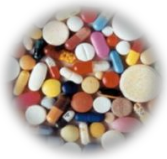
Reducing DAPT duration in clinical practice

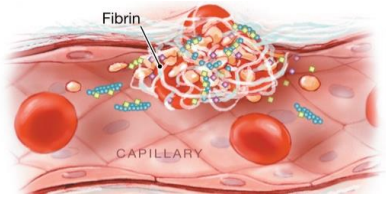
In which patients?

HBR




VKA
NOACs




Fibrin
CAPILLARY

Elderly
Treatment with OAC or NOAC
Previous bleeding
Anemia or other hematologic disorders
Coagulation diseases
Need for chronic treatment with steroids or NSAIDs
Renal Dysfunction
High Bleeding Risk Patient

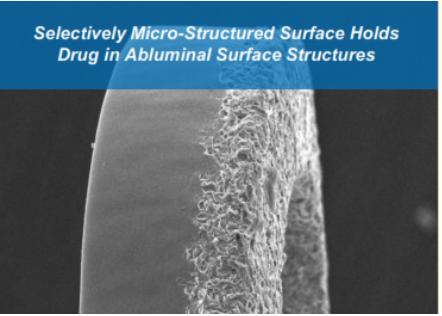
Short DAPT with DES ***in HBR***
is it now possible?

<6m in ACS and <3m in SCAD
or 1 m for all…?

Why Not?

Short DAPT trials in HBR patients

trial	stent	type	limus kinetics	patients	experimental arm DAPT	control arm	primary endpoint
LEADERS FREE (5)	BioFreedom BA9 DCS	polymer-free	fast	2400 HBR	1 month	BMS & 1 month DAPT	Superiority for safety Superiority for efficacy
ZEUS HBR (6)	Endeavor ZES	1st G permanent polymer	fast	828 HBR	30 days	BMS & same DAPT	Superiority for MACE
SENIOR (7)	Synergy EES	2nd G biodegradable polymer	slow	1200 age ≥75	1 month (SCAD) or 6 months (ACS)	BMS & same DAPT	Superiority for MACE
LEADERS FREE II (8)	BioFreedom BA9 DCS	polymer-free	fast	1200 HBR	1 month	BMS arm of LEADERS FREE	Superiority for safety Superiority for efficacy



LEADERS FREE Trial Design

Prospective, double-blind randomized (1:1) trial 2466
High Bleeding Risk (HBR) PCI patients

BiofreedomTM
DCS

vs

Gazelle
BMS

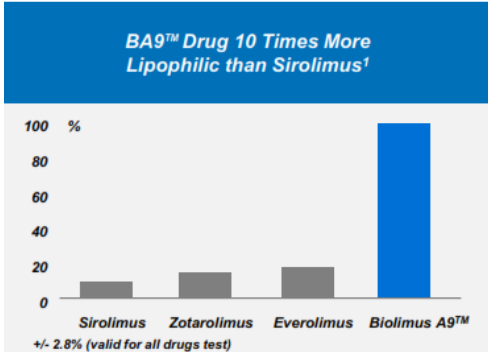
DAPT mandated for 1 month only, followed by long-term SAPT

- Primary safety endopoint:

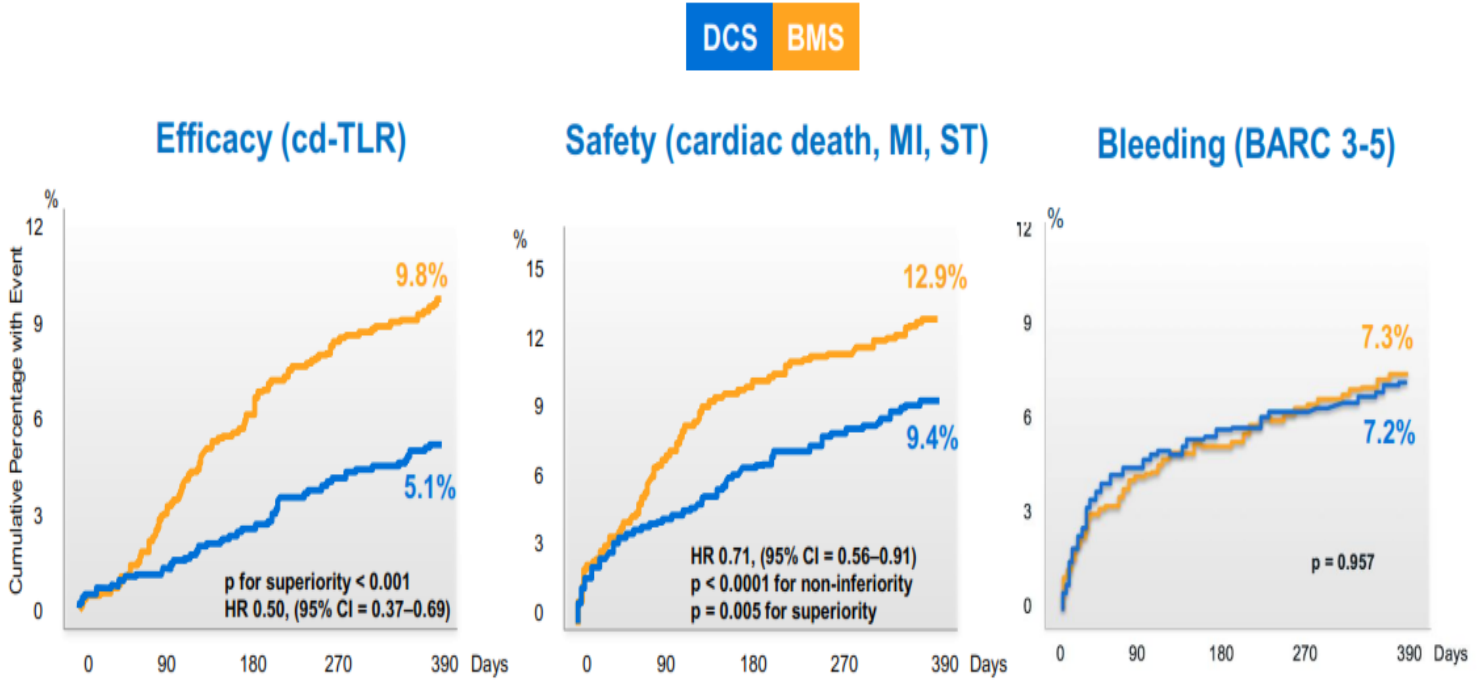
Composite of cardiac death, MI, definite/probable stent thrombosis at 1year (non-inferiority then superiority)

- Primary efficacy endpoint:

Clinically driven TLR at 1 year (superiority)

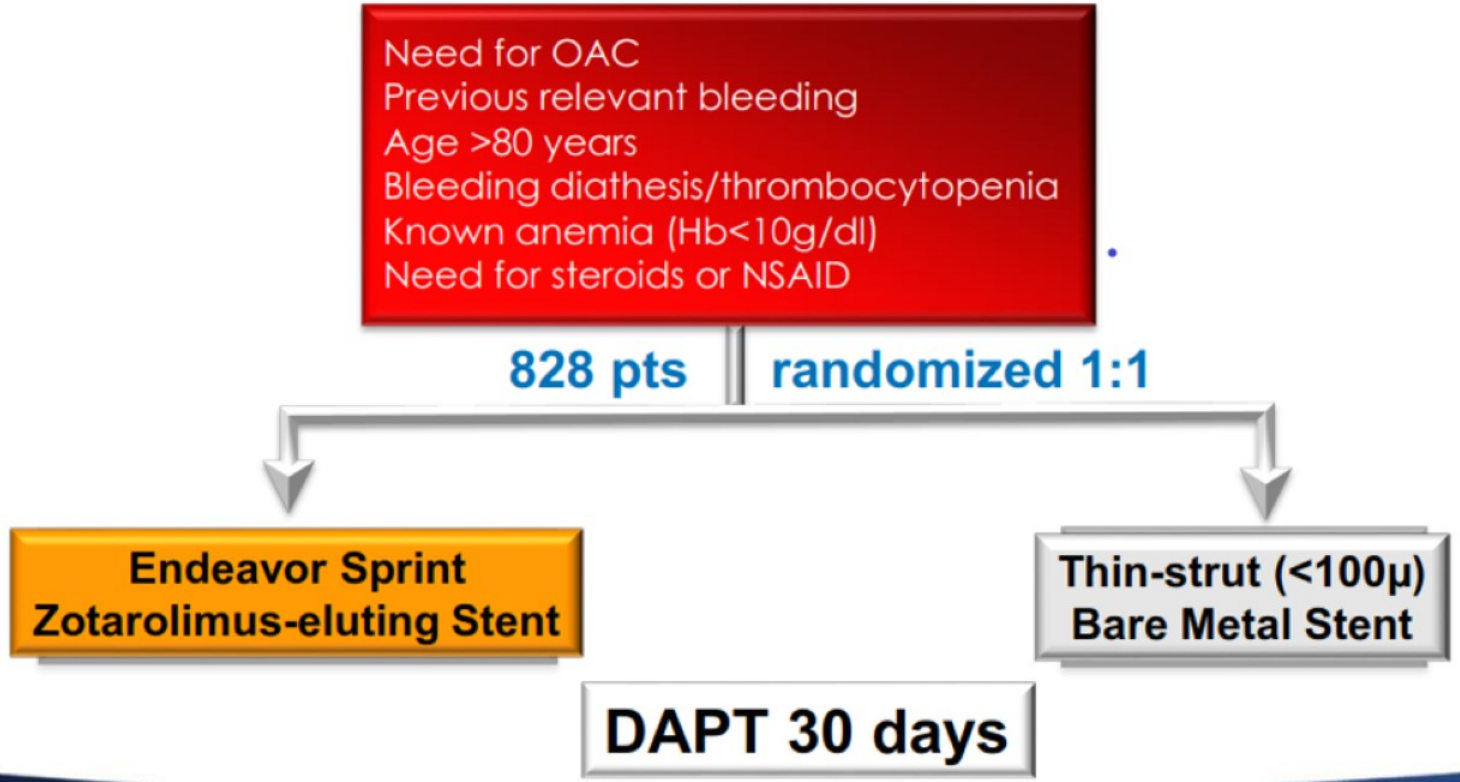


Primary Endpoints and Major Bleeding at 1 Year



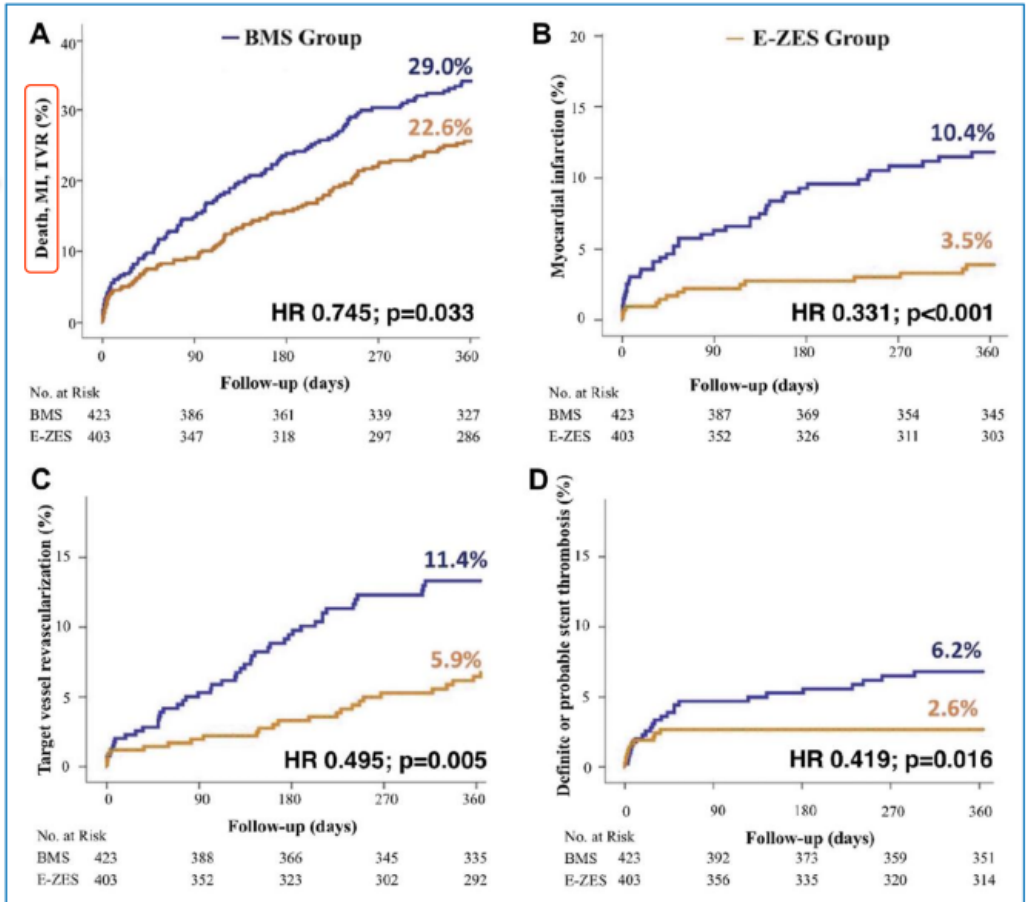
ZEUS-HBR study design

Urgent or emergent coronary stenting in patients fulfilling ≥1 of the below:

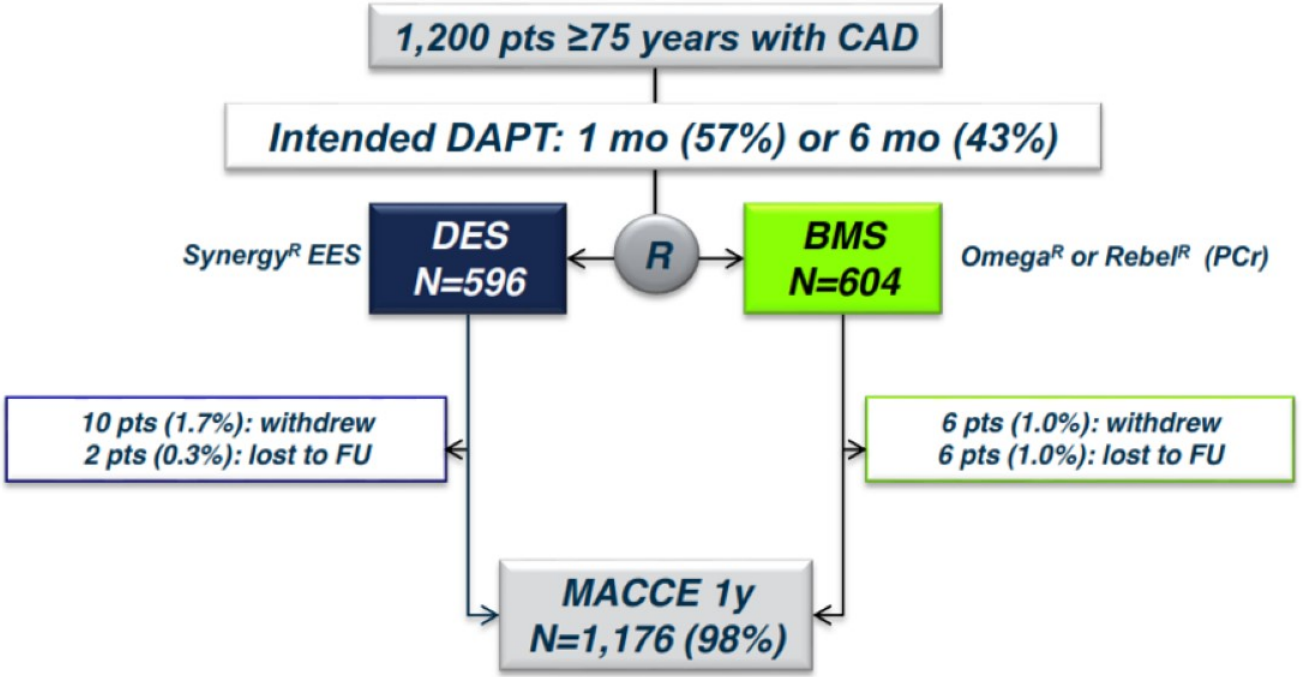


ZEUS HBR

Ariotti et al. J Am Coll Cardiol Intv 2016;9:426-36

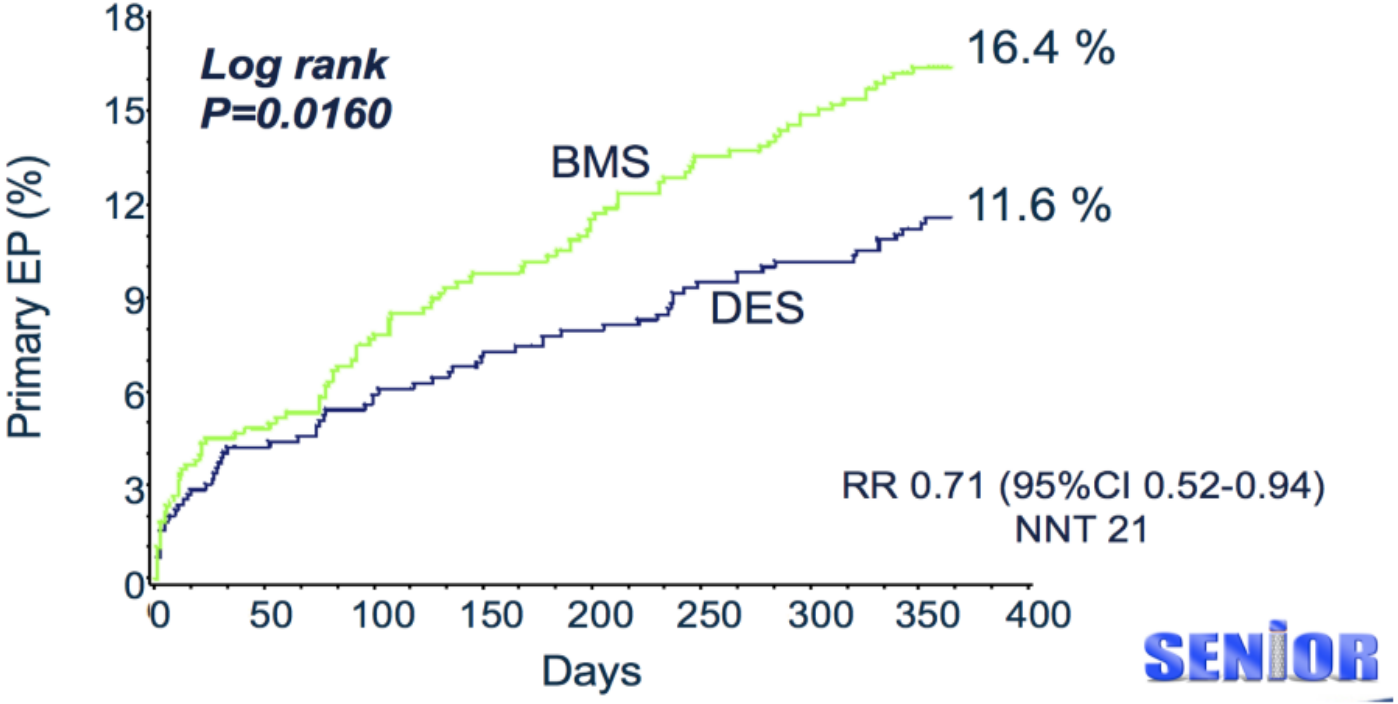


SENIOR


1,200 pts ≥75 years with CAD
Intended DAPT: 1 mo (57%) or 6 mo (43%)
Synergy^R EES
DES N=596
R
BMS N=604
Omega^R or Rebel^R (PCr)
10 pts (1.7%): withdrew
2 pts (0.3%): lost to FU
6 pts (1.0%): withdrew
6 pts (1.0%): lost to FU
MACCE 1y
N=1,176 (98%)

Primary Endpoint (MACCE)

All-cause mortality, MI, stroke, ischemia-driven TLR



HBR patients

- **Efficacy:** a BA9-DCS (LEADERS FREE I & II), the E-ZES (ZEUS-HBR) and a EES (SENIOR) have lower rates of TLR/TVR than a BMS with a short DAPT course
- **Safety:** a BA9-DCS (LEADERS FREE) I & II) and the E-ZES (ZEUS-HBR) are superior to BMS with short one month DAPT

Short DAPT with DES in ***non HBR***

Short DAPT in no-HBR pts: Why not?

Many trials aimed to analyze the ***safety*** and the ***efficacy*** of short DAPT among all-comers patients

Results from a Meta-Analysis

Duration of Dual Antiplatelet Therapy After Drug-Eluting Stent Implantation

A Systematic Review and Meta-Analysis of Randomized Controlled Trials

Study (Ref. #)	Year	Study Population (n)	S-DAPT (Months)	L-DAPT (Months)	Time of Follow-Up*	Placebo-Controlled	Primary Endpoint	Age (yrs)	DM (%)	ACS (%)	1G-DES (%)	2G-DES (%)
3- or 6-month DAPT discontinuation trials												
ISAR-SAFE (16)	2014	4,000	6	12	6	Yes	Composite of death, MI, stroke, stent thrombosis, or TIMI major bleeding at 15 months after PCI	67	25	40	10	89
ITALIC (17)	2014	1,822	6	12	6	No	Composite of death, MI, repeat TVR, stroke, or TIMI major bleeding at 12 months after PCI	62	37	24	–	100†
SECURITY (18)	2014	1,399	6	12	12‡	No	Composite of cardiac death, MI, stroke, stent thrombosis, or BARC 3 or 5 bleeding at 12 months after PCI	65	31	38§	–	100
OPTIMIZE (15)	2014	3,119	3	12	12	No	Composite of death, MI, stroke, or major bleeding at 12 months after PCI	62	35	32§	–	100
PRODIGY (20)	2012	1,970	6	24	23	No	Composite of death, MI, or cerebrovascular accidents at 24 months after PCI	68	24	75	25	50
EXCELLENT (19)	2011	1,443	6	12	12	No	Composite of cardiac death, MI, or TVR at 12 months after PCI	63	38	52	25	75
RESET (14)	2012	2,117	3	12	12	No	Composite of cardiac death, MI, stent thrombosis, ischemia-driven TVR, or bleeding at 12 months after PCI	62	29	54	21	85‖

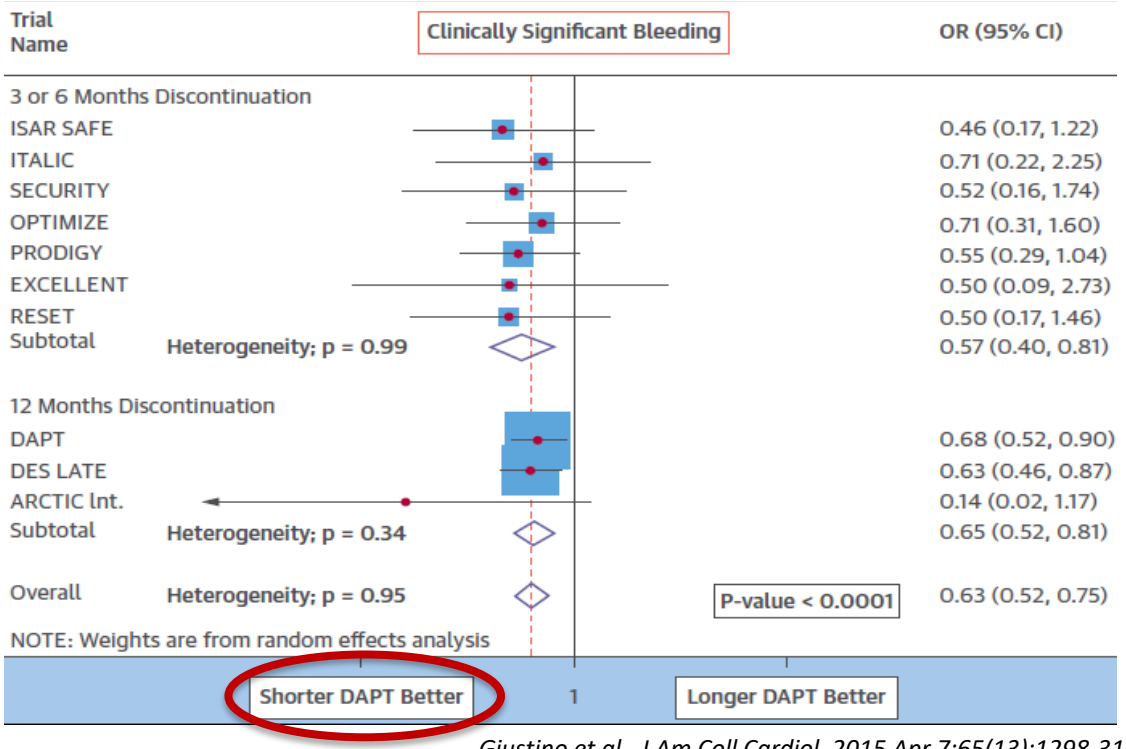
Giustino et al., J Am Coll Cardiol. 2015 Apr 7;65(13):1298-310

Short DAPT in no-HBR pts: Why not?

Many trials aimed to analyze the ***safety*** and the ***efficacy*** of short DAPT among all-comers patients

Results from a Meta-Analysis

Safety

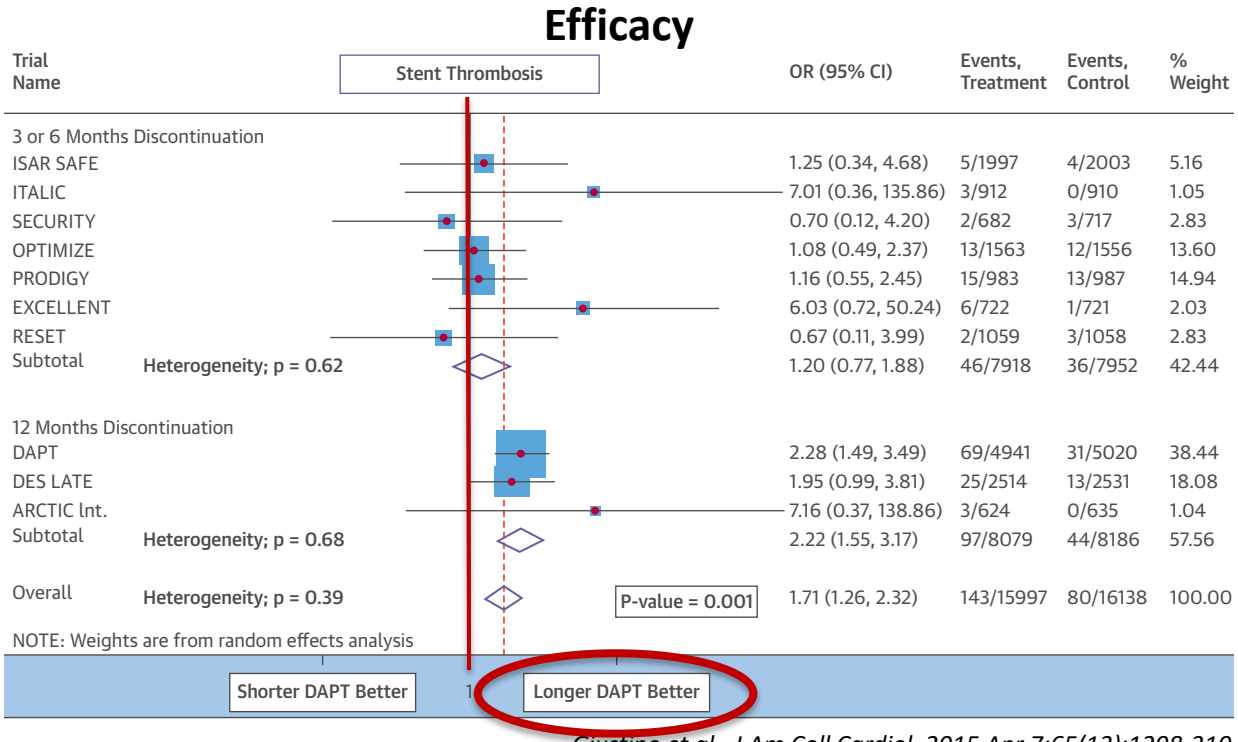


Giustino et al., J Am Coll Cardiol. 2015 Apr 7;65(13):1298-310

Short DAPT in no-HBR pts: Why not?

Many trials aimed to analyze the ***safety*** and the ***efficacy*** of short DAPT among all-comers patients
Results from a Meta-Analysis

All-type DES

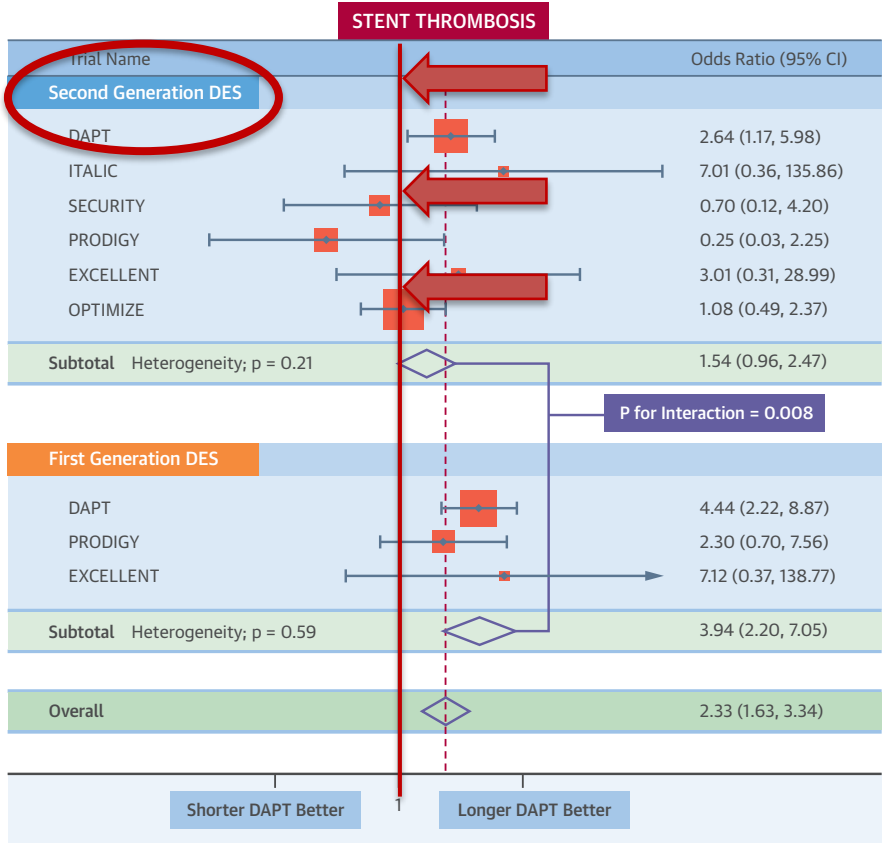


Giustino et al., J Am Coll Cardiol. 2015 Apr 7;65(13):1298-310

Short DAPT in no-HBR pts: Why not?

Many trials aimed to analyze the ***safety*** and the ***efficacy*** of short DAPT among all-comers patients
Results from a Meta-Analysis

but.. rate of ST significantly attenuated with the use of 2° gen-DES



Giustino et al., J Am Coll Cardiol. 2015 Apr 7;65(13):1298-310

Insights from the RESET Trial

E-ZES 3m DAPT vs DES 12m DAPT

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ISSN 0735-1097/$36.00
http://dx.doi.org/10.1016/j.jacc.2012.06.043

A New Strategy for Discontinuation of Dual Antiplatelet Therapy

The RESET Trial (REal Safety and Efficacy of 3-month dual antiplatelet Therapy following Endeavor zotarolimus-eluting stent implantation)

3m DAPT in Stable CAD

- Endeavor zotarolimus-eluting stent (ZES):

2° gen. DES with ***phosphorylcholine coating***: ability to reduce thrombus formation on the coated stent struts

- 2,117 patients: E-ZES 3-month DAPT (n 1,059) versus any DES 12-month DAPT (n 1,058)
- Hypothesis: E-ZES 3-month DAPT non-inferior to the standard therapy for primary composite endpoint (cardiovascular death, myocardial infarction, stent thrombosis, target\vessel revascularization, or bleeding) at 1 year.

Kim et al. JACC Vol. 60, No. 15, 2012

Insights from the RESET Trial

Variables	E-ZES+3-Month DAPT (n = 1,059)	Standard Therapy (n = 1,058)	Difference (95% CI)	p Value
Composite events				
Primary endpoint	40 (4.7)	41 (4.7)	0.0% (−2.5 to 2.5)	0.84
Death from any cause, myocardial infarction, or stent thrombosis	8 (0.8)	11 (1.3)	−0.5% (−1.5 to 0.5)	0.48
Death from cardiovascular cause or myocardial infarction	4 (0.4)	7 (0.7)	−0.3% (−1.0 to 0.4)	0.36
Each component				
Death				
From any cause	5 (0.5)	8 (1.0)	−0.5% (−1.4 to 0.4)	0.39
From cardiovascular cause	2 (0.2)	4 (0.4)	−0.2% (−0.6 to 0.3)	0.41
Myocardial infarction	2 (0.2)	4 (0.4)	−0.2% (−0.7 to 0.3)	0.41
Target vessel revascularization	31 (3.9)	27 (3.7)	0.2% (−2.3 to 2.6)	0.70
Non–target vessel revascularization	15 (1.5)	11 (1.5)	0.0% (−1.3 to 1.4)	0.52
Stent thrombosis, definite or probable	2 (0.2)	3 (0.3)	−0.1% (−0.5 to 0.3)	0.65
<1 month	2	0		
1–3 months	0	0		
3–12 months	0	3		
Bleeding				
Major or minor	5 (0.5)	10 (1.0)	−0.5% (−1.2 to 0.2)	0.20
Major	2 (0.2)	6 (0.6)	−0.4% (−0.9 to 0.1)	0.16
Cerebrovascular accidents	6 (0.6)	6 (0.7)	0.1% (−0.1 to 1.0)	0.96

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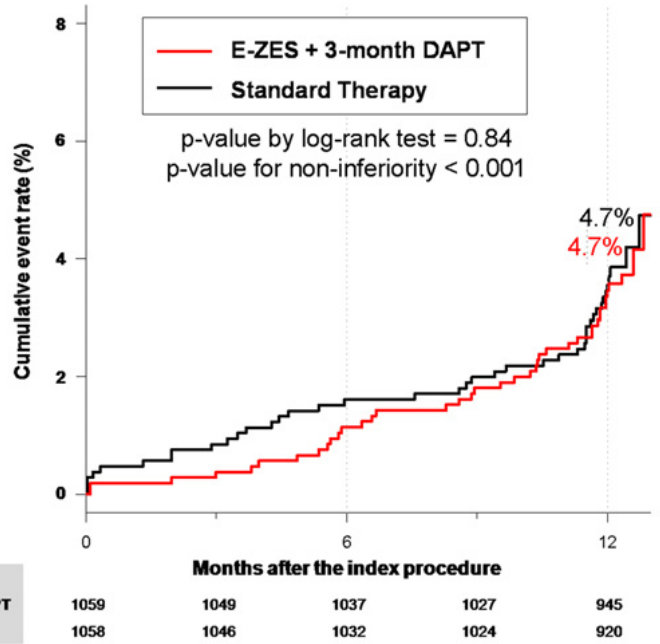


The RESET Trial - Kim et al. JACC Vol. 60, No. 15, 2012

Insights from the OPTIMIZE Trial

E-ZES 3m DAPT vs E-ZES 12m DAPT

Original Investigation

Three vs Twelve Months of Dual Antiplatelet Therapy After Zotarolimus-Eluting Stents
The OPTIMIZE Randomized Trial

3m DAPT in Stable CAD

- To assess the clinical non-inferiority of 3 months vs 12 months of DAPT in patients undergoing PCI with E-ZES.
- 3119 patients in 33 sites in Brazil between April 2010 and March 2012
- The primary endpoint was net adverse clinical and cerebral events (NACCE; a composite of all-cause death, myocardial infarction, stroke, or major bleeding).

Feres F. et al; JAMA. 2013 Dec 18;310(23):2510-22

Insights from the OPTIMIZE Trial

Clinical Outcomes	Patients, No. (%) Short-term (n = 1563)	Long-term (n = 1556)	Log-Rank *P* Value
Events up to 1 y			
NACCE[b]	93 (6.0)[c]	90 (5.8)[c]	.84
All-cause death	43 (2.8)	45 (2.9)	.82
MI	49 (3.2)	42 (2.7)	.47
Stroke	5 (0.3)	5 (0.3)	.99
Major bleeding[d]	10 (0.6)	14 (0.9)	.41
Stent thrombosis, definite or probable	13 (0.8)	12 (0.8)	.86
Cardiac death	29 (1.9)	32 (2.1)	.69
Cardiac death or MI	70 (4.5)	62 (4.0)	.49
Cardiac death, MI, or stent thrombosis	72 (4.7)	65 (4.2)	.56
Death, MI, or stroke	87 (5.6)	78 (5.1)	.49
Major adverse cardiac events[e]	128 (8.3)	114 (7.4)	.36
Target-lesion revascularization	53 (3.5)	49 (3.2)	.70
Target-vessel revascularization	70 (4.6)	57 (3.8)	.25
Any bleeding[f]	35 (2.3)	45 (2.9)	.25

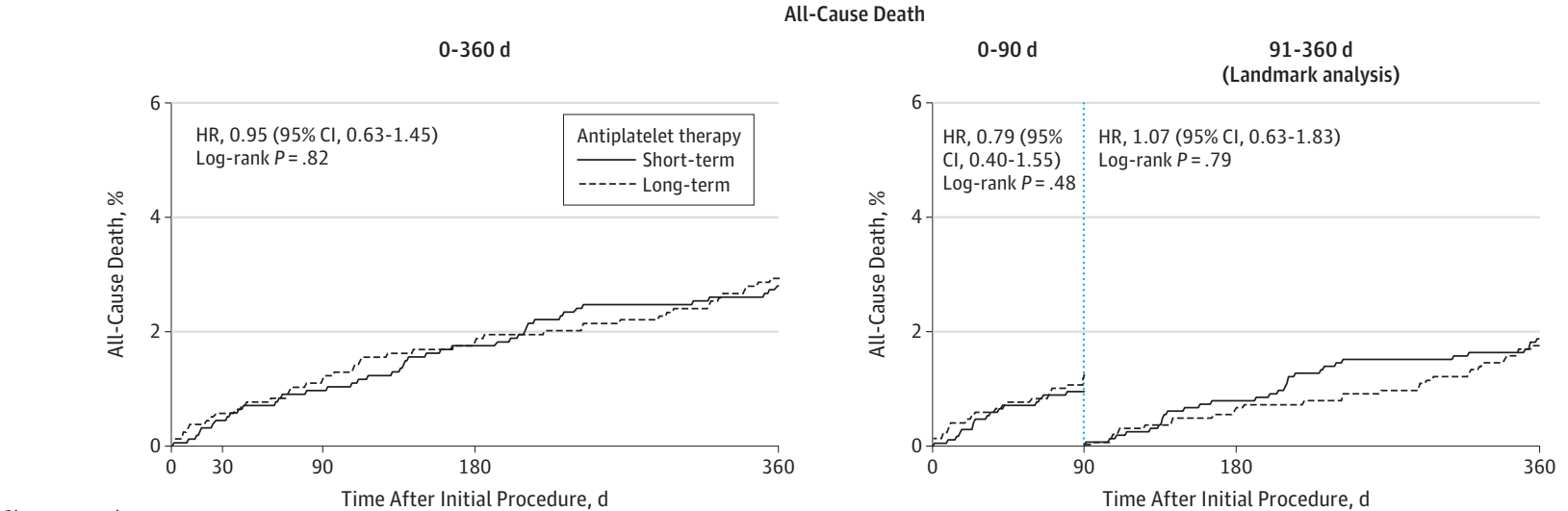
Up to 1 year

91 d to 1 y			
NACCE[b]	39 (2.6)	38 (2.6)	.91
All-cause death	28 (1.9)	26 (1.7)	.79
MI	12 (0.8)	9 (0.6)	.51
Stroke	4 (0.3)	2 (0.1)	.42
Major bleeding[d]	3 (0.2)	6 (0.4)	.31
Stent thrombosis, definite or probable	4 (0.3)	1 (0.1)	.18
Cardiac death	20 (1.3)	20 (1.3)	.99
Cardiac death or MI	27 (1.8)	24 (1.7)	.67
Cardiac death, MI, or stent thrombosis	28 (1.9)	24 (1.6)	.58
Death, MI, or stroke	38 (2.6)	32 (2.2)	.47
Major adverse cardiac events[e]	78 (5.3)	64 (4.3)	.23
Target-lesion revascularization	50 (3.3)	40 (2.7)	.30
Target-vessel revascularization	63 (4.2)	47 (3.2)	.12
Any bleeding[f]	6 (0.4)	14 (1.0)	.07

91 days to 1 year

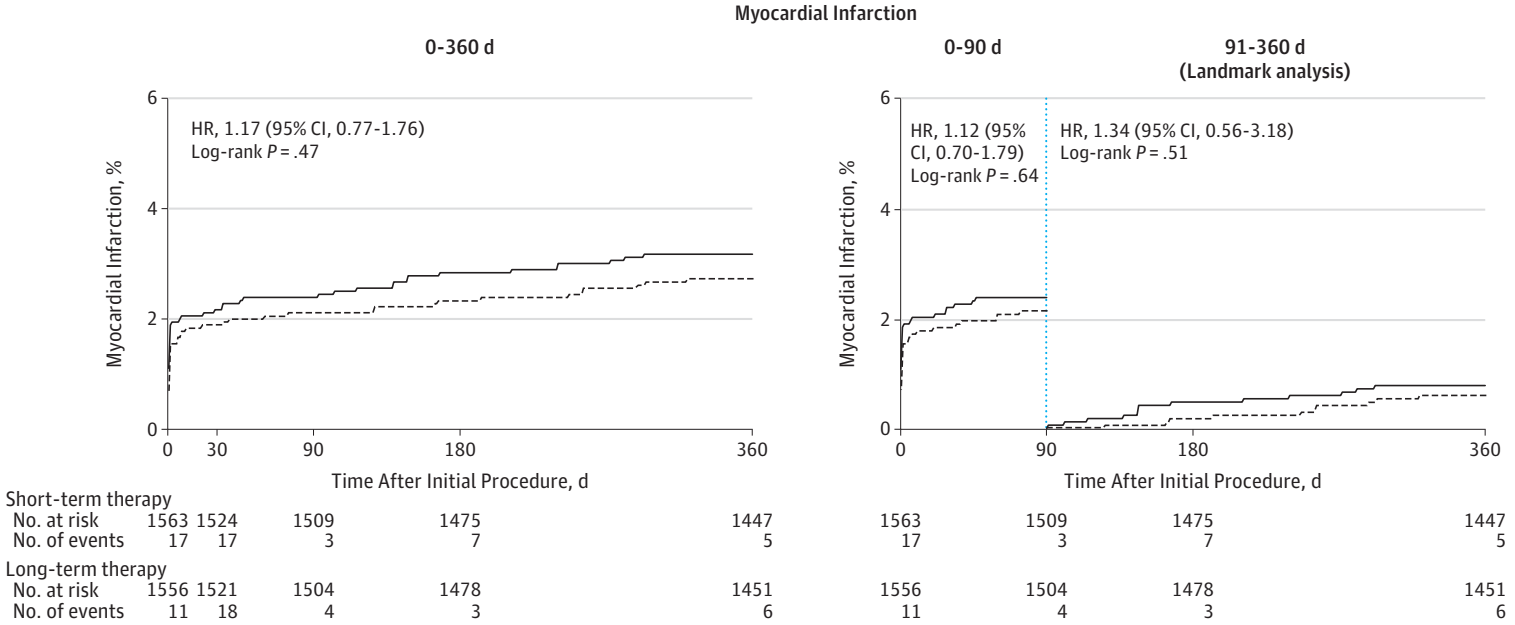
Feres F. et al; JAMA. 2013 Dec 18;310(23):2510-22

Insights from the OPTIMIZE Trial



Feres F. et al; JAMA. 2013 Dec 18;310(23):2510-22

Insights from the OPTIMIZE Trial



In patients with stable coronary artery disease or low-risk ACS treated with zotarolimus-eluting stents, 3 months of dual antiplatelet therapy was noninferior to 12 months for NACCE, without significantly increasing the risk of stent thrombosis.

Feres F. et al; JAMA. 2013 Dec 18;310(23):2510-22

Insights from the REDUCE Trial

COMBO DES 3m DAPT vs 12m DAPT

Randomized evaluation of short-term dual antiplatelet therapy in patients with acute coronary syndrome treated with the COMBO dual therapy stent: rationale and design of the REDUCE trial

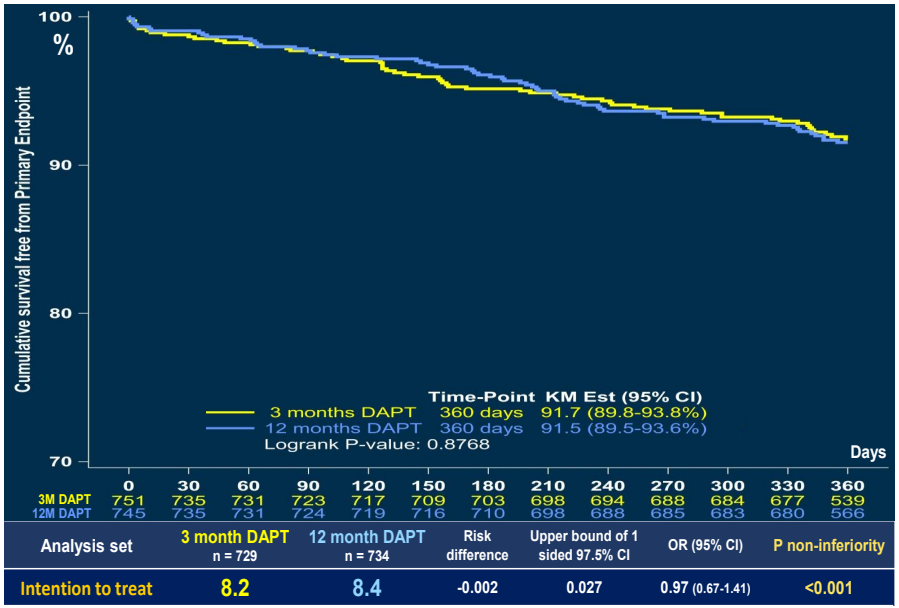
Cyril Camaro, [a] Sander A. J. Damen, [a] Marc A. Brouwer, [a] Elvin Kedhi, [b] Stephan W. Lee, [c] Monica Verdoia, [d] Lucia Barbieri, [d] Andrea Rognoni, [d] Arnoud W. J. van t Hof, [b] Erik Ligtenberg, [c] Menko-Jan de Boer, [a] Harry Suryapranata, [a] and Giuseppe De Luca, [d] *Nijmegen, Zwolle, The Netherlands; Hong Kong; Novara, Italy; and Fort Lauderdale, USA*

ACS

- Only **ACS** patients included
- **COMBO** Dual Therapy Stent: combines abluminal release of sirolimus *(to prevent neointima formation)* and **capture of Endothelial Progenitor Cells CD34 AB** *(to enhance stent re-endothelialization and therefore to prevent ST)*
- Short DAPT (3m, 751 pts) vs long DAPT (12m, 745 pts) in ACS pts.
- Primary endpoint: composite of all cause death, MI, ST, stroke, TVR or bleeding.

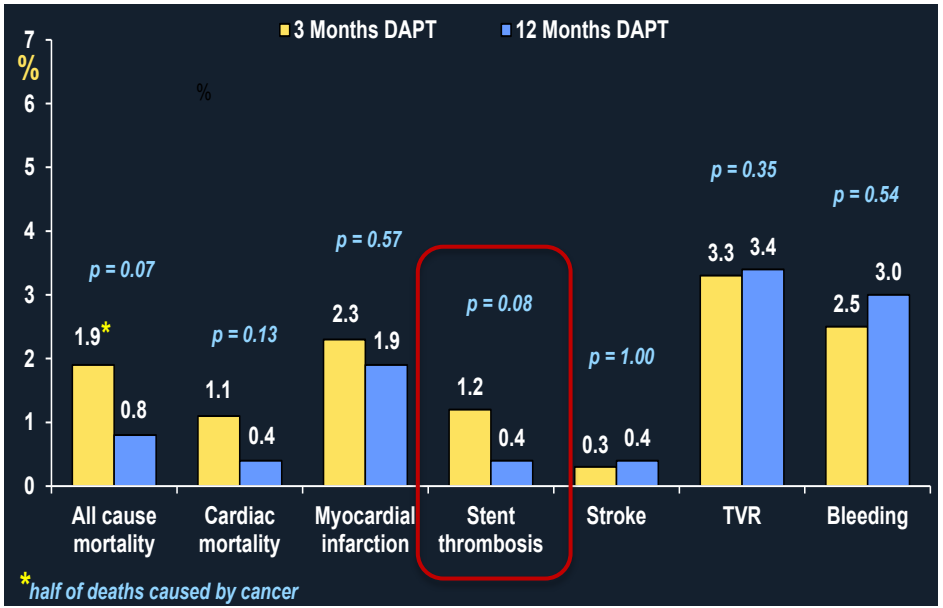
Insights from the REDUCE Trial

Primary Endpoint: combined safety and efficacy endpoint



Analysis set	3 month DAPT n = 729	12 month DAPT n = 734	Risk difference	Upper bound of 1 sided 97.5% CI	OR (95% CI)	P non-inferiority
Intention to treat	8.2	8.4	-0.002	0.027	0.97 (0.67-1.41)	<0.001

Sedcondary endpoints



Harry Suryapranata, MD; TCT 2018

Therefore, a shorter DAPT strategy could be considered, if necessary, even in ACS population

SMART-DATE trial (2018)

6-month versus 12-month or longer dual antiplatelet therapy after percutaneous coronary intervention in patients with acute coronary syndrome (SMART-DATE): a randomised, open-label, non-inferiority trial

Clinical presentation		
ST-elevation myocardial infarction	509 (37·5%)	514 (37·9%)
Non-ST-elevation myocardial infarction	428 (31·5%)	425 (31·4%)
Unstable angina	420 (31·0%)	416 (30·7%)

Type of drug-eluting stents		
No stent	9 (0·7%)	5 (0·4%)
Everolimus-eluting stents	476 (35·1%)	462 (34·1%)
Zotarolimus-eluting stents	459 (33·8%)	459 (33·9%)
Biolimus-eluting stents	406 (29·9%)	419 (30·9%)
Other stents	7 (0·5%)	10 (0·7%)

2712 ACS patients randomized 1:1
(short vs standard DAPT)

PRIMARY ENDPOINT:
composite of all-cause death, MI, stroke at 18 months

Joo-Yong Hahn, Young Bin Song, et al, The lancet 2018

SMART-DATE trial (2018)

	6-month DAPT group (n=1357)	12-month or longer DAPT group (n=1355)	HR (95% CI)	p value
Major adverse cardiac and cerebrovascular events	63 (4·7%)	56 (4·2%)	1·13 (0·79–1·62)	0·51
Death	35 (2·6%)	39 (2·9%)	0·90 (0·57–1·42)	0·90
Myocardial infarction	24 (1·8%)	10 (0·8%)	2·41 (1·15–5·05)	0·02
Target vessel myocardial infarction	14 (1·1%)	7 (0·5%)	2·01 (0·81–4·97)	0·13
Non-target vessel myocardial infarction	10 (0·8%)	3 (0·2%)	3·35 (0·92–12·18)	0·07
Cerebrovascular accident (stroke)	11 (0·8%)	12 (0·9%)	0·92 (0·41–2·08)	0·84
Cardiac death	18 (1·4%)	24 (1·8%)	0·75 (0·41–1·38)	0·36
Cardiac death or myocardial infarction	39 (2·9%)	32 (2·4%)	1·22 (0·77–1·95)	0·40
Stent thrombosis	15 (1·1%)	10 (0·7%)	1·50 (0·68–3·35)	0·32
BARC type 2–5 bleeding	35 (2·7%)	51 (3·9%)	0·69 (0·45–1·05)	0·09
Major bleeding	6 (0·5%)	10 (0·8%)	0·60 (0·22–1·65)	0·33
Net adverse clinical and cerebral events*	96 (7·2%)	99 (7·4%)	0·97 (0·73–1·29)	0·84

Data are n (%), unless otherwise stated. Percentages are Kaplan-Meier estimates. We defined major adverse cardiac and cerebrovascular events as a composite of all-cause mortality, myocardial infarction, and stroke. DAPT=dual antiplatelet therapy. HR=hazard ratio. BARC=Bleeding Academic Research Consortium. *Net adverse clinical and cerebral events were defined as major adverse cardiac and cerebrovascular events plus BARC type 2–5 bleeding.

Table 3: **Clinical primary and secondary outcomes at 18 months**

Ongoing trials

Study	NCT	Device	DAPT Duration	Study Design	Patients
COBRA REDUCE	**NCT02594501**	Cobra PzF vs. new-DES	2 weeks vs. 3-to-6 month	RCT	996
EVOLVE Short DAPT	**NCT02605447**	Synergy	3 months	Single-arm study	2,009
MASTER-DAPT	**NCT03023020**	Ultimaster	1 month	RCT	4,300
Onyx ONE	**NCT03344653**	Resolute vs. BioFreedom	1 month	RCT	2,000
Onyx ONE Clear	**NCT03647475**	Resolute	1 month	Single-arm study	800
POEM	**NCT03112707**	Synergy	1 month	Single-arm study	1,023
STOP-DAPT2 ACS	**NCT03462498**	Xience	1 vs. 12 month	RCT	3,000
XIENCE 90	**NCT03218787**	Xience	3 months	Single-arm study	2,000
XIENCE 28 Global	**NCT03355742**	Xience	28 days	Single-arm study	800
ISAR-DAPT	**NCT02609698**	Coroflex ISAR	3 vs. 6 months	RCT	900
LEADERS FREE II	**NCT02843633**	BioFreedom	1 month	Single-arm study	1,200
HOST-IDEA	**NCT02601157**	Corofles ISAR and Orsiro SES	3 vs. 12 months	RCT	2,152

Insights from the I-LOVE-IT 2 Trial

Multiple DES 6m DAPT vs 12m DAPT

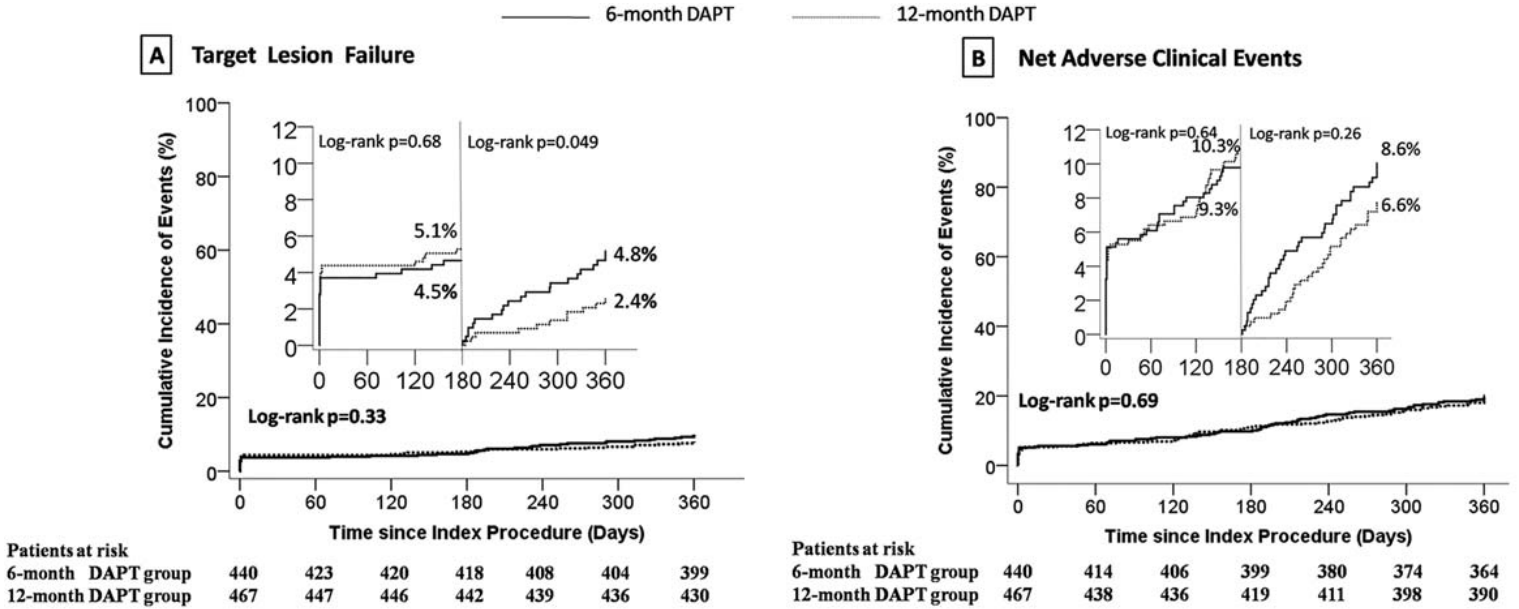
Safety and Efficacy of 6-Month Versus 12-Month Dual Antiplatelet Therapy in Patients After Implantation of Multiple Biodegradable Polymer-Coated Sirolimus-Eluting Coronary Stents: Insight From the I-LOVE-IT 2 Trial

Jing Qi,[1,2] MD, Yi Li,[1] MD, Jing Li,[1] MD, Quanmin Jing,[1] MD, Kai Xu,[1] MD, Chuanyu Gao,[3] MD, Likun Ma,[4] MD, Zhi Zhang,[5] MD, Bo Xu,[6] MD, and Yaling Han,[1*] MD, PhD

- 907 patients treated with multiple BP-SES (total stent number ≧ 2) were assigned to receive 6-month (n 5440) or 12-month (n 5467) DAPT.
- **Primary Endpoint:** 12-month target lesion failure (TLF), which is a composite of cardiac death, target vessel myocardial infarction (MI) or clinically indicated target lesion revascularization

Jing Qi et al., Catheterization and Cardiovascular Interventions 89:555–564 (2017)

Insights from the I-LOVE-IT 2 Trial



The incidence of 12-month TLF was comparable in the 6-month and 12-month DAPT groups (9.3% vs.7.5%, Log-rank P 5 0.33). How- ever, landmark analysis showed that 12-month DAPT, compared to 6-month DAPT, was associated with a significantly lower risk of TLF (4.8% vs. 2.4%, Log-rank P 0.049)

Jing Qi et al., Catheterization and Cardiovascular Interventions 89:555–564 (2017)

Conclusions

- DES always over BMS
- Identify HBR patients: short DAPT mandatory
- Con
  - no
  - lov
- Long
- Word of caution in ACS patients while waiting for new evidences

Efficacy preserved

Safety improved