

“Less is More”
in Antithrombotic Therapy after PCI:
Clinically relevant not only in East-Asian,
but also in Western population

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History of Antiplatelet Therapy in PCI

Global

Japan

1990th

Ticlopidine 250mg bid

Ticlopidine 100mg bid

2000th

Clopidogrel 300/600 mg loading
75mg qd maintenance

Clopidogrel 300 mg loading
75mg qd maintenance

2013

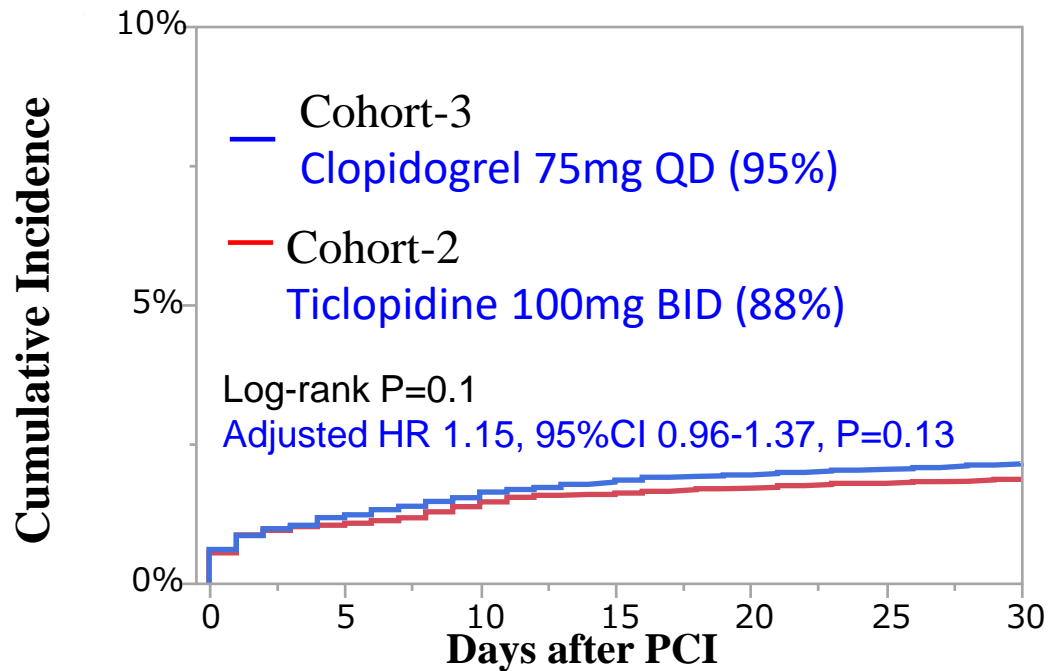
Clopidogrel
Prasugrel 60 mg loading
10 mg qd maintenance
Ticagrelor 180 mg loading
90 mg bid maintenance

Clopidogrel
Prasugrel 20 mg loading
3.75 mg qd maintenance
Ticagrelor



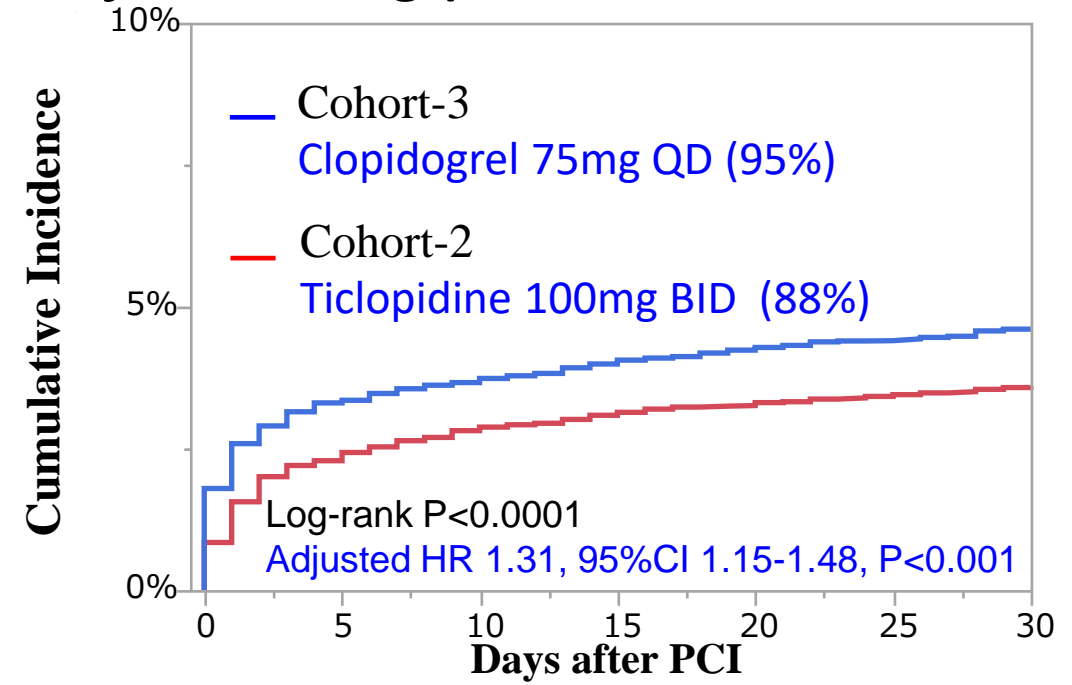
Historical Comparison of the 30-day Outcomes in PCI patients between CREDO-Kyoto Registry Cohort-2 and Cohort-3

Myocardial Infarction/Ischemic Stroke



Interval	0-day	7-day	14-day	30-day
Cohort-3				
N of patients at risk	13258	12857	12744	12602
Cumulative incidence		1.4%	1.8%	2.2%
Cohort-2				
N of patients at risk	12161	11843	11742	11638
Cumulative incidence		1.2%	1.6%	1.9%

Major Bleeding (GUSTO moderate/severe)



Interval	0-day	7-day	14-day	30-day
Cohort-3				
N of patients at risk	13258	12631	12531	12382
Cumulative incidence		3.6%	4.0%	4.6%
Cohort-2				
N of patients at risk	12161	11709	11614	11499
Cumulative incidence		2.6%	3.1%	3.6%

Japanese dose ticlopidine compared with global dose clopidogrel was associated with lower risk for major bleeding without increased ischemic risk.



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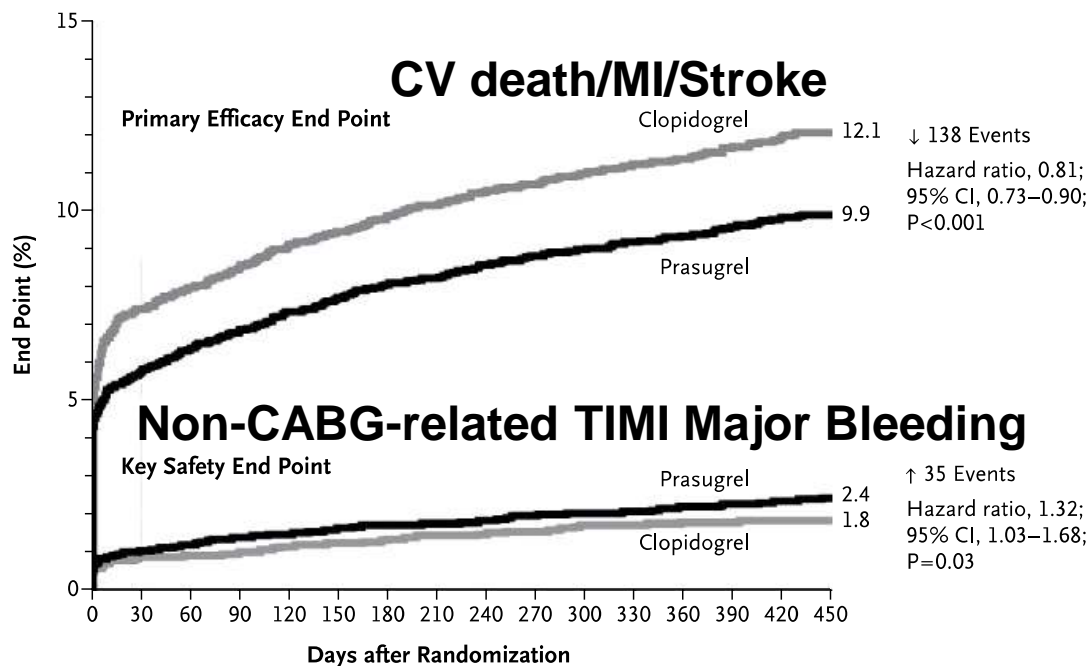
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Ticagrelor



Prasugrel: Global dose versus Japanese dose

TRITON-TIMI 38

Prasugrel: 60mg loading and 10mg maintenance

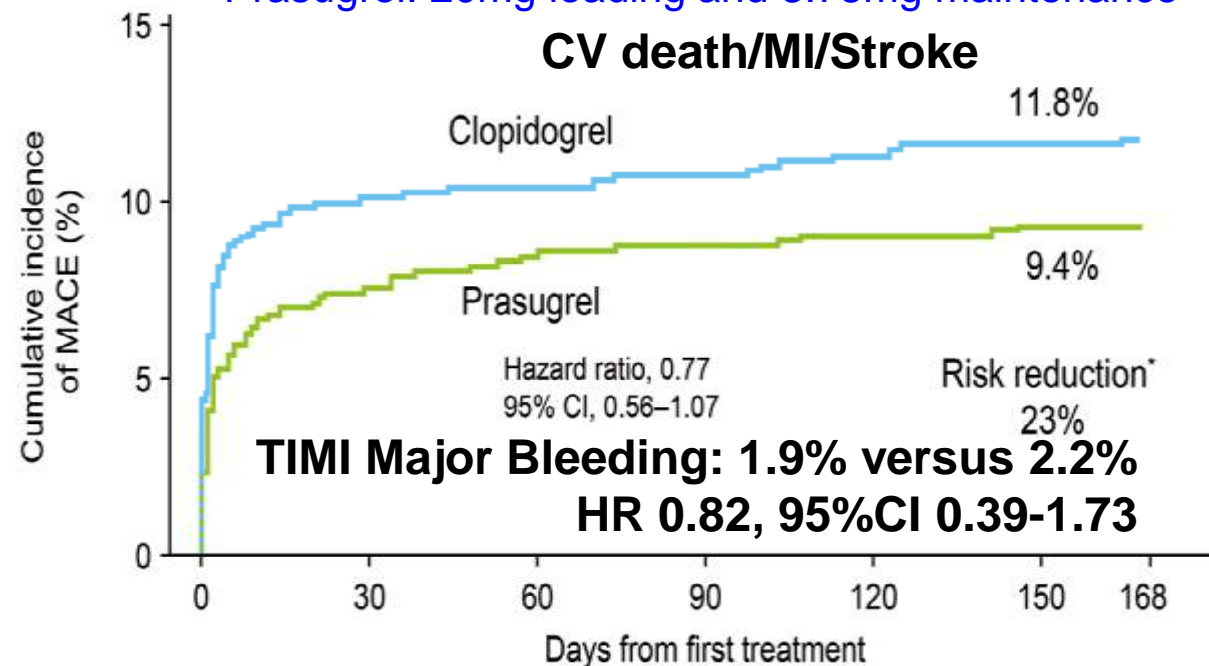


No. at Risk	0	30	60	90	120	150	180	210	240	270	300	330	360	390	420	450
Clopidogrel	6795	6169	6036	5835	5043	4369	3017									
Prasugrel	6813	6305	6177	5951	5119	4445	3085									

Wiviott SD, et al. NEJM 2007.

PRASFIT-ACS

Prasugrel: 20mg loading and 3.75mg maintenance



No. at Risk:	0	30	60	90	120	150	168
Prasugrel	685	624	617	615	613	611	609
Clopidogrel	678	604	599	597	592	588	584

Saito S, et al. Circ J 2014.

Japanese dose prasugrel compared with global dose prasugrel was associated with similar efficacy in reducing CV events without increased bleeding risk, although the PRASFIT-ACS was an underpowered study.



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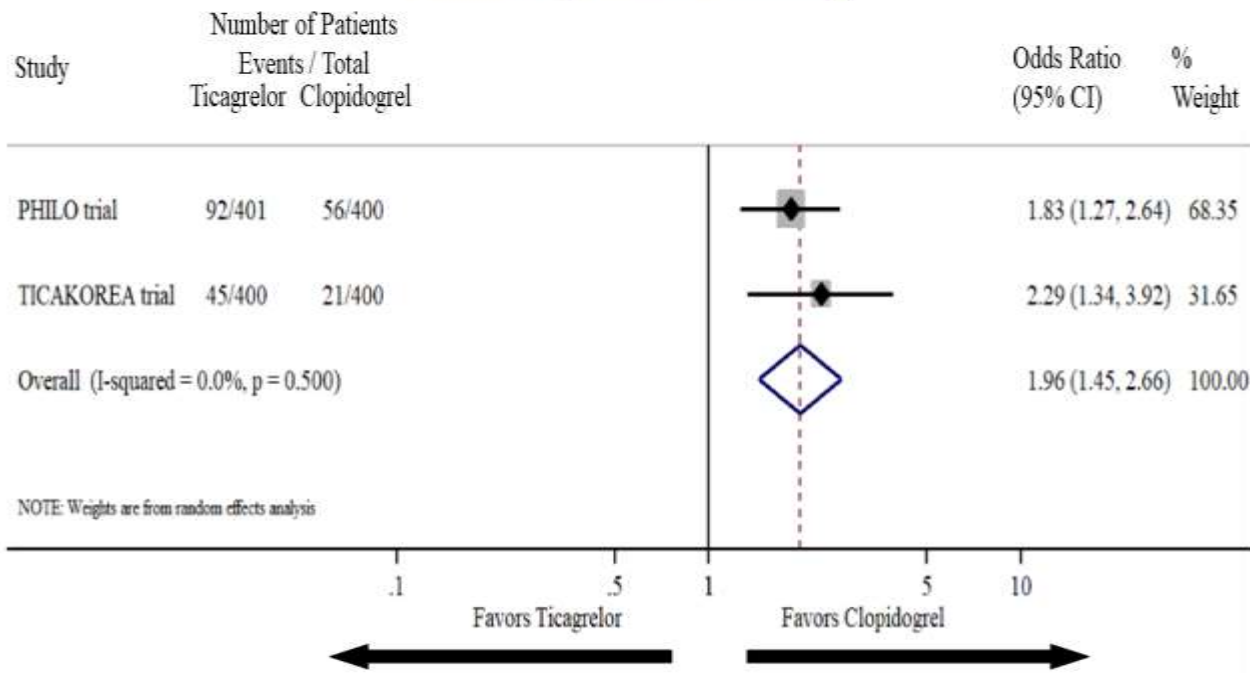
Ticagrelor



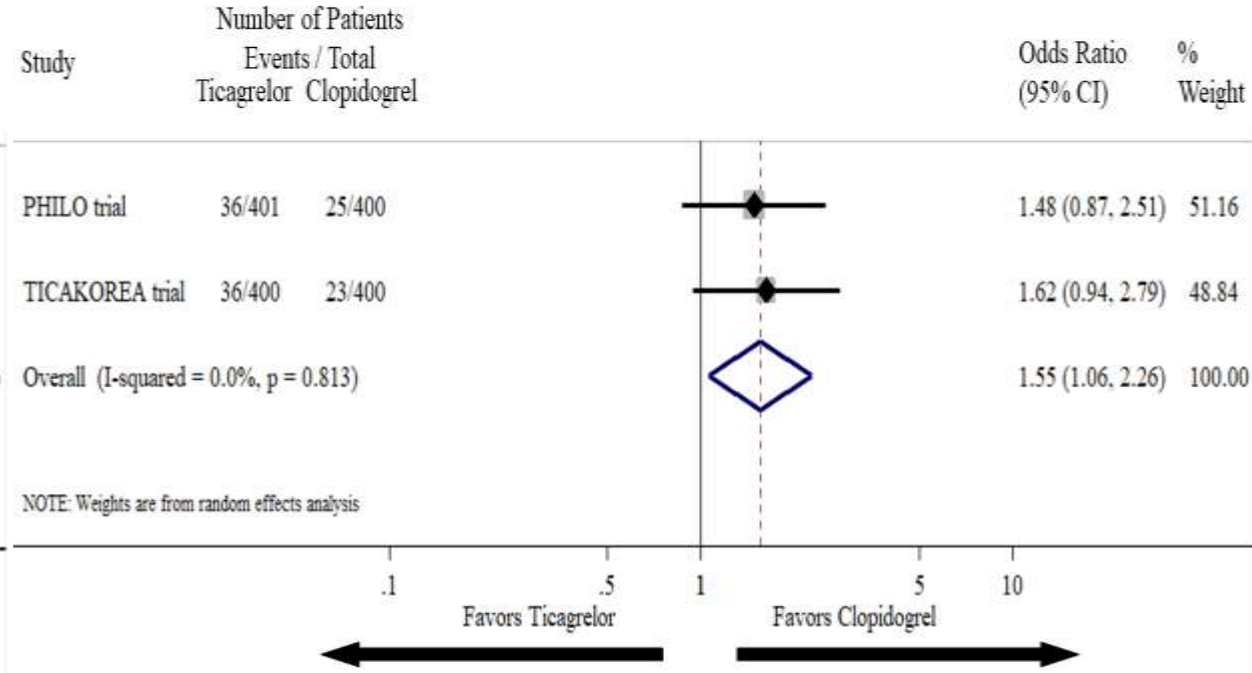
Pooled Analysis of PHILO and TICAKOREA

Ticagrelor versus Clopidogrel in ACS Patients

PLATO Major / Minor Bleeding



Composite of Cardiac Death, MI, or Stroke



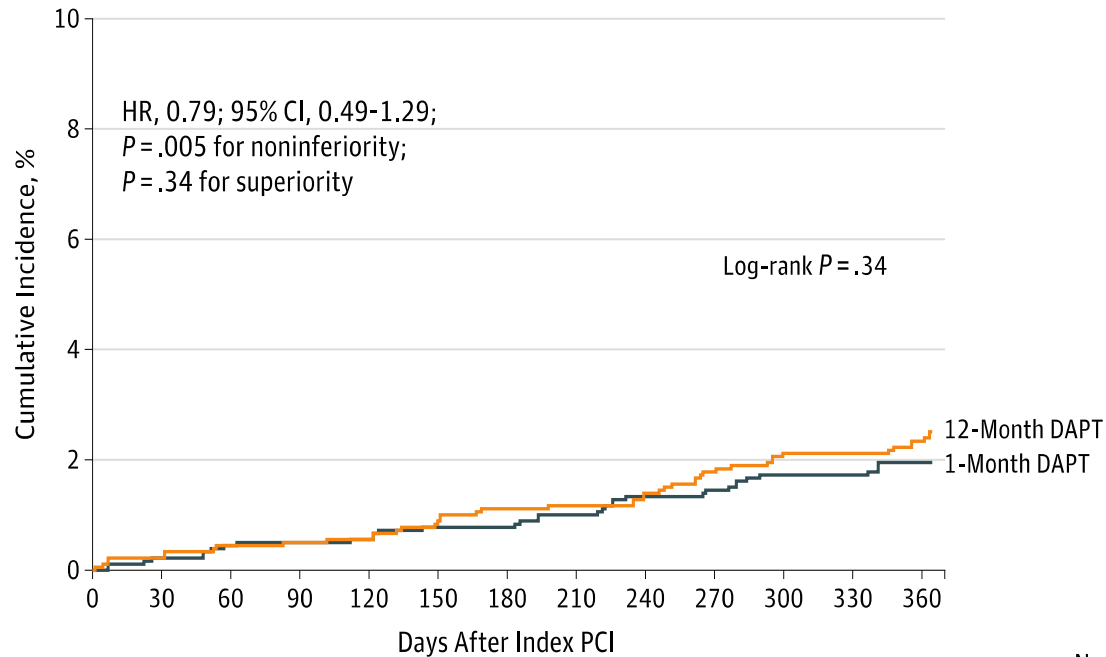
Unpublished data



No DAPT is the way to go after DES implantation

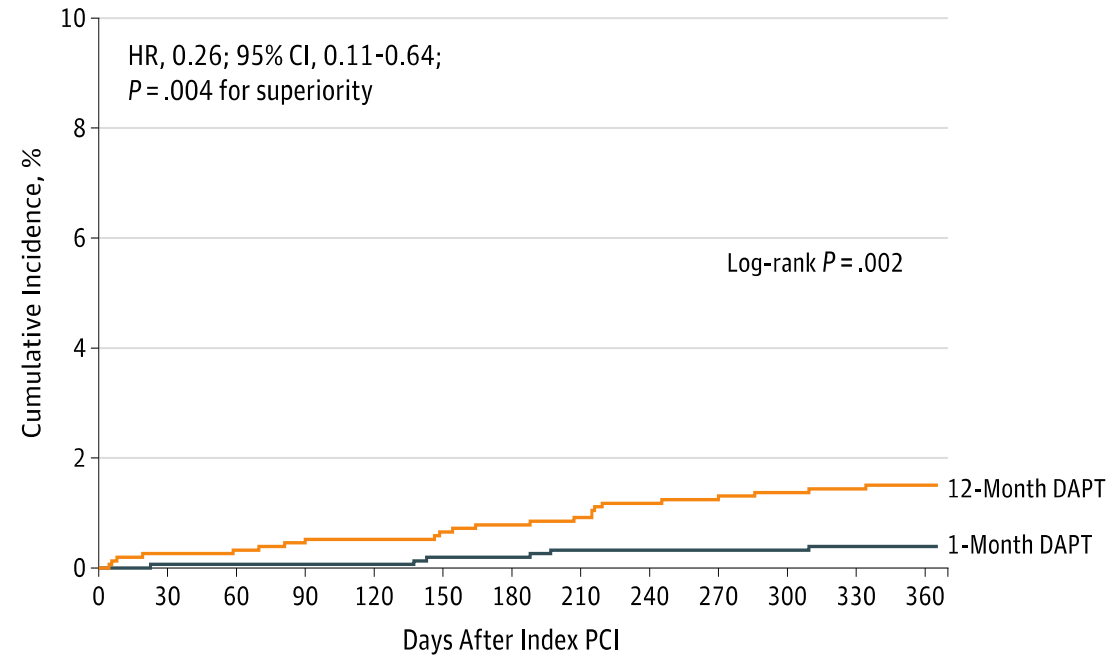
STOPDAPT-2 Trial

Death/MI/ST/Stroke



No. at risk	0	30	60	90	120	150	180	210	240	270	300	330	360
12-month DAPT	1509	1504	1490		1488	1479	1473	1458		1172			
1-month DAPT	1500	1495	1480		1476	1471	1458	1446		1157			

TIMI Major/Minor Bleeding



No. at risk	0	30	60	90	120	150	180	210	240	270	300	330	360
12-month DAPT	1509	1504	1491		1487	1480	1471	1462		1180			
1-month DAPT	1500	1495	1483		1481	1477	1467	1457		1166			

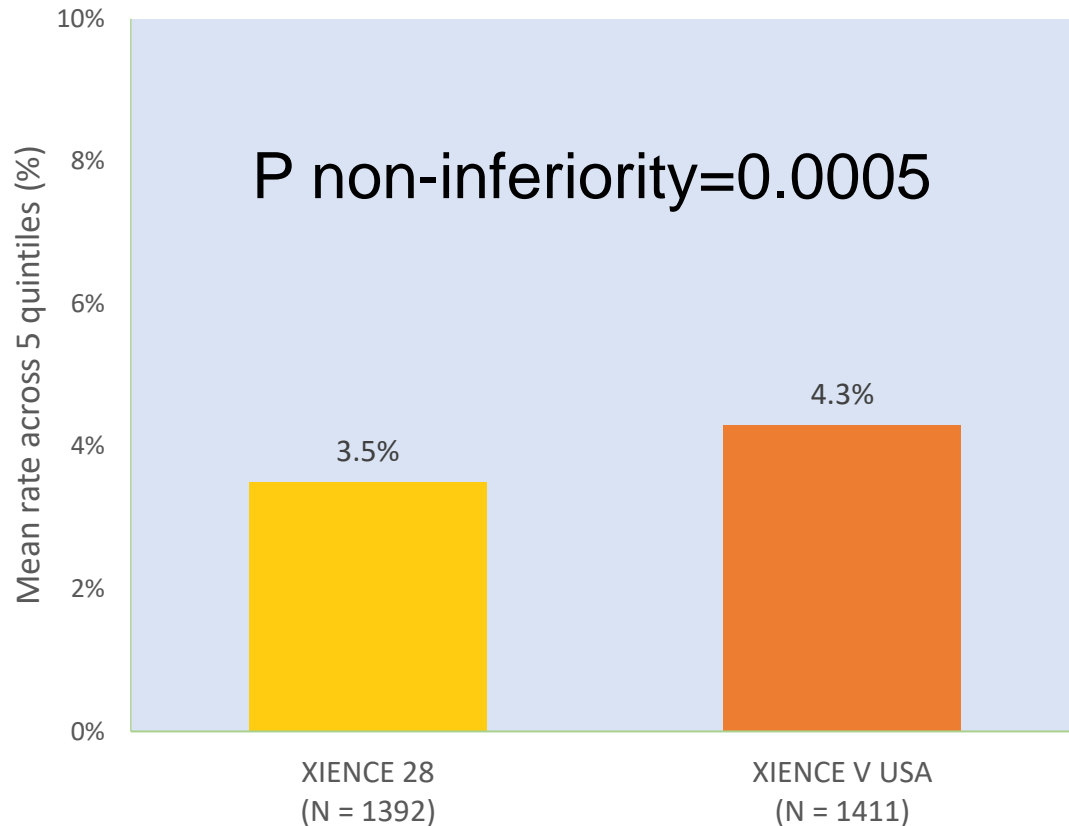
One-month DAPT compared with 12-month DAPT was non-inferior for CV events, and superior for major bleeding.



XIENCE 28: Aspirin monotherapy after 1-month DAPT

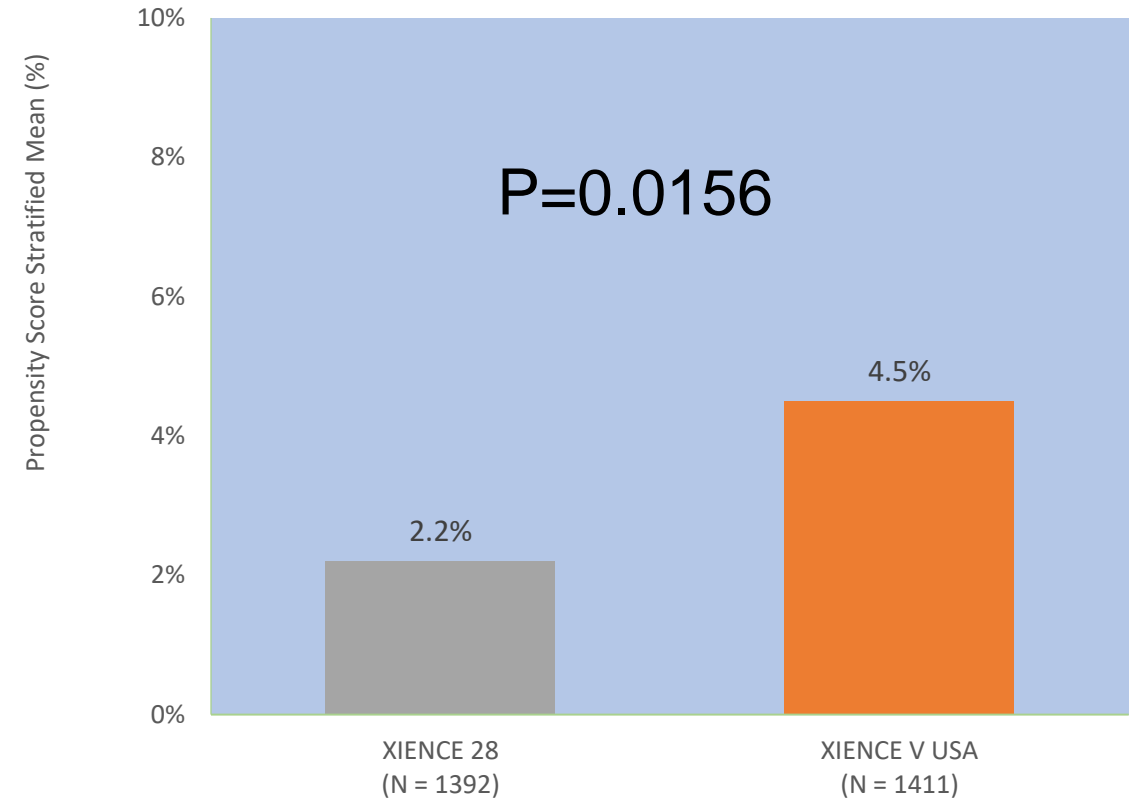
Death/MI

Between 1 and 6 Months



BARC 3-5 Bleeding

Between 1 and 6 Months

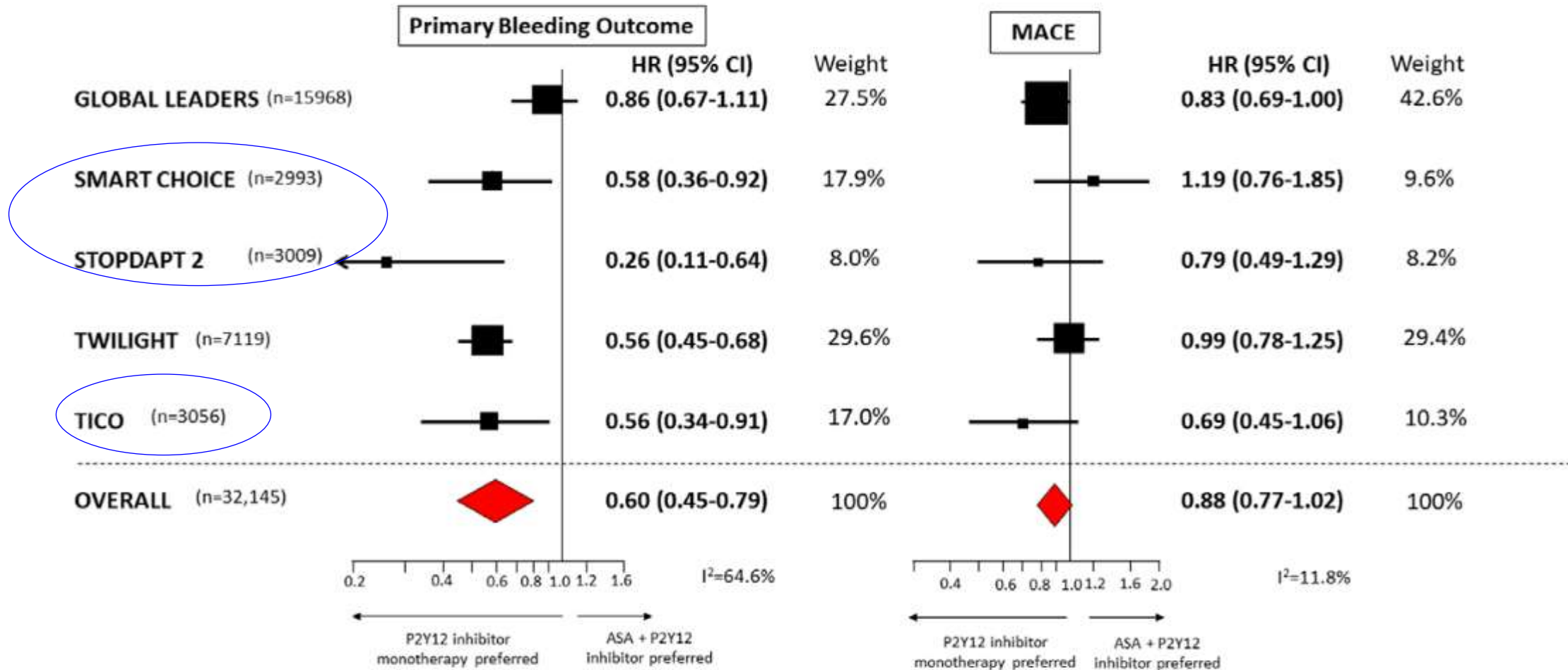


“Less is More” might be relevant in Western population.



Meta-analysis:

1- to 3-Month DAPT followed by P2Y₁₂ inhibitor monotherapy versus standard DAPT

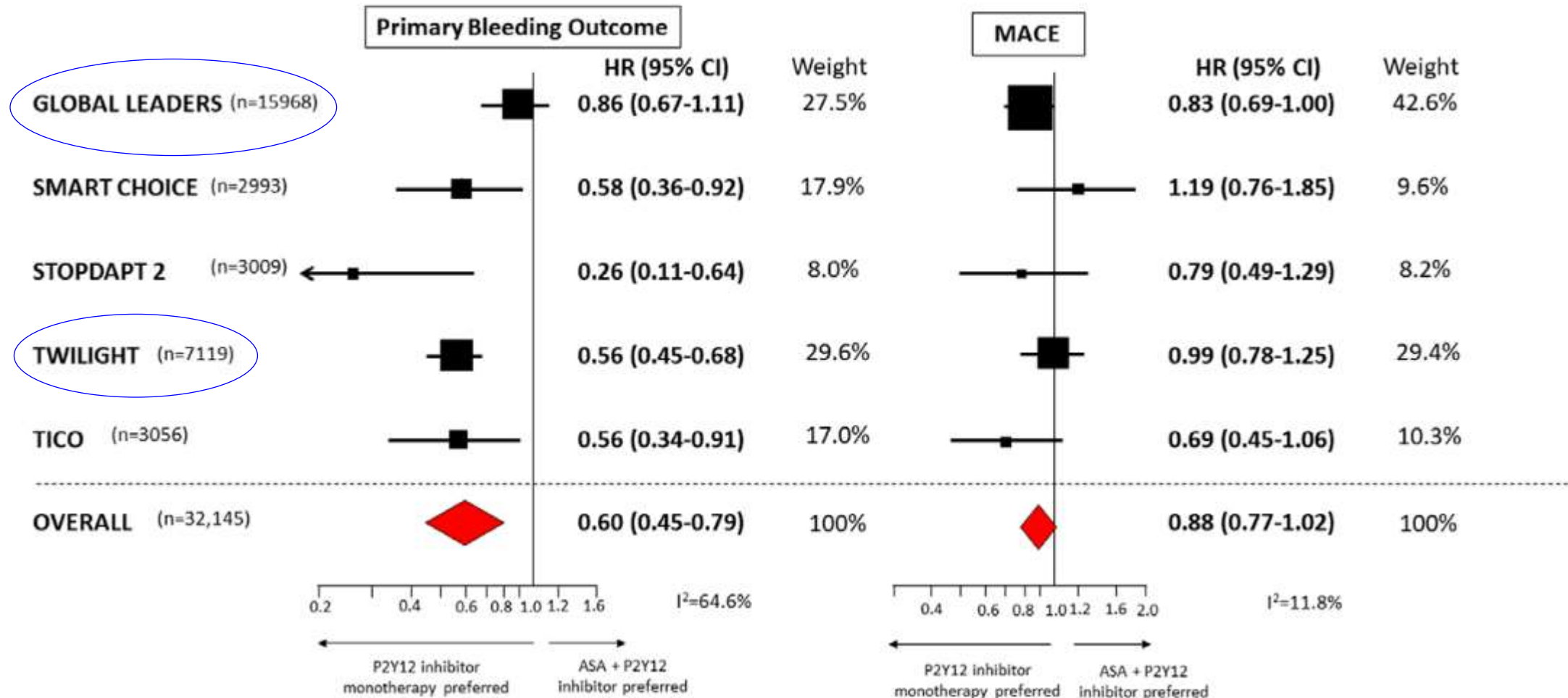


Short DAPT was consistently associated with lower risk for bleeding without increasing ischemic risk in East-Asian population.



Meta-analysis:

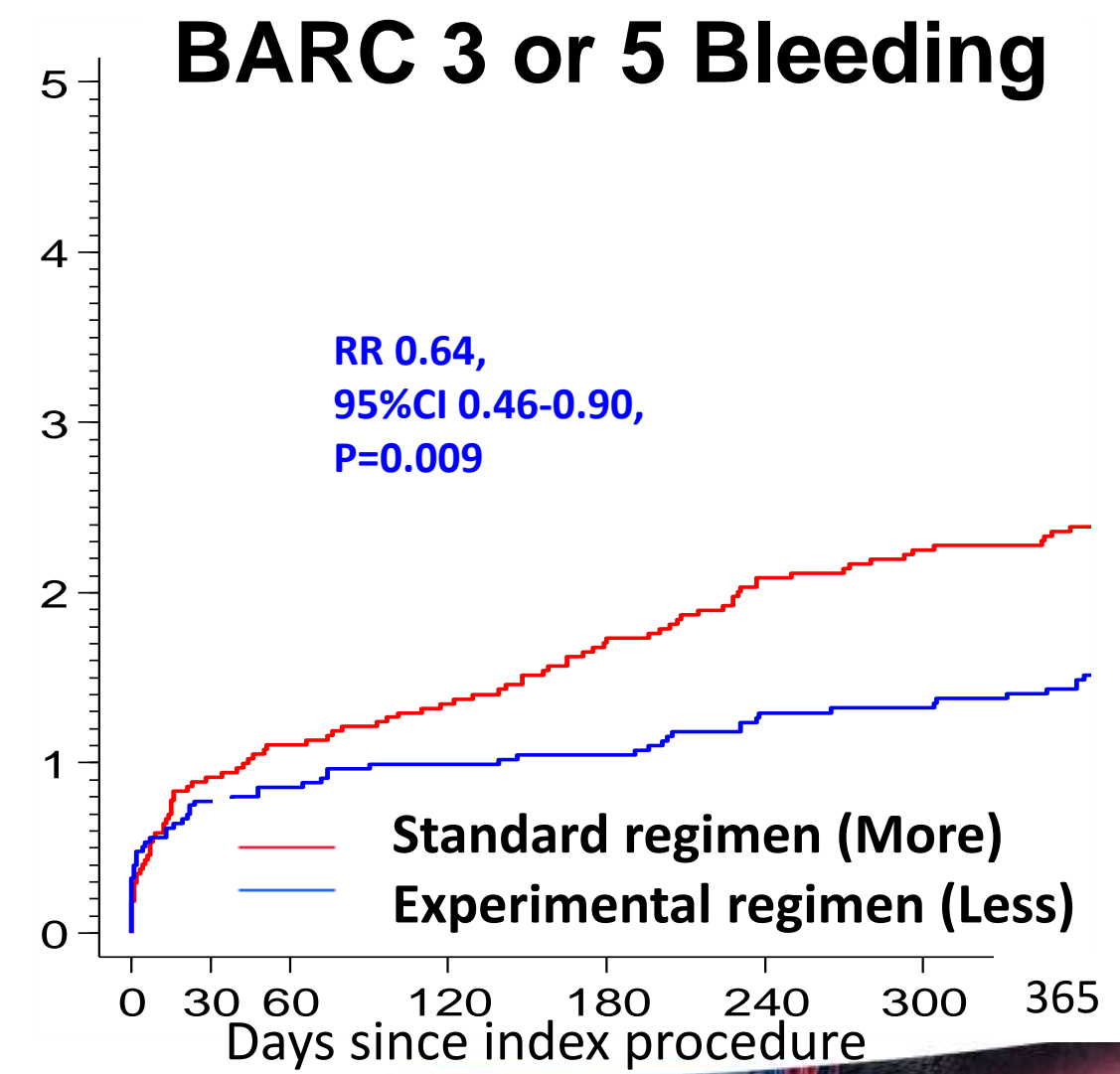
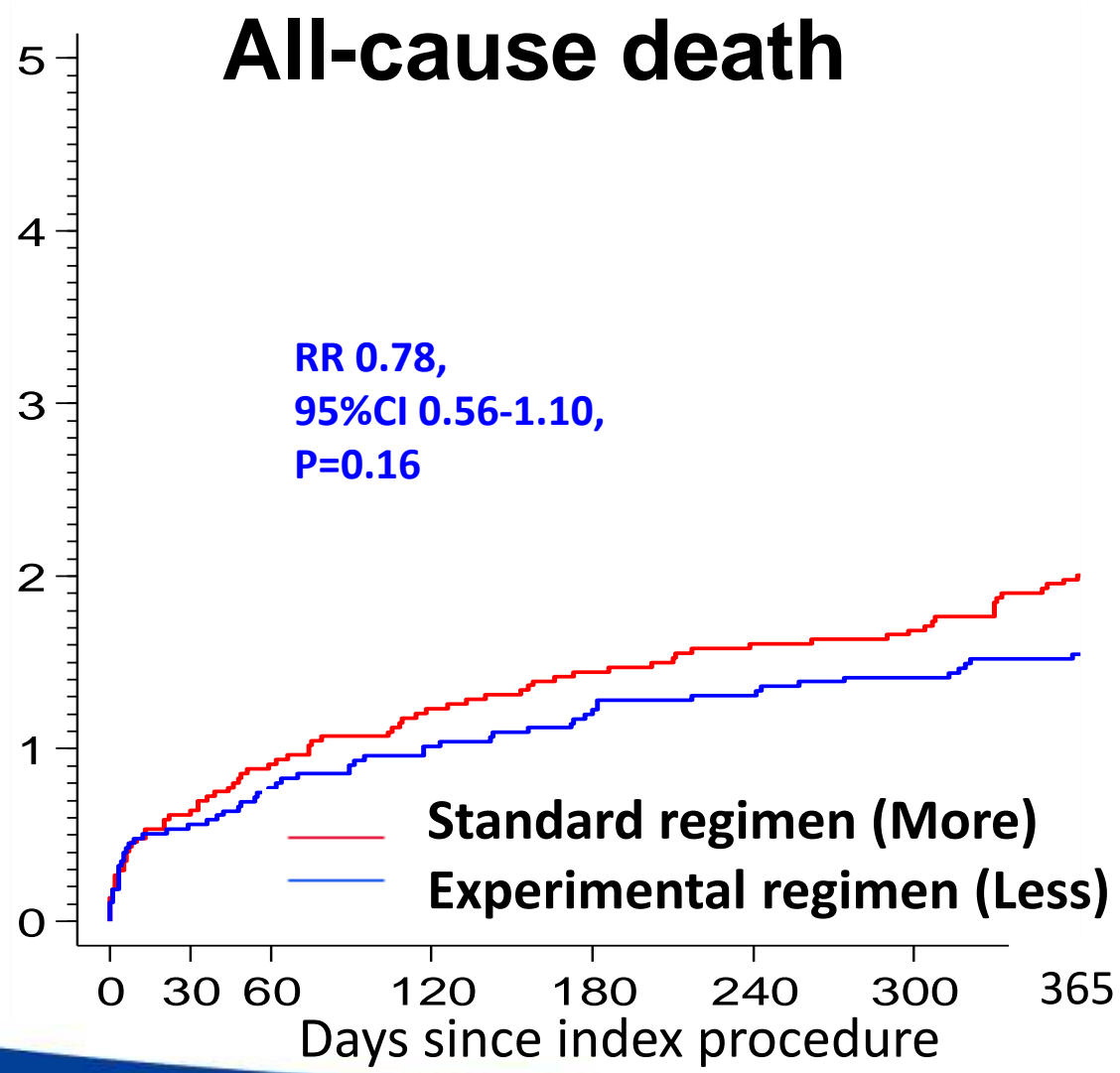
1- to 3-Month DAPT followed by P2Y₁₂ inhibitor monotherapy versus standard DAPT



Short DAPT was also associated with lower risk for bleeding without increasing ischemic risk in Western population.



ACS patients



GLOBAL LEADERS

Clinical Outcomes Between 1- and 2-Year Aspirin monotherapy versus Ticagrelor monotherapy

	Experimental Treatment Strategy	Reference Treatment Strategy	Risk Ratio (95% CI)	p-value
Total number of patients	N=7980	N=7988		
All-cause mortality or new Q-wave myocardial infarction ^c	148 (1.89)	152 (1.95)	0.97 (0.77-1.22)	0.790
BARC 3 or 5 bleeding ^b	46 (0.60)	33 (0.43)	1.40 (0.89-2.19)	0.140

Vranckx P, et al. Lancet 2018.



STOPDAPT-3 Trial Exploring Completely Aspirin-free Strategy

<Entry Criteria>

1. PCI with planned exclusive use of CoCr-EES (XIENCE)
2. ARC-HBR or ACS presentation
3. Eligible for DAPT (Aspirin/P2Y₁₂ inhibitor) for 1 month

No Exclusion Criteria

Randomization Before PCI

No aspirin Group
1500 Patients

Prasugrel Monotherapy for 1M

Loading:
Prasugrel

1-month DAPT Group
1500 Patients

DAPT (Aspirin and Prasugrel) for 1M

Co-primary Bleeding Endpoint : BARC 3 or 5 bleeding at 1M

Co-primary Cardiovascular Endpoint : CV death/MI/Ischemic Stroke/ST at 1M

Clopidogrel Monotherapy
Between 1M and 12 M

Exploratory
Analysis

Aspirin Monotherapy
Between 1M and 12 M

Conclusions

***“Less is More” in Antithrombotic Therapy after PCI
has been clearly demonstrated in East-Asian population.***

***Recent short DAPT studies have suggested that
“Less is More” might also be relevant in Western population.***

