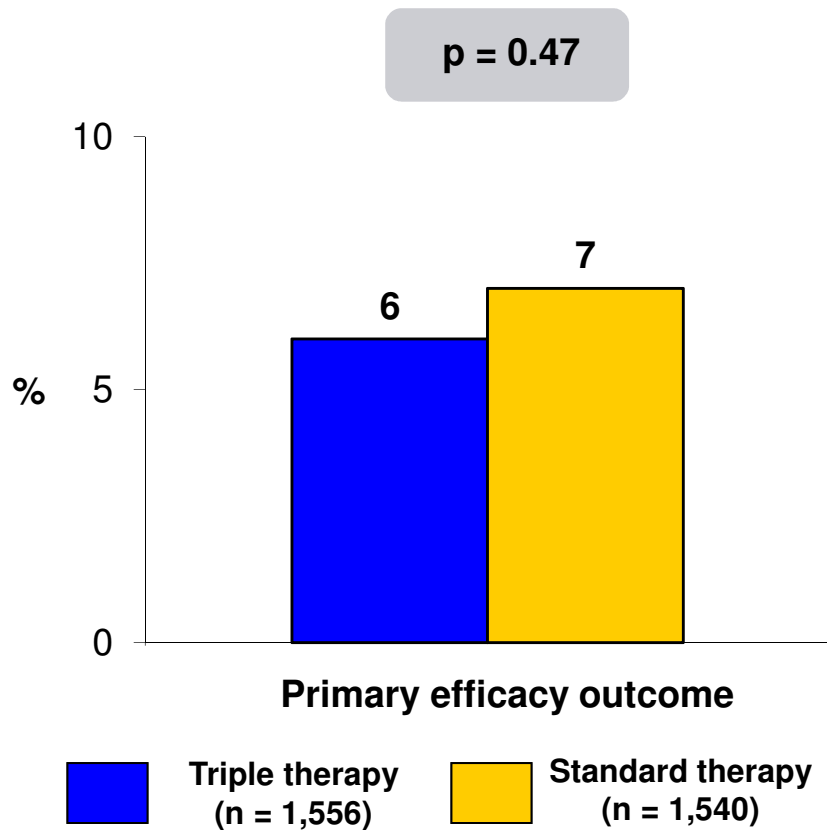


TARDIS

Trial design: Patients at risk for recurrent stroke (non-cardioembolic CVA/TIA) were randomized in a 1:1 fashion to either triple antiplatelet therapy or standard of care (low-dose aspirin-dipyridamole or clopidogrel monotherapy). They were followed for 90 days.



Results

- Primary efficacy outcome of stroke/TIA: triple vs. standard antiplatelet therapy: 6% vs. 7%, $p = 0.47$
- Death: 1% vs. < 1%, $p = 0.17$, fatal bleeding: 1% vs. < 1%, $p = 0.07$, for triple vs. standard antiplatelet therapy, respectively
- Ordinal bleeding: 20% vs. 9%, $p < 0.0001$, intracranial hemorrhage: 1% vs. < 1%, $p = 0.026$, for triple vs. standard antiplatelet therapy

Conclusions

- Among patients with non-cardioembolic CVA/TIA, a regimen of triple antiplatelet therapy for 30 days did not reduce stroke recurrence or its severity when compared with guideline-based antiplatelet therapy
- The more aggressive strategy resulted in significantly higher and more severe bleeding rates