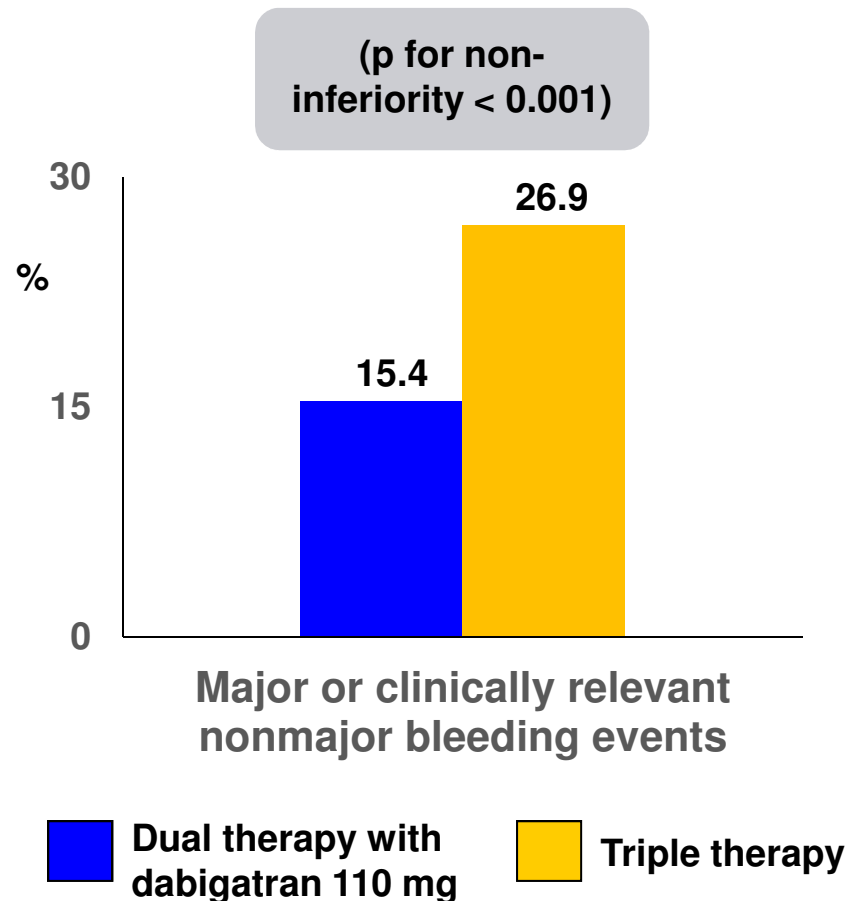


RE-DUAL PCI

Trial design: Patients with atrial fibrillation undergoing coronary revascularization were randomized to dual therapy with dabigatran at a dose of 110 mg (n = 981) vs. dual therapy with dabigatran at a dose of 150 mg (n = 763) vs. triple therapy with warfarin (n = 981).



Results

- Major or clinically relevant nonmajor bleeding events: 15.4% of the dual therapy with dabigatran 110 mg group vs. 26.9% of the triple therapy group (p for noninferiority < 0.001, p for superiority < 0.001)
- Major or clinically relevant nonmajor bleeding events: 20.2% of the dual therapy with dabigatran 150 mg group vs. 25.7% of the corresponding triple therapy group (excluding elderly participants outside the United States) (p for noninferiority < 0.001)

Conclusions

- Among patients with atrial fibrillation undergoing coronary revascularization, dual therapy compared with triple therapy was effective at reducing bleeding events