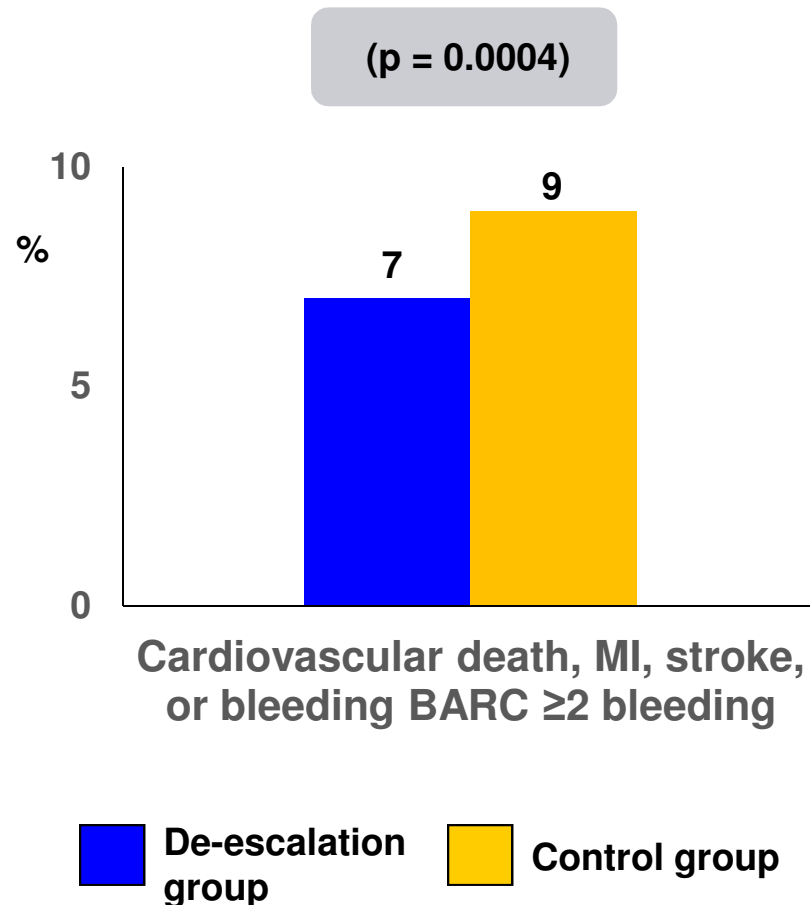


TROPICAL-ACS

Trial design: Patients with acute coronary syndrome who underwent percutaneous coronary intervention (PCI) were randomized to de-escalation of antiplatelet therapy (n = 1,304) vs. prasugrel for 12 months (n = 1,306).



Results

- Cardiovascular death, MI, stroke, or bleeding BARC ≥ 2 bleeding: 7% of the de-escalation group vs. 9% of the control group (p for noninferiority = 0.0004)
- All-cause mortality: 1% vs. 1% (p = 0.85), respectively, for de-escalation vs. control
- MI: 2% vs. 2% (p = 0.59), respectively, for de-escalation vs. control

Conclusions

- Among patients with acute coronary syndrome (STEMI or NSTEMI), de-escalation of maintenance antiplatelet therapy was noninferior to 12 months of prasugrel
- De-escalation of antiplatelet therapy was guided by platelet function testing

Sibbing D, et al. Lancet 2017;Aug 27:[Epub]