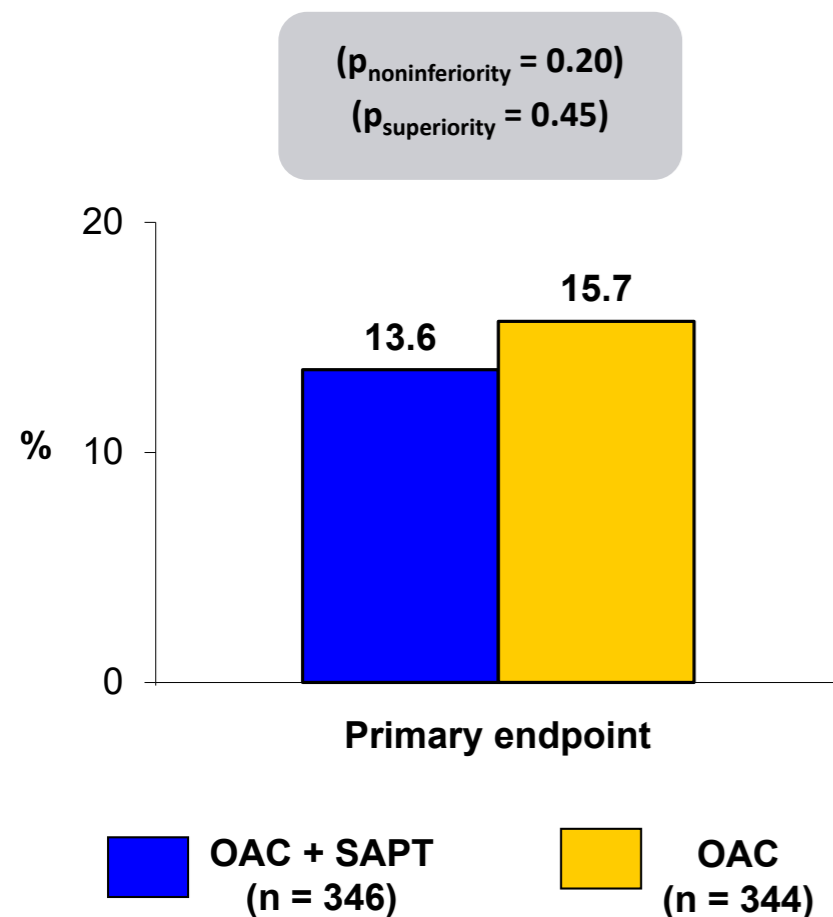


# OAC-ALONE

## #TCT2018



**Trial description:** Patients with stable CAD with PCI >1 year ago and AF on oral anticoagulation (OAC) were randomized to either OAC + single antiplatelet therapy (SAPT) or OAC alone. Patients were followed for 2.5 years.



### RESULTS

- Trial was terminated early. Primary endpoint, all-cause mortality, MI, stroke, systemic embolism: OAC + SAPT vs. OAC: 13.6% vs. 15.7%,  $p_{\text{noninferiority}} = 0.20$ ,  $p_{\text{superiority}} = 0.45$
- Stent thrombosis: 0% vs. 0.6%,  $p = 0.15$ ; stroke/systemic embolism: 5.5% vs. 3.8%,  $p = 0.29$ ; ISTH major bleed: 10.4% vs. 7.8%,  $p = 0.22$

### CONCLUSIONS

- Due to premature cessation of the trial, noninferiority of OAC alone could not be established compared with OAC + SAPT among patients with AF and stable CAD with remote PCI
- MI rates were extremely low overall (1-2% over 2.5 years)

Matsumura-Nakano Y, et al. *Circulation* 2018;Sep 24:[Epub]