

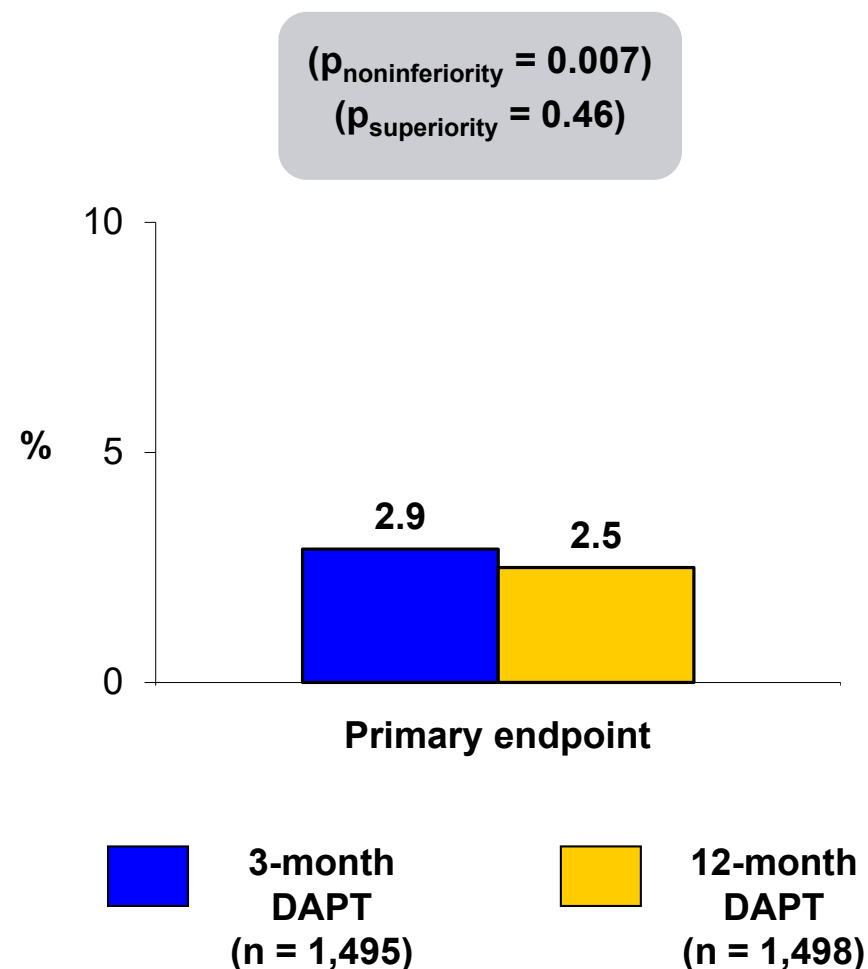
# SMART-CHOICE

#ACC19



AMERICAN  
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CARDIOLOGY

**Trial Description:** Patients undergoing DES-PCI were randomized in a 1:1 fashion to either dual antiplatelet therapy (DAPT) for 3 months followed by P2Y12 inhibitor monotherapy for 9 months, or DAPT for 12 months. They were followed for 1 year.



## RESULTS

- Primary endpoint: MACCE (death, MI, stroke) at 12 months, for 3- vs. 12-month DAPT: 2.9% vs. 2.5%, p for noninferiority = 0.007; p for superiority = 0.46
- Death: 1.4% vs. 1.2%, p = 0.61; MI: 0.8% vs. 1.2%, p = 0.28; stent thrombosis: 0.2% vs. 0.1%, p = 0.65
- Bleeding BARC 2-5: 2.0% vs. 3.4%, p = 0.02

## CONCLUSIONS

- 3 months of DAPT followed by P2Y12 inhibitor use as monotherapy for 9 months is noninferior to 12 months of DAPT among unselected patients undergoing PCI with a DES; bleeding was lower with this strategy
- Interesting findings, adds to other trials seeking to drop aspirin rather than the P2Y12 inhibitor as antiplatelet agent long-term; outcomes may be different among patients with ACS vs. stable ischemic heart disease

Presented by Dr. Joo-Yong Hahn at ACC 2019