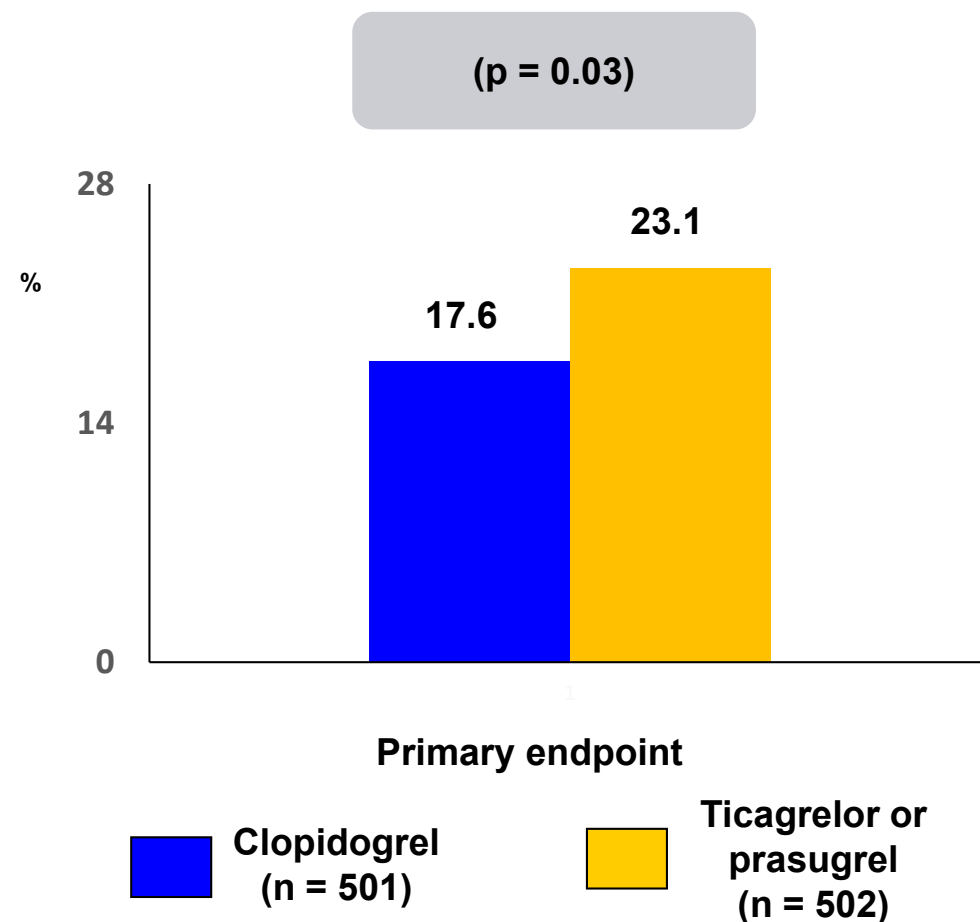


# POPular AGE

## #ESCCongress



**Trial Description:** Patients  $\geq 70$  years of age with a non-ST-segment elevation acute coronary syndrome were randomized to clopidogrel vs. ticagrelor or prasugrel for 12 months.



### RESULTS

- Co-primary safety endpoint: PLATO major and minor bleeding occurred in 17.6% of the clopidogrel group compared with 23.1% of ticagrelor/prasugrel group ( $p = 0.03$ )
- Co-primary net clinical benefit endpoint: death, MI, stroke, or PLATO major and minor bleeding occurred in 27.3% of the clopidogrel group compared with 30.7% of ticagrelor/prasugrel group ( $p$  for noninferiority = 0.06)

### CONCLUSIONS

- Among elderly patients ( $\geq 70$  years of age) being treated for a non-ST-segment elevation acute coronary syndrome, long-term treatment with clopidogrel was associated with less PLATO major/minor bleeding, less fatal bleeding vs. a more potent  $P2Y_{12}$  inhibitor (i.e., ticagrelor or prasugrel)

**Presented by Dr. Marieke Gimbel at ESC Congress 2019**