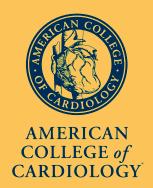
## **TWILIGHT TRIAL**



Ticagrelor with or without Aspirin in High-Risk Patients after PCI

Multicenter, randomized, double-blind, placebo-controlled clinical trial



Objective: To assess the efficacy of ticagrelor monotherapy in patients undergoing PCI who are at high risk for ischemic or hemorrhagic complications maintained on dual antiplatelet therapy (DAPT) for 3 months.

**7,119** patients

Inclusion criteria: High ischemia- or bleeding-risk patients who underwent successful PCI with at least one locally approved DES and had successfully tolerated DAPT for 3 months post-PCI without an ischemic or bleeding event



Ticagrelor + Placebo (n=3,555)



Ticagrelor + Aspirin (n=3,564)



## **PRIMARY OUTCOME**

4.0

BARC type 2, 3, or 5 bleeding % HR 0.56; 95% CI, 0.45 to 0.68; P<0.001

7.1

## **SECONDARY OUTCOME**

3.9

Death from any cause, nonfatal MI, or nonfatal stroke % HR 0.99; 95% CI, 0.78 to 1.25; P<0.001 for NI 3.9

0.4

Stent thrombosis, definite or probable %

HR 0.74; 95% CI, 0.37 to 1.47; P=NS

0.6

Conclusion: Among high-risk patients who underwent PCI and completed 3 months of DAPT, ticagrelor monotherapy was associated with a lower incidence of clinically relevant bleeding than ticagrelor plus aspirin.