2019

TWILIGHT TRIAL

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

AMERICAN COLLEGE of CARDIOLOGY

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.

R. Mehran, U. Baber, S.K. Sharma, et al., for the TWILIGHT Steering Committee and Investigators. Ticagrelor with or without Aspirin in High-Risk Patients after PCI. *N Engl J Med* 2019; Sept. 26: [Epub Ahead of Print].