

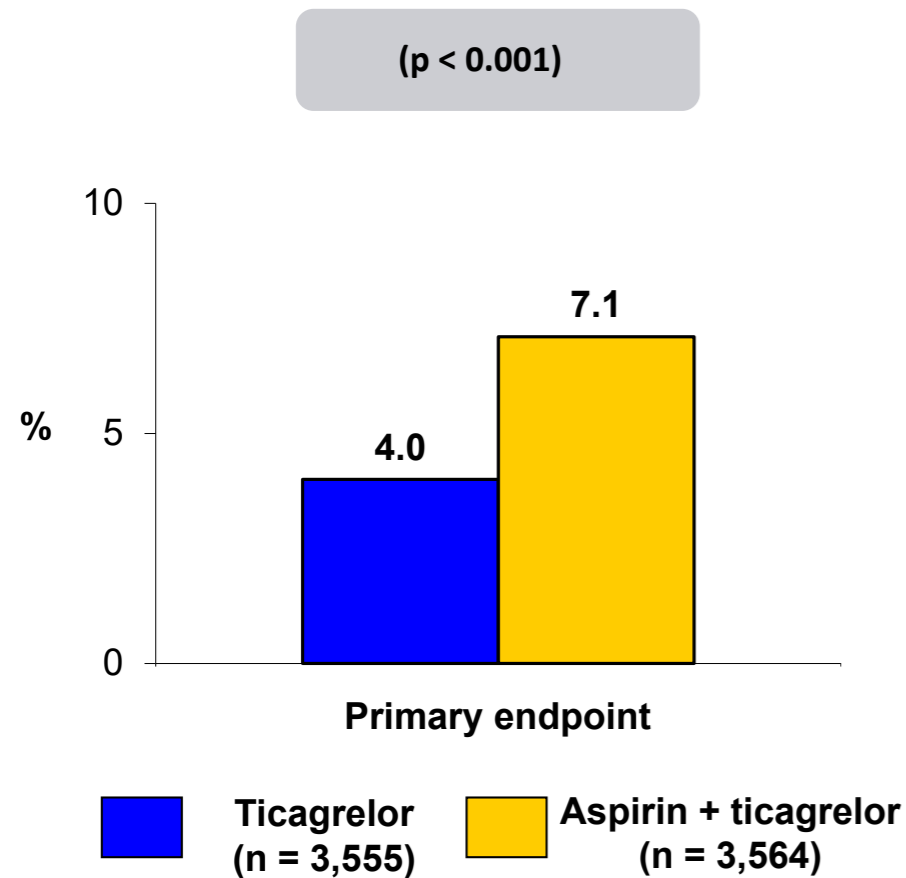
# TWILIGHT

#TCT2019



AMERICAN  
COLLEGE of  
CARDIOLOGY

**Trial Description:** Patients undergoing PCI and with  $\geq 1$  high risk feature of ischemia or bleeding were randomized in a 1:1 fashion to either aspirin + ticagrelor for 3 months, then ticagrelor monotherapy vs. continued ticagrelor + aspirin for an additional 12 months. They were followed for 1 year.



## RESULTS

- Primary endpoint, BARC 2, 3, or 5 bleeding at 12 months for ticagrelor monotherapy vs. aspirin + ticagrelor: 4.0% vs. 7.1% (p < 0.001)
- All-cause mortality, MI, stroke: 3.9% vs. 3.9% (p < 0.001 for noninferiority)
- MI: 2.7% vs. 2.7%; stent thrombosis: 0.4% vs. 0.6% (p < 0.05); ischemic stroke: 0.5% vs. 0.2% (p > 0.05)

## CONCLUSIONS

- Short-duration DAPT (3 months) followed by ticagrelor monotherapy for 12 months results in less bleeding compared with longer-duration DAPT (additional 12 months) among patients undergoing PCI with a DES and at high ischemic or bleeding risk; ischemic rates met criteria for noninferiority
- Interesting findings that help advance our understanding of the optimal duration and type of antiplatelet agent post-PCI

Mehran R, et al. N Engl J Med 2019;Sep 26:[Epub ahead of print]