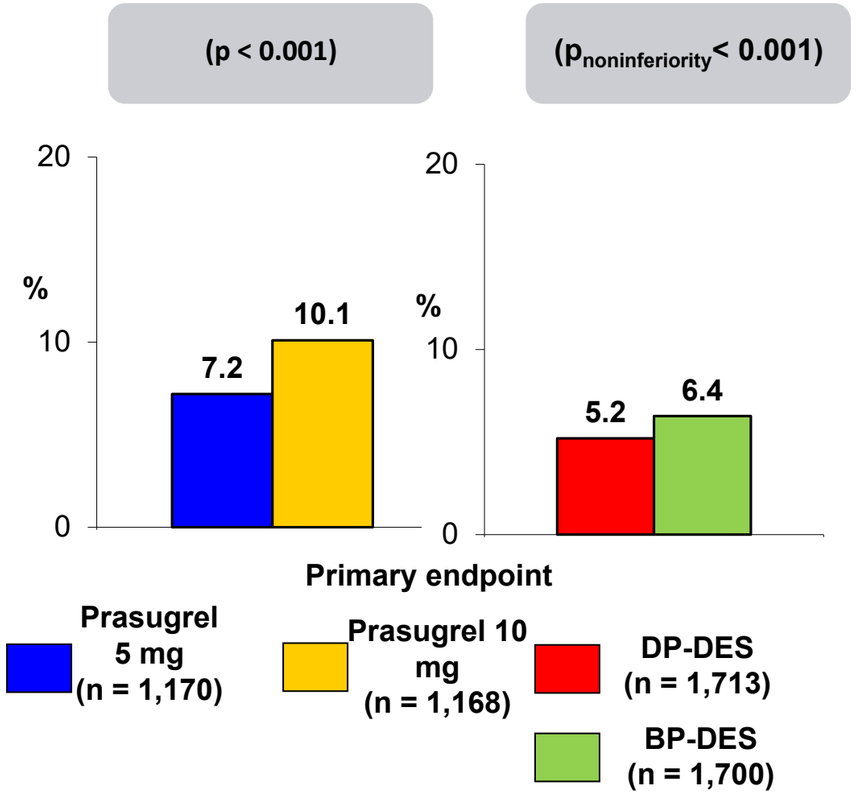
HOST-REDUCE-POLYTECH-ACS

#ESCCongress

AMERICAN COLLEGE of CARDIOLOGY

Trial Description: Patients undergoing PCI for ACS were randomized in 2x2 factorial design to: a) either prasugrel 5 mg daily or prasugrel 10 mg daily, or b) durable polymer (DP) vs. bioabsorbable polymer (BP)-DES. Patients were followed for 1 year.



RESULTS

- Primary endpoint, net adverse events (death, MI, stent thrombosis, clinically driven revascularization, stroke, and BARC 2 or higher bleeding): prasugrel 5 mg vs. 10 mg: 7.2% vs. 10.1%; HR 0.70, 95% CI 0.52-0.92 (p = 0.012). Stent thrombosis: 0.1% vs. 0.3% (p = 0.34); BARC ≥2 bleeding: 2.9% vs. 5.9% (p < 0.001)
- Primary endpoint (death, MI, stent thrombosis, and any repeat revascularization) for DP vs. BP-DES: 5.2% vs. 6.4%; HR 0.81, 95% CI 0.61-1.08 ($p_{noninferiority}$< 0.001) Target lesion revascularization: 1% vs. 1.8% (p = 0.049)

CONCLUSIONS

- Reduced-dose prasugrel is superior to regular-dose prasugrel when used along with low-dose aspirin for ACS PCI. All patients received 1 month of regular-dose DAPT; the dose de-escalation happened after 1 month
- BP-DES met the primary criteria for noninferiority compared with DP-DES, but need for repeat procedures was lower in the DP-DES arm

Kim HS, et al. Lancet 2020;396:1079-89