

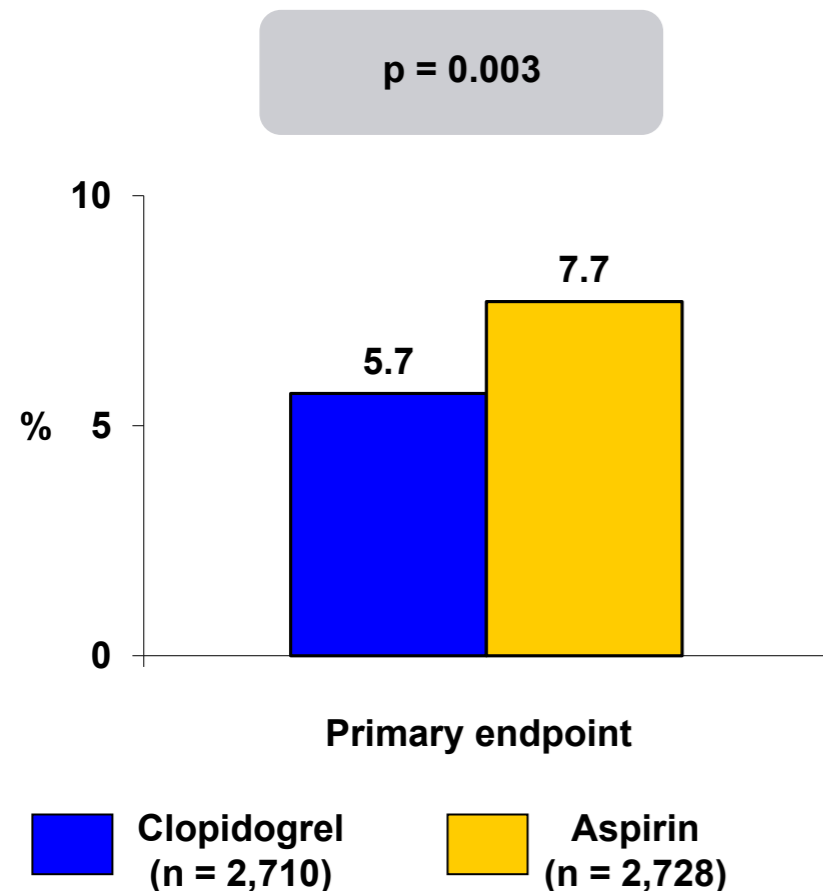
HOST-EXAM

#ACC21



AMERICAN
COLLEGE of
CARDIOLOGY

Trial Description: Patients who had completed the required duration of DAPT post-DES PCI were randomized in a 1:1 open-label fashion to either clopidogrel monotherapy or aspirin. Patients were followed for 24 months.



RESULTS

- Primary endpoint (all-cause mortality, MI, stroke, readmission due to ACS, major bleeding) for clopidogrel vs. aspirin: 5.7% vs. 7.7% (HR 0.73, 95% CI 0.59-0.90, p = 0.003)
- Thrombotic composite outcome (CV death, MI, stroke, ACS readmission, stent thrombosis): 3.7% vs. 5.5% (p = 0.003)
- Stroke: 0.7% vs. 1.0% (p = 0.002)
- ACS readmission: 2.5% vs. 4.1% (p = 0.001)
- Any bleeding: 2.3% vs. 3.3% (p = 0.003)

CONCLUSIONS

- Clopidogrel monotherapy is superior to aspirin monotherapy as chronic maintenance therapy among patients who had successfully completed the required duration of DAPT therapy post-DES PCI. Benefits were noted in thrombotic and bleeding events
- These were all East Asian patients; clopidogrel resistance was not assessed

Kim BK, et al. *Lancet* 2021;May 16:[Epub ahead of print]