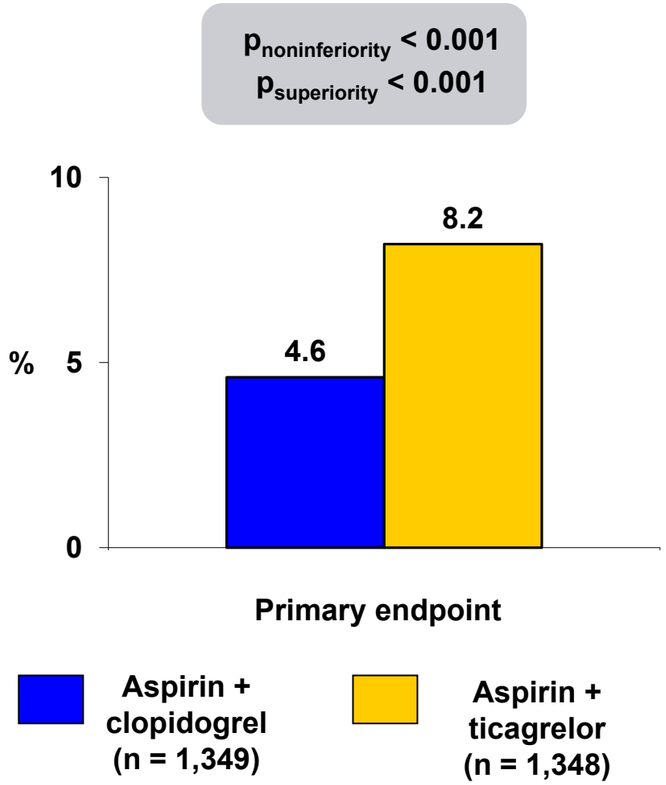
TALOS-AMI

#ACC21

AMERICAN COLLEGE of CARDIOLOGY

Trial Description: Patients undergoing PCI for AMI and who had completed 1 month of DAPT with aspirin and ticagrelor were randomized in a 1:1 open-label fashion with either aspirin + clopidogrel 75 mg daily (de-escalation) or aspirin + ticagrelor 90 mg BID (active control). Patients were followed for 12 months.



RESULTS

- Primary endpoint (CV death, MI, stroke, BARC bleeding 2,3 or 5) for de-escalation vs. active control between 1- and 12-months post-PCI: 4.6% vs. 8.2% ($p_{non\text{-}inferiority} < 0.001$, $p_{superiority} < 0.001$)
- CV death, MI, stroke: 2.1% vs. 3.1% (p = 0.15)
- BARC 2,3, or 5 bleeding: 3% vs. 5.6% (p = 0.001)

CONCLUSIONS

- Among patients undergoing PCI for AMI and who had completed 1 month of DAPT with aspirin and ticagrelor uneventfully, switching to aspirin + clopidogrel for the next 11 months met criteria for noninferiority and superiority compared with continuing with aspirin + ticagrelor
- Results were primarily driven by a reduction in major bleeding, but ischemic events were also numerically lower with a de-escalation strategy (without genotype testing or reload)

Presented by Dr. Kiyuk Chang at ACC.21