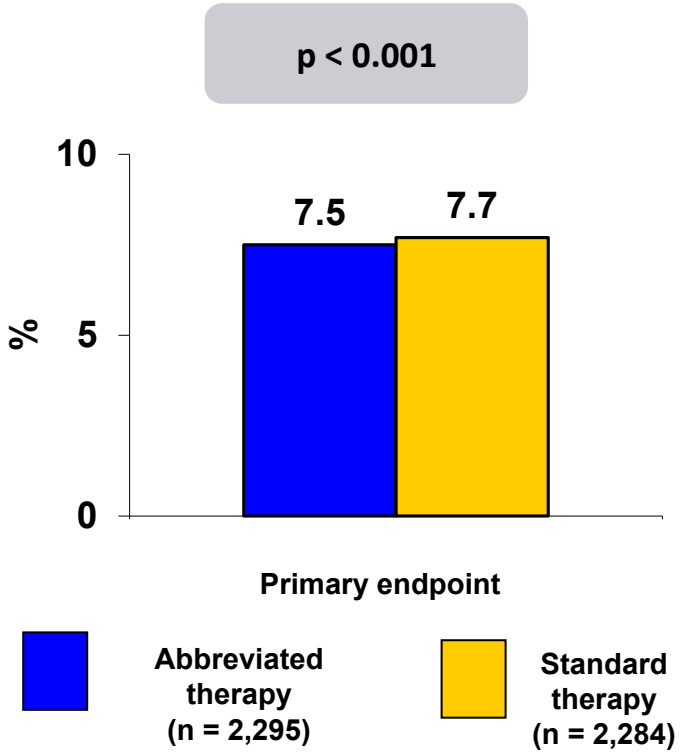
MASTER DAPT

#ESCCongress

AMERICAN COLLEGE of CARDIOLOGY

Trial Description: Patients at increased bleeding risk who underwent PCI in the previous 30-44 days were randomized to an abbreviated antiplatelet therapy (stopping DAPT and continuing single antiplatelet therapy) vs. standard antiplatelet therapy (DAPT for 5 months if no indication for oral anticoagulation or DAPT for 2 months if an indication for oral anticoagulation).



RESULTS

- Net adverse clinical events (all-cause mortality, MI, stroke, or major bleeding): 7.5% in the abbreviated therapy group vs. 7.7% in the standard therapy group ($p < 0.001$ for noninferiority)
- Major adverse cardiac or cerebral events (all-cause mortality, MI, or stroke): 6.1% vs. 5.9% ($p = 0.001$ for noninferiority)
- Major or clinically relevant nonmajor bleeding: 6.5% vs. 9.4% ($p < 0.001$ for superiority)

CONCLUSIONS

- Abbreviated DAPT was noninferior to standard DAPT regarding net adverse clinical events and major adverse cardiac or cerebral events and superior regarding major bleeding
- Results are specific to patients who received a biodegradable-polymer sirolimus-eluting stent

Valgimigli M, et al. *N Engl J Med* 2021;Aug 28:[Epub ahead of print].