

Antiplaquettaires post SCA (et post-PCI!): un peu de clarté



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Dr. Montalescot reports research Grants to the Institution or Consulting or Lecture Fees from Abbott, Acutebio, Amgen, Boehringer-Ingelheim, Celcor, Cell Prothera, Corflow, Hexacath, Idorsia, MSD, New



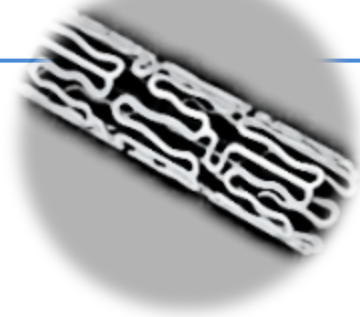
28-30
JANVIER
2026

MARSEILLE
PALAIS DU PHARO



www.action-groupe.org

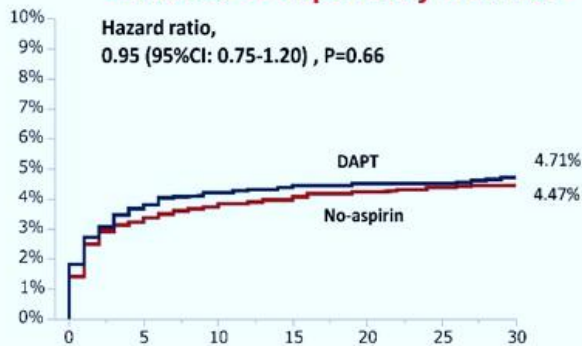
Oral antiplatelets!



It is **DOUBLE, ALWAYS,** and
MANDATORY at least **1**
MONTH!

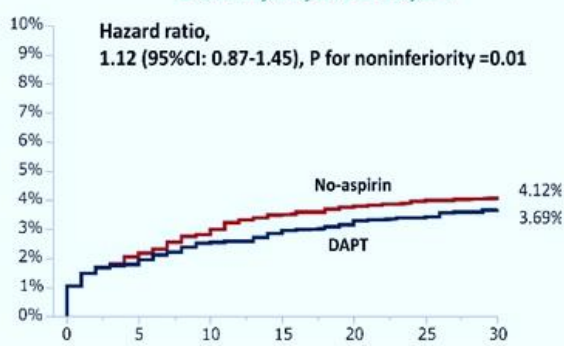
Early ASA removal in ACS/PCI: **no!**

BARC 3-5: superiority not met

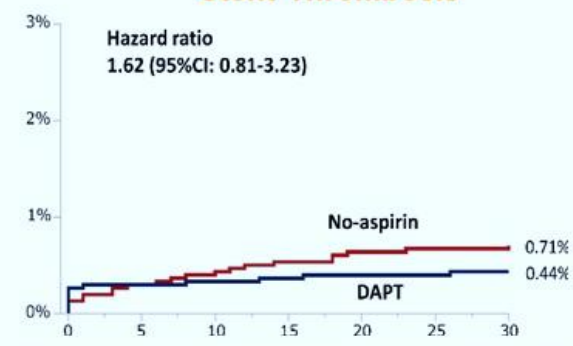


Randomisation before PCI - prasugrel LD

Death,MI,Stroke,ST

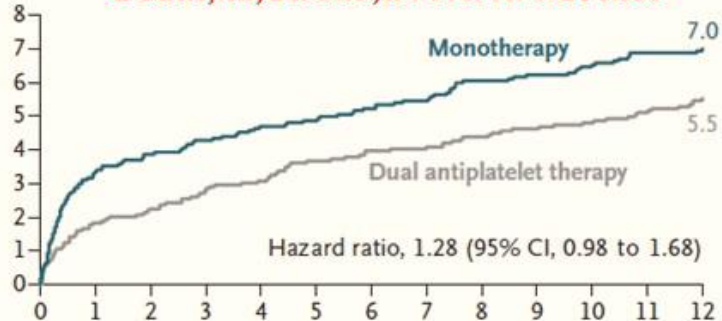


Stent Thrombosis



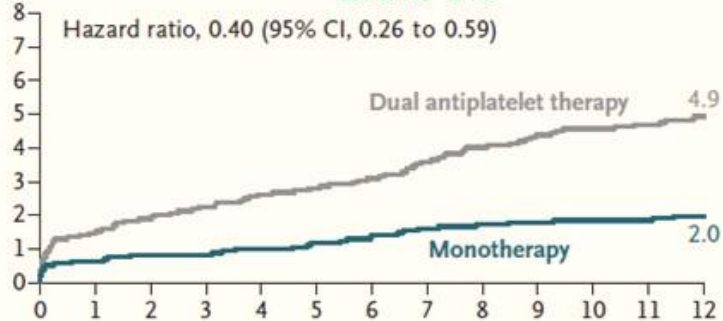
Natsuaki et al. *STOPDAPT-3. Circulation* 2024

Death,MI,Stroke,uTVR: NI not met



Randomisation after PCI - prasugrel or ticagrelor

BARC 2-5



STx3

Guimaraes et al. *NEOMINDSET. NEJM* 2025

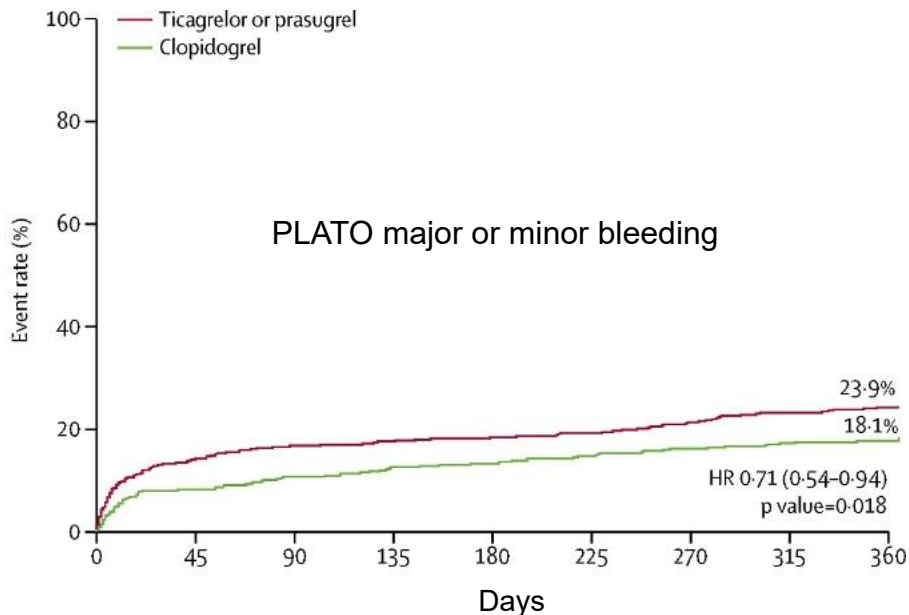
DAPT!



It is **DOUBLE**, at least 1-MONTH, with **POTENT P2Y12i**.
Unless **exceptions!**

ACS in the elderly (exception)

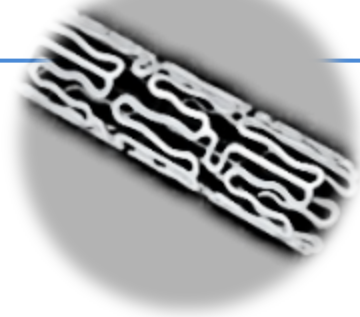
NSTE-ACS >70 years



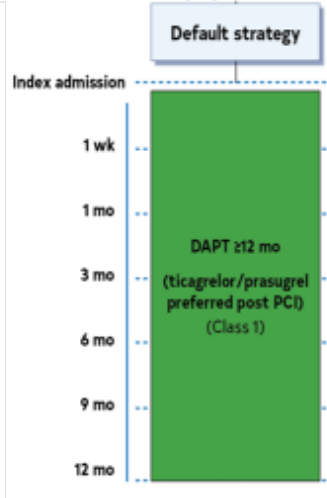
NCB : clopidogrel [28%] vs. ticagrelor [32%]
($p=0.03$ for non-inferiority)

Adherence : Premature drug discontinuation occurred in 47% of ticagrelor patients and 22% of clopidogrel patients
(main reasons: bleeding and dyspnea)

DAPT duration?!



2025 ACC/AHA/ACEP/NAEMSP/SCAI
Guideline for the Management of Patients
With Acute Coronary Syndromes

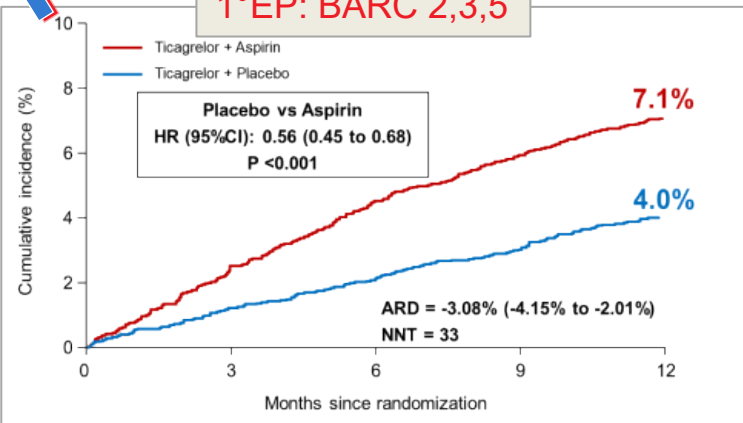


It is **DOUBLE**, with **POTENT P2Y12** i.,
but it should be shorter
than 12 months!

HBR TWILIGHT

(3m^{ths} post-PCI)

1°EP: BARC 2,3,5



N=7119
HBR/HIR
DB

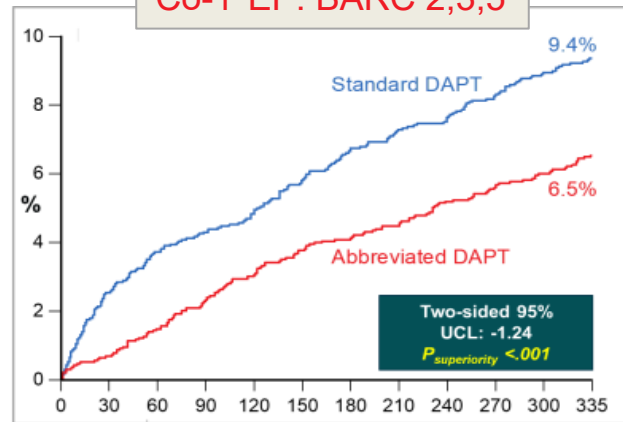
Mehran R. NEJM 2019

MASTER-DAPT

(1mth post-PCI)



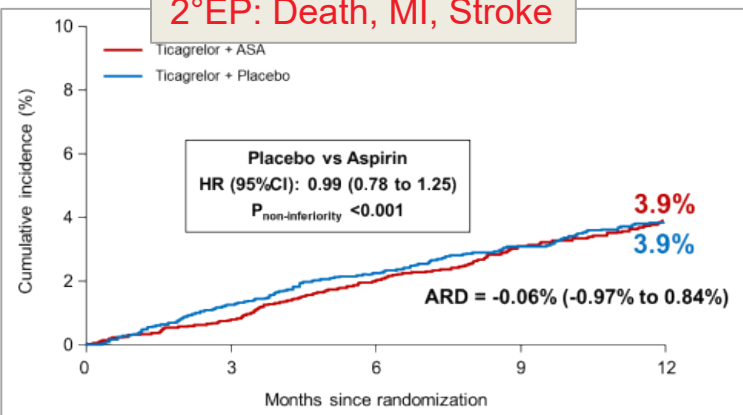
Co-1°EP: BARC 2,3,5



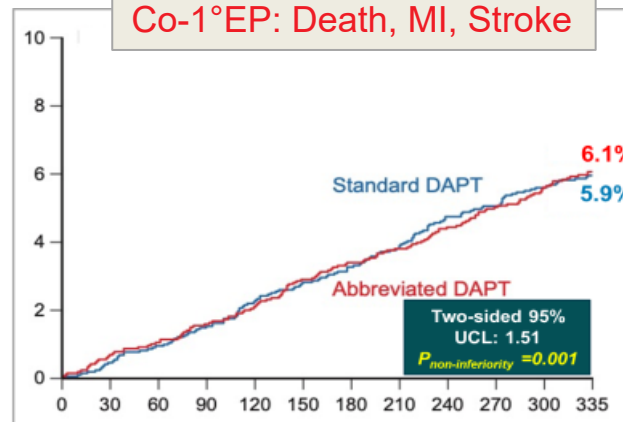
N=4579
HBR
OL

Valgimigli M. NEJM 2021

2°EP: Death, MI, Stroke



Co-1°EP: Death, MI, Stroke



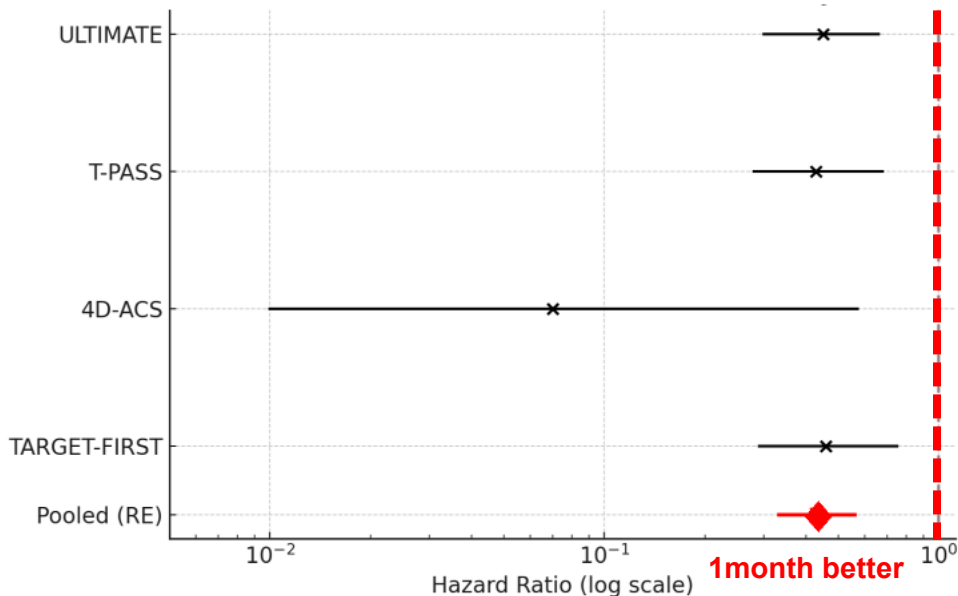
**ACS
Not HBR**

Meta-analysis in PCI of ACS/MI (1 vs.12 months)

N=8848, not HBR but LIR



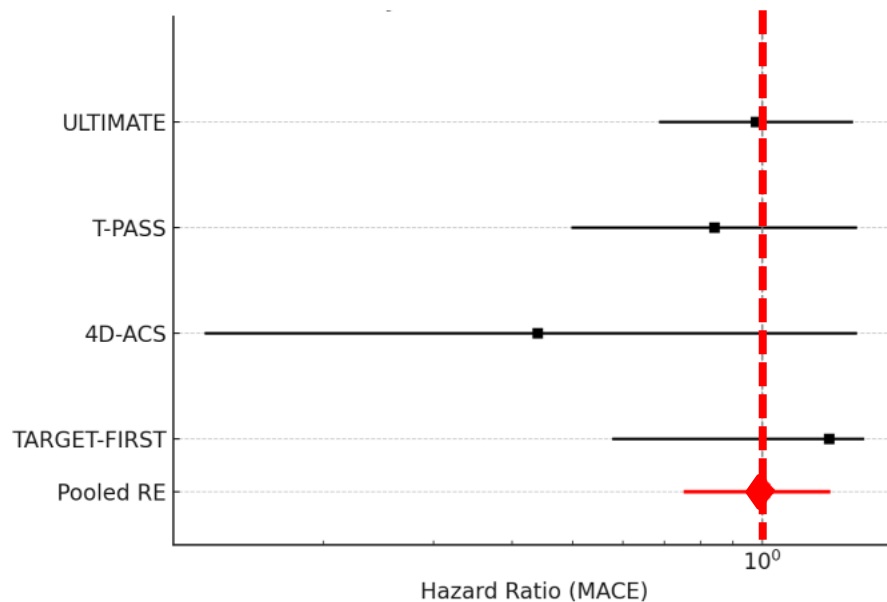
BARC 2-5



Pooled (Random-effects): HR 0.43 (95% CI 0.33–0.56)

Heterogeneity: $I^2 = 6.9\%$

MACE



Pooled (Random-effects): HR=0.98 (95% CI 0.76–1.28)

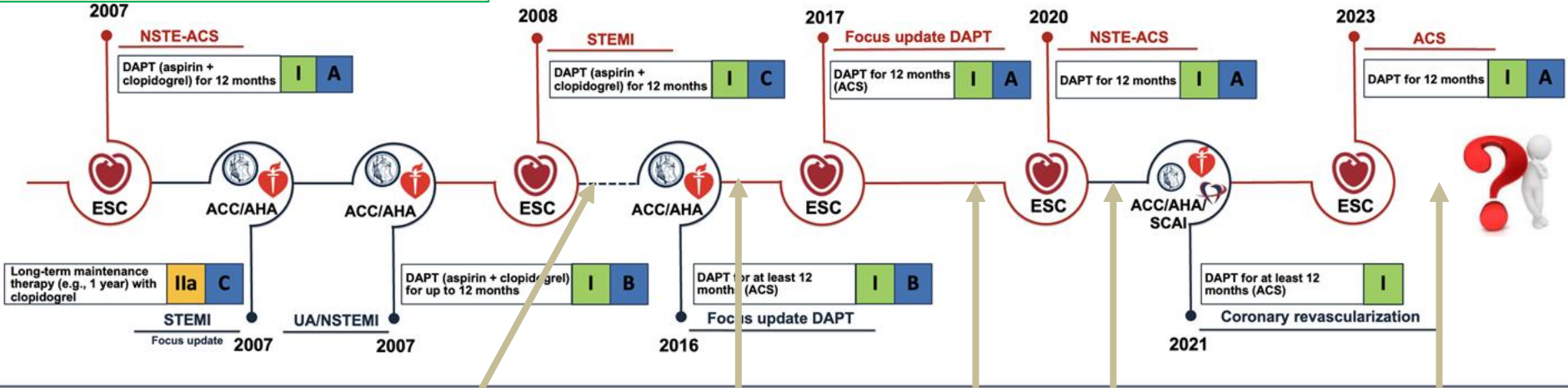
Heterogeneity: $I^2 = 11\%$

Metaanalysis of PCI trials in MI/ACS for 1-month versus 12-month DAPT. Gilles Montalescot – ESC 2025, Madrid.

Events from 1 to 12 months (except for T-PASS from PCI to 12 months)

Guidelines vs. Evidence

Non-evolving guidelines



Evolving evidence

- 2012: ACS**
 EXCELLENT
 RESET
 3-6 mth DAPT (Rx DAPT)
- 2015: HBR**
 LEADERS-FREE
 ZEUS
 SENIOR
 1-mth DAPT (Rx stents)
- 2019: HBR/HIR/ACS**
 STOP-DAPT
 SMART-CHOICE
 TWILIGHT
 TICO
 1-3 mth DAPT (Rx DAPT)
- 2021: HBR**
 MASTER-DAPT
 1 mth DAPT (Rx DAPT)
- 2024: ACS/MI**
 T-PASS
 ULTIMATE
 4D-ACS
 TARGET-FIRST
 1 mth DAPT (Rx DAPT)

DAPT!

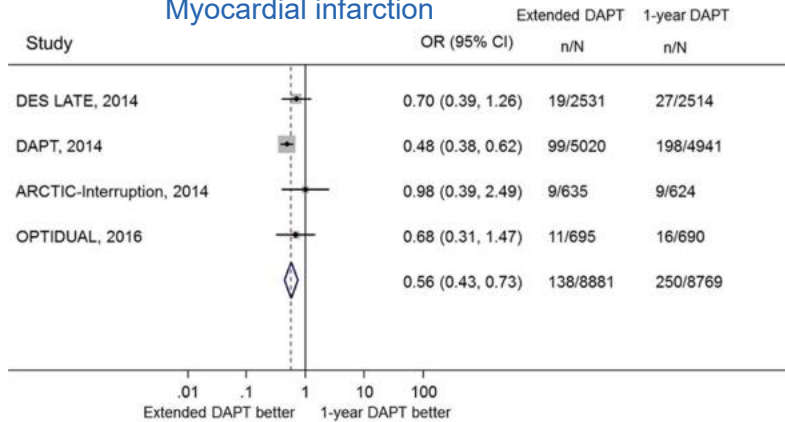


**Default strategy should be DOUBLE, 1-3 MONTHS
(HBR or LIR: 80% of patients)**

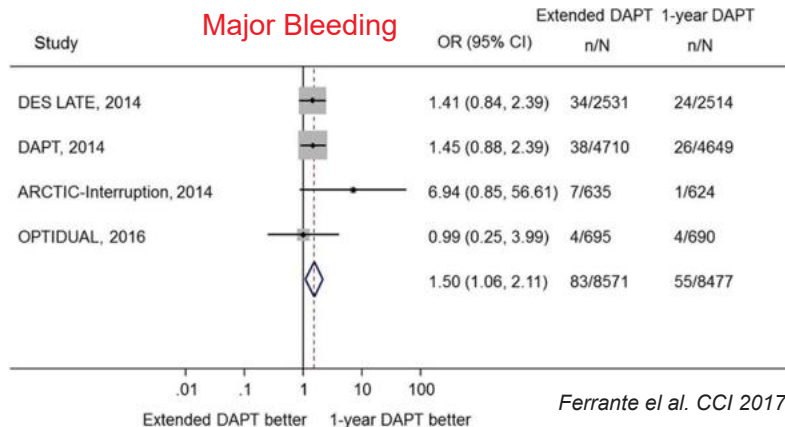
unless exceptions!

DAPT beyond one year in HIR

Myocardial infarction



Major Bleeding



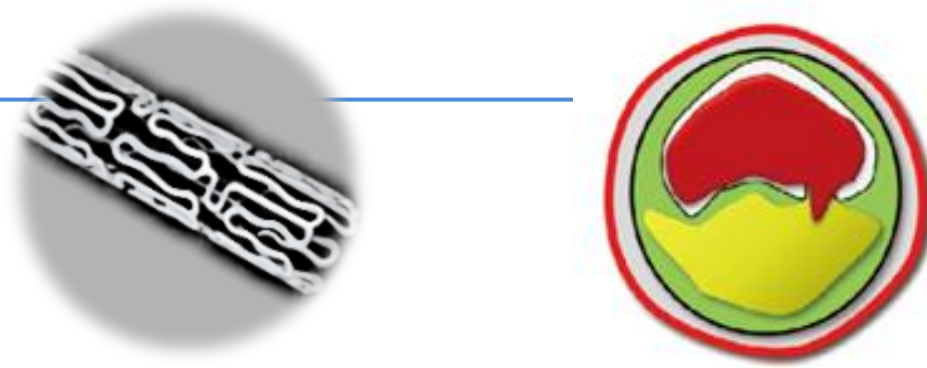
Ferrante et al. CCI 2017

DAPT-MVD, ASA+clopidogrel, n=8250

	DAPT	ASA monotherapy	HR (95% CI)	P value
Primary outcome				
MACCE (cardiovascular death, non-fatal MI, or non-fatal stroke) at 36 months	5.8%	6.8%	0.82 (0.69 – 0.98)	P = 0.03

BARC type 2-5 bleeding: 1.4% vs. 1.5%; HR 0.89 [95% CI: 0.61, 1.30]

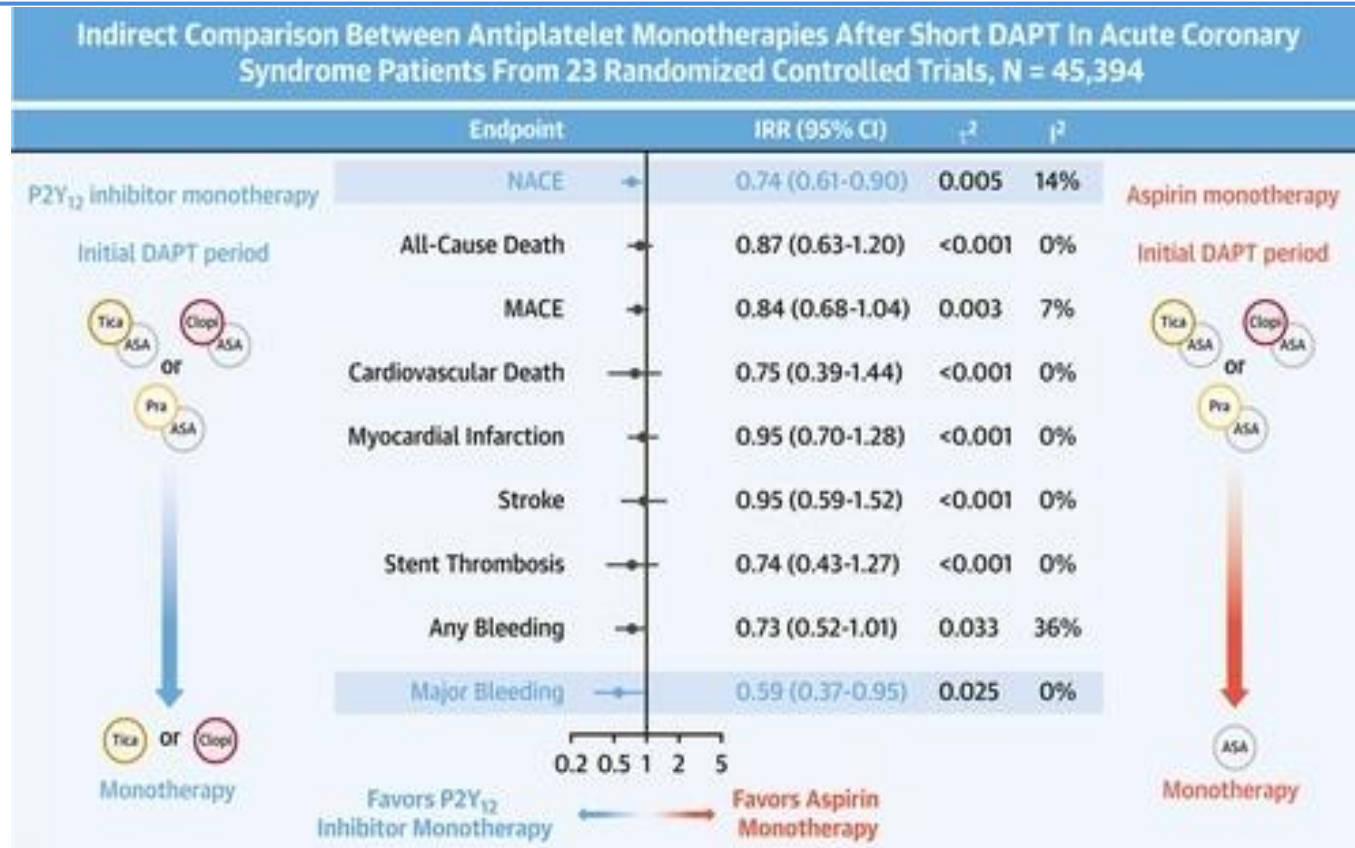
DAPT!



It is **DOUBLE**, 1-3 MONTHS, (except HIR+LBR patients : 20%)

→ What SAPT?

Indirect comparisons in ACS patients





Pour un peu de clarté...

Stenting de SCA:

1. DAPT: 1 mois OBLIGATOIRE avec Prasu/Tica
2. DAPT, stratégie par défaut basée sur l'évidence (mais pas sur guidelines) : 1-3 mois (HBR et/ou LIR)
3. DAPT, exception: 12 mois ou plus (HIR et LBR)
4. SAPT: P2Y12 i > aspirin
5. SAPT: soyez prêt à changer pour aspirin pour des raisons extracardiaques

