

# CAMPUS CUORE SUMMIT

## FOCUS ON: CARDIOLOGIA CLINICA



Napoli, 1-2 Ottobre 2021

# Terapia antitrombotica bilanciata tra rischio emorragico ed ischemico nel paziente con SCA

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# Outline

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- 1 The Pre-treatment Saga**
- 2 New Strategies, New Drugs**
- 3 De-escalation after ACS**

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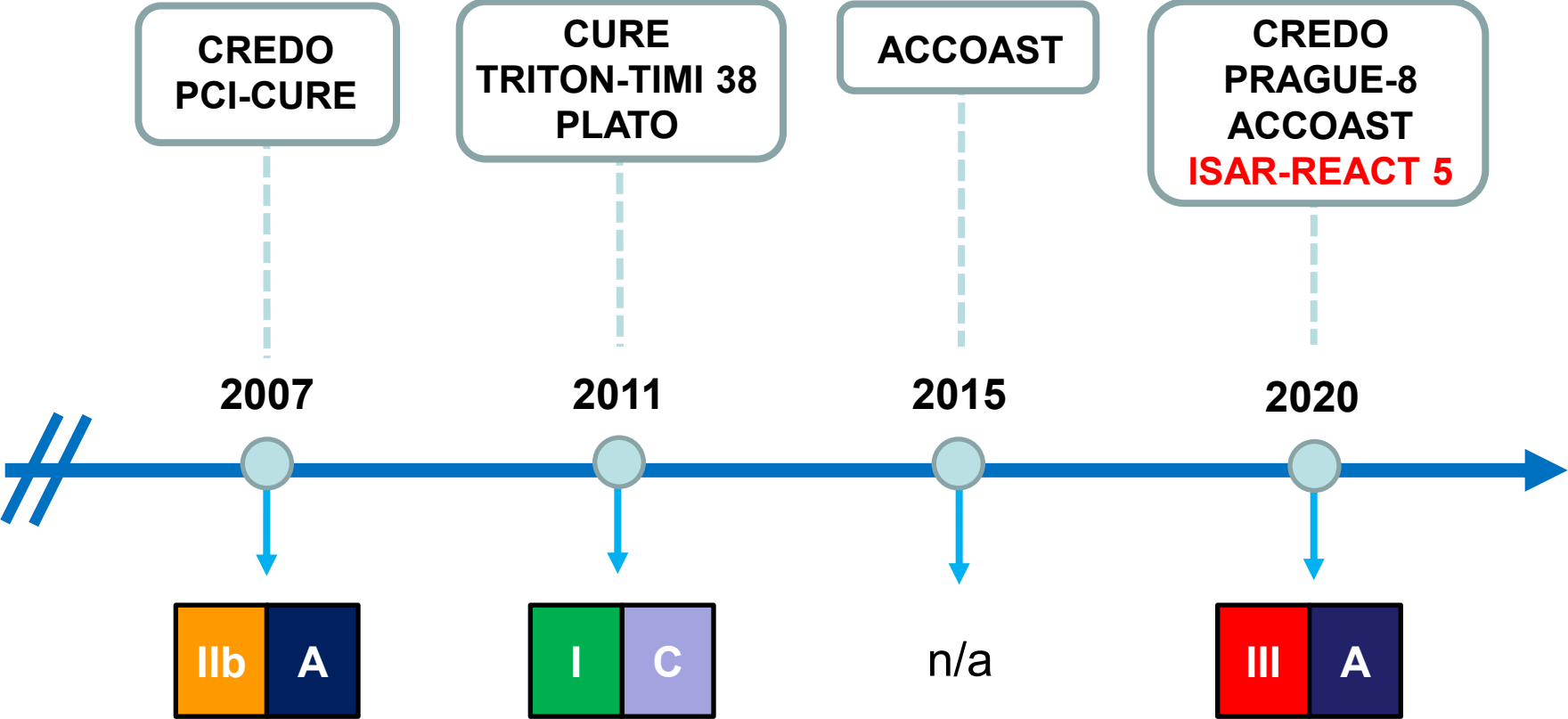
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# 2020 ESC Guidelines for the Management of NSTEMI-ACS

Recommendations	Class	Level
<b>Antiplatelet treatment (continued)</b>		
Pre-treatment with a P2Y <sub>12</sub> receptor inhibitor may be considered in patients with NSTEMI-ACS who are not planned to undergo an early invasive strategy and do not have an HBR.	<b>IIb</b>	<b>C</b>
It is not recommended to administer routine pre-treatment with a P2Y <sub>12</sub> receptor inhibitor in patients in whom coronary anatomy is not known and an early invasive management is planned.	<b>III</b>	<b>A</b>

# ESC Guidelines for the Management of NSTE-ACS

## Recommendations on Pre-Treatment



# ISAR REACT 5: Study Schedule

## STEMI

Randomization

**Ticagrelor**  
180 mg loading

**Prasugrel**  
60 mg loading

Angiography + PCI

**Ticagrelor**  
90 mg 1-0-1

**Prasugrel**  
10 mg 1-0-0\*

## Unstable Angina, NSTEMI

Randomization

**Ticagrelor**  
180 mg loading

**Prasugrel**  
60 mg loading

Angiography + PCI

**Ticagrelor**  
90 mg 1-0-1

**Prasugrel**  
60 mg loading

PCI

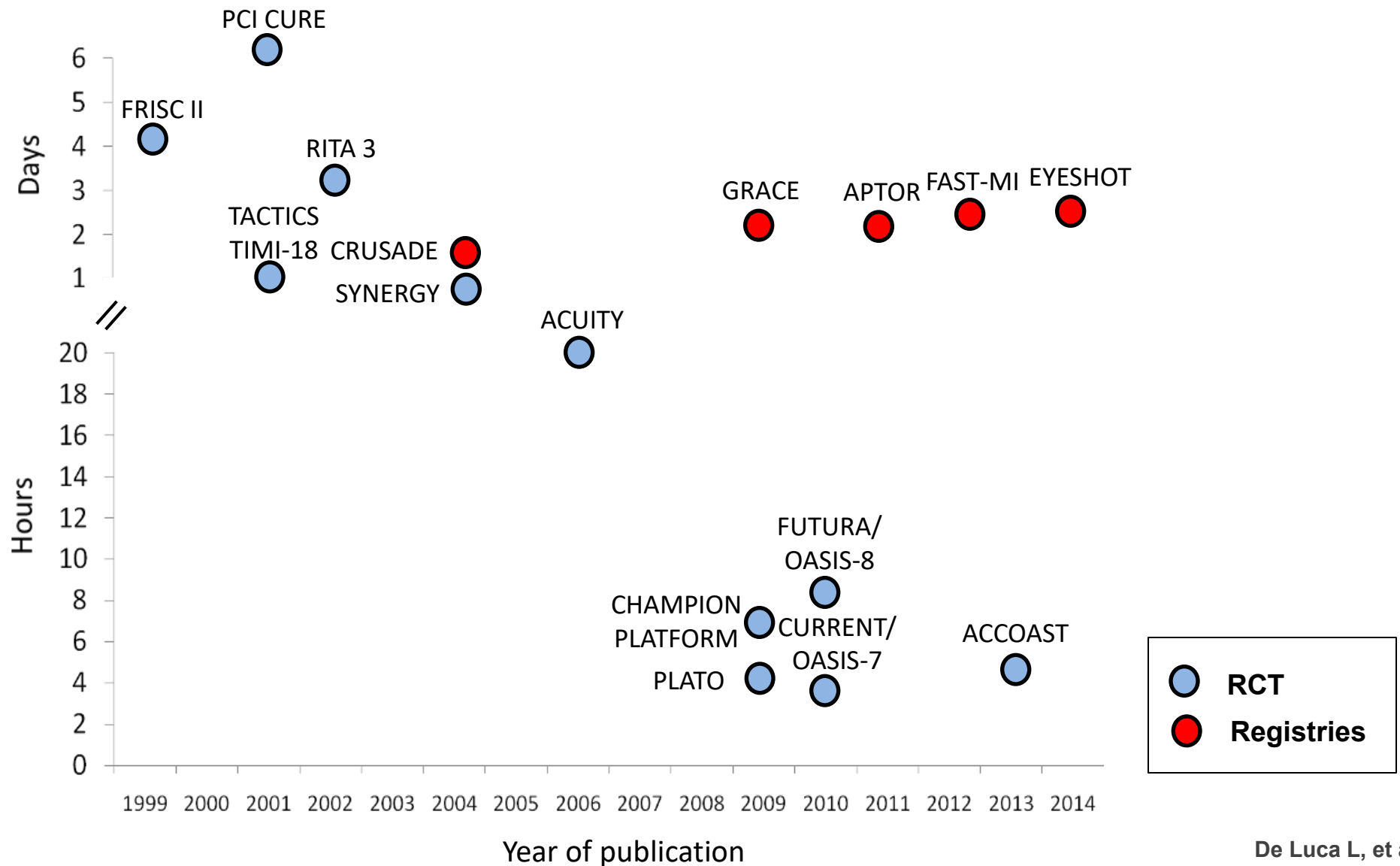
**Ticagrelor**  
90 mg 1-0-1

**Prasugrel**  
10 mg 1-0-0\*

**Time from Tica LD to PCI  
4.2 hrs**

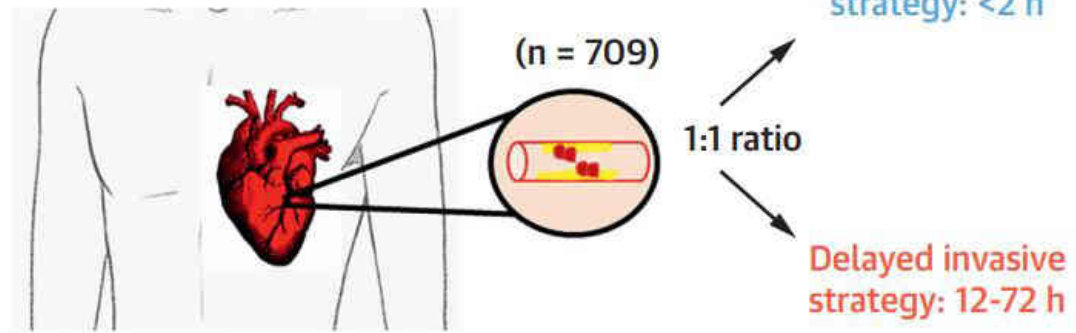
Duration of ADP receptor therapy: 12 months  
 Concomitant ASA: 75-150 mg/d  
 # In patients with known coronary anatomy  
 \* Prasugrel 5 mg in patients ≥ 75 years of age or < 60 kg

# Time to Coronary Angiography

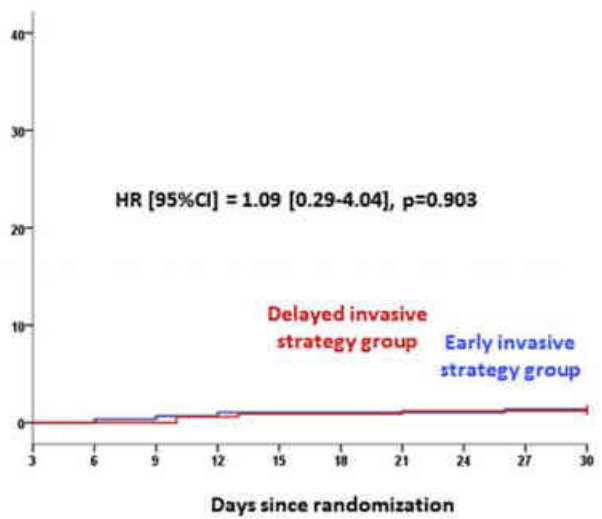
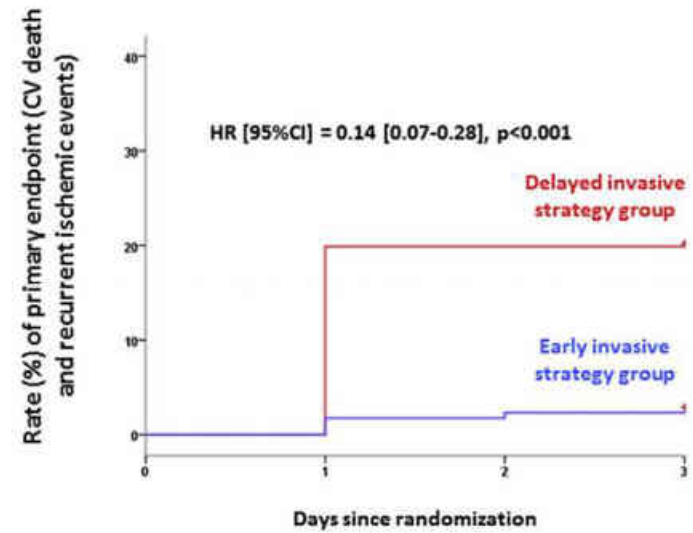
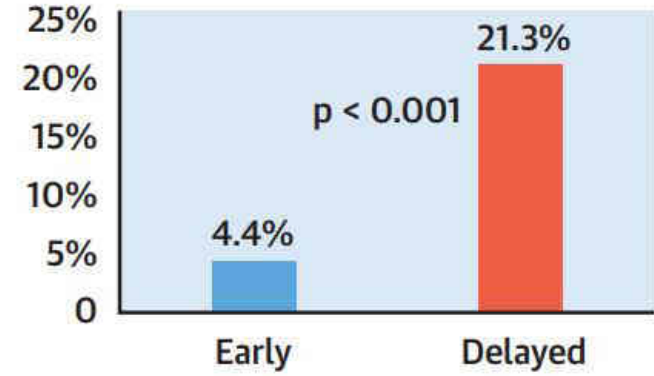


# Optimal Timing of Intervention in NSTEMI-ACS Without Pre-Treatment. The EARLY Trial

Patients with high-or intermediate-risk NSTEMI-ACS without P2Y<sub>12</sub>-ADP-receptor antagonist pretreatment

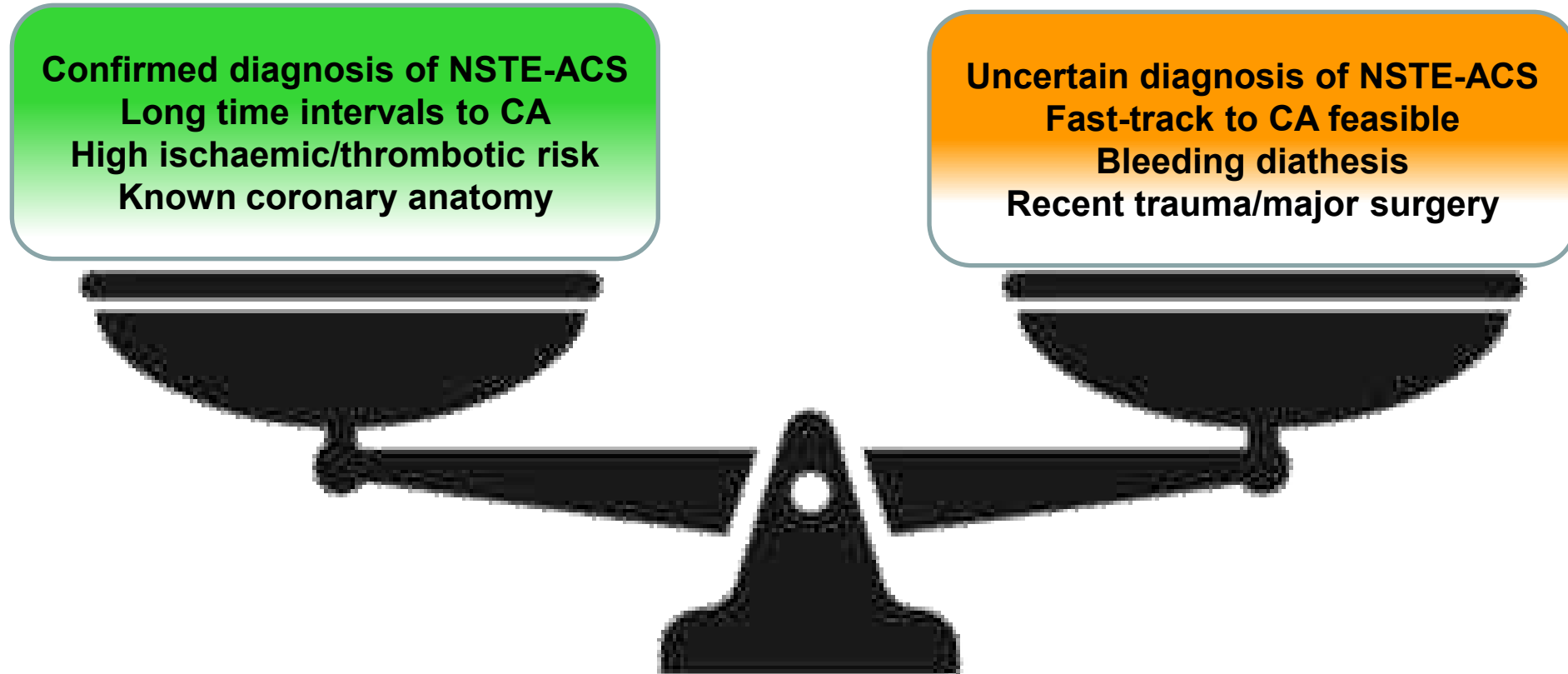


Primary Endpoint: CV Death and Recurrent Ischemic Events at 1 Month





# Indications and Possible Contraindications for Pre-Treatment in 2021

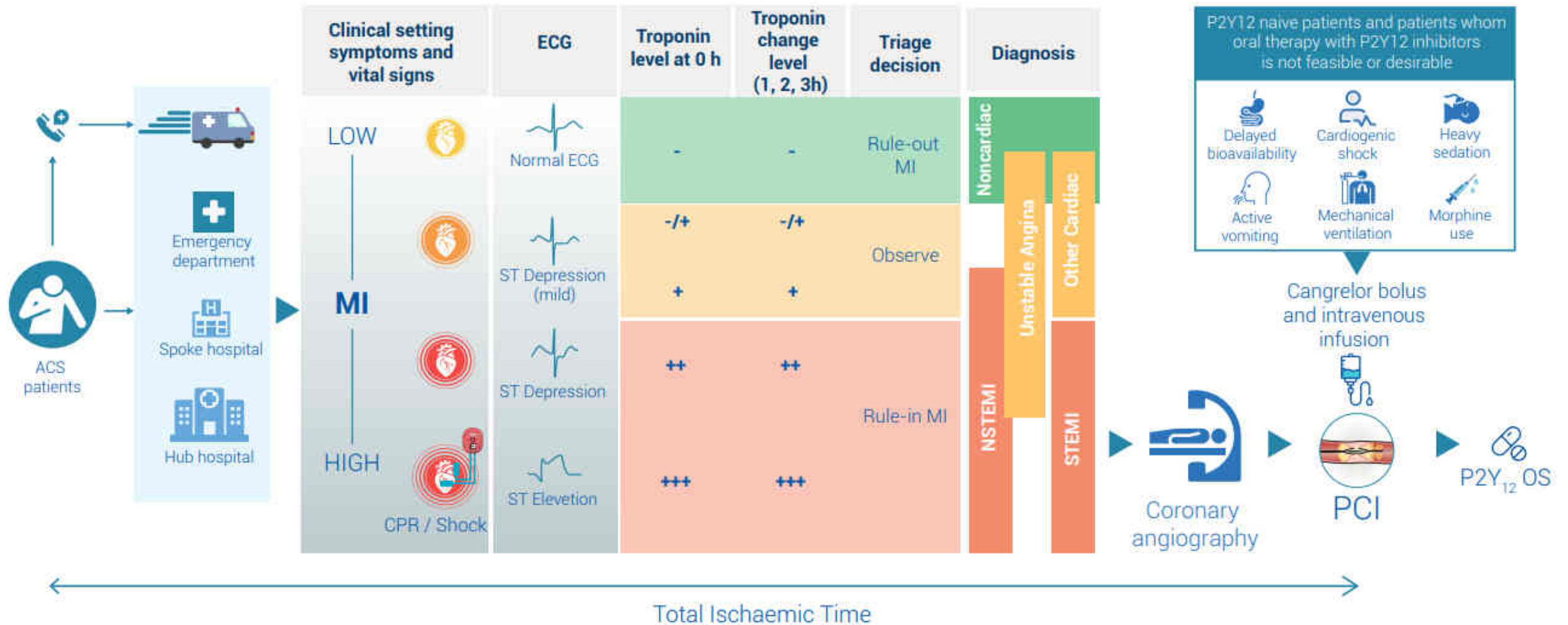


# Outline

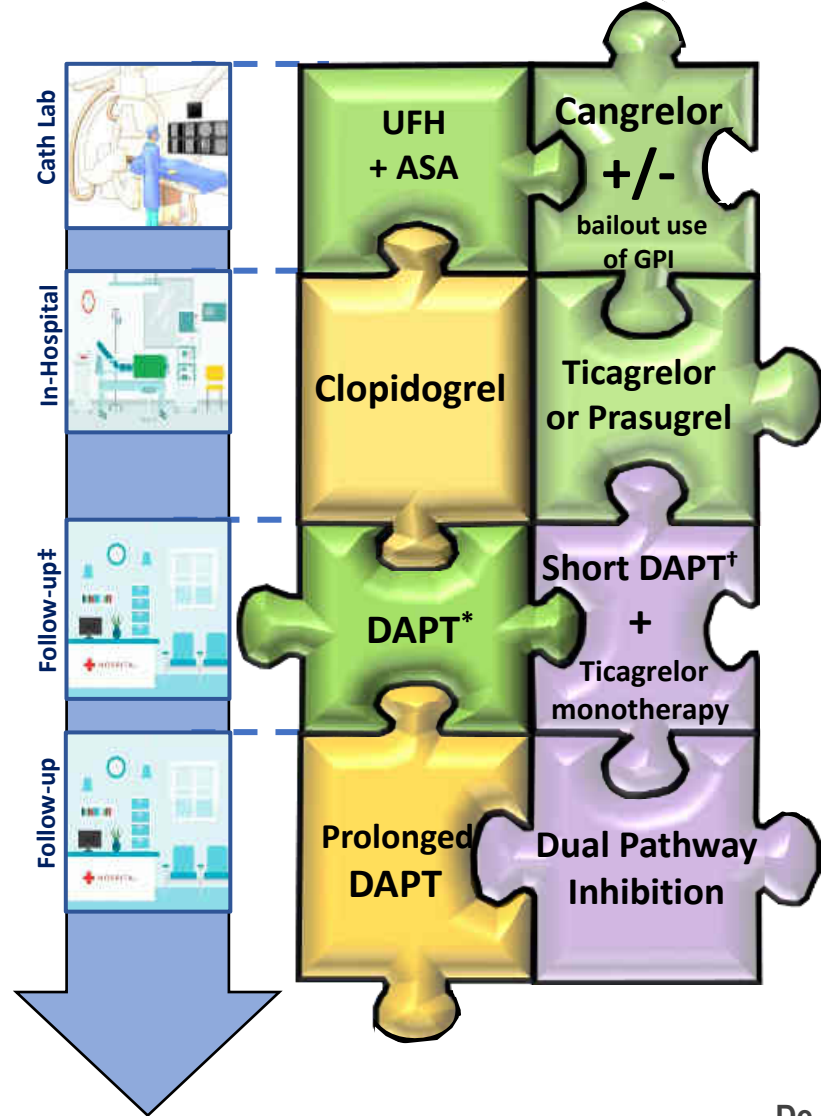
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# Indications for Cangrelor in Patients Undergoing PCI



# Antithrombotic Strategies in Complex PCI

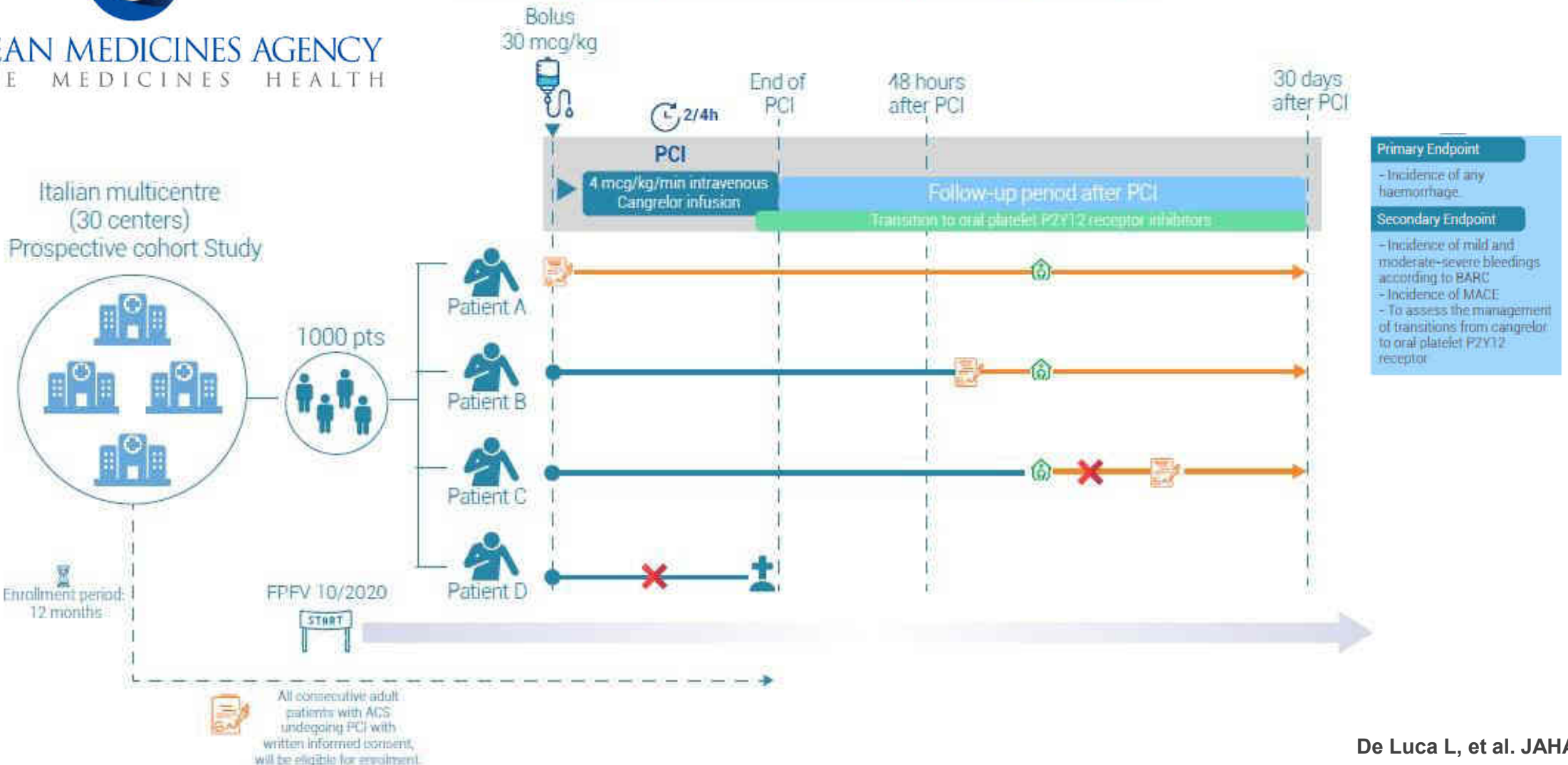


# Design of the ARCANGELO Study



EUROPEAN MEDICINES AGENCY  
SCIENCE MEDICINES HEALTH

## ItAlian pRospective Study on CANGrELOr [ Arcangelo ]








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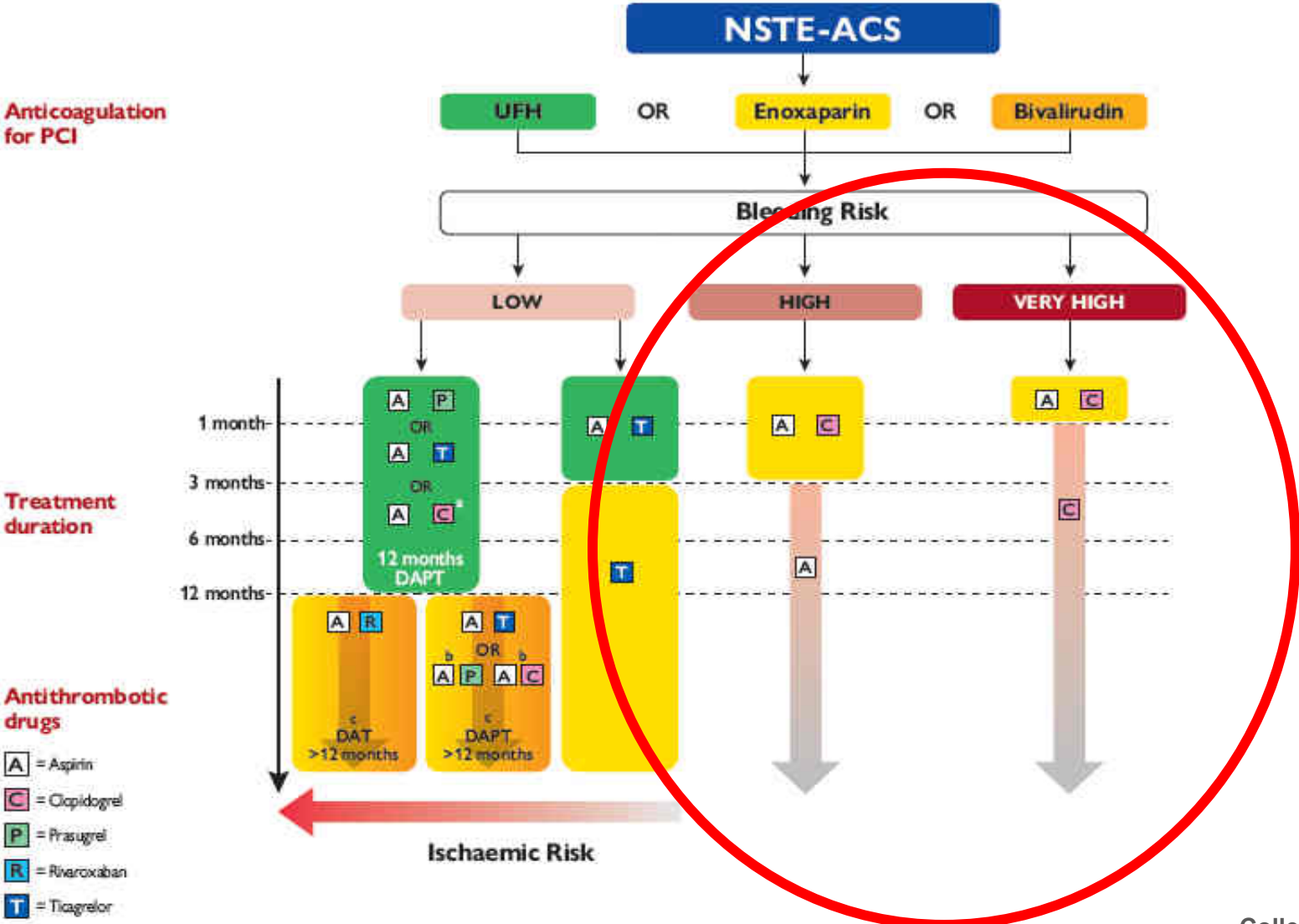
# Trials

## Testing Monotherapy

Trial	Pts enrolled	Masking	n	Primary Endpoint	Main outcome	Duranton of DAPT*	Monotherapy	Ref
<b>GLOBAL LEADERS</b> 	Elective or urgent PCI	Open Label	15968	All-cause mortality or non-fatal MI at 2 yrs	Negative	1 month	Ticagrelor	Lancet 2018
<b>SMART-CHOICE</b> 	Elective or urgent PCI	Open Label	2993	Major adverse cardiac and cerebrovascular events at 1 y	Non-inferior	3 months	Clopidogrel (76%) Prasu/Tica (24%)	JAMA 2019
<b>STOPDAPT-2</b> 	Elective PCI	Open Label	3045	NACE at 1 y	Not inferior	1 month	Clopidogrel	JAMA 2019
<b>TWILIGHT</b> 	Elective or urgent PCI (high risk pts)	Double blind	9000	Bleeding events: BARC 2,3 or 5 at 1 y	Positive	3 months	Ticagrelor	NEJM 2019
<b>TICO</b> 	PCI for ACS	Open Label	3056	NACE at 1 y	Positive	3 months	Ticagrelor	JAMA 2020

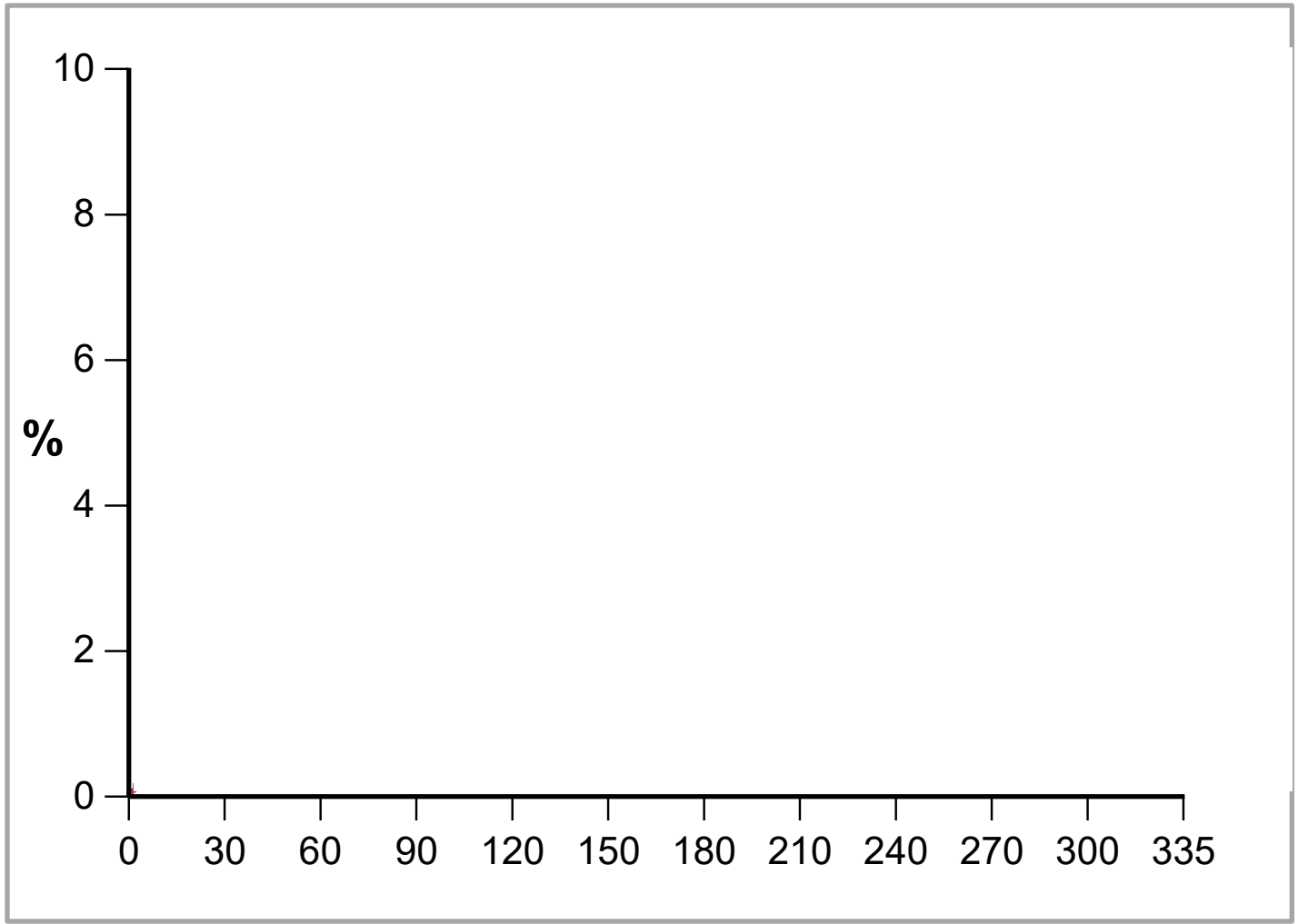
\*in monotherapy arm

# Algorithm for antithrombotic therapy in NSTEMI-ACS



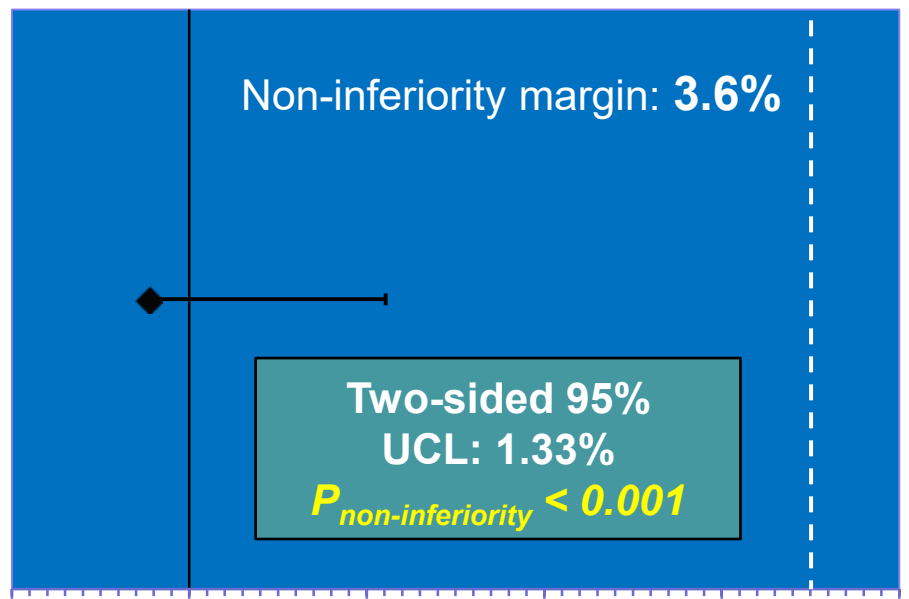


# MASTER DAPT: Net adverse clinical events (NACE)

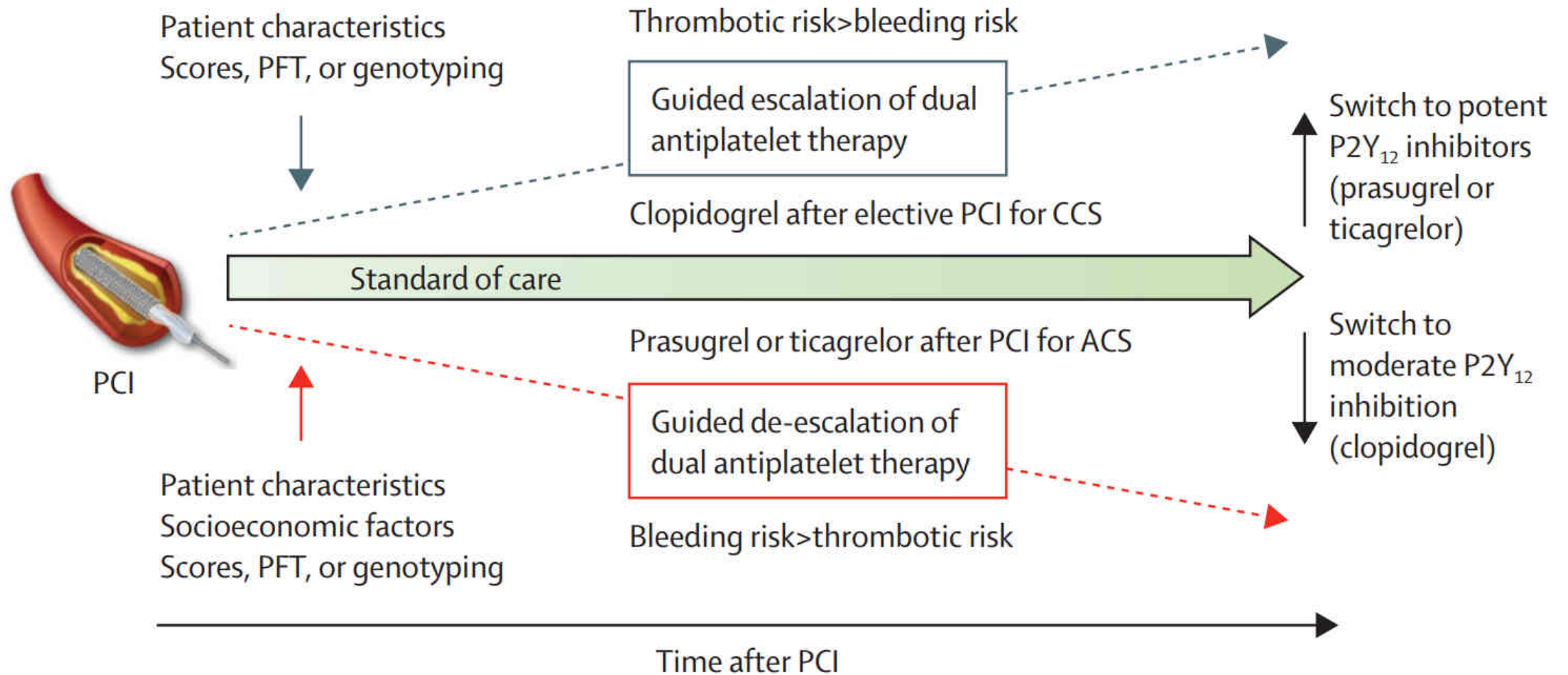


NACE: All-cause death, MI, stroke, and major bleeding events defined as BARC 3 or 5

## Non-inferiority Analysis



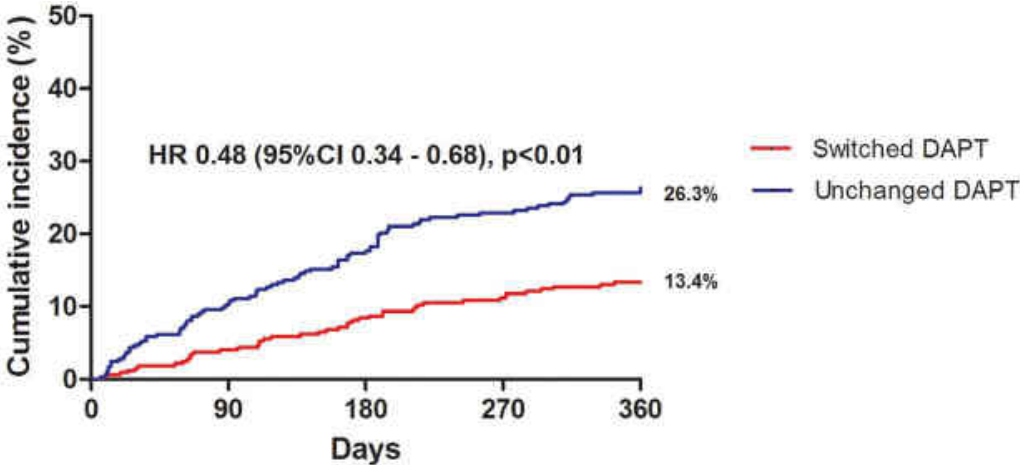
# Guided P2Y<sub>12</sub> Inhibitor Therapy after Percutaneous Coronary Intervention



# Unguided P2Y<sub>12</sub> Inhibitors Descalaton @ 1 Month after ACS

## The TOPIC Trial

1° outcome: CV death, urgent revasc, stroke and BARC ≥2 bleeding at 1 year post ACS



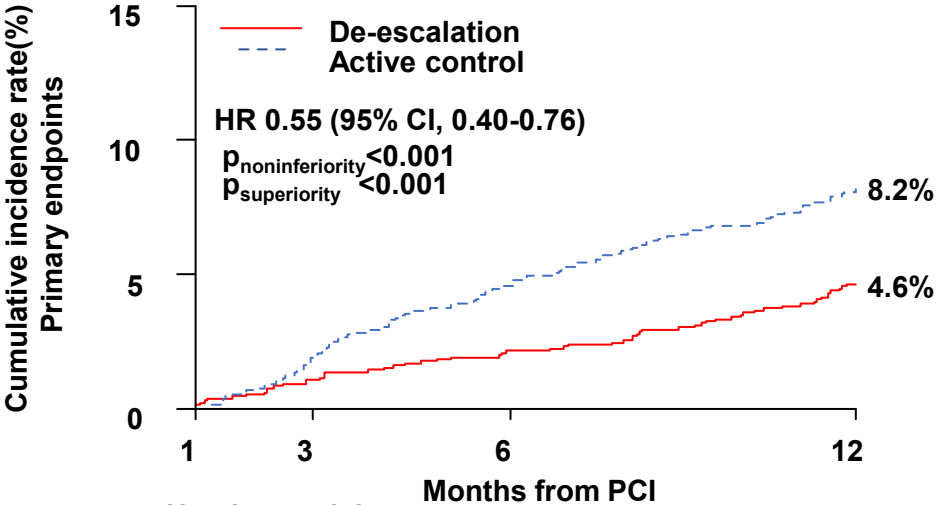
No. at risk	0	90	180	270	360
Switched DAPT	322	309	295	284	273
Unchanged DAPT	323	289	266	246	233

n = 645

Cuisset T, et al. Eur Heart J 2017

## The TALOS-AMI Trial

1° outcome: CV death, nonfatal MI, stroke and BARC 2, 3 or 5 bleeding at 1 year post ACS



	1	3	6	12
De-escalation	1349	1291	1247	1172
Active control	1348	1273	1191	1099

n = 2697

Chang K, et al. Lancet 2021, in press

# Conclusions

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- **If you work in a Hospital with fast-track routes.. You are a lucky man and don't need to pre-treat your NSTEMI pts**
- **If a patient has not been pre-treated and is undergoing PCI, consider cangrelor**
- **In a contemporary setting of secondary prevention strategies, de-escalation of DAPT is something you need to seriously consider**