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NOVIEMBRE
HOTEL EUROSTARS MADRID TOWER

Impacto del dispositivo en la doble antiagregación

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Conflicto de intereses

Conferencias para Astra Zeneca, Boston Scientific, Medtronic,
Menarini, St Jude, Terumo



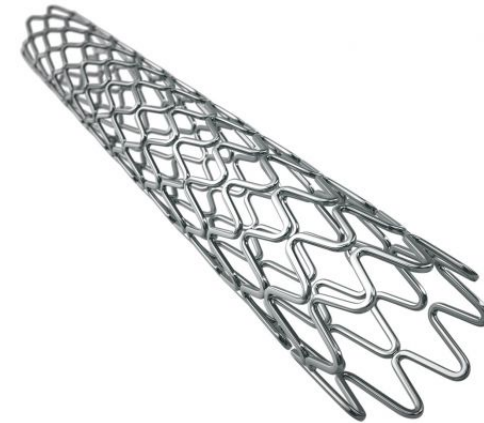
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Las 2 grandes cuestiones.....

1. Si tengo que acortar la DAP:
¿BMS o DES?



2. Alto riesgo hemorrágico:
¿DAP prolongada o acortada?





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1- BMS vs. DES



LEADERS-FREE

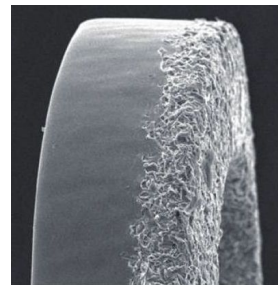
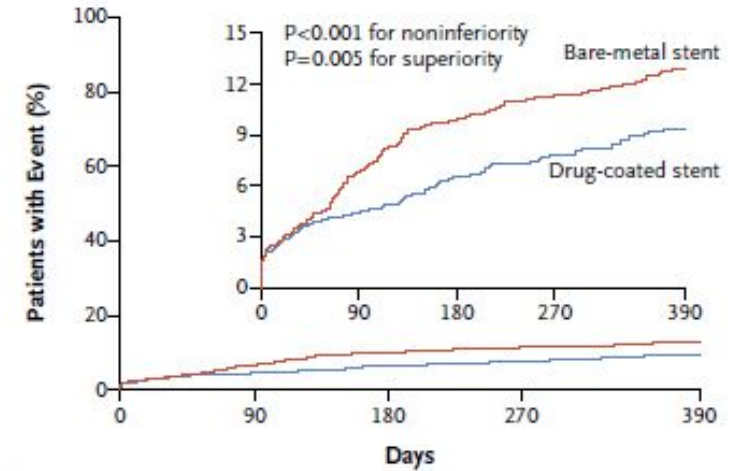


Table 2. Primary and Secondary End Points.*

End Point	Drug-Coated Stent (N=1221)	Bare-Metal Stent (N=1211)	Hazard Ratio (95% CI)	P Value
<i>no. of events (% of patients)</i>				
Primary safety end point: cardiac death, myocardial infarction, or stent thrombosis	112 (9.4)	154 (12.9)	0.71 (0.56–0.91)	0.005†
Primary efficacy end point: clinically driven TLR	59 (5.1)	113 (9.8)	0.50 (0.37–0.69)	<0.001
Death				
From any cause	97 (8.0)	108 (9.0)	0.89 (0.67–1.17)	0.39
From cardiac causes	50 (4.2)	63 (5.3)	0.78 (0.54–1.14)	0.20
Myocardial infarction‡				
Any	72 (6.1)	104 (8.9)	0.68 (0.50–0.91)	0.01
Q-wave infarction	6 (0.5)	7 (0.6)	0.85 (0.29–2.53)	0.77
Non-Q-wave infarction	57 (4.8)	80 (6.9)	0.70 (0.50–0.98)	0.04
Undetermined type	10 (0.8)	25 (2.1)	0.39 (0.19–0.82)	0.01
Stent thrombosis‡				
Definite or probable	24 (2.0)	26 (2.2)	0.91 (0.53–1.59)	0.75
Definite	16 (1.3)	17 (1.4)	0.93 (0.47–1.84)	0.84
Probable	8 (0.7)	9 (0.8)	0.88 (0.34–2.28)	0.80
Possible	25 (2.2)	27 (2.3)	0.91 (0.53–1.57)	0.74
Acute	5 (0.4)	5 (0.4)	0.99 (0.29–3.43)	0.99
Subacute	7 (0.6)	10 (0.8)	0.69 (0.26–1.82)	0.45
Early: acute + subacute	12 (1.0)	15 (1.2)	0.79 (0.37–1.70)	0.55
Late	13 (1.1)	11 (1.0)	1.17 (0.52–2.61)	0.70
Revascularization				
Urgent TLR	39 (3.3)	67 (5.8)	0.57 (0.38–0.84)	0.004
Any TLR	60 (5.1)	115 (10.0)	0.50 (0.37–0.68)	<0.001
Clinically driven TVR	66 (5.7)	121 (10.5)	0.52 (0.39–0.71)	<0.001

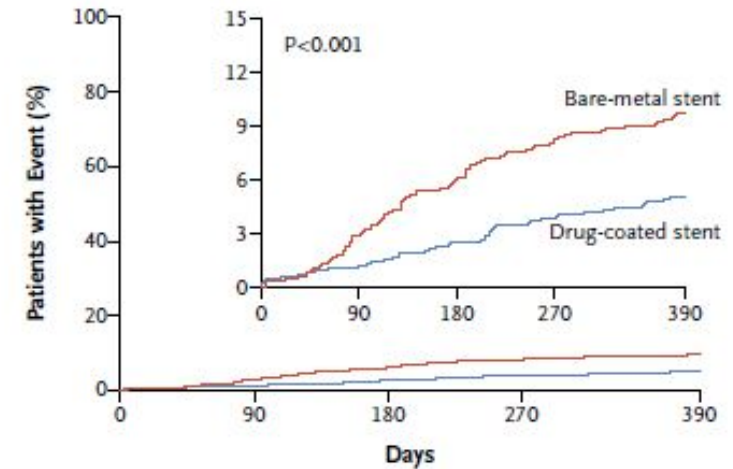
A Primary Safety End Point



No. at Risk

	1221	1146	1105	1081	1045
Drug-coated stent	1221	1146	1105	1081	1045
Bare-metal stent	1211	1115	1066	1037	1000

B Primary Efficacy End Point



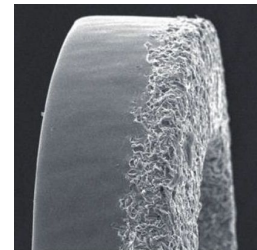
No. at Risk

	1221	1167	1130	1098	1053
Drug-coated stent	1221	1167	1130	1098	1053
Bare-metal stent	1211	1131	1072	1034	984



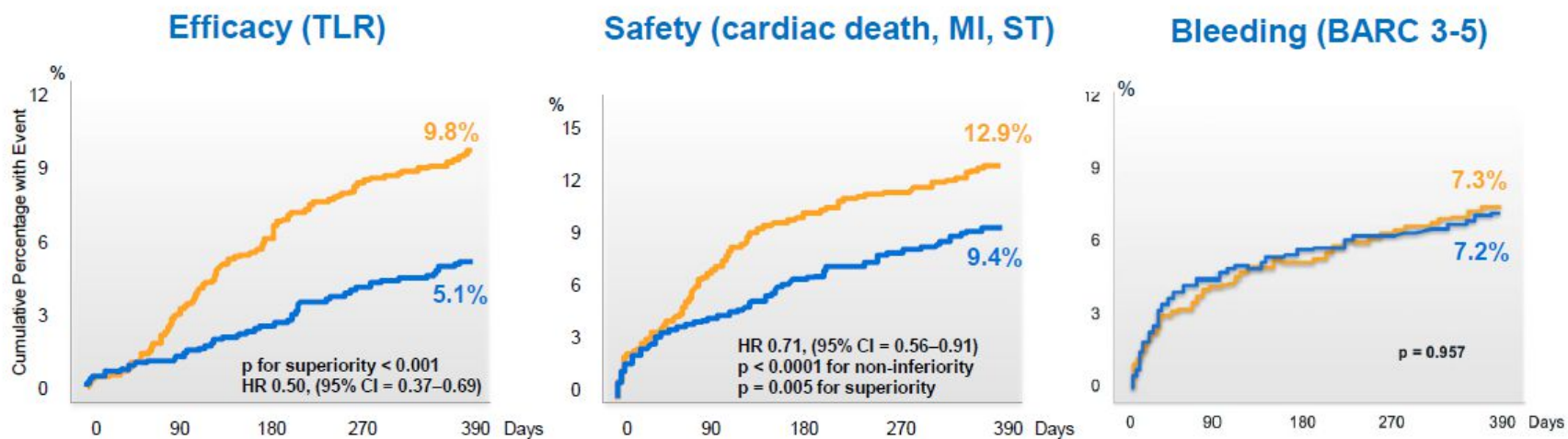
LEADERS FREE

2,466 HBR pts
30 day DAPT



Primary Endpoints and Major Bleeding at 1 Year

DCS BMS

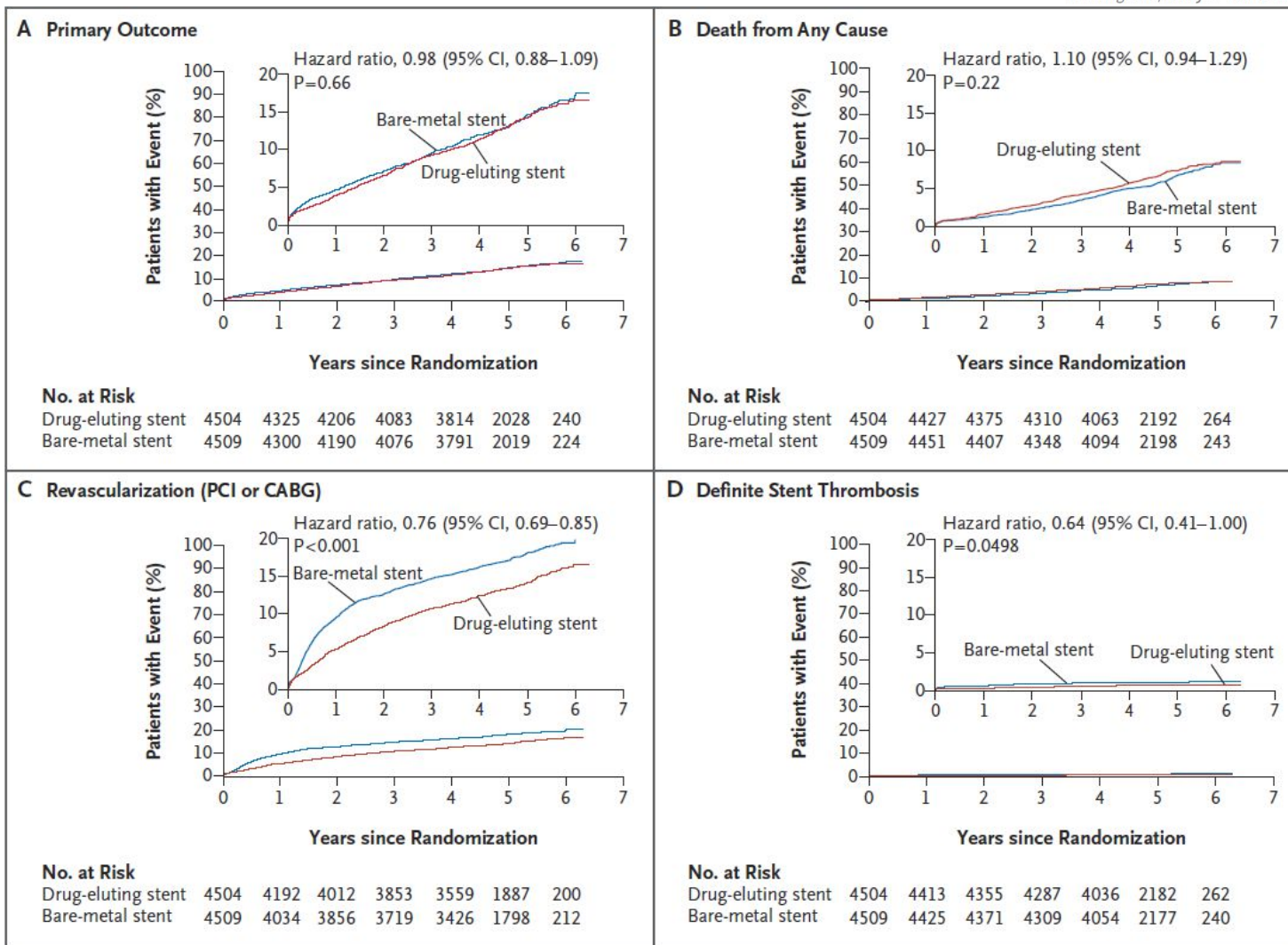


EC, n=9013

Obj I: Muerte o infarto 5 años

Drug-Eluting or Bare-Metal Stents for Coronary Artery Disease

K.H. Bønaa, J. Mannsverk, R. Wiseth, L. Aaberge, Y. Myreng, O. Nygård, D.W. Nilsen, N.-E. Kløw, M. Uchto, T. Trovik, B. Bendz, S. Stavnes, R. Bjørnerheim, A.-I. Larsen, M. Slette, T. Steigen, O.J. Jakobsen, Ø. Bleie, E. Fossum, T.A. Hanssen, Ø. Dahl-Eriksen, I. Njølstad, K. Rasmussen, T. Wilsgaard, and J.E. Nordrehaug, for the NORSTENT Investigators*



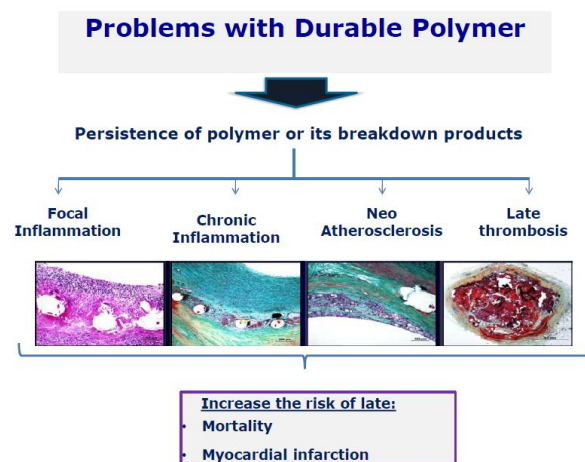


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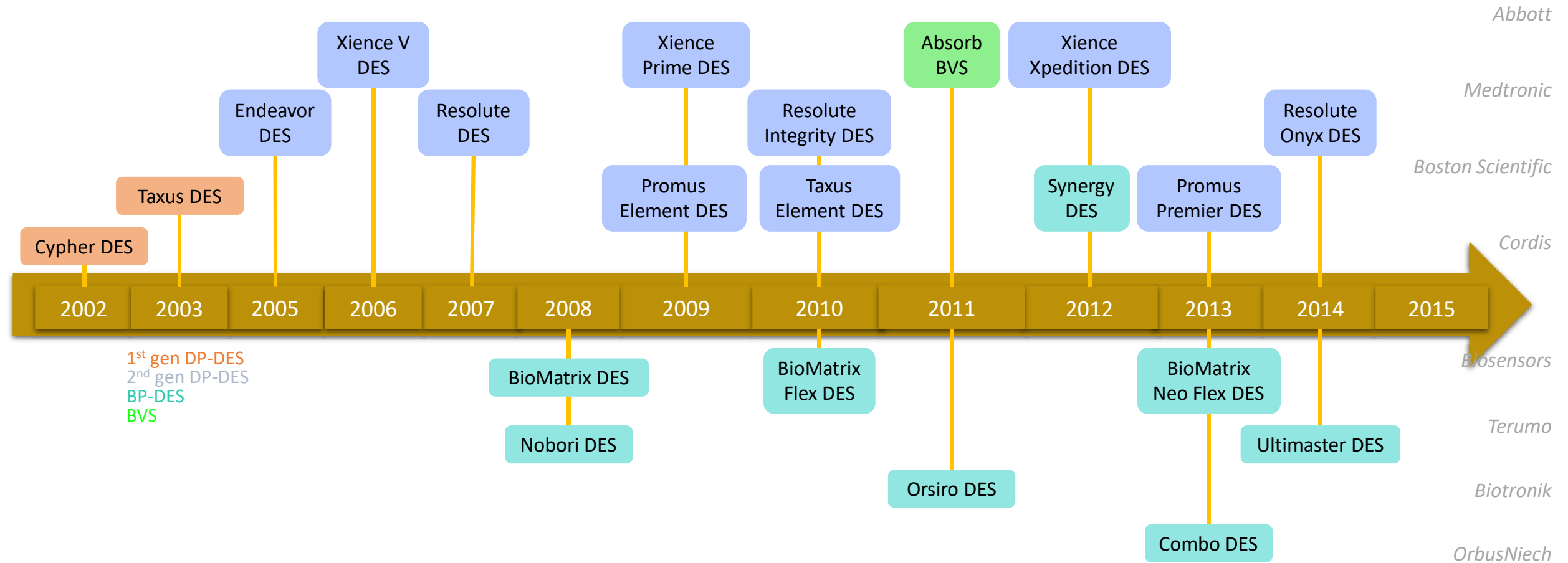
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2- DIFERENCIAS ENTRE LOS DES



Evolución desde los DES



Las Guías son claras

Duración del TAPD y elección del tipo de *stent* para pacientes con EC estable sometidos a intervención coronaria percutánea

Recomendaciones	Clase ^a	Nivel ^b
Para pacientes con EC estable tratados con <i>stent</i> , independientemente del tipo, en general se recomienda ^c un TAPD con clopidogrel v AAS durante 6 meses ^{100,101,104,126-130}	I	A
Los SFA ^c son la opción terapéutica preferida, independientemente de la duración del TAPD ¹²⁹⁻¹³²	I	A

^cEstas recomendaciones se refieren a *stents* probados en ECA a gran escala que evaluaron resultados clínicos que condujeron a la marca CE sin condiciones, tal como detallan Byrne et al.¹³⁴.

Supplementary Table 6 CE-approved new-generation drug-eluting stents recommended for clinical use based on randomized trials with a primary clinical endpoint (in alphabetical order)

DES	Stent platform	Polymer coating	Drug	References
Based on durable polymer coatings				
Promus element	Platinum–chrome	PBMA and PVDF-HFP	Everolimus	15,16
Resolute	Cobalt–chrome	PBMA, PHMA, PVP, and PVA	Zotarolimus	16–18
Xience	Cobalt–chrome	PBMA and PVDF-HFP	Everolimus	19–21
EluNIR (BioNIR)	Cobalt–chrome	PBMA and TSPCU	Ridaforolimus	22
Based on biodegradable polymer coatings				
Biomatrix	Stainless steel	PDLLA	Biolimus A9	23,24
Nobori	Stainless steel	PDLLA	Biolimus A9	25–27
Orsiro	Cobalt–chrome	PLLA	Sirolimus	28,29
Synergy	Platinum–chrome	PLGA	Everolimus	29
Ultimaster	Stainless steel	PDLLA/PCL	Sirolimus	30
Yukon Choice PC	Stainless steel	PDLLA	Sirolimus	31
Polymer-free				
BioFreedom	Stainless steel	–	Biolimus A9	32
Yukon Choice PF	Stainless steel	–	Sirolimus	33

DES = drug-eluting stent; PBMA = poly n-butyl methacrylate; PC = polymer-coated; PDLLA = poly(D,L)-lactic acid; PDLLA/PCL = poly (D,L)-lactide-co-caprolactone; PF = polymer-free; PHMA = polyhexyl methacrylate; PLGA = poly(d,l-lactide-co-glycolide); PLLA = poly-L-lactic acid; PVA = polyvinyl acetate; PVDF-HFP = poly(vinylidene fluoride-cohexafluoropropylene); PVP = polyvinyl pyrrolidone; TSPCU = thermoplastic silicone-polycarbonate-urethane.

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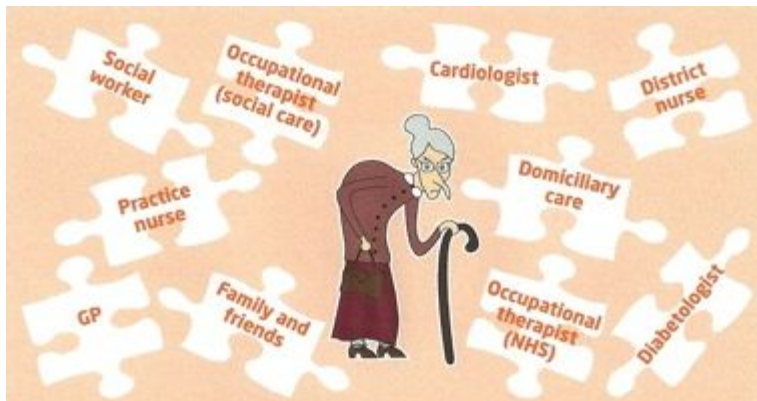


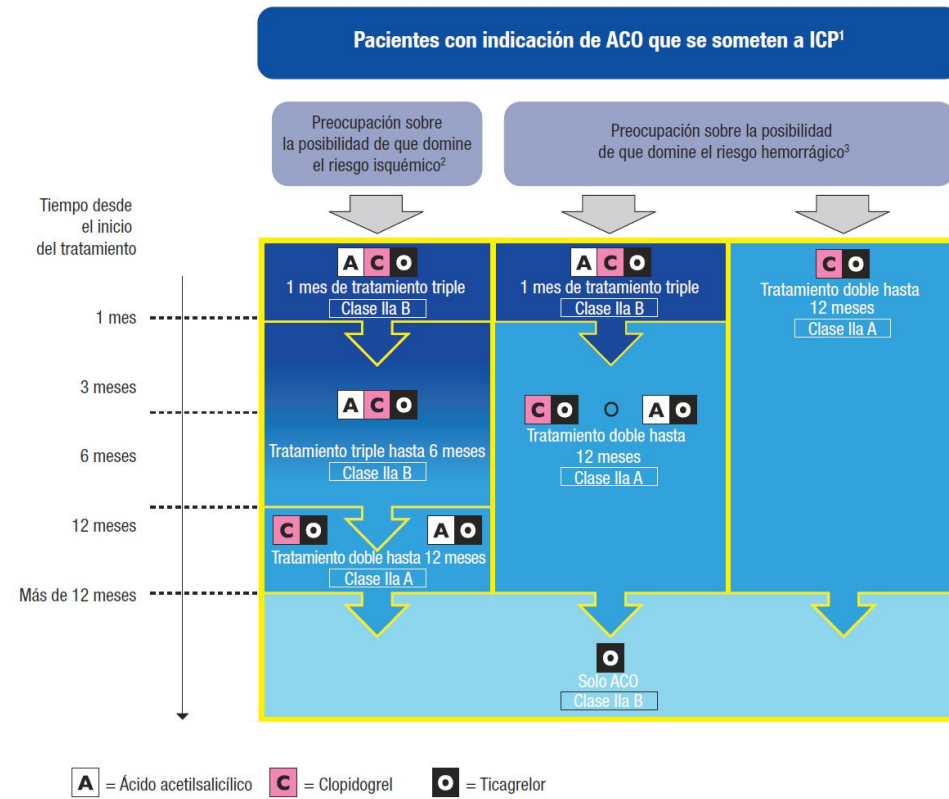
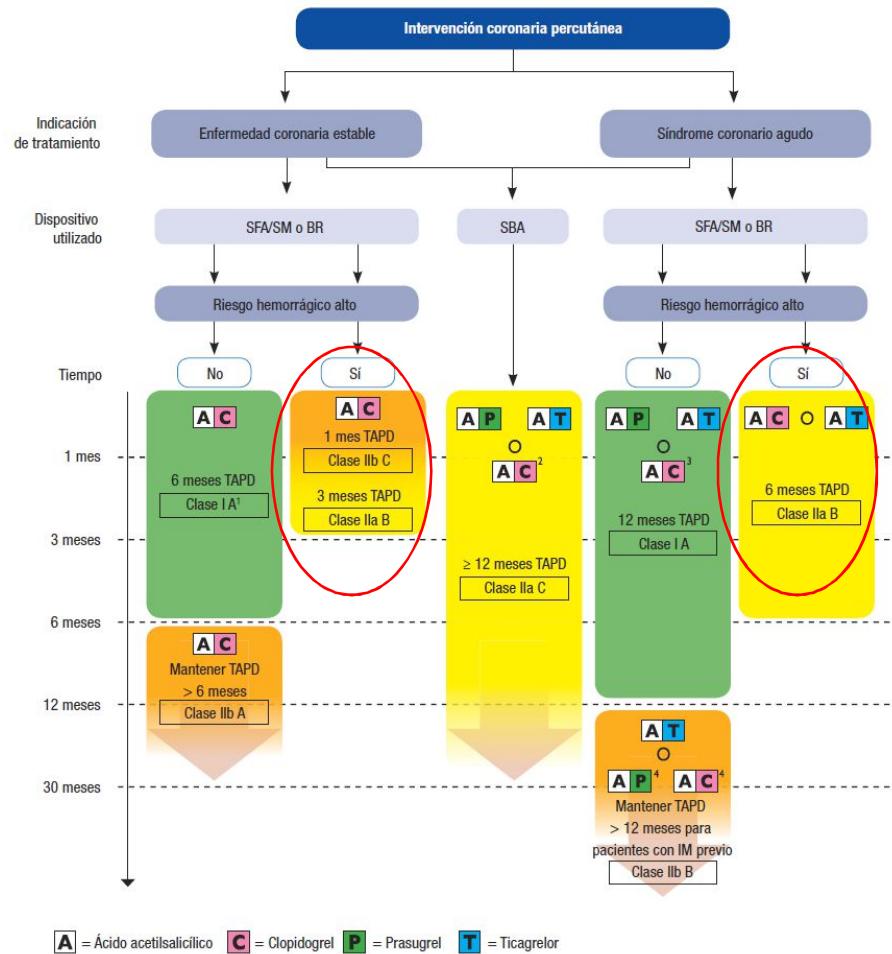
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3- IMPORTANCIA DEL PACIENTE

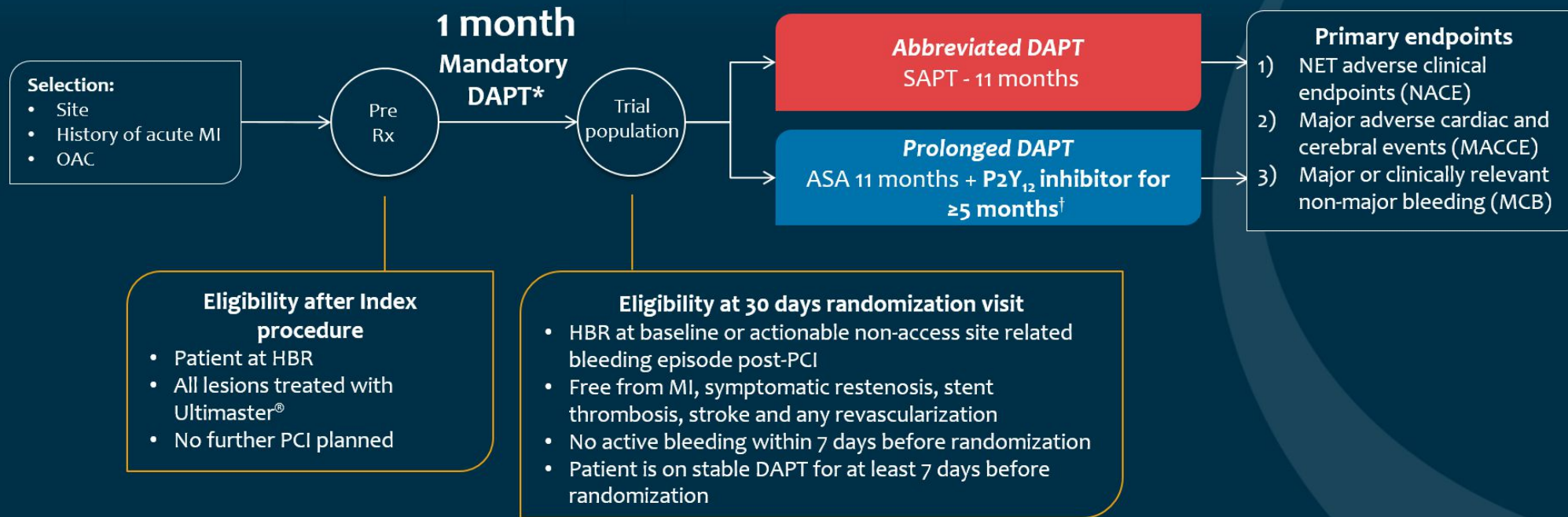




MASTER DAPT

Management of high bleeding risk patients post bioresorbable polymer coated **STEnt** implantation with an abbreviated versus prolonged **DAPT** regimen

Diseño del estudio



*DAPT duration is counted from the day of last implanted stent; staging has to be pre-specified at the time of screening and cannot be planned later than 2 months after index PCI; [†]Patients on OAC can stop DAPT 2 months after confirmed randomization
ASA, acetylsalicylic acid; MI, myocardial infarction; SAPT, single antiplatelet therapy



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CONCLUSIONES

1-La alta eficacia y seguridad de los DES de nueva generación los posicionan como los electivos en la inmensa mayoría de pacientes.

2-El estudio Leaders-Free posiciona al stent Biofreedom como el stent electivo en pacientes de alto riesgo hemorrágico.

3-El cuadro del paciente y su riesgo hemorrágico serán las variables determinantes a la hora de decidir la duración de la DAP.



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Muchas gracias