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CORONARY

- Radial Versus Femoral Access for Coronary Interventions Across the Entire Spectrum of Patients With Coronary Artery Disease: A Meta-Analysis of Randomized Trials** 1419
Giuseppe Ferrante, Sunil V. Rao, Peter Jüni, Bruno R. Da Costa, Bernhard Reimers, Gianluigi Condorelli, Angelo Anzuini, Sanjit S. Jolly, Olivier F. Bertrand, Mitchell W. Krucoff, Stephan Windecker, Marco Valgimigli

This meta-analysis of 24 randomized studies including 22,843 patients across the whole spectrum of patients with coronary artery disease undergoing coronary angiography followed by percutaneous coronary intervention, if indicated, provides strong to very strong evidence that radial access, compared with femoral access, improves safety, with reductions in major bleeding and major vascular complications; moderate to strong evidence that radial access is associated with a reduction in all-cause death; and moderate evidence that radial access reduces major adverse cardiovascular events. These beneficial effects are largely consistent across stable or unstable presentation as well as type of acute coronary syndrome.

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■ EDITORIAL COMMENT

- Why Radial Access Is Better** 1435
John A. Bittl

Focus on Antiplatelet Therapy

- 6-Month Versus 12-Month Dual-Antiplatelet Therapy Following Long Everolimus-Eluting Stent Implantation: The IVUS-XPL Randomized Clinical Trial** 1438
Sung-Jin Hong, Dong-Ho Shin, Jung-Sun Kim, Byeong-Keuk Kim, Young-Guk Ko, Donghoon Choi, Ae-Young Her, Yong Hoon Kim, Yangsoo Jang, Myeong-Ki Hong, for the IVUS-XPL Investigators

The authors investigated whether a 6-month dual-antiplatelet therapy (DAPT) duration was comparable with a 12-month duration in 1,400 patients who underwent everolimus-eluting stent implantation. The primary endpoint was the composite of cardiac death, myocardial infarction, stroke, or major bleeding at 1 year. The primary endpoint occurred in 15 patients (2.2%) in the 6-month DAPT group and 14 patients (2.1%) in the 12-month DAPT group ($p = 0.854$). Compared with 12-month DAPT, 6-month DAPT did not increase the composite events of cardiac death, myocardial infarction, stroke, or major bleeding at 1 year in patients who underwent everolimus-eluting stent implantation.

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■ EDITORIAL COMMENT

- Can Coronary Stent Implantation Complexity Become an Intuitive and Useful Factor to Tailor DAPT Duration?** 1447
George D. Dangas, Gennaro Giustino



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The Impact of Timing of Ischemic and Hemorrhagic Events on Mortality After Percutaneous Coronary Intervention: The ADAPT-DES Study **1450**

Sorin J. Brener, Ajay J. Kirtane, Thomas D. Stuckey, Bernhard Witzenbichler, Michael J. Rinaldi, Franz-Josef Neumann, D. Christopher Metzger, Timothy D. Henry, David A. Cox, Peter L. Duffy, Ernest L. Mazzaferri, Jr., Roxana Mehran, Rupa Parvataneni, Bruce R. Brodie, Gregg W. Stone

The authors studied the temporal relationship between stent thrombosis (ST), myocardial infarction (MI), clinically relevant bleeding (CB), and mortality within 30 days after the event in 8,582 patients with successful percutaneous coronary intervention. Altogether, 1,060 (12.4%) patients had events—691 (8.1%) had CB, 294 (3.4%) had MI, and 75 (0.9%) had ST—and 7,522 (87.6%) had no events. The highest mortality was associated with early ST (38.5% at 30 days). By multivariate analysis, each event was predictive of death (hazard ratios: 2.4, 1.8, and 11.4, respectively; $p < 0.0001$). Thus, 1 in 8 patients successfully undergoing percutaneous coronary intervention with drug-eluting stents had CB, MI, or ST during the ensuing 2 years, leading to increased mortality.

■ **EDITORIAL COMMENT**

Adapting DAPT to Improve Outcomes After Coronary Stenting **1458**

Donald E. Cutlip

Sex-Based Differences in Cessation of Dual-Antiplatelet Therapy Following Percutaneous Coronary Intervention With Stents **1461**

Jennifer Yu, Usman Baber, Ioannis Mastoris, George Dangas, Samantha Sartori, Philippe Gabriel Steg, David J. Cohen, Gennaro Giustino, Jaya Chandrasekhar, Cono Ariti, Bernhard Witzenbichler, Timothy D. Henry, Annapoorna S. Kini, Mitchell W. Krucoff, C. Michael Gibson, Alaide Chieffo, David J. Moliterno, Antonio Colombo, Stuart Pocock, Roxana Mehran

Among patients treated with percutaneous coronary intervention with stents enrolled in the PARIS study, dual-antiplatelet therapy (DAPT) cessation was more common in women than men and comprised increased rates of discontinuation, disruption for bleeding, and disruption due to noncompliance. The impact of DAPT cessation was similar regardless of sex and varied according to the mode; in particular, disruption was associated with increased risk for both ischemic and bleeding events. After adjusting for differences in baseline and treatment characteristics as well as DAPT cessation events, female sex remained an independent predictor of bleeding but not of ischemic events.

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■ **EDITORIAL COMMENT**

Dual-Antiplatelet Therapy: Why Stop Now? **1470**

Alice K. Jacobs, Zoran S. Nedeljkovic

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