

**ANTIPLATELET THERAPY
DAPT FOR 3 MONTHS
IS SUFFICIENT**

Current recommendations are to treat patients with dual antiplatelet therapy (DAPT) for 12 months after the placement of a drug-eluting stent (DES). In new data from the OPTIMIZE randomized trial, 3 months of DAPT was noninferior to 12 months of DAPT in patients with a DES. These data were presented at the Transcatheter Cardiovascular Therapeutics conference in San Francisco, CA, USA.

Current guidelines are largely on the basis of data from bare-metal stents and stents that elute sirolimus or paclitaxel (first-generation DES). Fausto Feres, one of the OPTIMIZE researchers, thought that “not all DES would be the same, and those systems with more biocompatible components (second-generation DES) ... would not necessitate long-term DAPT”. A total of 3,119 patients who had received the Endeavour zotarolimus-eluting (second-generation) stent, were randomly assigned to receive 3 or 12 months of aspirin and clopidogrel. The primary end point, a composite of all-cause death, myocardial infarction, stroke, or major bleeding, occurred in 6.0% of patients receiving short-term therapy and in 5.8% of patients receiving long-term therapy ($P=0.002$ for noninferiority). Similarly, no significant difference in the primary end point occurred between 91 and 360 days (2.6% in each group).

Late and very late stent thrombosis is one of the reasons for recommending long-term DAPT. After 12 months, the rate of stent thrombosis was not significantly different between patients treated with short-term or long-term therapy (0.6% and 0.7%, respectively). The rate of major adverse cardiac events—a composite of all-cause death, myocardial infarction, emergent CABG surgery, and target-lesion revascularization—was also not significantly different between the two groups (8.3% and 7.4%, respectively).

Although not specifically tested in this trial, these findings could be particularly relevant to patients at high risk of bleeding complications after stent placement, because prolonged DAPT is associated with bleeding. This work might influence future recommendations, and could also “be reassuring for patients with a high probability of undergoing noncardiac surgery and other invasive procedures,” says Feres.

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Original article Feres, F. et al. Three vs twelve months of dual antiplatelet therapy after zotarolimus-eluting stents: the OPTIMIZE randomized trial. *JAMA* doi:10.1001/jama.2013.282183