

 ANTITHROMBOTIC THERAPY

Dual therapy after PCI in AF

Dual antithrombotic therapy with dabigatran plus a P2Y₁₂ inhibitor is safer and as effective as triple therapy (warfarin, a P2Y₁₂ inhibitor, and aspirin) for patients with atrial fibrillation (AF) who have undergone percutaneous coronary intervention (PCI). The results of the RE-DUAL PCI trial, which were presented at the ESC Congress 2017, are “an exciting finding that offers clinicians new options to manage these patients,” comments Christopher Cannon, the lead investigator.

A total of 2,725 patients were randomly assigned to triple therapy (warfarin, clopidogrel or ticagrelor, and aspirin) or dual therapy (dabigatran plus clopidogrel or ticagrelor). Two alternative dosing strategies for dabigatran (110 mg or 150 mg twice daily) were trialled. During follow-up (mean 14 months) the primary end point of major or clinically relevant nonmajor bleeding occurred in 15.4% of patients in the 110 mg dual-therapy group compared with 26.9% in the triple-therapy group (HR 0.52, 95% CI 0.42–0.63, $P < 0.001$ for superiority). The primary end point was also significantly reduced

by 28% in the 150 mg dual-therapy group compared with triple therapy. The composite efficacy end point of thromboembolic events (myocardial infarction, stroke, or systemic embolism), death, or unplanned revascularization occurred in 13.7% of patients in the two dual-therapy groups combined compared with 13.4% in the triple-therapy group (HR 1.04, 95% CI 0.84–1.29, $P = 0.005$ for noninferiority).

The outcomes of this trial “give us comfort that we are getting good efficacy and seeing these big improvements in safety” by dropping aspirin and replacing warfarin with a non-vitamin K antagonist oral anti-coagulant, concludes Cannon. The dose of dabigatran can be adjusted according to the risks of thromboembolic events and bleeding in individual patients.

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ORIGINAL ARTICLE Cannon, C. P. et al. Dual antithrombotic therapy with dabigatran after PCI in atrial fibrillation. *N. Engl. J. Med.* <http://dx.doi.org/10.1056/NEJMoa1708454> (2017)

FURTHER READING Franchi, F. et al. Antithrombotic therapy for patients with STEMI undergoing primary PCI. *Nat. Rev. Cardiol.* **14**, 361–379 (2017)