

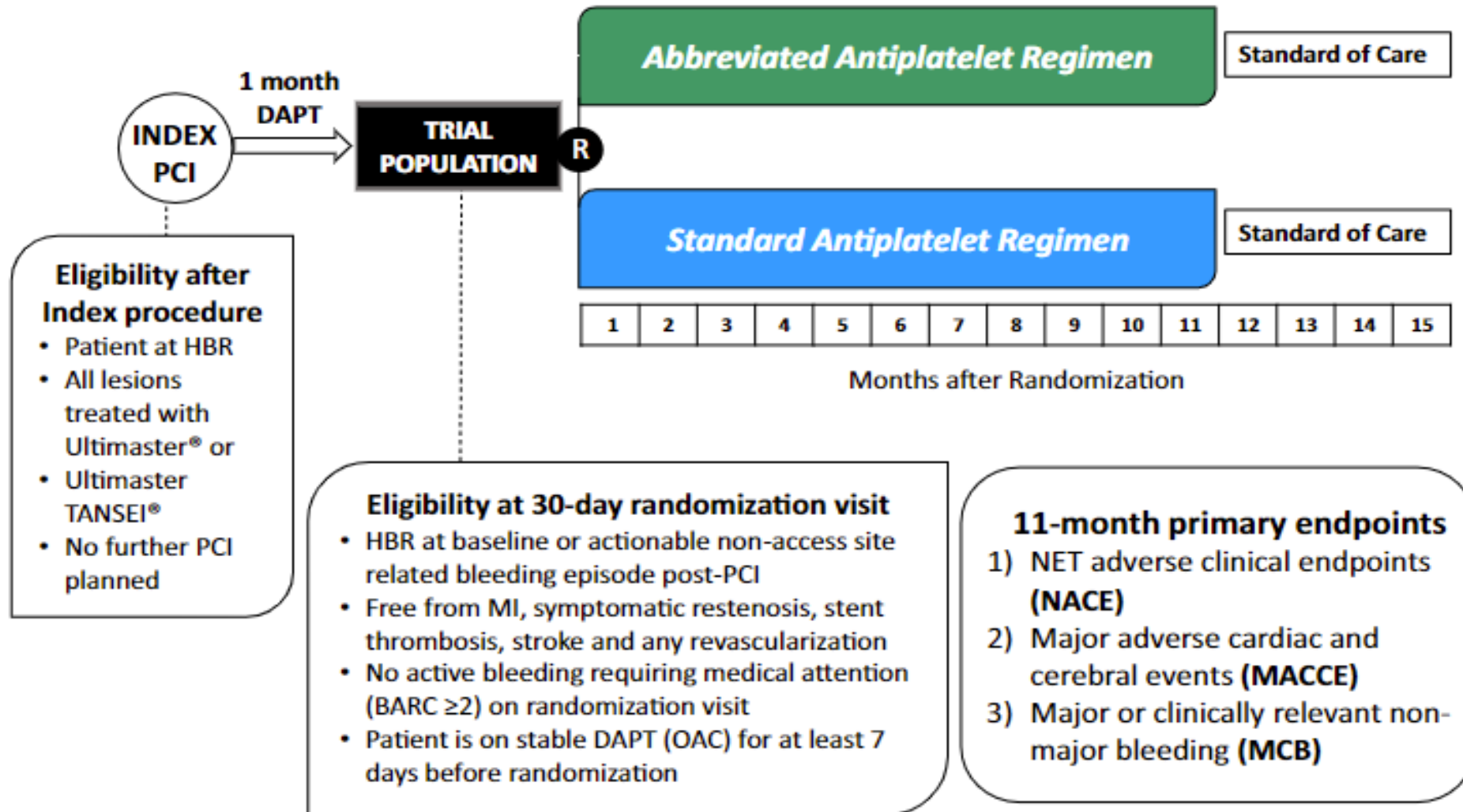
# MASTER - DAPT

Ivo Varvařovský

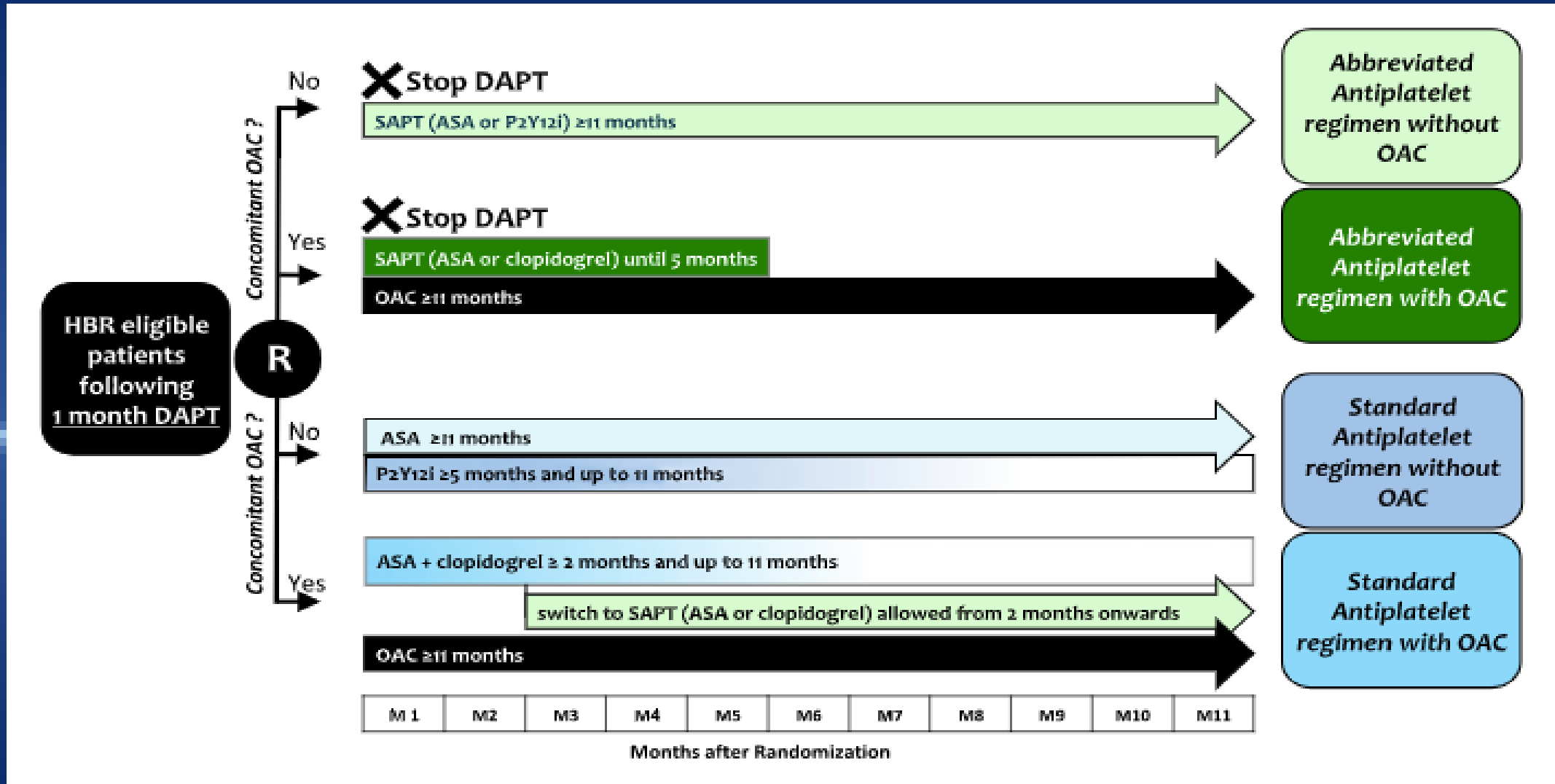
Kardiologické centrum Agel, Pardubice

XXXI. výroční sjezd ČKS, 13.-16.5.2023, Brno

# MASTER - DAPT



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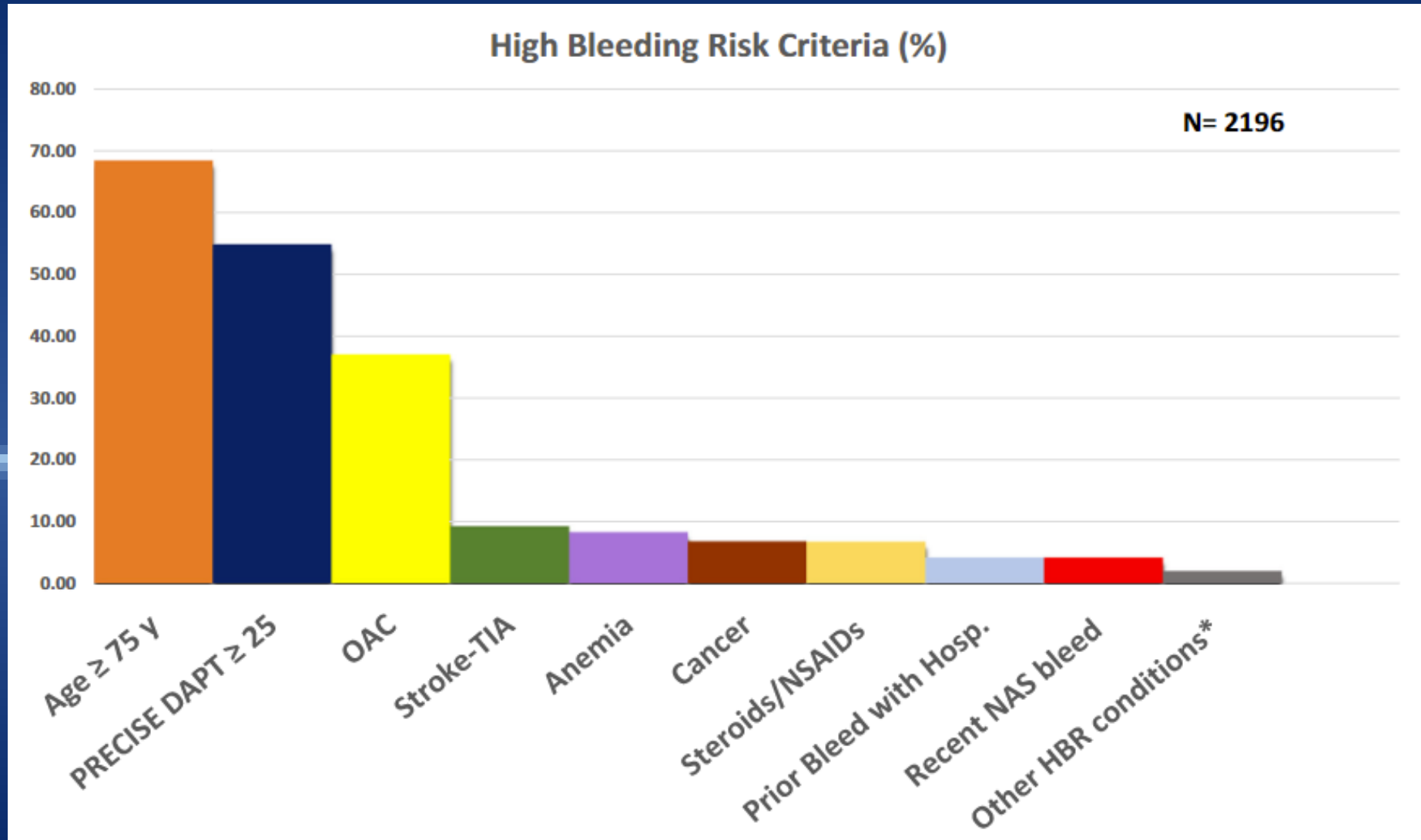
# MASTER - DAPT

Post-PCI patients are at HBR if at least 1 of the following criteria applies:

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1. Clinical indication for treatment with OAC for at least 12 m
  2. Recent (<12 m) non-access-site bleeding episode(s), which required medical attention (ie, actionable bleeding)
  3. Previous bleeding episode(s) which required hospitalization if the underlying cause has not been definitively treated (ie, surgical removal of the bleeding source)
  4. Age equal or greater 75 y
  5. Systemic conditions associated with an increased bleeding risk (eg, hematological disorders, including a history of current *thrombocytopenia* defined as a platelet count  $<100.00/\text{mm}^3$  ( $<100 \times 10^9/\text{L}$ ) or any known coagulation disorder associated with increased bleeding risk)
  6. Documented *anemia* defined as repeated hemoglobin levels  $<11$  g/dL or transfusion within 4 wk before inclusion
  7. Need for chronic treatment with steroids or nonsteroidal anti-inflammatory drugs
  8. Diagnosed malignancy (other than skin) considered at HBR including gastrointestinal, genitourthral/renal, and pulmonary
  9. Stroke at any time or TIA in the previous 6 months
  10. PRECISE-DAPT score\*  $\geq 25$
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# MASTER - DAPT



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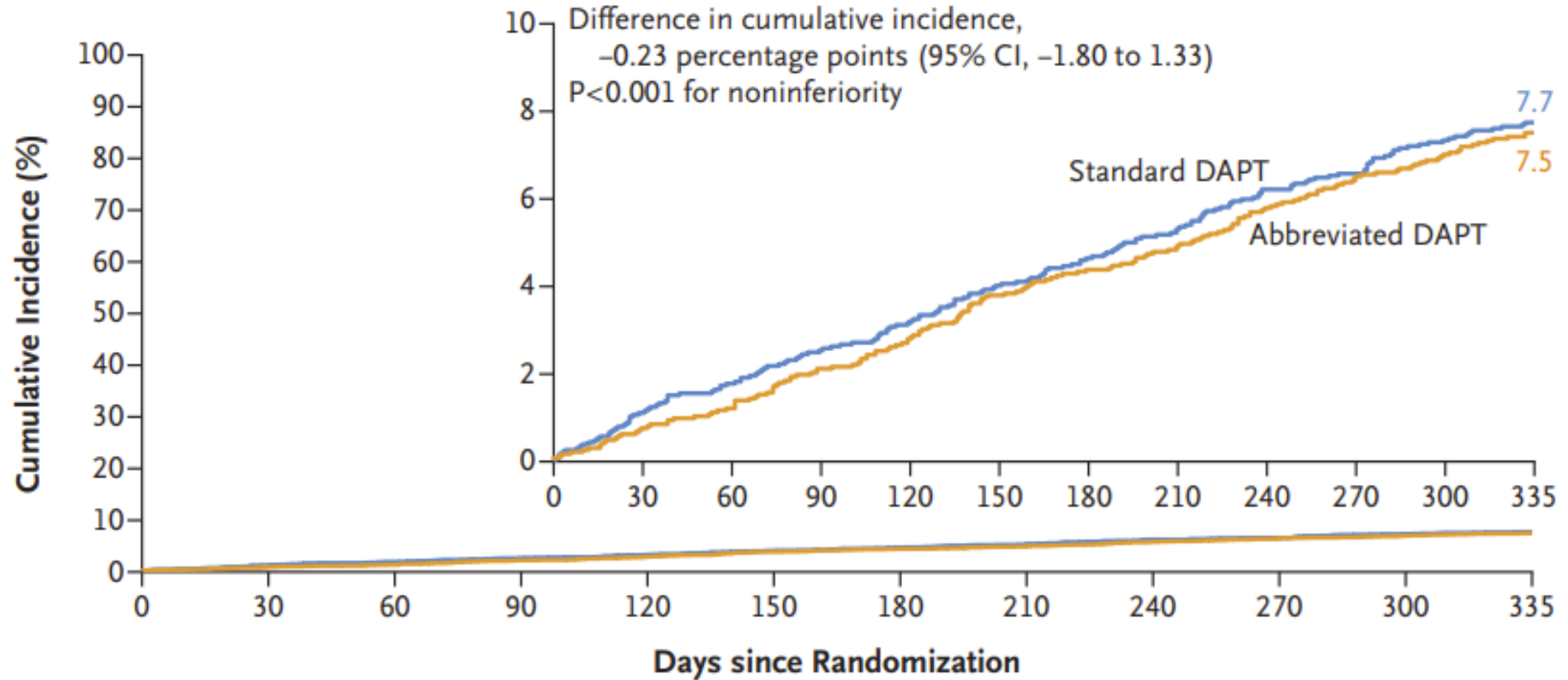
Dual Antiplatelet Therapy after PCI in Patients  
at High Bleeding Risk

M. Valgimigli, E. Frigoli, D. Heg, J. Tijssen, P. Jüni, P. Vranckx, Y. Ozaki, M.-C. Morice, B. Chevalier, Y. Onuma, S. Windecker, P.A.L. Tonino, M. Roffi, M. Lesiak, F. Mahfoud, J. Bartunek, D. Hildick-Smith, A. Colombo, G. Stanković, A. Iñiguez, C. Schultz, R. Kornowski, P.J.L. Ong, M. Alasnag, A.E. Rodriguez, A. Moschovitis, P. Laanmets, M. Donahue, S. Leonardi, and P.C. Smits, for the MASTER DAPT Investigators\*

N Engl J Med 2021;385:1643-55.

# MASTER - DAPT

## A Net Adverse Clinical Events

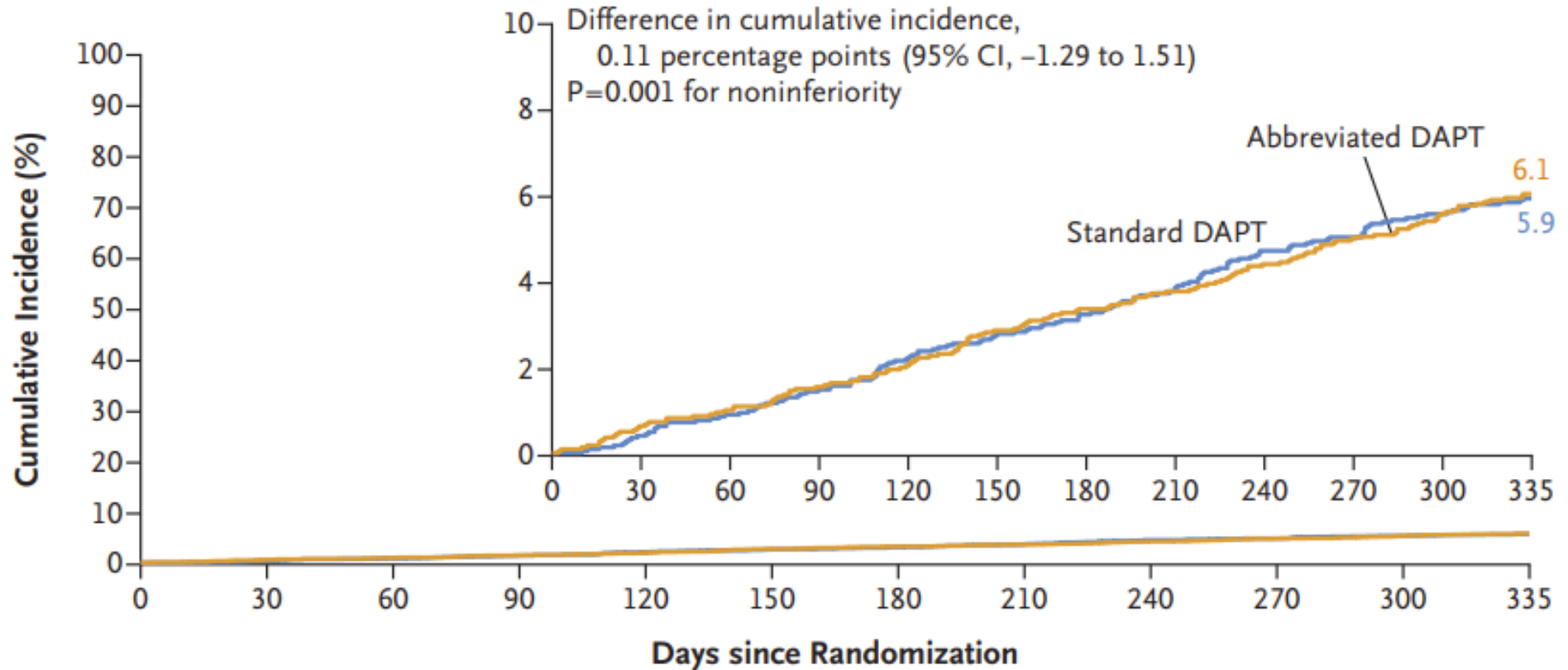


### No. at Risk

Standard DAPT	2230	2203	2188	2169	2155	2137	2118	2102	2081	2068	2052	2041
Abbreviated DAPT	2204	2184	2173	2153	2138	2144	2101	2091	2070	2056	2044	2027

# MASTER - DAPT

## B Major Adverse Cardiac or Cerebral Events



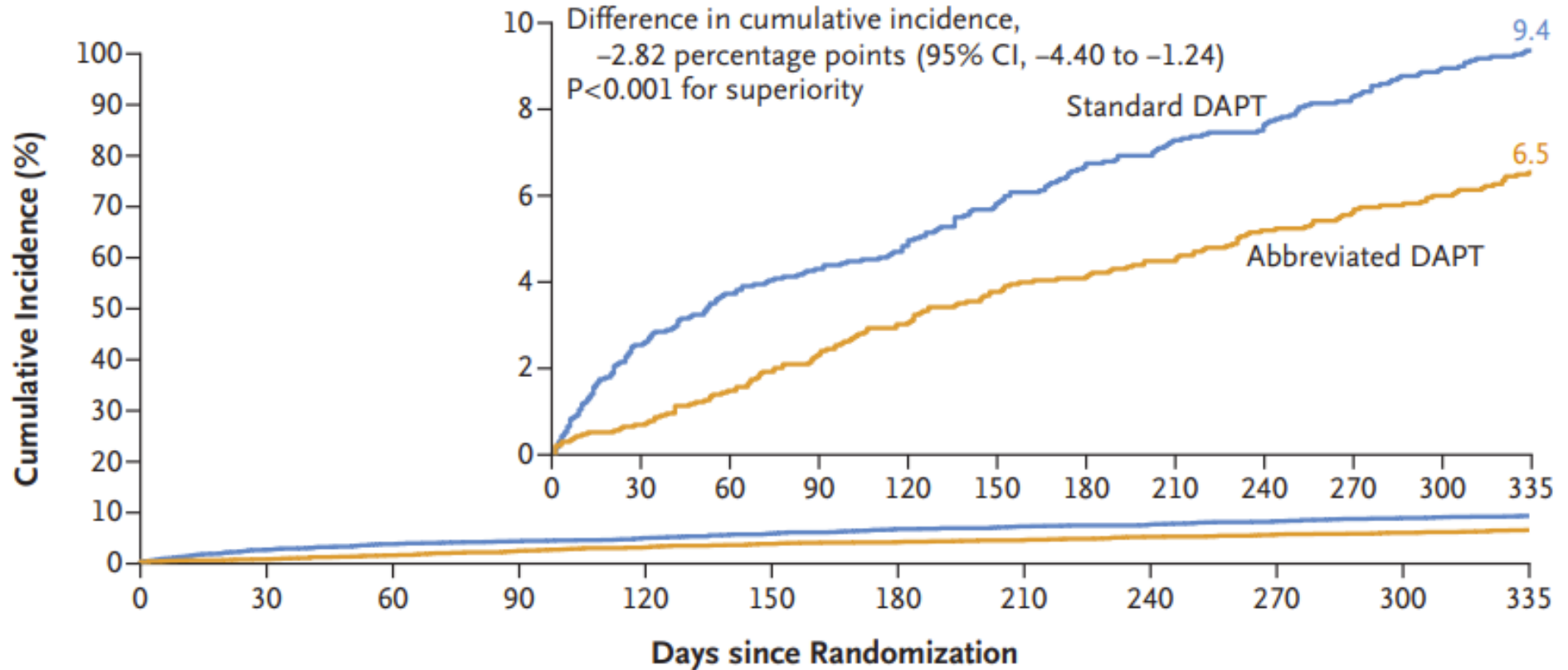
### No. at Risk

Standard DAPT	2230	2218	2207	2192	2176	2165	2149	2134	2113	2102	2090	2081
Abbreviated DAPT	2204	2186	2177	2164	2153	2135	2123	2114	2099	2086	2076	2058



# MASTER - DAPT

## C Major or Clinically Relevant Nonmajor Bleeding



### No. at Risk

Standard DAPT	2284	2220	2186	2166	2147	2122	2094	2077	2060	2035	2015	1999
Abbreviated DAPT	2295	2269	2249	2223	2202	2173	2161	2150	2130	2117	2102	2078

# MASTER – DAPT : závěr

## **Pacienti s vysokým rizikem krvácení (HBR)**

měli při implantaci sirolimového stentu s BDP  
při zkrácené protidestičkové terapii:

- 1. srovnatelné riziko úmrtí a ischemické příhody**
- 2. snížené riziko všech krvácení**

# MASTER – DAPT : závěr

Zkrácená protidestičková léčba : 34 dnů od PCI

**Snížené krvácení typ BARC 2, srovnatelné BARC 3-5**

(BARC 2 = vyžaduje lékařský zásah nebo hospitalizaci)

Studie pro pacienty s **vysokým rizikem krvácení**

Použitý jeden specifický typ stentu

DAPT při OAC z dnešního pohledu velmi dlouhá

# MASTER – DAPT : doporučení pro praxi

**Identifikovat nemocné s vysokým rizikem krvácení**

**Indikovat zkrácenou DAPT (1 měsíc od PCI)**

Používat ověřené typy koronárních stentů