NEO-MINDSET

Early Withdrawal of Aspirin after PCI in Acute Coronary Syndromes

PURPOSE: To evaluate the safety and efficacy of antiplatelet monotherapy compared to dual antiplatelet therapy (DAPT) after percutaneous coronary intervention (PCI) for acute coronary syndrome (ACS)

STUDY DESIGN: Randomized, multicenter, open-label, parallel-group, phase 3 clinical trial; N=3410

KEY TAKEAWAYS: Compared to dual antiplatelet therapy, monotherapy did not demonstrate noninferiority in reducing major ischemic events, including death at one year.

	Monotherapy (%)	Dual Antiplatelet Therapy (%)	HR (95% CI)
Primary outcomes			
Composite of death from any cause, myocardial infarction, stroke, or urgent target-vessel revascularization	119 (7.0)	93 (5.5)	1.28 (0.98 to 1.68)
Major or clinically relevant nonmajor bleeding	33 (2.0)	82 (4.9)	0.40 (0.26 to 0.59)
RESULTS: Potent P2Y12 inhibitor monotherapy was not noninferior to dual antiplatelet therapy in preventing composite primary outcomes of death from any cause, myocardial infarction, stroke, or urgent target-vessel revascularization, following PCI.			