Individualizing DAPT Duration

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Extended Duration DAPT

**DAPT**

- **Death/MI/Stroke**
  - Placebo: 5.9
  - Continued DAPT: 4.3

- **Gusto Moderate or severe bleed**
  - Placebo: 1.6
  - Continued DAPT: 2.5

**PEGASUS**

- **CV Death/MI/Stroke**
  - Placebo: 9.0
  - Low dose ticagrelor: 7.8

- **TIMI Major bleed**
  - Placebo: 1.1
  - Low dose ticagrelor: 2.6

Mauri et al. NEJM 2014;371:2155-66

Bonaca et al. NEJM 2015;72:1791-1800
Weighting Bleeding vs MI
Adapt-DES

<table>
<thead>
<tr>
<th>Post-DC Event</th>
<th>Adjusted HR [95% CI] for 2-year mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleed</td>
<td>5.0 [3.3-7.7]</td>
</tr>
<tr>
<td>Myocardial Infarction</td>
<td>1.9 [1.2-3.1]</td>
</tr>
</tbody>
</table>

Généreux et al, JACC 2015;66:1036-45
Net Outcome by DAPT Score

- **DAPT Score < 2**
  - Value: 1.03

- **DAPT Score ≥ 2**
  - Value: -1.67

*Excluding PES*
Caveats

• Generalizable only to DAPT like patient population
  – Tolerated one year DAPT
  – Clinically stable

• Replication necessary
  – Models fit to this specific dataset
  – Likely few datasets suitable---? PEGASUS

• Model discrimination only moderate
  – Comparable to other scores widely used
Conclusions

• Major step forward
  – Data-driven personalized medicine tool
  – Simple, practical solution for a common clinical scenario

• Revises interpretation of DAPT trial result
  – More clearly favorable benefit/risk profile, for a sizable subset of post-PCI patients

• Needs replication
  – Likely that the model and score can be further optimized