

PIONEER AF-PCI: should we change practice ?

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AF and PCI: an important issue

- Oral anticoagulants are needed for preventing stroke
- Antiplatelet therapy is needed for preventing stent thrombosis
- Combining OAC and APT increases bleeding
- Therefore, there is a need to clarify the optimal combination regimen in terms of choice of agents, dose and duration
- Pioneer AF-PCI is the first randomized trial to address the issue with NOACs. Given the safety and convenience advantages of NOACs over VKA, this is important
- These are difficult studies: the trial was well done and the investigators must be congratulated

Pioneer AF-PCI : interpretation

Main finding : RVRX-based regimens, combined with either P2Y₁₂ or DAPT, reduced bleeding compared to VKA and DAPT.

1. The RVRX regimens used reduced doses

- The RVRX dose was reduced to either 15 mg daily with P2Y₁₂, or to 2.5 mg bid with DAPT
- These doses were neither tested nor approved in the SPAF indication
- Thus, reduced bleeding when compared to full dose VKA is not surprising
- The real question is: does this preserve the efficacy of anticoagulation to prevent stroke ?

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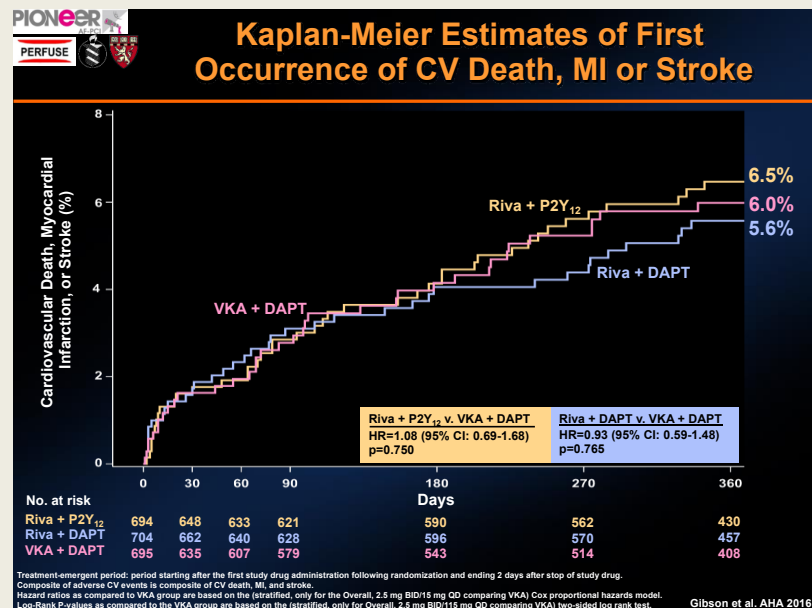
1. The RVRX regimens used reduced doses
2. This trial did not establish (or even test) noninferiority of RVRX-based strategies vs VKA + DAPT for stroke prevention

HR (95% CI) for stroke

Riva + P2Y₁₂ vs. VKA + DAPT : 1.07 (0.39-2.96) p=0.891

Riva + DAPT vs. VKA + DAPT : 1.36 (0.52-3.58) p=0.530

Reassuring that stroke rates were low overall



Pioneer AF-PCI : interpretation

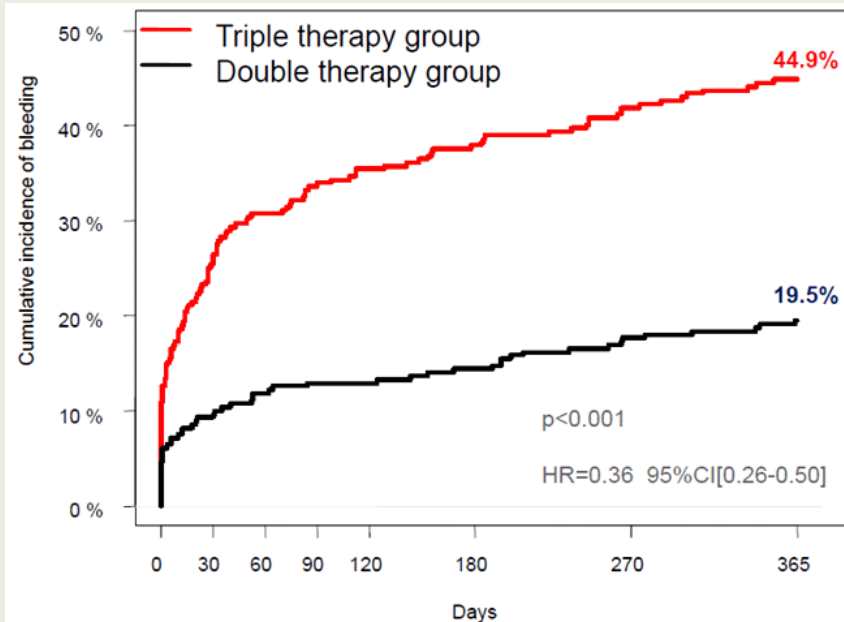
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1. The RVRX regimens used reduced doses
2. This trial did not establish noninferiority of RVRX-based strategies vs VKA + DAPT for stroke prevention
- 3. The RVRX strategies were not compared to the “WOEST” strategy of VKA + clopidogrel alone**

Both strategies reduce bleeding compared to VKA + DAPT

WOEST

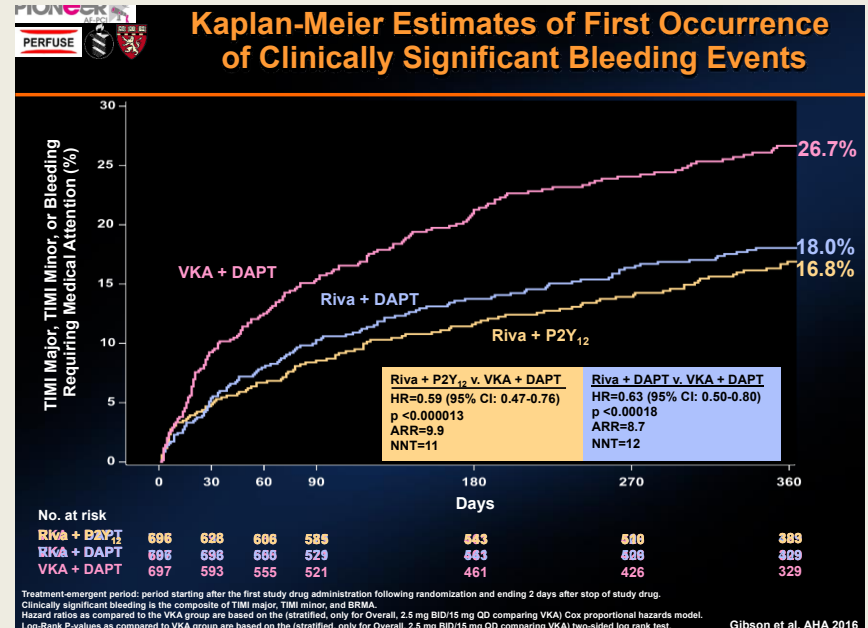
VKA + clopidogrel



Dewilde W et al. *Lancet* 2013

PIONEER AF-PCI

RVRX reduced dose + APT

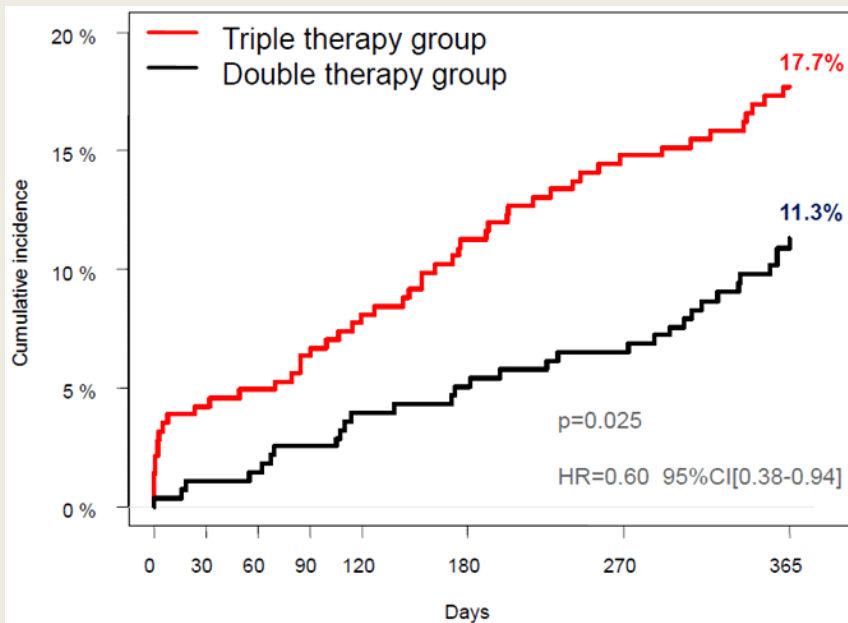


Gibson CM et al. *NEJM* 2016

The WOEST strategy (but not RVRX-based strategies) reduces MACE

WOEST

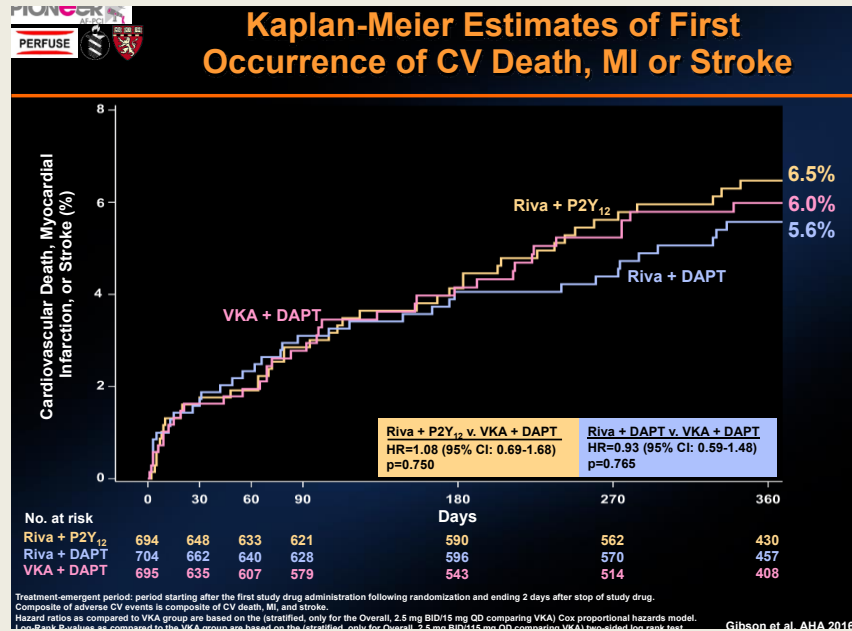
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RVRX reduced dose + APT



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3. The RVRX strategies were not compared to the “WOEST” strategy
4. The trial does not provide reliable information on the duration of antiplatelet therapy, because duration was not randomly assigned
- 5. The recurrent hospitalisation data are interesting and potentially important but come from a post-hoc analysis and therefore must be viewed as hypothesis-generating.**

PIONEER AF PCI: an important trial but should we change practice ?

- PIONEER AF-PCI is an important and robust contribution to the currently limited evidence base regarding AF and PCI and provides critical information on the safety of RVRX-based strategies
- My question to the panel: Should we change practice on the basis of this trial and adopt a RVRX-based strategy for AF patients receiving stents ?