Tailored P2Y12 Strategy for CHIP Patients : the TAILORED-CHIP Trial

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Antiplatelet Therapy in CAD A Daunting Dilemma





Antithrombotic Strategy after PCI Guidelines



TCTAP2019

2016 ACC/AHA

2017 ESC



Evolution of DES Safety



The CHIP Population: Post-PCI; *High Ischemic Risk*



Treat the undertreated!





Lesion/Procedural Complexity Duration of DAPT

Efficacy and Safety of Dual Antiplatelet Therapy After Complex PCI

Complex target lesion anatomy or procedure is associated with increased ischemic event

DAPT duration after DES correlates with a lower incidence of ischemic events at the expense of increase bleeding

Prolonged (i.e. >6 months) DAPT duration^d may be considered in patients who underwent complex PCI.²⁴⁷ ПР В

PHD,^f







Complex High-Risk PCI ; HIR



Lancet 2017;390:810-20

01711 2013

Complex High-Risk PCI May need alternative APT regimen





Korean Circ J. 2018.48:863-872

Ticagrelor With Aspirin or Alone in High-Risk Patients After Coronary Intervention (TWILIGHT) trial



Primary Endpoint: BARC Types 2, 3 or 5 bleeding **Secondary Endpoint:** Composite of cardiovascular death, non-fatal myocardial infarction, ischemic stroke or ischemia-driven revascularization

AP2019

Baber et al, AHJ. 2016

TAILORED-CHIP trial Alternative APT regimen for CHIP

2,000 Patients Undergoing Complex High-Risk PCI*



*Complex High-Risk PCI

: Left main PCI, chronic total occlusion, bifurcation requiring two-stent technique, severe calcification, diffuse long lesion (lesion length \ge 30mm), multivessel PCI (\ge 2 vessels requiring stent implantation), \ge 3 requiring stents implantation, \ge 3 lesions will be treated, predicted total stent length for revascularization >60mm, diabetes, CKD (Cr-clearance <60ml/min) or severe LV dysfunction (EF <40%).

Early Course of Intense DAPT Concept (1)



Effect of Low-Dose Versus Standard-Dose Ticagrelor and Clopidogrel on Platelet Inhibition in Acute Coronary Syndromes

DAPT with a 60mg of ticagrelor

J Am Coll Cardiol. 2018, 10:1594-1595

Late monotherapy with clopidogrel Concept (2)

Patients with recent ischemic stroke, recent MI, or symptomatic PAD (N = 19,185)



Cumulative Event Rate (Ischemic stroke, MI, vascular death)

8.7% Relative risk reduction (p=.043)

Aspirin = 5.83% Clopidogrel = 5.32%

CAPRIE: Superior efficacy of clopidogrel versus aspirin



Late monotherapy with clopidogrel Concept (2)

Clinical Issues with Aspirin

- Treatment Failure ("Aspirin Resistance")
 - Aspirin preparation (ie, enteric coated formulations)
 - Drug-drug interactions (ie, NSAIDs)
 - COX-1 related pathways
 - Medication noncompliance
 - Premature discontinuation
- Irreversible platelet inhibition
- Bleeding risk
- Gastrotoxicity





Late monotherapy with clopidogrel Concept (2)



B Death or Hospitalization — Aspirin vs. Placebo

Aspirin



Drop out aspirin **AUGUSTUS** STOPDAPT-2 SMART-CHOICE



Inclusion/Exclusion

Inclusion: Features of complex high-risk anatomic, procedural and clinical-related factors

- Clinical criteria; diabetes, chronic kidney disease (CrCl <60 mL/min), LVEF<40%
- ✓ Lesional or procedural criteria; left main lesion, bifurcation lesion requiring two stent-technique, CTO lesion, severe calcification, long lesion (lesion length ≥ at least 30mm), multivessel PCI, ≥3 stents implanted, ≥3 lesions treated, total stent length ≥ 60mm

Exclusion:

Enzyme-positive ACS (NSTEMI or STEMI)

Contraindication to aspirin or P2Y12 inhibitors

Need for chronic oral anticoagulation (warfarin or NOAC)
History of ICH



Study Design

A Net Clinical Outcome of *all-cause death*, *MI*, *stroke*, *ST*, *urgent revascularization and clinical relevant bleeding* (BARC 2,3, or 5)

TICAGRELOR 60mg + ASA	CLOPIDOGREL	
TAILORED ARM	Clopidogrel 600mg loading BERIOD ENDS	
CLOPIDOGREL + ASA	CLOPIDOGREL + ASA	
6 MONTHS	12 MONTHS	
Intensive DAPT to minimize stent-related thrombotic events	Monotherapy with clopidogrel provides ischemic protection while reducing ASA related bleeding	Observational period



Conclusions

- A trend in PCI is toward performing in highrisk patients with increasingly complex lesions and procedure.
- Alternative DAPT regimens (early escalation, late de-escalation) may be reasonable in this complex, high-risk patient subset to achieve a balance between timely sufficient platelet inhibition and acceptable bleeding risk.
- TAILORED CHIP will help to inform this concept.



