

# Lunchtime activity Symposium

## Tailoring antiplatelet therapy for the different types of ACS-PCI patients

### Moderators:

Dr. Jeong (Chonnam National University Hospital, Korea)

Dr. Kastrati (Deutsches Herzzentrum München, Germany)

### Panel:

Dr. Chang (Seoul St. Mary Hospital, Korea)

Dr. Cohen (Saint Luke's Mid America Heart Institute, USA)

Dr. Hong (Chonnam National University Hospital, Korea)

Dr. Kim (Busan National University Hospital at Yangsan, Korea)

Dr. Mehran (Mount Sinai School of Medicine, USA)

Dr. Park (Seoul National University Hospital, Korea)

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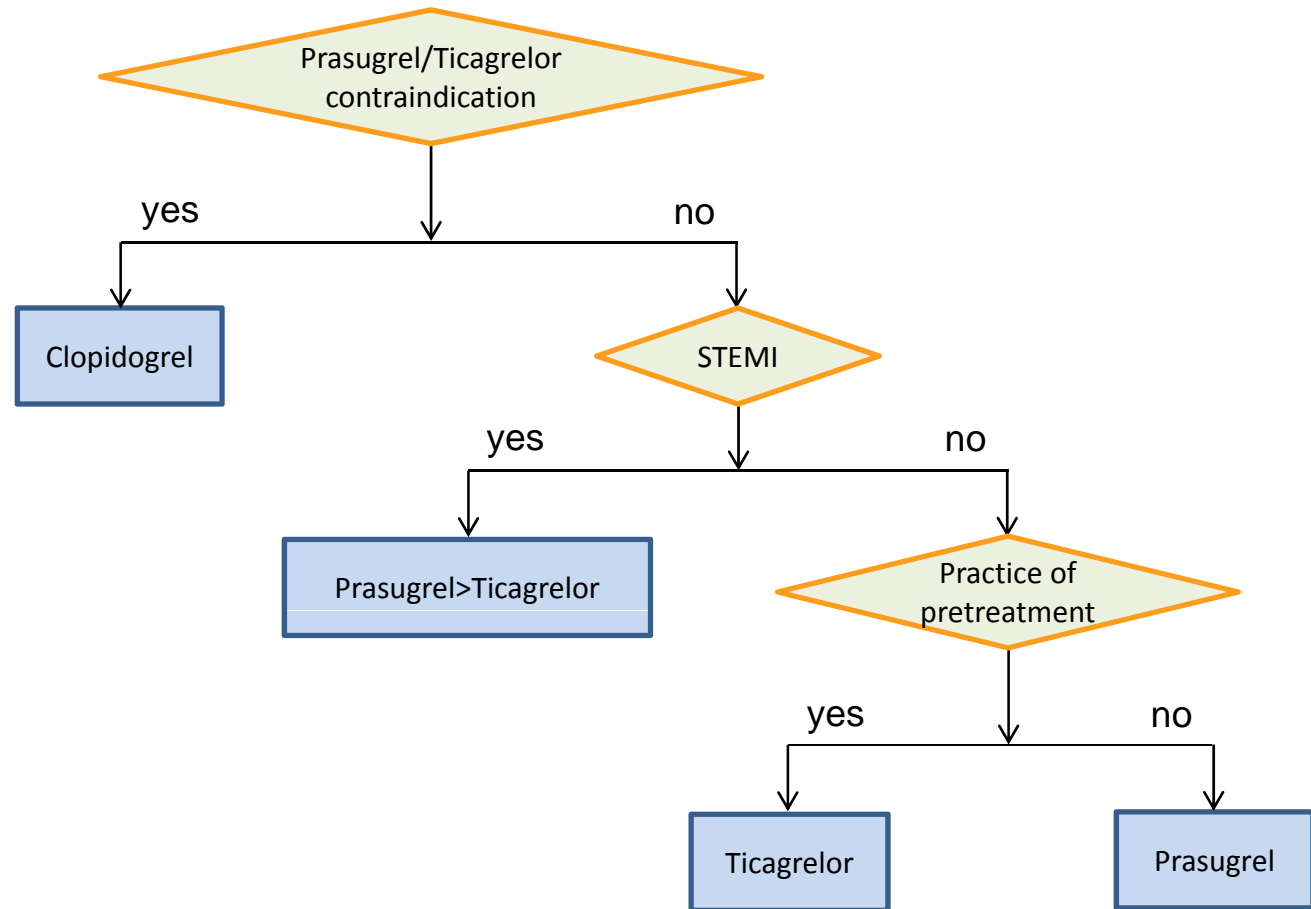
# Lunchtime activity Symposium

## Tailoring antiplatelet therapy for the different types of ACS-PCI patients

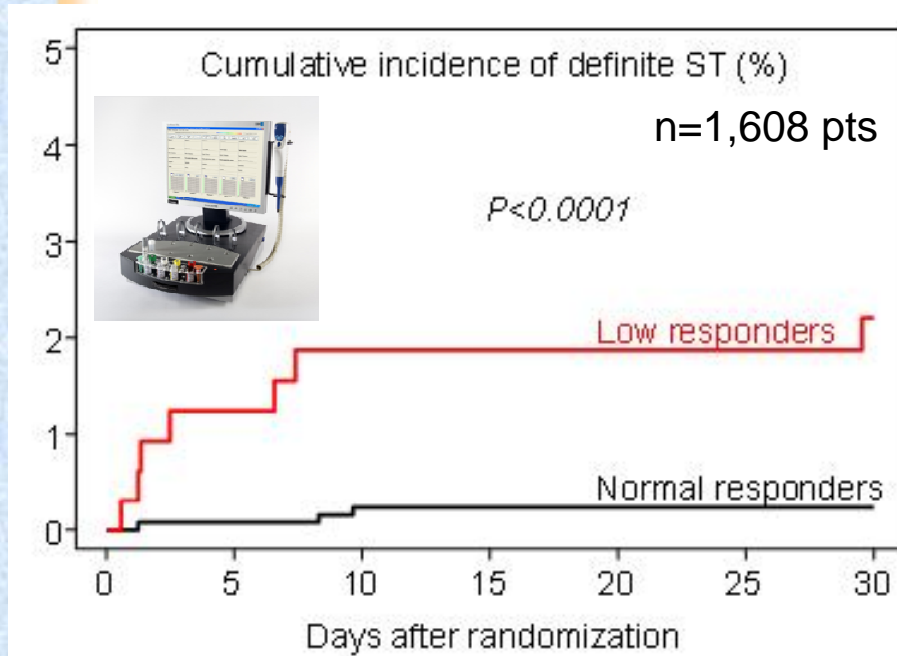
- There are 3 available ADP-receptor antagonists (clopidogrel, prasugrel, ticagrelor)
- Dual- or triple-antiplatelet therapy (especially in Korea with the experience with cilostazol)
- Specific patients might need specific antiplatelet drugs/drug combinations
- Some people still believe in the role of platelet function testing for guiding antiplatelet therapy
- Few people advocate switching from new ADP-receptor antagonists to clopidogrel after 30 days or so
- Optimal duration of dual(triple) antiplatelet therapy has to be defined especially in ACS patients receiving DES
- Patients with an indication for anticoagulation

# Patients with ACS

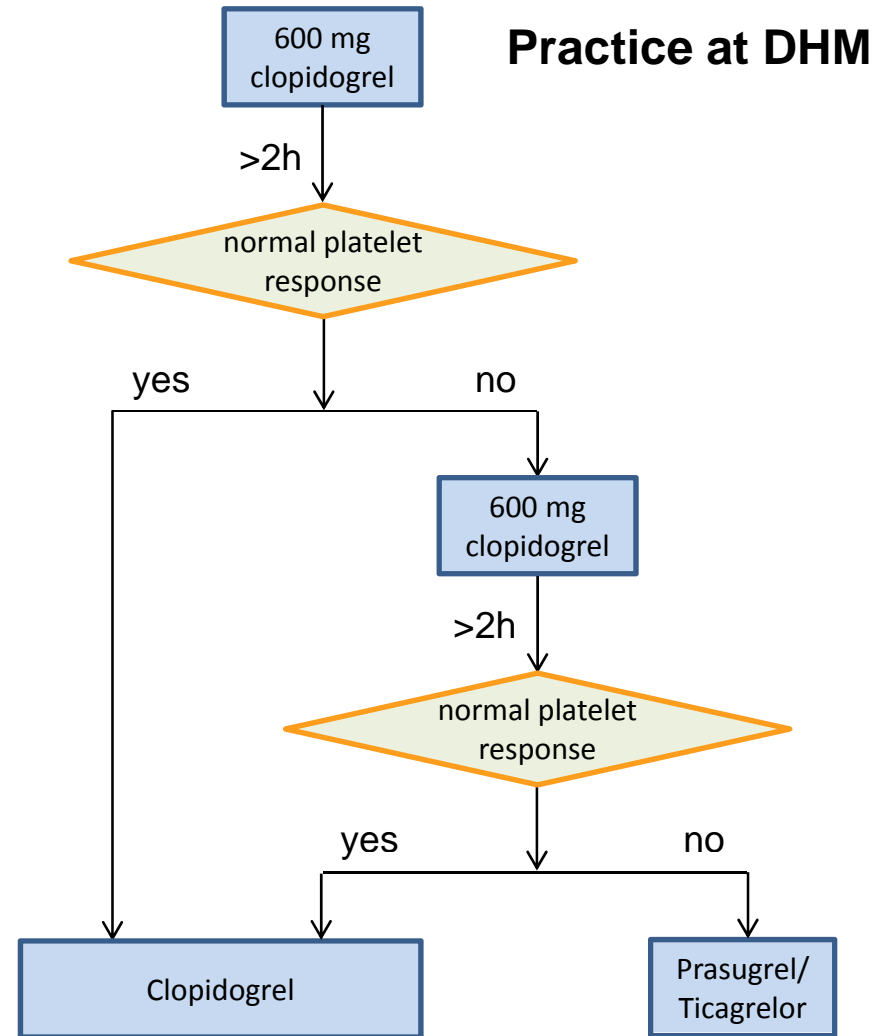
## -Possible drug selection algorithm-



# Patients with stable angina undergoing PCI –Clopidogrel “resistance”–

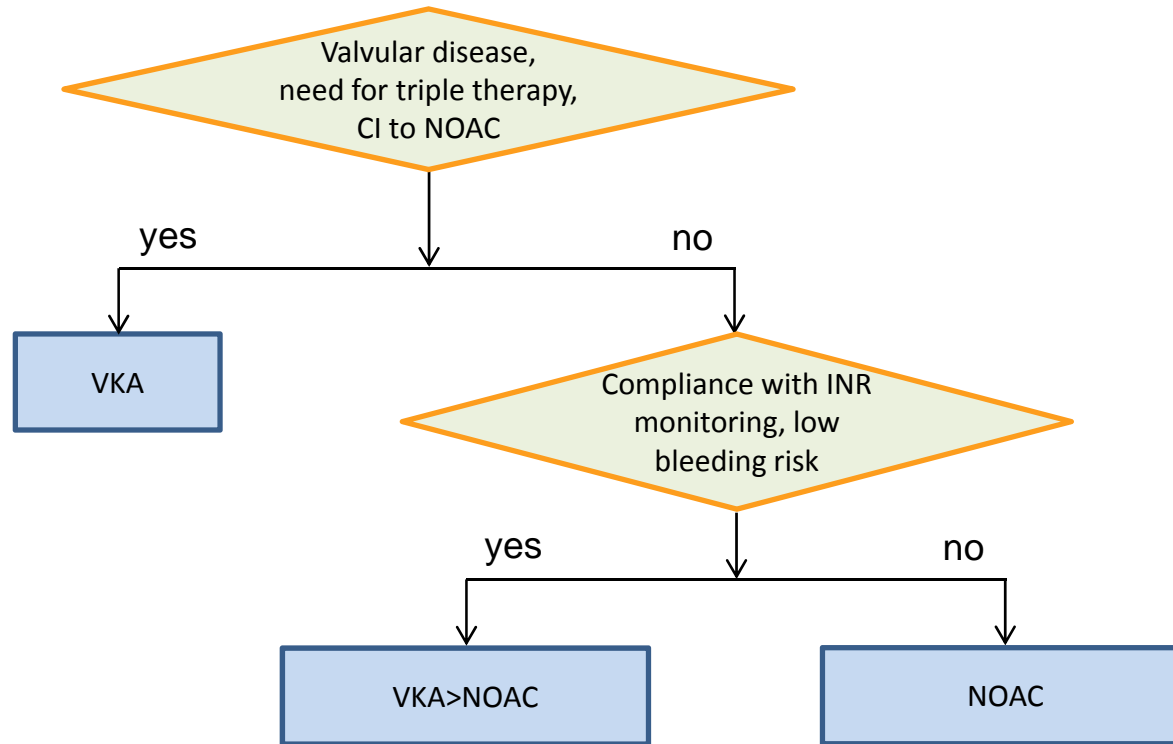


*Sibbing et al, JACC 2009*



# Patients with AF

## -Possible drug selection algorithm-



**VKA** → Vitamin K antagonists  
**NOAC** → New oral anticoagulants