Clinical Case

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Clinical Case

- 16 months ago, the 68-year-old patient, a heavy smoker, presented 8 hours after onset of chest pain with anterior MI
  - PCI/DES (3.5*30) on single-vessel lesion
- Now the patient presents to his primary care physician with fatigue and breathlessness
- A physical examination reveals swelling of both ankles, a rattling sound in the lungs suggestive of heart failure
- Echocardiography, EF 38%
Clinical Case (Cont’d)

- Improves rapidly on furosemide
- Echo-doppler identifies an asymptomatic significant stenosis of the right carotid artery
- Patient still on aspirin + prasugrel
- Statins, ACE inhibitors, beta-blockers, furosemide
- 6 cigarettes a day
- LDL 0.58 g/L, HbA1c 5.8%, Hb 15.6 g, creatinine clearance 70 ml/min
- BP 110/68 mmHg
What Would You Do?

a. Stop prasugrel
b. Stop aspirin
c. Aspirin and ticagrelor 60 mg bid
d. Switch to aspirin and clopidogrel
e. Replace prasugrel by rivaroxaban 2.5 mg bid
Identifying High-Benefit Patients for Dual Pathway Inhibition: Modified REACH Score/CART Analysis

Ischaemic events* prevented and bleeding events caused per 1000 patients over 30 months with addition of rivaroxaban 2.5 mg bid to aspirin in high-risk groups

*Secondary efficacy outcome

Anand SS et al, J Am Coll Cardiol 2019;73:3271–3280
4-Year Rates of Primary Ischemic and Secondary Bleeding Outcomes According to COMPASS Enrichment Criteria in the REACH Population Eligible for Enrolment in COMPASS

Darmon A et al, JACC 2019;73:3281–3291
Identifying High-Benefit Patients for Dual Pathway Inhibition: Enrichment Criteria

Ischaemic and bleeding outcomes in COMPASS-eligible patients in the REACH registry according to the number of enrichment criteria

- Age >65 years old
- Smoking
- Diabetes
- Renal dysfunction
- HF
- Carotid disease
- PAD
- Prior stroke

Darmon A et al, JACC 2019;73:3281–3291
CAD patients and no high bleeding risk

**Medical treatment or CABG**

- **Optimal risk factor control**

- **ACS**
  - **DAPT up to 12 months**

- **CCS or ACS**
  - **Assessment of thrombotic risks**

- **High stent-related risk**
  - LM stenting
  - Bifurcation
  - Multiple/long stenting
  - Small arteries
  - Prior stent thrombosis

- **Continue DAPT**
  - (ticagrelor 60 mg bid or clopidogrel)

- **Multi-vessel CAD or prior MI and one of the following**
  - ≥2 vascular beds
  - Stable HF
  - Type II diabetes
  - eGFR <60 ml/min

- **Rivaroxaban**
  - 2.5 mg bid + aspirin*

- **Low ischaemic risk**

- **SAPT**
  - (aspirin or clopidogrel)

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*No requirement for DAPT

- Indication for full anticoagulation
- Anaemia
- Bleeding diathesis
- Prior ICH
- Uncontrolled HT
- Liver disease
- Prior hospitalization for bleeding
- Extreme old age or frailty

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**Example pathway intended for discussion only and not as a suggestion of best practice**