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Clinical Case

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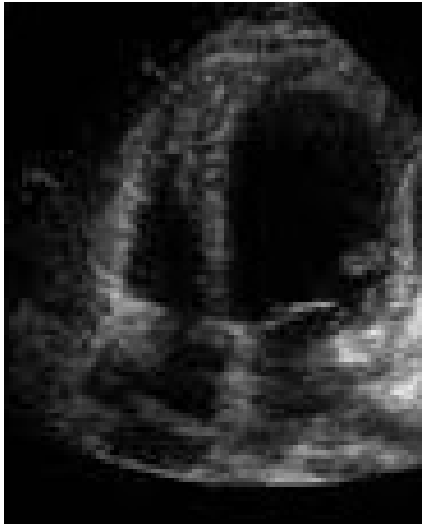
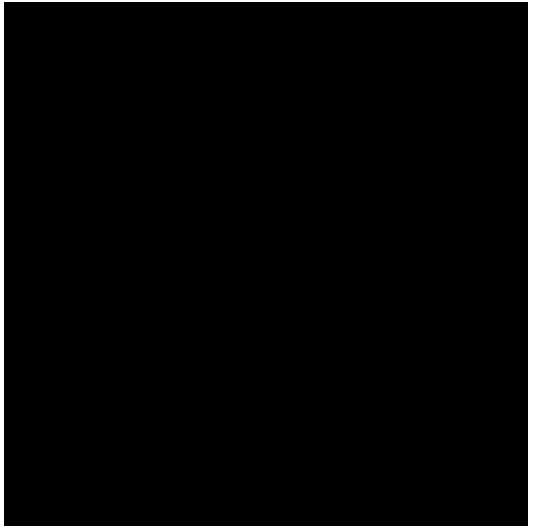
Clinical Case

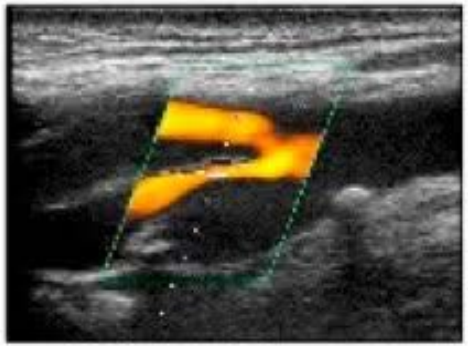
- 16 months ago, the 68-year-old patient, a heavy smoker, presented 8 hours after onset of chest pain with anterior MI
  - PCI/DES (3.5*30) on single-vessel lesion
- Now the patient presents to his primary care physician with fatigue and breathlessness
- A physical examination reveals swelling of both 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

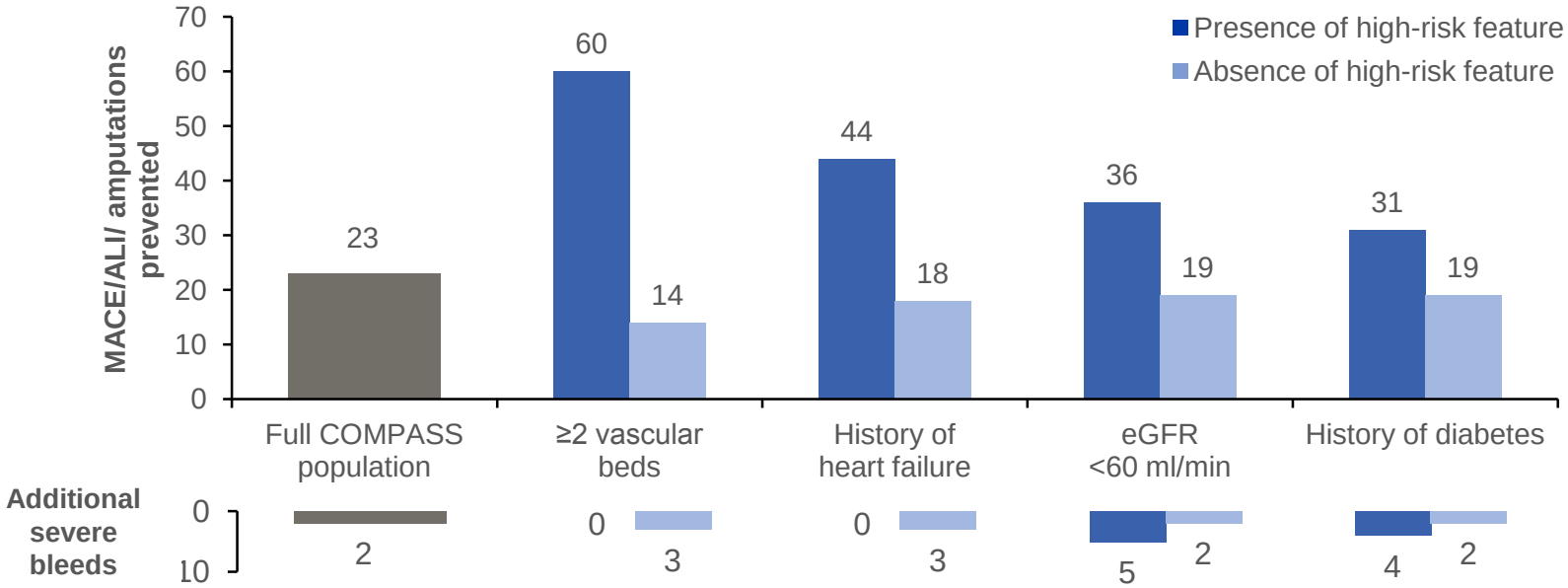


What Would You Do?

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

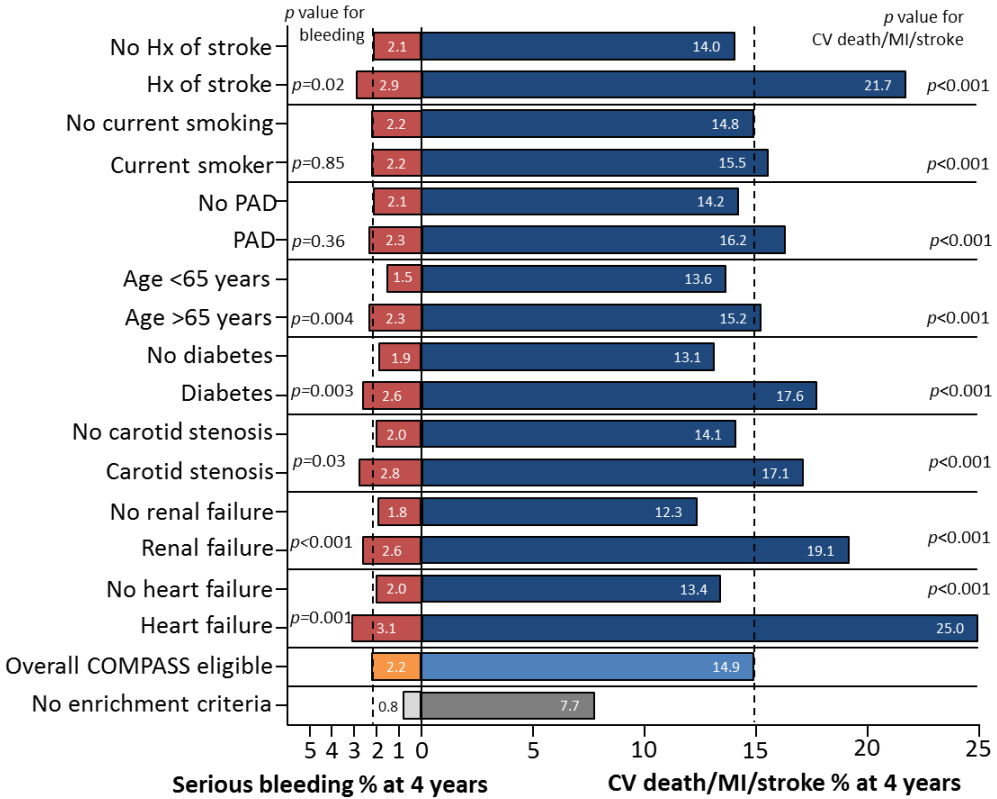


High-benefit groups: polyvascular disease; HF; eGFR <60 ml/min; diabetes

*Secondary efficacy outcome

Anand SS *et al, J Am Coll Cardiol* 2019;73:3271–3280

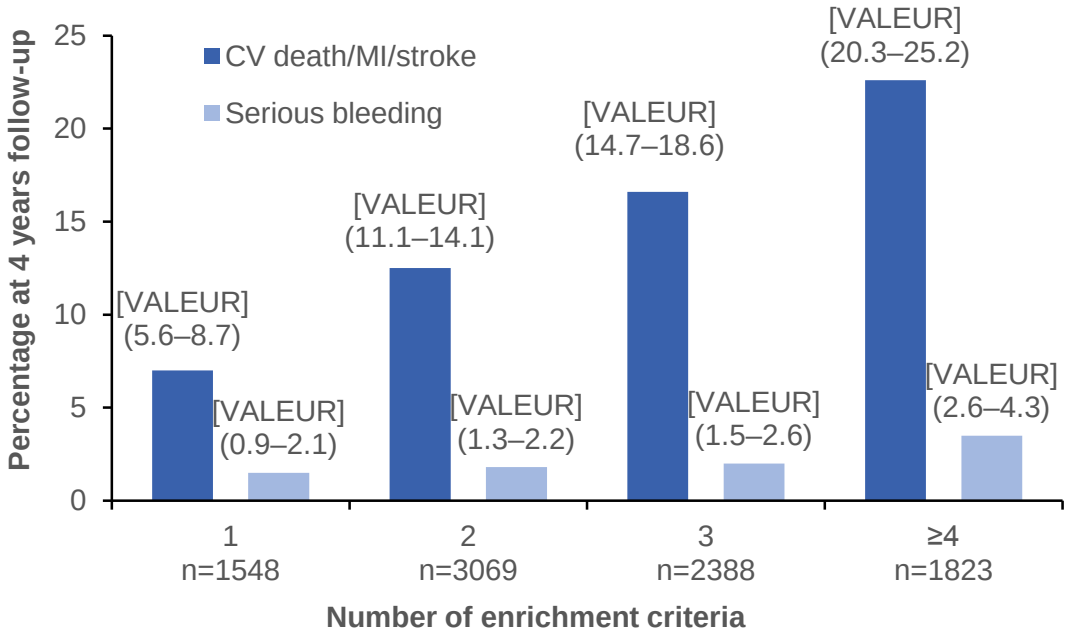
4-Year Rates of Primary Ischemic and Secondary Bleeding Outcomes According to COMPASS Enrichment Criteria in the REACH Population Eligible for Enrolment in COMPASS



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[1]



Enrichment criteria:

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

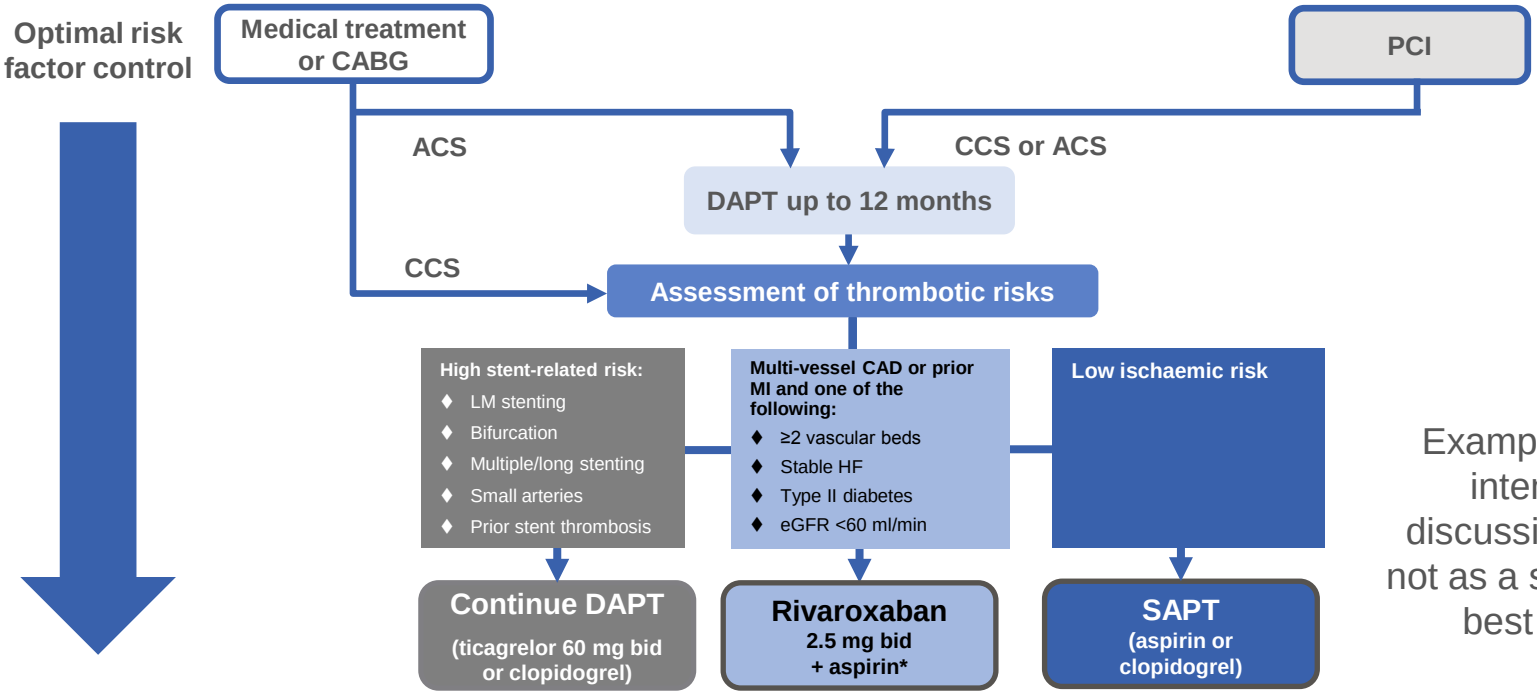
Darmon A *et al*, *JACC* 2019;73:3281–3291

Decision-Making in Clinical Practice

A Proposed Pathway

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

CAD patients and no high bleeding risk



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

*No requirement for DAPT