



Start
Antiplatelet



THE START-ANTIPLATELET REGISTER

**A MULTICENTER OBSERVATIONAL
PROSPECTIVE STUDY TO ASSESS THE
RISK-BENEFITS OF ANTIPLATELET
THERAPY IN ACS PATIENTS**





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Gruppi attualmente attivi nel registro:

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EXPORT PAZIENTI START ANTIPLATELET gennaio 2019

N° TOTALE PAZIENTI	1710
MASCHI	1235 (72.2%)
FEMMINE	475 (27.8%)
ETA' MEDIA	67
FOLLOW UP	1210 (70.7%)
- <6 mesi	20
- 6 mesi	207
- 1 anno	983

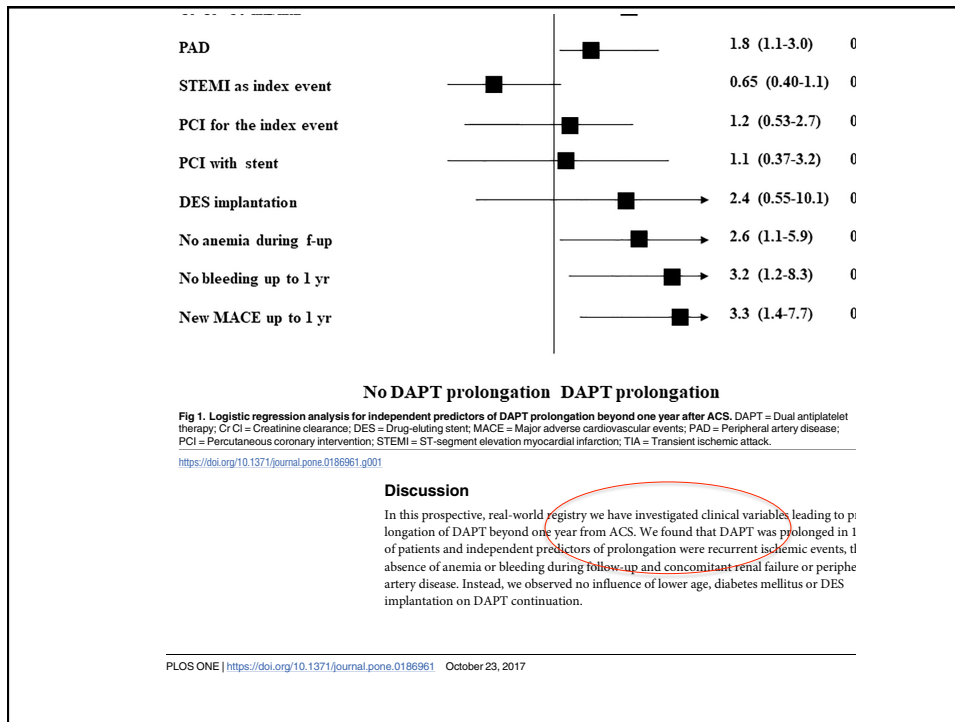
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following interests: GiPa: speaker/consultant/
advisory board for Bayer, Boehringer-Ingelheim,
BMS-Pfizer, Daiichi Sankyo, Astra Zeneca, PIAM,
Sanofi, AMGEN, Sigma-Tau, Malesci and MSD. VP:
Advisory Board/Lecture fees for Bayer HealthCare,

Introduction
Current guidelines on myocardial infarction (M)
nary syndromes (NSTE-ACS) recommend as :

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bleeding. Given its more favorable benefit/risk ratio, 60 mg twice daily has the dose of choice of ticagrelor for DAPT prolongation after an acute coronary event. A recent meta-analysis showed a 26% and 16% risk reduction of MACE and major bleeding, respectively, with DAPT continuation at the price of >2-fold higher major bleeding, especially when the newer, more potent P2Y12 antagonist is used. Thus, a careful evaluation of both bleeding and ischemic risk is mandatory. DAPT completing 1-year follow-up after ACS, when DAPT may be prolonged, the risk of ischemic events on aspirin alone overcomes the expected DAPT-repropensity.

In the START ANTIPLATELET registry 13% of patients continued DAPT for 1 year; powerful predictors of DAPT continuation were the absence of anemia or bleeding during 1-year follow-up (OR 2.6 and 3.2, respectively). Thus, in a

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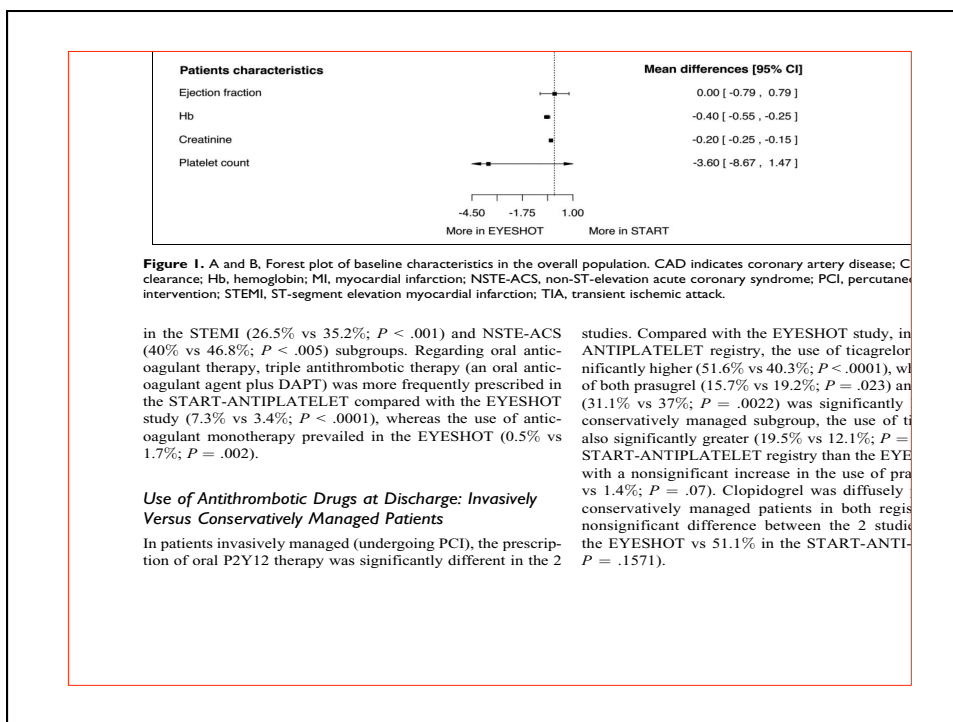
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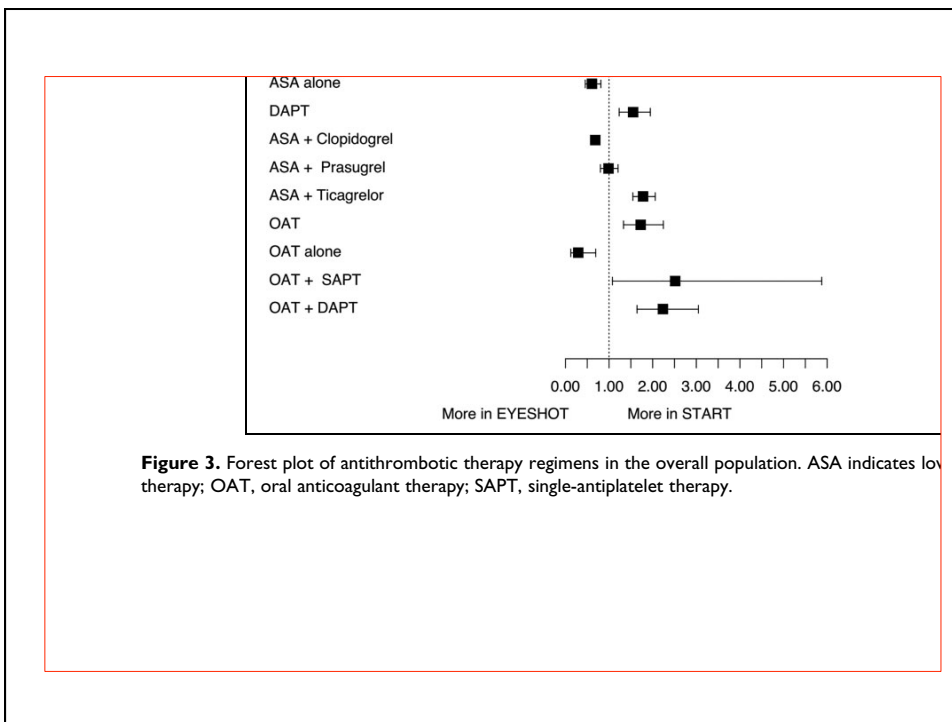
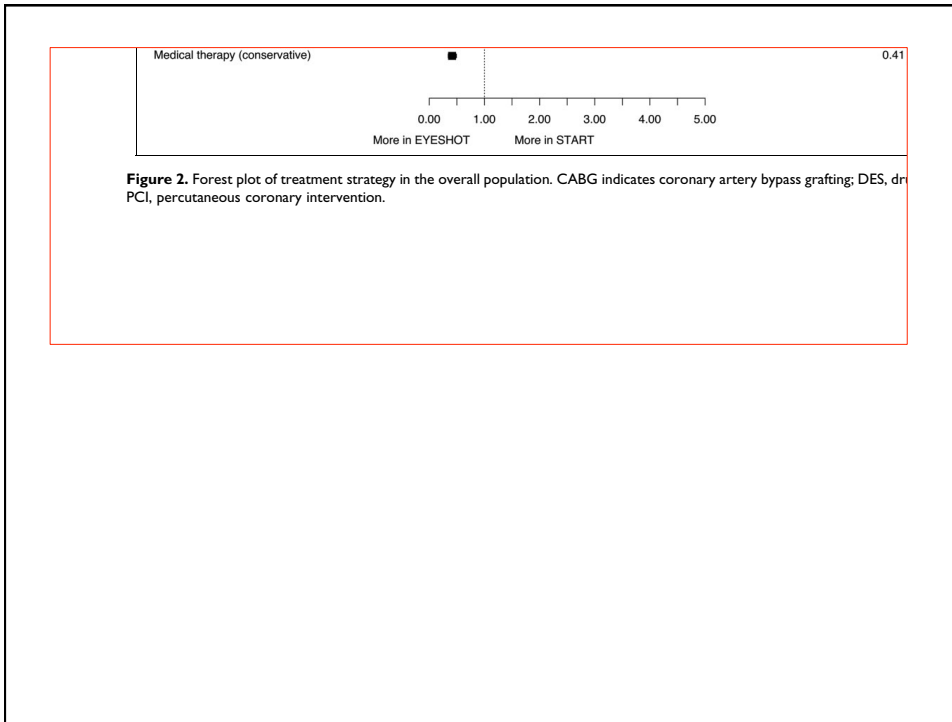
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January 2014 – June 2016

December 2012–February 2014

Angiology 2018






needs to be strongly encouraged in the real-world practice.

Our study has several limitations. First, the observational design of the 2 registries introduces possible bias in results. Second, differences in baseline characteristics were noted. These differences can be at least in part attributed to the differences in the design of the 2 registries and the selection of centers involved rather than to a temporal trend. Indeed, the EYESHOT was a nationwide registry involving 203 CCUs,


drafting the article or revising it critically for important content; and (3) final approval of the version to be published.

Declaration of Conflicting Interests

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication: Paolo Calabrò is a speaker/consultant/advisory for Bayer, Boehringer-Ingelheim, BMS-Pfizer, Daiichi



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gating the impact of gender on outcome of patients presenting with acute coronary syndrome (ACS) undergoing or not percutaneous coronary intervention (PCI).²⁻⁹

Several studies have shown that women with ACS are less likely to be treated according to the current guidelines, and this choice was considered as one of the hypothetical causes for the worse outcome observed in women compared to male patients.^{5,6,9} Despite the higher risk burden of female patients, the hypothetical higher bleeding risk of this patient population has been suggested as responsible for this undertreatment.^{10,11} However, the vast majority of those studies were performed in patients treated with aspirin and/or clopidogrel, and the role of

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DAPT, n (%)	587 (94)	190 (88)
ASA + clopidogrel, n (%)	194 (33)	79 (42)
ASA + ticagrelor, n (%)	290 (49)	90 (47)
ASA + prasugrel, n (%)	103 (17)	21 (11)
DAPT+ OA, n (%)	57 (9)	19 (9)
SAPT+ OA, n (%)	6 (1)	6 (3)
OA only, n (%)	2 (0)	2 (1)

Abbreviations: ACE-I, angiotensin converting enzyme inhibitor; angiotensin-II receptor blockers; ASA, acetylsalicylic acid; BB, beta-blockers; DAPT, dual antiplatelet therapy; NTG, nitroglycerin; OA, oral antiplatelet therapy; PPIs, proton-pump inhibitors; SAPT, single antiplatelet therapy.

DAPT combination were not associated with any difference in 1-year clinical outcome.

Previous studies showed that gender-related differences exist in the management of patients with ACS.^{2,4-6,9} Of these studies specifically evaluated antiplatelet therapy, in particular, an observational study demonstrated that prasugrel was the preferred P₂Y₁₂ inhibitor for women compared to men.² Similarly, Vogel et al showed a higher rate of prasugrel administration in men compared to women in whom it was the treatment of choice.¹² However, the n

bleeding risk considerations. In fact, when DAPT with ticagrelor was not the preferred strategy, clopidogrel was more often prescribed in women while prasugrel was preferred in men.

Another interesting finding from the present "gender sub-analysis" of the START registry is that women were less likely to receive an invasive strategy and, when PCI was performed, less frequently received DES compared to men. The perception of the risk of bleeding in women might play a pivotal role in

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NACE

MACCE



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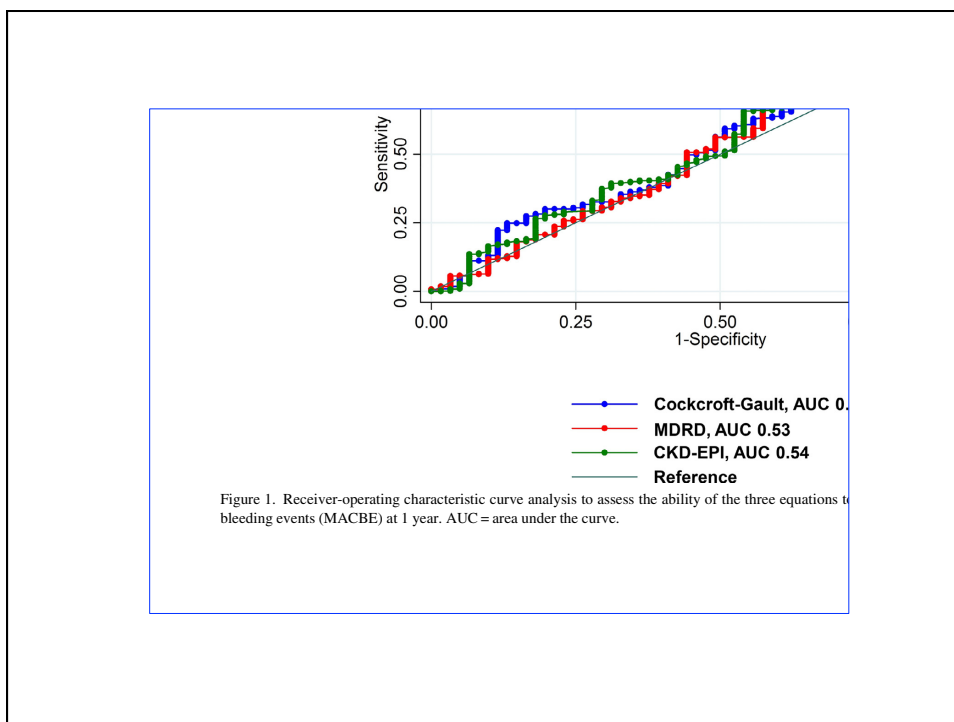
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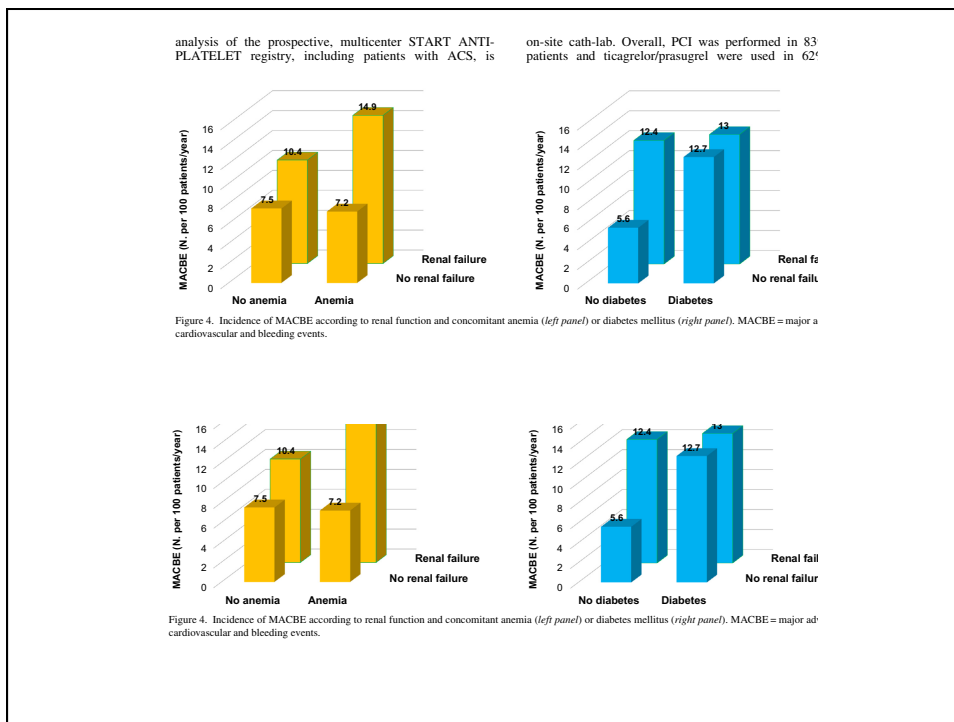
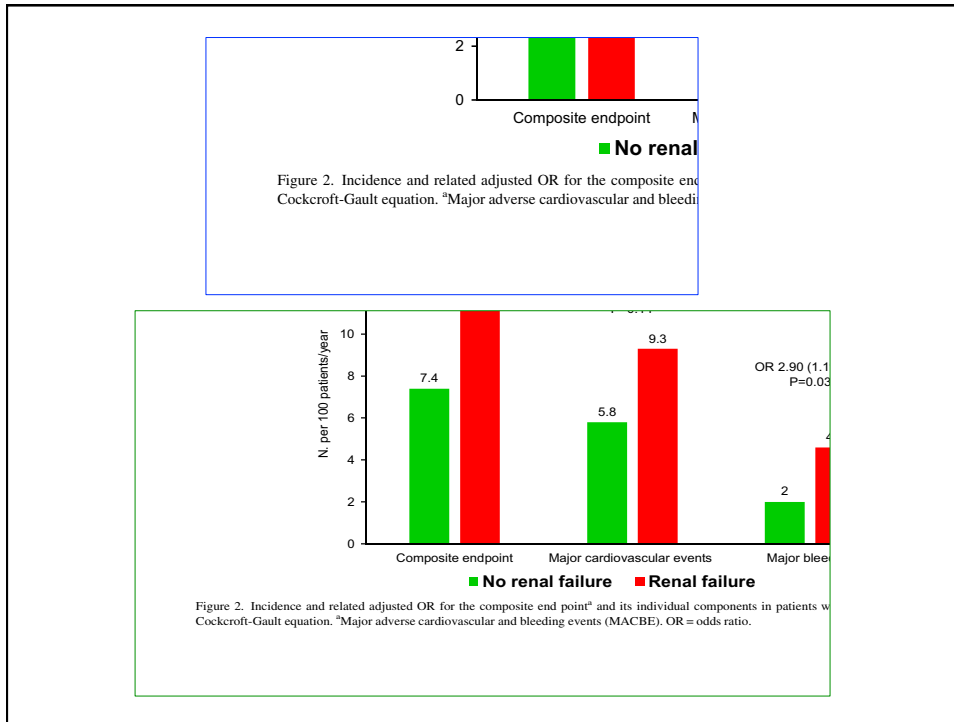
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explored the correlation between renal function and outcome using the cumulative incidence of both ischemic and hemorrhagic complications as outcome measure. We evaluated this issue from the population of the START ANTIPLATELET Registry; here we explored the predictive role of CRF for the occurrence at 1 year of the composite end point including both major adverse cardiovascular events and bleeding events.





18 Gualtiero Palareti⁸, MD

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Marcucci R, Patti G, Calabrò P, Gori AM, Grossi G, Cirillo P, Pengo V, Gresele P, Pignatelli P, Antonucci E, Di Mario C, Valente S, Palareti G for the START ANTIPLATELET INVESTIGATORS

Plos One 2018, paper in revision

(%)	
Target Lesion	20 (1.9)
Revascularization, n (%)	
Re-infarction, n (%)	32 (3.0)
TIA, n (%)	1 (0.09)
Ischemic Stroke n (%)	9 (0.9)
Peripheral Embolism, n (%)	2 (0.2)
Hemorrhagic Complications	
Major Bleeding	19 (2.3)
TIMI Major, n (%)	15 (1.8)
TIMI Minor, n (%)	13 (1.6)
TIMI Minimal, n (%)	24 (2.9)
GUSTO Severe or Life-threatening, n (%)	12 (1.4)
GUSTO Moderate n (%)	10 (1.2)
GUSTO Mild, n (%)	30 (3.6)
ISTH Cerebral, n (%)	8 (1.0)
ISTH Gastrointestinal, n (%)	7 (0.8)
ISTH Loss of Hgb ≥ 2 g/dL, n (%)	1 (0.1)
ISTH Pericardial, n (%)	1 (0.1)
ISTH Retroperitoneal, n (%)	1 (0.1)
Minor Bleeding	71 (8.5)

285

309
310
311

366 have defined a priori how to enroll patients: for example, a
367 first or second week of the month, in order to eliminate pos
368 bias. For this reason, this datum mirrors the clinical real wo
369 Accordingly to literature data [7], more than eighty percent
370 received a percutaneous revascularization: among these, m
371 received drug eluting stent implantation. 2.3% of patients u
372 surgical revascularization; and 14.5% was treated by medic
373 alone.



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Work in progress...



- **Gresele P** : Sottotalisi pazienti con PAD
- **Pengo V**: rischio trombotico/emorragico negli anziani
- **Calabrò P**: sottostudio BMI
- **Patti G**: analisi comoridità/indici di fragilità