

Antiplatelet: START-ANTIPLATELET

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Evolving Trends From EYESHOT to the START-ANTIPLATELET

Epidemiology and Management of Patients With Acute Coronary Syndromes in Contemporary Real-World Practice: Evolving Trends From the EYESHOT Study to the START-ANTIPLATELET Registry

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The START-ANTIPLATELET and EYESHOT registries provide consecutive snapshots in the contemporary management of patients with ACS in Italy showing important changes in both demographic characteristics and treatment strategies.

Calabrò et al. *Angiology*. 2018;69(9):795-802.

Procedure

Characteristics	START-ANTIPLATELET Registry	EYESHOT Registry	P
Total no. of patients	1171	2585	
PCI (%)	82.2	67.8	<.001
Stent implantation in PCI patients (%)	93.6	97.8	<.0018
DES in patients with PCI (%)	89.6	69.3	<.001
CABG (%)	2.9	2	.065
Patients conservatively managed (%)	15.1	30.2	<.001

Medications

Characteristics	START-ANTIPLATELET Registry	EYESHOT Registry	P
Total no. of patients	1157	2509	
Low-dose ASA (%)	97.6	95	<.001
Clopidogrel (%)	33.5	42	<.001
Ticagrelor (%)	45.8	31.4	<.001
Prasugrel (%)	13.4	13.5	.929
Ticlopidine (%)	0.08	0.4	.150
Low-dose ASA alone (%)	5.4	8.6	<.001
DAPT (%)	90.7	86.3	<.001
ASA + Clopidogrel (%)	32.8	41.6	<.001
ASA + Prasugrel (%)	13.3	13.5	.842
ASA + Ticagrelor (%)	44.6	31.1	<.001
OAT (%)	9.3	5.6	<.001
OAT alone (%)	5	1.7	.002
OAT + SAPT (%)	1	0.4	.035
OAT + DAPT (%)	7.3	3.4	<.001

Effect of BMI in Patients With Acute Coronary Syndromes

Effect of Body Mass Index on Ischemic and Bleeding Events in Patients Presenting With Acute Coronary Syndromes (from the START-ANTIPLATELET Registry)

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Our study conflicts the obesity paradox in real-world ACS population, and suggest that the reduced rate of adverse events and mortality in obese patients may be explained by relevant differences in the clinical risk profile and medications rather than BMI per se.

Calabrò et al. Am J Cardiol 2019;124:1662–1668

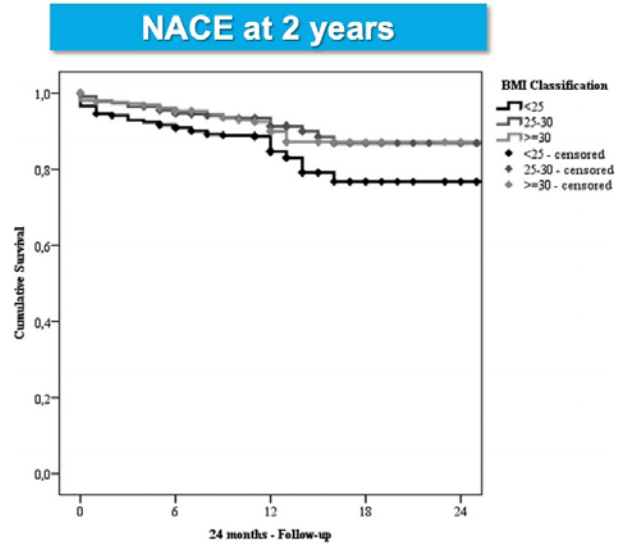


Figure 1. Kaplan-Meier curves at 2-years follow-up showing the incidence of the net adverse clinical endpoints (NACE) between body mass index (BMI) groups.

Clopidogrel versus Ticagrelor in High Bleeding Risk Patients

Internal and Emergency Medicine
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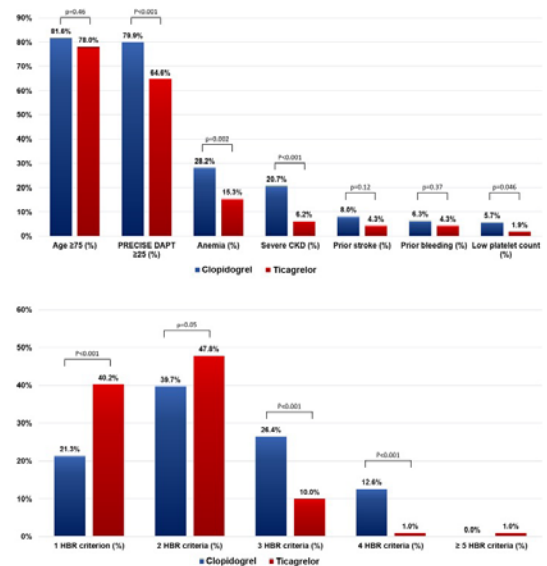
Clopidogrel versus ticagrelor in high-bleeding risk patients presenting with acute coronary syndromes: insights from the multicenter START-ANTIPLATELET registry

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In real-world patients with ACS, 45% were at HBR and often treated with clopidogrel. After adjustment for potential confounders, the duration of DAPT, but not DAPT type (stratified by clopidogrel vs. ticagrelor), was associated with the risk of ischemic and bleeding events at 1 year.

Gragnano, Calabrò et al. IAEM. 2020.

High bleeding risk criteria



PEGASUS and COMPASS Phenotypes in START-ANTIPLATELET

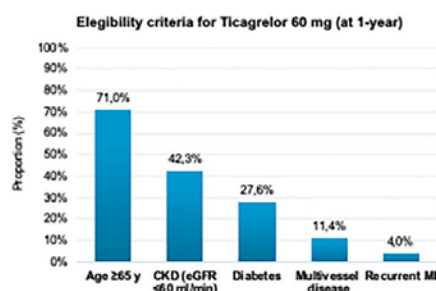
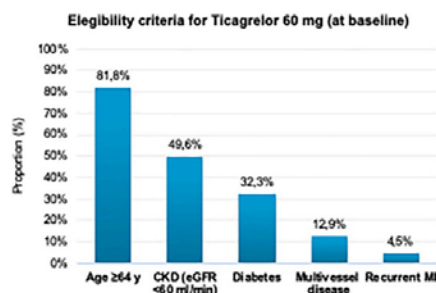


Prevalence and clinical implications of eligibility criteria for prolonged dual antithrombotic therapy in patients with PEGASUS and COMPASS phenotypes: Insights from the START-ANTIPLATELET registry

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In the START-ANTIPLATELET registry, about two-thirds of patients that complete 1-year DAPT met the eligibility criteria for ticagrelor 60 mg twice daily or rivaroxaban 2.5 mg twice daily, showing a higher risk of NACEs.

Cesaro, Calabrò et al. Int J Cardiol. 2021.



START-ANTIPLATELET: Sotto-analisi attualmente in corso...

Impact of Prior Cerebrovascular Disease on 1-year Clinical Outcomes of Patients Presenting with Acute Coronary Syndromes Enrolled in the START-ANTIPLATELET Registry

Nel nostro studio, sarà eseguita un'analisi di sottogruppo nei pazienti con malattia cerebrovascolare (gruppo CVD). A tale scopo **gli outcome del gruppo CVD saranno confrontati con la restante popolazione** (definito come gruppo senza CVD) inclusa nello START-ANTIPLATELET.

Temporal trends in the management of patients with acute coronary syndrome: Data from the START-ANTIPLATELET registry

L'obiettivo della nostra analisi è quello di analizzare **l'evoluzione nel tempo delle caratteristiche cliniche e del trattamento** dei pazienti arruolati nel registro START ANTIPLATELET dal suo inizio ad oggi.

Grazie per l'attenzione...

